State's Capacity and Scope Do Matter: Data Exploration and Case Studies of Selected Southeast Asian Countries

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Abstract: This paper intends to describe and compare the differences of the states' responses in the COVID-19 pandemic in four Southeast Asian countries – Indonesia, Malaysia, Philippines and Singapore. Through comparative data exploration and a case study of Malaysia, this paper intends to identify the scope of the state in dealing with health and economic crisis and to determine the strength or capacity of the state of each country.

It argues that the basic health administration capacity as is shown by the testing per population, positivity rate, and death rate are considerably different, and the size of the per capita fiscal response equally varies among the countries. Difference of the scope of the state can be observed through the examination of fiscal responses and text analysis of the speeches of the head of the administrations, with Philippines being a minimalist state and Malaysia prepared for an active intervention catering to industries. It also suggests that stringency or coercive power of the state alone cannot suppress the infection.

The paper further examines Malaysia's case, and it argues that a country with a highly competent bureaucrats with wide scope of state could fail when the state is captured by political interests.

Keywords: COVID-19, Malaysia, Philippines, state, embedded autonomy

Introduction

The COVID-19 pandemic clearly shows that states are, or are supposed to be, the core provider of protection for the people, due to its unique power and resource endowment. States have the power to control the borders and to make rules on the movements and behaviors of their people; and they have the coercive power to enforce such rules and penalize the violators. The financial resources of the governments are generally bigger than any other actors'. Such unique features enable the states to provide various types of public goods from health administration, income compensation to economic stimulus.

This paper intends to describe and compare the differences of the states' responses in selected Southeast Asian countries and draw a hypothetical conclusion about states' role in managing pandemic. Through comparative data exploration and a case study of Malaysia, this paper intends to identify the scope of the state in dealing with health and economic crisis and determine the strength or capacity of the state of each country.

Methodology

1. Defining Scope and Capacity of the State

In discussing the effectiveness of the state, one may borrow Francis Fukuyama's two-dimensional conception: scope and strength/capacity. State scope refers to the function or the purpose of the state. It includes functions such as provision of minimum public goods such as defense, law and order, and public health, and protection of poor and disaster relief and more active roles such as industrial policies and wealth distribution (Fukuyama, 2004). In the context of pandemic, minimum level of scope refers to health administration including contact tracing, testing, isolation and treatment, provision of health information, and income compensation for the poor and unemployed. More active function would include economic stimulus packages and other remedial measures such as loan moratorium and tax relief for businesses. By scope, we may also need to identify the targets of those measures. Minimum scope would concern the poor, unemployed or infected, but more active state would extend the protection for middle-income group, SMEs and big businesses, and vulnerable groups such as women and migrant workers who are often not given sufficient attention due to political underrepresentation.

The second dimension is strength/capacity of the state. The literatures of political economy and developmental states have developed the concept of sate's strength with analytical rigor. For instance, Joel Migdal, in his seminal work *Strong Societies and Weak States*, defines capability of the state as "the ability of state leaders to use the agencies of the state to get people in the society to do what they want them to do" (Migdal, 1989, p.xiii). This aspect of power, or coercive capacity, seems relevant in the COVID-19 situation, where authorities set and enforce rules and protocols. The state can exercise coercive power through various means – building barricades along the road, dispatch uniformed personnel, quarantine those who are infected or under surveillance, and penalize individuals or entities who go against the rules.

Coercive capacity, however, is not the only aspect of the state capacity. The states need cooperation by economic entities in pursuit of the formers' goals. The developmental state literatures since 1990s have discussed on how states can mobilize the private sector while sustaining their autonomy. Peter Evans' "embedded autonomy" refers to a combination of bureaucrats with corporate coherence and the social ties between the state and society that serve as institutionalized channels for negotiation and renegotiation of goals and policies (Evans, 1995). Likewise, Linda Weiss, in arguing the states' transformative capacity, introduced the concept of "governed interdependency" that refers to a negotiated relationship, in which public and private participants maintain their autonomy, while being governed by broader goals set and monitored by the state (Weiss, 2018).

2. Research Questions

Now that we have tools to describe and measure the state capacity, we can list down the appropriate research questions in approaching the state under pandemic:

1) What is the scope of the state in dealing with the COVID-19?
   a) Is the government responsible for the minimum health administration including contact tracing, testing, isolation and treatment?
   b) Is the government prepared to mitigate the economic impact of the pandemic on the poor and unemployed through fiscal measures?
   c) Is the government playing a role in supporting the industries through fiscal measures such as loan moratorium, tax relief and pump-priming?
   d) Who are the beneficiaries of the government's actions?

2) Has the government been able to exercise its coercive capacity by effectively using its agencies to impose the stipulated rules and protocols on the people and businesses?

3) Has the government been able to exercise its power as an autonomous yet embedded entity?
   a) Does the government make decisions and implement them with a level of autonomy?
   b) In making and implementing the rules and policies, is the government in communication with relevant sectors to enhance compliance and cooperation?
   c) Is the government captured by private actors to the extent that there is no coherence in the policies and measures?

Above questions will be answered through comparative data exploration of public health responses such as regulation on the movement and

tracing and testing, fiscal and economic measures, official speeches, and process tracing of the policy making.

