

COVID-19 and shifting border policies in Southeast Asia

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Abstract

How prevalent is COVID-19 in Southeast Asia (SEA), and when will the region open its doors to foreign visitors? Following more than a year of global travel restrictions, these are the major concerns of potential visitors. The article examines border relations in SEA in the face of border restrictions during the COVID-19 pandemic. By 2020, the region had been successful in sustaining low COVID-19 rates. This began to change with the emergence of the delta strain, which forced numerous countries in the region to deal with large outbreaks. For this paper, we relied heavily on secondary data, including the most recent relevant literature and credible and reliable publications from reputable organizations, to ensure the data sources' validity, reliability, and quality.

Keywords: COVID-19; South East Asia; Vaccine; Border; Travel policy

Introduction

Globally, COVID-19 cases have been on the rise for more than two years, with the first outbreak occurring in December 2019. Since the beginning, the increase in cases has been consistent with little volatility. This situation has been exacerbated by the emergence of highly contagious variants and disparity in vaccine distribution (Ullah, Kumpoh & Haji-Othman, 2021; Peter, 2020). Today (as of 28 September 2021), there have been 262,440,676 Coronavirus cases worldwide; 5,212,252 deaths; and 237,498,152 recovered cases (Worldometers, 2021).

Virtually the entire world has been affected by the coronavirus spread, including Southeast Asia (SEA). Until mid-2021, most countries in SEA had very low COVID-19 case numbers — some in the single digits. Warnings containing jumbled figures may have bred an erroneous sense of security and helped the virus spread. Fatality rates have been climbing in the region since July 2021, with case counts reaching new highs (CSIS-Centre for Strategic & International Studies, 2021; Diotima, Ullah & Hossain, 2021). Indonesia's average death rate is 392 per million (as of August 9,

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2021), making it one of the highest in the region. Malaysia and the Philippines have also reported high rates, 334 and 262 per million, respectively (Sasongko, 2021).

Prior to the easing of movement restrictions in October 2021, Malaysia faced tensions as politicians, and the public protested the consecutive series of Movement Control Orders (MCOs) since March 2020, claiming it is a part of the government's attempt to dodge accountability for its pandemic response management. Likewise, the Philippines, as the Metro Manila, was placed on a lockdown beginning in March 2020 (Ullah, Nawaz & Chattoraj, 2021). In the third quarter of 2021, Brunei (after over 400 days with zero local cases), Singapore, and Laos started to see rising infections and death rates.

The number of new cases has increased as a result of the emergence of the Delta variant, which has high transmissibility. Singapore, Thailand and Vietnam, which had previously seen relatively few cases due to testing and distancing measures, have experienced a significant increase in recent days. As a result of the abrupt rise, lockdown measures have been reinstated in most countries in the region. Thailand implemented new travel restrictions in tourist destinations during the first half of August. Travel restrictions and curfews have continued in effect in Bangkok and other locations with high case numbers until the end of August 2021 (Vichit-Vadakan, 2021).

Table 1. The current COVID-19 situation in SEA

Country	Cases	Deaths	Total Fully Vaccinated	% Fully Vaccinated	Cases per Million
World	262,440,676	5,212,252	3,382,791,968	43.4	33,646
Indonesia	4,256,409	143,830	94,339,737	35.2	15,768
Philippines	2,832,734	48,545	35,678,774	34.0	25,200
Vietnam	1,238,082	25,252	49,685,343	52.0	8,705
Thailand	2,115,872	20,771	41,053,644	59.2	24,343
Myanmar	522,492	19,104	10,478,302	19.6	8,917
Malaysia	2,632,782	30,425	25,157,551	80.6	74,158
Cambodia	120,134	2,940	13,320,478	83.2	7,142
Laos	73,738	170	3,099,003	42.1	3,649
Singapore	264,725	6,737	5,012,181	89.3	21,464
Timor Leste	19,822	122	431,739	32.2	14,666
Brunei	15,058	97	344,914	80.5	19,748

Source: CSIS, 2021.

Borders in times of the pandemic

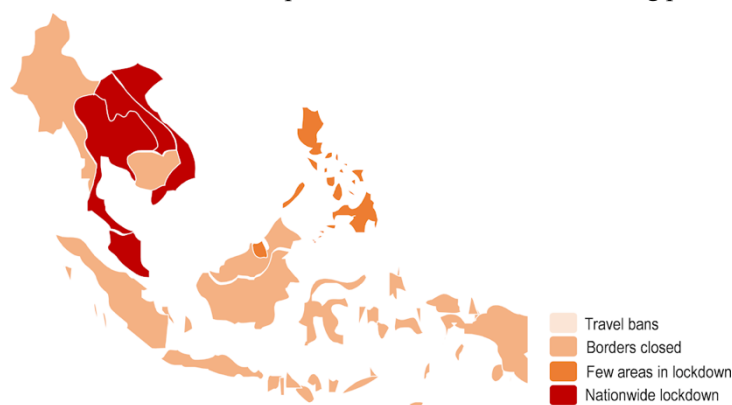
The majority of SEA countries have common borders within the region. While some countries retain stringent border controls, others allow their borders to be porous, if not completely open (Ullah and Hossain, 2011). Porous borders are notably related to

transnational security threats, smuggling, migration, and human trafficking in SEA (Ullah & Kumpoh, 2018).