Results and Discussion

1. Examining the Scope and Coercive Power: Data Exploration

Health administration capacity

COVID-19 situation and the states' responses in respective countries are truly various. Health statistics tells us a stunning difference in terms of health administration capacity. Table 1 captures (1) confirmed cases; (2) recovered cases; (3) confirmed deaths, as of March 5, 2021; and (4) cumulative numbers of testing of various dates between late February to early March in four Southeast Asian countries. One may notice that Singapore, while having the largest per million cases, records a high recovery rate (99.8%) and low death rate (0.05%). The country's testing per million population (1,322.674) is by far the largest among the group, and positivity rate remains notably low at 0.9%. These figures show that Singapore, in spite of the spread of the virus, has been able to detect the cases through massive testing, and treat the patients adequately. Likewise, Malaysia also has a low death rate (0.37%) and positivity rate (4.83%) below the threshold provided by the World Health Organizations as "too high." The country's testing per million population is more than double the Philippines' and almost seven times of that of Indonesia.

On the other hand, Philippines and Indonesia have lower per million cases, but have higher death rates at 2.11% and 2.71% respectively. There should be numbers of possible explanations, but one of them would be the lack of test-trace-isolate capacity. Philippines and Indonesia have lower figures for testing per million population (82,926 and 26.941 respectively) and higher positivity rate (7.8% and 25.6%). These figures show how countries vary in terms of capacity in the health administration.

Scope and capacity observed in financial responses and risk communications

Asian Development Bank's COVID-19 Policy Database enables us to capture the varying scope and capacity of the governments in economic and fiscal measures. As is shown in the Table 2, the total volume, per capita amount and proportion to the GDP of anti-Covid-19 fiscal measures enormously vary among countries.

Breakdown of the fiscal measures by objectives shown in the Chart 1 also tells us the different scopes of each country. For instance, more than 60% of the fiscal measure of Malaysia goes to industries such as liquidity support, credit creation, direct long-term lending and equity support. In addition to it, Malaysia allocates 28% of the health and income support package for subsidies to businesses (Chart 2). On the other hand, Singapore and Philippines spend more resources on the health and income support, with the latter allocating 71% of the whole package to this purpose while there is no subsidy for businesses in the category of health and income support.

Difference in terms of scope of the state is manifested in Table.3 that captures the frequent terms in the speeches by the heads of the administrations in the initial phase of the health crisis in the Philippines, Singapore and Malaysia. Malaysian Prime Minister Muhyiddin Yassin frequently mentions words such as *worker*, *company*, *economy*, *SMEs*, *business* and *industry*. Equally important in his speech is *assistanc*e and *prihatin* that refers to the PRIHATIN Rakyat Economic Stimulus Package, worth 250billion Ringgit Malaysia (128billion USD). In sum, Malaysian PM's message revolves around the financial relief package, suggesting he tries to ensure the people and more importantly businesses for the assistance during the pandemic.

Singapore's PM Lee Hsien Loong's speeches are directed mainly towards the people's livelihood, with *worker* as the most frequent word, followed by *economy*, *people* and *work*. Words such as *home*, *safe*, *stay*, *live*, and *care* suggest that ensuring the livelihood and safety of the people are the core message in Lee's risk communication. Words such as *dormitory*, *contact* and *measures* appear frequently as the leader of the country elaborates in detail on the health situation and the government's response to it.

President of the Philippines' word frequency table shows a completely different orientation. The frequent words are *police*, *military*, followed by *order*, *law* and *arrest,* all of which

suggest the coercive power of the state. Concern for health and income are shown by the words such as *work*, *health* and *food*, however, with less frequency. Assistance for the industries was hardly mentioned. Philippine government's scope seems to stress coercive power while scant attention is paid to the industries.

Coercive Power

Given the necessity to restrict and discipline the behavior of the people and the businesses under the pandemic situation, power of the government to impose rules using coercive apparatus is an important element in the COVID-19 response. However, we may as well ask if the coercive power is effective in protecting people.

Chart 3 plots deaths per million population on the y-axis and the maximum government stringency from the Oxford Government Response Tracker[1] on the x-axis as of March 5, 2020. Y-axis is scaled as the distribution of death per million is skewed, with a horizontal line showing the average.

Philippine's maximum stringency index is the highest at 100, yet its death per million is the second highest among the East Asian Countries shown in the chart. While it is difficult to determine the causal relations between the stringency and the death as there are number of factors affecting the spread of the virus and its impact on the health condition, there is a possibility that the higher stringency does not translates to lower deaths.

A closer look at each countries' trajectories can also tell the same line of story. Chart 4 and 5 visualize the Government stringency index and the daily new cases and 7-day moving average of Singapore and the Philippines.

Singapore introduced a partial lockdown, or circuit breaker, from April 7 to June 1, 2020. Non-essential workplaces were closed and schools were transferred to online. Since early May, Government gradually lifted the restrictions, then in mid-May, it announced the post-circuit breaker period plan. With the end of the circuit breaker, schools and workplaces saw a gradual reopening. The chart shows that Singaporean government succeeded in bringing down the daily new cases under the circuit breaker, although the following months saw a short spike in cases due to the infection in the foreign workers' dormitories. This is a typical episode where higher stringency entailed lower cases.

Chart 5 on the other hand captures a situation where higher stringency did not result in lower cases. Philippines was placed under the Enhanced Community Quarantine (ECQ) from March 17 to May 31. The ECQ was one of the hardest lockdowns in the world with non-essential services, schools and public transportation were closed and people's movements were severely curtailed. However, the chart clearly shows that the Philippines daily cases were not suppressed under ECQ, but rather increased significantly towards the end. This is a clear example of how stringency did not come with lower cases.

World as well as country specific data suggests that the coercive power alone is not sufficient to manage the health crisis. What other aspect of state's power should we focus in our endeavor to explore the effective way of state's intervention?

2. Embedded autonomy: case study of Malaysia

Malaysia's case gives valuable insights into this question. The country's stringency has two peaks: first Movement Control Order (MCO) from mid-March to early May, and from early November onwards including the second MCO that started on January 13, 2021 (Chart 6). The first MCO appears to be a textbook case where government successfully suppressed daily cases under higher stringency. However, the second peak saw a continuous rise of the daily cases until the end of January, only after the government decided to restrict the testing for the close contacts and clusters[2]. The following process-

[1] Government stringency index captures the restrictions imposed by the government on the schools and workplaces, gatherings, public transport, and domestic as well as international movements. The index ranges from 0 from no restriction to 100, maximum restriction. For more detail, refer to https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker.

[2] Ministry of Health issued a circular on January 13, 2021 to reduce the scope of COVID-19 testing. After this circular, the government stopped

tracing will give us a hint as to what explains the different outcomes between the two stringency peaks.

Malaysia's trajectory

There were three waves of infection in Malaysia by early March 2021. The first wave mainly consisted of imported cases and their close contacts. The second wave was triggered by a religious gathering held from late February to early March 2020 in Selangor with approximately 16,000 attendees, which was later named as Seri Petaling Cluster. As a response to the rapid increase in the cases, the government placed a nationwide MCO on March 18: non-essential businesses were closed, schools went online, inter-state movement and movement beyond 10-km radius were prohibited. Meanwhile, a rigorous contact-tracing was done by the Ministry of Health for this cluster. 41,955 samples were collected and 3,375 were confirmed positive by mid-June. In relation to this, the government also did 19,050 tests for the staffs and students of the religious schools where 722 patients were eventually detected (Ketua Pengarah Kesihatan Malaysia [KPKM], June 29, 2020). With the active public health intervention, the cluster eventually ended in July.

It is important to note that the second wave started in the midst of a political crisis originated from the so-called Sheraton Move, where members of the governing coalitions Pakatan Harapan conspired with opposition parties such as the United Malays National Organization (UMNO) to topple the then Mahathir Mohamad's administration. They eventually succeeded, and Muhyiddin was appointed by the King as a Prime Minister but with a reputation as a "back-door government."

For more than two weeks, the Ministry did not have the Minister. Meanwhile, the bureaucrats successfully led the pandemic response. For instance, Technical Working Committee for COVID-19 Cluster Meeting was set up among several agencies, and made important decisions on issues including travel bans. The Minister was eventually appointed on March 10, but the bureaucracy could retain the leadership, especially after the Minister lost credibility due to unprofessional remarks by himself (*Malaysiakini*, March 21, 2020). Given the dominance of political as well as business interests in the policy making in Malaysia (Jomo, 2001; Henderson, 1999), the absence or uncertainty of political leadership after the Sheraton Move can be considered as a conducive condition for the bureaucrats to retain high level of autonomy in deciding and implementing the appropriate policies.

With the number of new cases visibly declined, MCO was lifted on May 4, and the government reopened the businesses with the Standard Operating Procedures under the Conditional MCO (CMCO). Majority of cases during this CMCO period were either imported or among non-Malaysians in the factories and construction sites and immigration detention centers. From mid-May to the end of August, 23% of the confirmed cases were imported, and 54% were among non-Malaysians (KPKM, various dates). The restrictions were further relaxed under the Recovery MCO introduced on June 10, with a relaxed inter-state movement, gradual opening of schools and majority of businesses went back fully operational by the end of the month.

The situation drastically changed after the Sabah state election on September 26. For Muhyiddin, this election was a way to claim the administration's democratic legitimacy. It was also a way for him to bolster his support within the loose governing coalition Perikatan Nasional when he was losing the majority of the Parliament. For two weeks, political campaigners, Member of Parliament and cabinet ministers visited Sabah and participated in mass gatherings, mingled with voters, and returned to KL and their respective constituencies. In fact, in early September, there were numbers of clusters including jails and detention centers for illegal immigrants in Sabah. As a result of this election, the infection within the state of Sabah further spread, and in early October, metropolitan area started to see a spike in daily cases brought by the returnees from Sabah. Accordingly, the proportion of citizens among the cases grew over 80% in the month of September to October. On October 14, the government re-introduced CMCO in the metropolitan area, and introduced a mandatory screening for the foreign workers the next month.

testing all close contacts of patients, and instead, takes just 20 samples if the number exposed is under 50, and takes 30 samples or 10 percent of the total close contacts if the number of close contacts exceeds 50 (*Straits Times* [ST], January 19, 2021).

Number of cases continued to rise with clusters involving foreign workers, the biggest of which was from the world's biggest rubber glove maker Top Glove, where more than 5,000 foreign workers were tested positive. After a short period of lifting of CMCO to boost economy, the government announced the reintroduction of the MCO (MCO 2.0) on January 10, and declared an emergency the next day and the Parliament was suspended.

Examining Public-private relations

What strikes us the most in Malaysia's COVID-19 trajectory is the different health consequence between the first and second MCOs. In fact, two MCOs are quite different. In the first MCO, non-essential government and private sector services were ordered to close. On the other hand, the second MCO allowed industries in the five sectors, namely (i) factories and manufacturing, (ii) construction, (iii) services, (iv) trade and distribution, and (v) plantation and commodities to continue to operate. According to the Minister of International Trade and Industries (MITI) Azmin Ali, this decision was "to ensure the country's economic recovery process, business sustainability, avoid high unemployment rates among Malaysians" (*Malay Mail* [*MM*], January 12, 2021). Among these, opening of manufacturing sector was controversial as the sector accounted for 1/3 of more than 300 active clusters (*Straits Times* [*ST*], January 25, 2021).

MITI's decision can be explained by the demands from the industrial groups representing the sector. Prior to the announcement of MCO, Federation of Malaysian Manufactures (FMM), the biggest industrial group representing the sector, issued a press statement that the group "support a targeted Conditional Movement Control Order (CMCO) which is more localized… but not a total lockdown similar to that implemented in March/April 2020." The statement continues, "[S]hould a second total lockdown be instituted, there is a grave fear over the collapse of the business sectors and economy" (FMM, January 7, 2021). In the same tone, the SMEs Association of Malaysia stated the second MCO would "kill more businesses which are currently just grappling with staying afloat" (*MM*, January 7, 2021).

The decision of the government on the continued operation of five sectors instigated other business groups such as Malaysian Bumiputera Barber Association and Shah Alam and Klang Bumiputera Night Market Traders Association to demand opening of their sectors (*Star,* January 15, 16, 2021). When they voiced against the unfairness of the government's decision, the government was compelled to open these sectors. This further prompted 40 small-and-medium-sized trade, business and professional associations to form a loose network called Industries Unite. Industries Unite gave a continuous pressure on the government, met the cabinet members, and eventually succeeded in opening up more economic sectors such as dining-in restaurants, toy, cloth, sports equipment stores, florists, photo studies, nurseries and other businesses by mid-February.

One should take note of the fact that the government's decision to open more economic sectors took place when the daily new cases continued to rise. The series of episodes suggest either inadequacy of the government to make decisions based on scientific evidence and get the compliance of the private actors, or the lack of autonomy on the part of the government allowing the private sector to influence its policy in spite of the persisting infection. In addition, the mobilization of industrial groups after the MCO 2.0 suggests the serious lack of consultation between the government and private sector prior to the reintroduction of the tighter control. Lack of embedded autonomy in Malaysia is quite clear especially when compared with Singapore, where many of the decisions affecting the economic sectors were made through the dialogue between the ministries and the industrial groups.

Lack of consultation between the government and private sector led to the mismanagement of infections among foreign workers as well. Although the proportion of foreign workers among the cases declined after the Sabah state election, they continued to constitute a large part of the cases. From early January to end of February, 34% of the positive cases were among non-Malaysians (KPKM, various dates).

To be fair to the Malaysian government, it had taken actions on this issue in the earlier phase. On May 8, Ministry of Public Works made it clear that the foreign workers had to take swab tests

before going back to the workplace[3]. In mid-May, the government also issued an order for the construction sites in the metropolitan areas to do screening of foreign workers. However, by June 27, only 60,298 foreign workers took the test[4], when the total number of documented foreign workers are 1.7 million. Non-compliance on the part of the private sector, which eventually resulted in the explosion of the workplace-related clusters, can partly be explained by the cost of testing that the private sector had to burden. Should the government be prepared to cover the cost, the health consequence could have been dramatically different.

The same non-compliance or slow response can be observed as regard to the foreign workers' dormitory. On May 26, Ministry of Human Resources announced the enforcement of the amendment to the Workers' Minimum Standards of Housing and Amenities Act 1990 (Act 446) to improve the guidelines on foreign workers' accommodations to prevent explosion of infection. After the Top Glove cluster was detected, the government introduced a fine of 50,000RM per head as a penalty against the employer who fail to comply with the Act 446. As of January, 23 employers have been fined (*Bernama*, January 29, 2021), but the industrial groups' responses are generally lukewarm. For instance, FMM complained that the sudden introduction of penalty "show lack of communication among government agencies," and asked "why burden the employers further with additional cost during such challenging times" (*ST*, November 28, 2020). In the similar vein, the National Chamber of Commerce and Industry of Malaysia argued "the government's regular engagement with industry is essential prior to the implementation of public policy and decree of new ordinance, so as to minimize disruption to businesses," and urged a 12-month grace period for the implementation of the new rule (*The Edge Markets*, February 21, 2021).

The three cases above – regulation on businesses under MCO 2.0, testing and accommodation for foreign workers – suggest a serious lack of communication between the government and private sector prior to the decision-making, which resulted in the non-compliance of the latter. Moreover, these also manifest the malleability of the government and a lack of coherence in their policy. It is obvious that under MCO 2.0, the government failed to exercise power based on its embedded autonomy, which eventually resulted in the spike of cases under the third wave.

Conclusion

Now, what do we know about the state's scope and capacity in dealing with COVID-19?

Malaysian state's scope is quite wide as we saw in the fiscal measures with an intensive attention paid not only to poverty alleviation but to supporting the industry. However, we should note that the scope omitted foreign workers, which eventually had a serious consequence.

As for the state's capacity, the first MCO demonstrated the country's high capacity in the public health domain. However, when we compare the two MCOs, we might as well conclude that the high capacity of the Health Ministry could be utilized in the earlier phase of the crisis given the temporal autonomy enjoyed by the Ministry as the country was gripped with a political leadership tussle.

Towards the latter half of the year, political expediency dominated the health administration. Sabah election no doubt contributed to the spike in the cases. The government had to make repeated concessions to the private sector on a number of regulations. The malleability of the government is normal for Malaysia, but was heightened by the vulnerability of the current administration that lacks democratic legitimacy and internal support. In fact, in the eve of the MCO 2.0, UMNO MPs withdrew their support for Prime Minister Muhyiddin, making the latter lose majority support

[3] Kementerian Kerja Raya, "Soalan Lazim (FAQ), Berkaitan Perintah Kawalan Pergerakan Bersyarat (PKPB)," (https://www.cidb.gov.my/sites/default/files/2020-05/FAQ-KKR-8-Mei-2020.pdf), last accessed on March 9, 2021.

[4] KPKM, *Kenyataan Akhbar*, June 28, 2020; Construction Industry Development Board, "Kenyataan Akhbar: Kontractor Digesa Tampil Manfaatkan Ujian COVID-19 Percuma Oleh Perkeso," (https://www.cidb.gov.my/sites/default/files/2020-06/Kenyataan-Akhbar_PERKESO-COVID19.pdf) Last accessed, March 9, 2021.

in the parliament. This explains the declaration of emergency, which is criticized as an unjust draconian rule, and also the susceptibility of the government to the pressures from the society.

Malaysia's case shows that even a competent state with high capacity could fail, once captured by political or partisan interests. How to make the state free from political meddling and work for the wellbeing of the people? This is the big question that political scientists continue to grapple with.

References

Books / Reports:

Evans, Peter (1995), *Embedded Autonomy: States & Industrial Transformation*, Princeton: Princeton University Press.

Federation of Malaysian manufacturers (FMM), *FMM Press Statement: Second Full Lockdown Will Cause Collapse of Businesses and Economy*, January 7, 2021.

Fukuyama, Francis (2004), *State Building: Governance and World Order in the 21st Century*, Ithaca: Cornell University Press.

Henderson Jeffrey, "Uneven Crisis: Institutional Foundations of East Asian Economic Turmoil," *Economy and Society*, 28-3 (August, 1999), pp.327-368.

Jomo, K.S. (2001), "Rethinking the Role of Government Policy in Southeast Asia," in Stiglitz Joseph E. and Shahid Yusuf eds., *Rethinking the East Asian Miracle* (World Bank and Oxford University Press, 2001), pp.461-508.

Ketua Pengarah Kesihatan Malaysia [KPKM], *Kenyataan Akhbar*.

Migdal, Joel S.(1988), *Strong Societies and Weak States: State-Society Relations and State Capabilities in the Third World,* Princeton: Princeton University Press.

Weiss, Linda (2018), *The Myth of the Powerless State: Governing the Economy in a Global Era*, Polity Press.

Database:

Asian Development Bank, *COVID-19 Policy Database*. (https://covid19policy.adb.org/)

COVID-19 Government Response Tracker. (https://www.bsg.ox.ac.uk/research/research-projects/covid-19-government-response-tracker)

News Papers:

Bernama
The Edge Markets
Malaysiakini
Malay Mail
The Star
Straits Times

Figures and Tables

	Indonesia	Malaysia	Philippines	Singapore
Confirmed Cases				
Total	1,368,093	310,097	587,704	60,007
Per million population	5,055	9,706	5,436	10,521
Recovered Cases				
Total	1,182,687	286,904	535,207	59,870
Recovery rate (%)	86.4%	92.5%	91.1%	99.8%
Confirmed Deaths				
Total	37,026	1,159	12,423	29
Per million population	137	36	115	5
Death rate (%)	2.71%	0.37%	2.11%	0.05%
Testing				
Total testing	7,290,849	5,871,207 (**)	8,954,856	7,543,963
Per million population	26,941	183,764	82,826	1,322,674
Positivity rate (%)	25.6% (*)	4.83% (**)	7.80%	0.9% (***)

(*) World Health Organization (WHO), Indonesia: Siituation Report, March 2, 2020.
(**) WHO, Malaysia: Situation Report, February 22, 2020.
(***) WHO, Singapore: Situation Report, February 7, 2020.

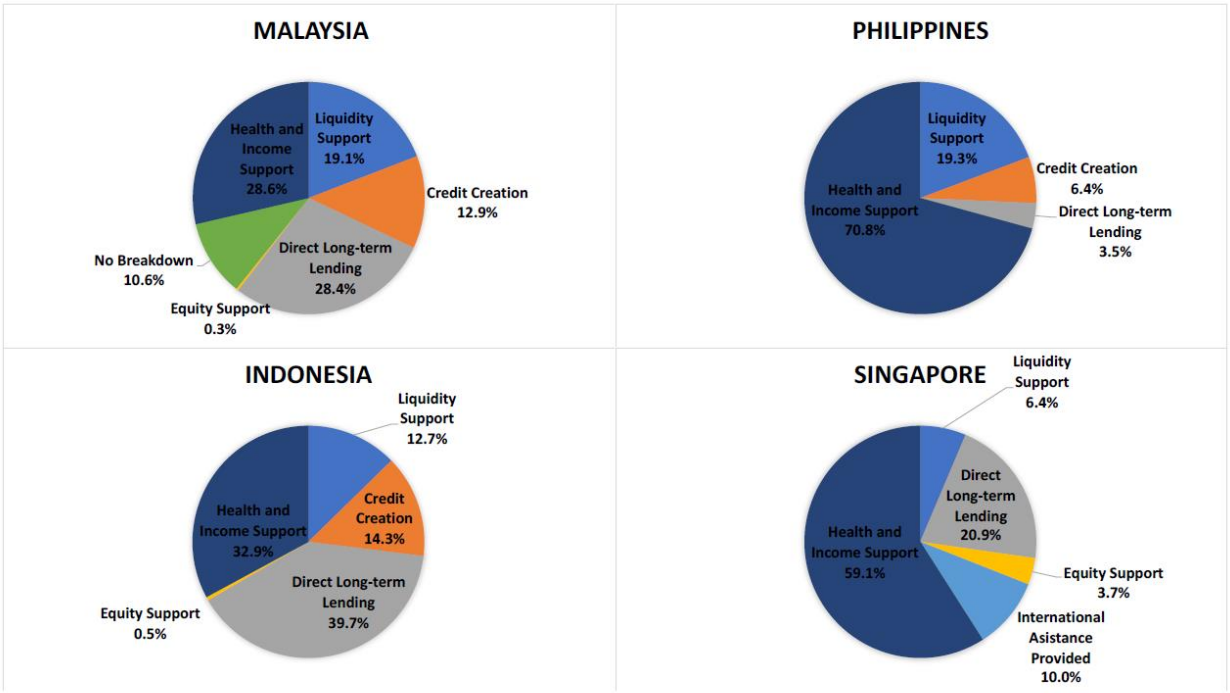
Source : Kementerian Kesihatan Republic Indonesia, *Situasi Terkini Perkembangan Corona Virus Disease,* 04 Maret 2021; Kementerian Kesihatan Malaysia, *Situasi Terkini* , Mac 05, 2021; Ministry of Health, Singapore, COVID-19 Situation Report, March 05, 2021; WHO, *Coronavirus Disease 2019 COVID-19, Situation Reports* , various countries; World Development Indicators.

Table 1. Health Administration Capacity of four Southeast Asian Countries, as of March 5, 2021

	Package in USD		% of GDP (2019)
	Per Capita	Total amount (million)	
Singapore	17,621.90	100507.83	20.11%
Malaysia	2,877.96	91,950.28	25.87%
Indonesia	426.18	115334.32	10.90%
Philippines	352.55	38115.97	10.36%

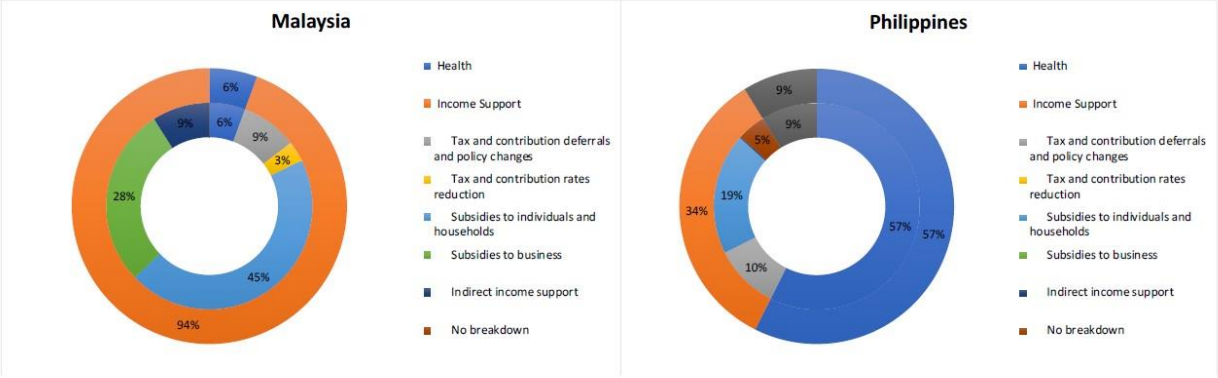
Source: Asian Development Bank, Covid-19 Policy Database.

Table 2. Monetary amounts of anti-COVID-19 policy measures by Singapore, Malaysia, Indonesia and the Philippines



Source: same as Table 2.

Chart 1. Breakdown of anti-COVID-19 fiscal measures in the Philippines, Malaysia, Indonesia and Singapore



Source: same as Table 2.

Chart 2. Breakdown of anti-COVID-19 fiscal measures in "health and income support" in the Philippines and Malaysia.

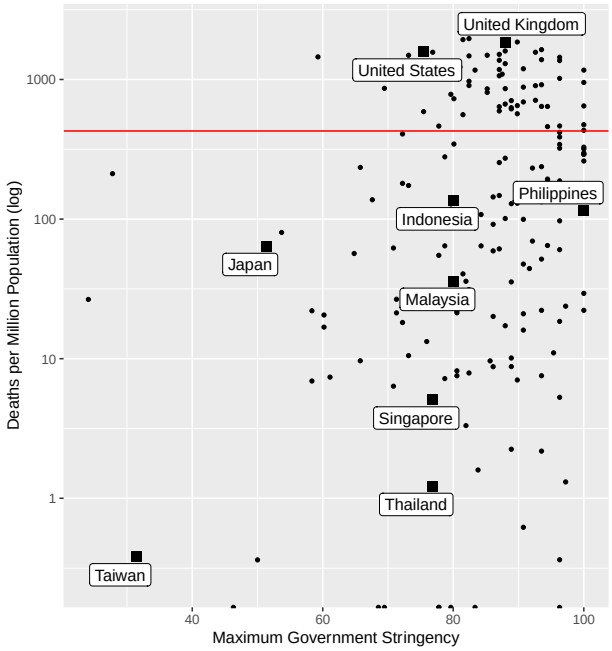
	Malaysia			Philippines			Singapore		
	Word (*1)	Count	Weighted Percentage	Word	Count	Weighted Percentage	Word	Count	Weighted Percentage
1	government	101	1.65%	government	117	1.01%	worker	49	1.27%
2	mco (*2)	62	1.02%	police	107	0.94%	home	34	0.88%
3	provide	38	0.62%	military	64	0.55%	singapore	31	0.80%
4	worker / employee	36	0.59%	die	58	0.50%	singaporeans	31	0.80%
5	sector	31	0.51%	need	51	0.44%	economy	27	0.70%
6	implement	28	0.46%	order	46	0.40%	dormitory	26	0.67%
7	months	28	0.46%	people	45	0.39%	family	25	0.65%
8	assistance	27	0.44%	law	44	0.38%	help	25	0.65%
9	company	27	0.44%	work	44	0.38%	need	25	0.65%
10	economy	27	0.44%	problem	42	0.36%	people	24	0.62%
11	sme	27	0.44%	help	41	0.36%	circuit breaker	21	0.54%
12	finance	26	0.43%	health	40	0.35%	safe	21	0.54%
13	activity	25	0.38%	nation	38	0.33%	situation	21	0.54%
14	outbreak	24	0.39%	food	34	0.30%	work	21	0.54%
15	business	23	0.38%	force	34	0.30%	live	19	0.49%
16	country	23	0.38%	public	34	0.30%	stay	18	0.47%
17	family	20	0.33%	crisis	33	0.29%	measures	18	0.47%
18	industry	20	0.33%	barangay	32	0.28%	care	16	0.41%
19	people	20	0.33%	man	32	0.28%	community	15	0.39%
20	prihatin	20	0.33%	arrest	30	0.26%	contact	15	0.39%
	public	20	0.33%	department	30	0.26%	countries	15	0.39%
							crisis	15	0.39%
							medical	15	0.39%

*1 Stem words (e.g. implement, implementation, implemented), singular and plural forms for nouns, synonyms (e.g. military, army, soldier) and same words of different languages (e.g. government and gobyerno) are grouped together.

*2 Includes Movement Control Order (MCO), Enhanced Movement Control Order (ECMO), Conditional Movement Control Order (CMCO) and Recovery Movement Control Order (RMCO).

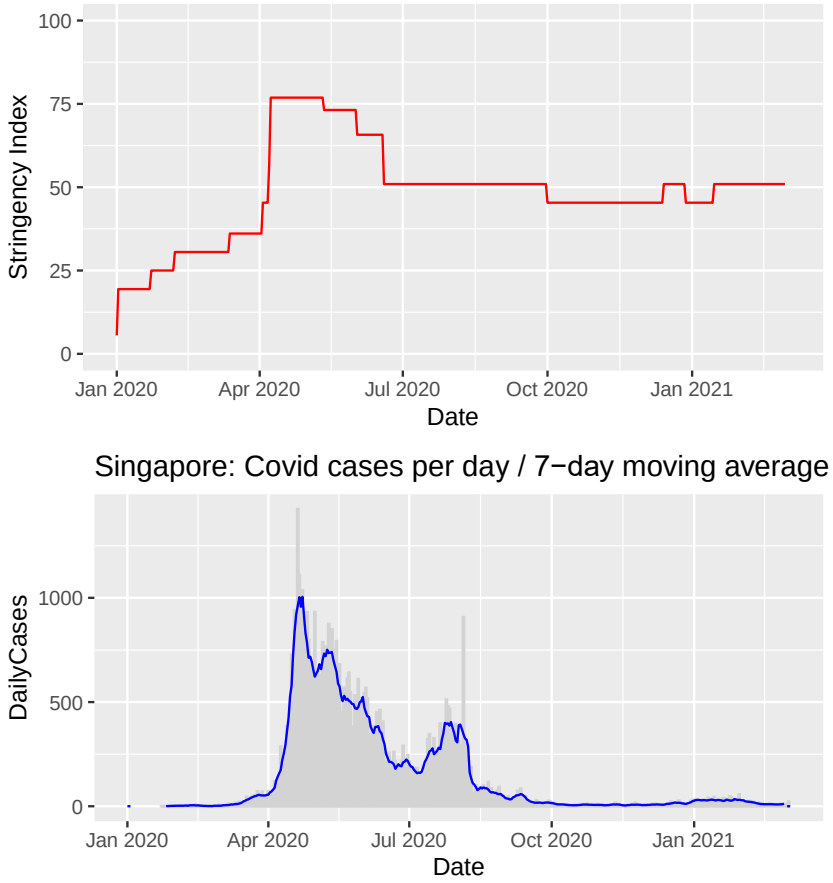
Source: Prime MInister's Office Malaysia, Speech text by YAB Tan Sri Dato' Haji Muhyddin Bin Haji Mohd Yassin on March 16, 27, April 6, 10, May 10, June 7, 2020; Presidential Communications Operations Office, Speech text of the President Rodtrigo Roa Duterte, March 13, 16, 20. 24, 30, April 1, 4, 6; Prime Minister's Office Singapore, Prime Minister Lee Hsien Loong's remakrs on February 8, April 3, 10, 12, 21, June 7.

Table 3. Most frequent words in the speeches of the head of the administration in Malaysia, Philippines and Singapore in the early phase of pandemic



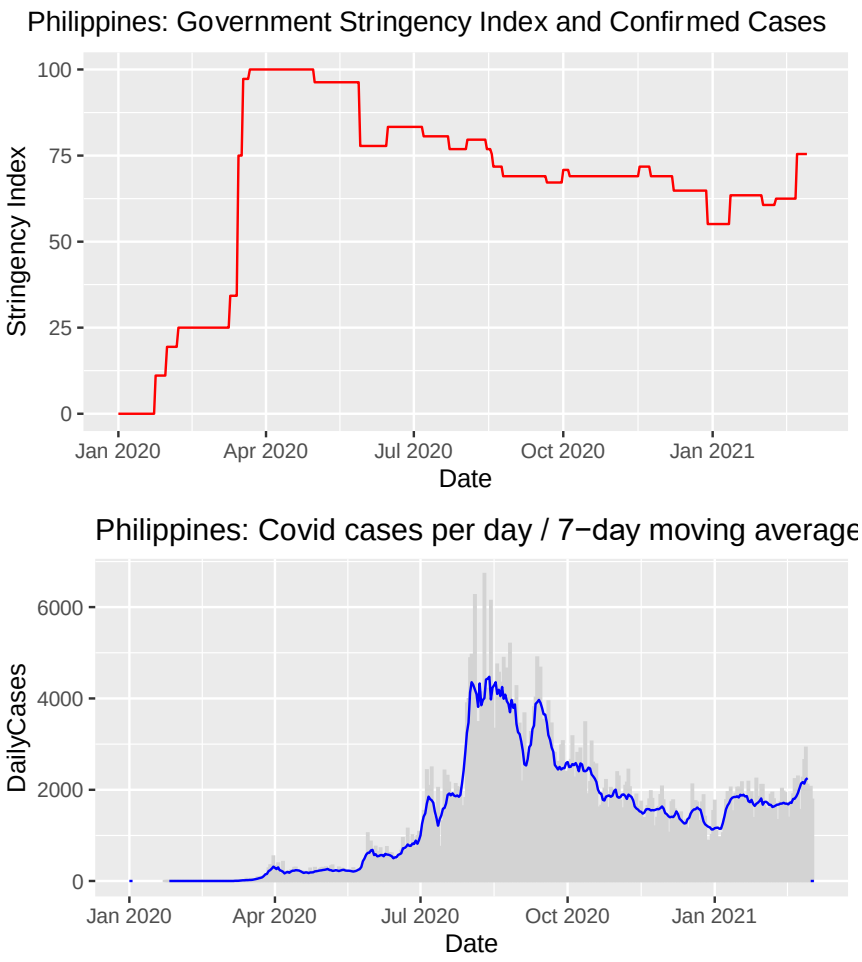
Source: Oxford Government Response Tracker

Chart 3. Death per million population (log-scaled) vs. maximum government stringency in the world



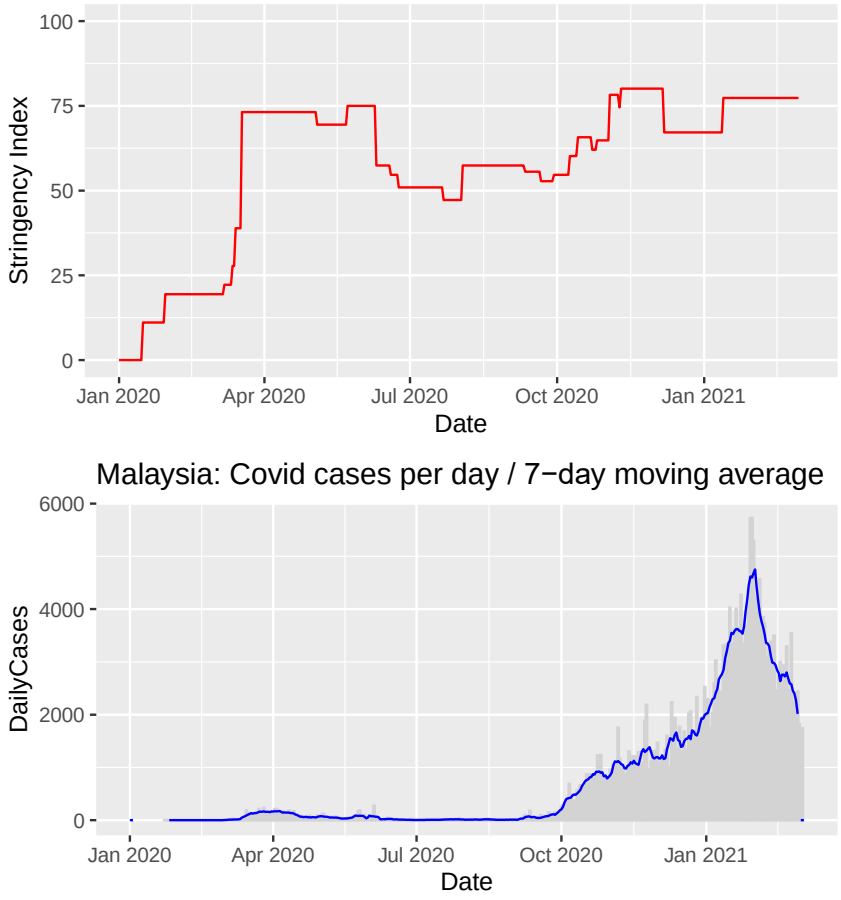
Source: Same as Chart 3

Chart 4. Singapore: Government stringency index and daily new cases and 7-day moving average



Source: Same as Chart 3

Chart 5. Philippines: Government stringency index and confirmed cases and 7-day moving average



Source: Same as Chart 3

Chart 6. Malaysia: Government stringency index and confirmed cases and 7-day moving averages