Though the countries in the region appear to be geopolitically stable without major violent battles, there have been some unresolved border disputes for an extended period of time. For instance, Brunei Darussalam and Malaysia have unresolved maritime boundary disputes in the South China Sea and over the Louisa Reef, as well as land disputes over the Limbang valley (Amer, 2000); Indonesia and the Philippines have had maritime boundary disputes in the Celebes Sea; Indonesia and Vietnam disagree over continental shelf areas in the South China Sea; and Malaysia and the Philippines have unresolved maritime boundary disputes in the Sulu Sea (Amer & Thao, 2009; Tun, 2011). Border relations in the SEA in this trying time have appeared in a different light.

South East Asia was one of the first regions affected by COVID-19 due to its close geographical proximity and business, tourist, and supply chain ties to the supposed source country, i.e., China. The respective governments decided to shut down their borders to thwart the spread of the virus. This was, in fact, unanimously agreed upon in the region. There has been regional cooperation. With an eye on South-South cooperation, ASEAN has developed a multi-sector response to COVID-19. The leaders of ASEAN, China, Japan, and the Republic of Korea agreed to work together and take strong action to stop the spread of COVID-19 at a special summit hosted by Vietnam on April 14, 2020 (ASEAN, 2020). Nationwide lockdowns and enhanced community quarantine have been enforced in most countries.

However, beginning mid- 2021, Malaysia, Thailand, and Vietnam have gradually lifted the lockdown and domestic restrictions, and economic activity is beginning to recover. However, travel restrictions for international visitors remain in place. As vaccination rates reach an optimal level, countries are making plans to open up slowly.



Map 1. Shows changing border policies. Source: OECD, 2021

As of November 2021, these countries were looking to review their travel restrictions for international visitors. Singapore, Brunei, Malaysia and Vietnam have implemented

preventive and containment measures in response to the COVID-19 outbreak, such as testing, tracking, and tracing, which could serve as a model for other countries in the region and beyond.

Objectives and methods

This article aims to look into the multiple implications of the COVID-19 pandemic on the border policies in and between countries in SEA from the perspective of each country. The article analyzes the pandemic's dual influence on the development of border and travel policies in the ASEAN community and some policy recommendations for strengthening ties. Finally, this article intends to invite a conversation between scholars about how the border relationship has emerged in SEA during and after the COVID-19 pandemic.

We relied heavily on secondary data for this research, including the most recent and relevant literature and credible publications from reputed organizations, to ensure the validity, reliability, and quality of the data sources, which include ASEAN, the United Nations, the World Bank, the OECD, the Asian Development Bank, and the World Trade Organization. Above all, the methodology was used to acquire a complete understanding of COVID-19's impact on border and travel restrictions in SEA. The data gathered allowed a macro-level analysis of relevant pandemic situations, outlooks, effects and policies.

The pandemic and measures in SEA

This section examines the SEA states' responses to COVID-19 and the economic, political, and social impact of COVID-19 on the region. COVID-19 infections have soared in SEA in recent months, with fatality rates surging to the highest levels ever recorded in the region. Due to geographical, political, and economic factors, the Delta variant has progressed, and the region and its 655 million population have become vulnerable to this highly contagious variant (Ullah & Kumpoh, 2018; Ullah, Hossain & Chatteraj, 2020). As in the rest of the world, the pandemic has revealed structural problems underlining, among other things, the consequence of states prioritizing economic development over rapidly growing health problems. Governments in the region continue to promote the pursuit of unrestricted economic expansion. As a result, they tend to overlook alternative frameworks to reduce societal inequality and improve natural resource sustainability. Short-term consolation cannot compensate for the critical necessity of increasing social protection and developing redistribution mechanisms in order to deal with the pandemic's effects (Suriyankietkaew & Nimsai, 2021).

SEA economies felt the effects of global trade tensions soon after the virus struck. In early April 2020, the Asian Development Bank (ADB) lowered its growth forecast for the ten ASEAN member states (from 4.4 in 2019 to 1% in 2020). The region now faces the prospect of a global shock and recession. SEA economies, which have already been harmed by China's supply and trade disruptions, as well as a sharp decline in international tourism, have been affected/ impacted further by the lockdown and social containment measures, which have significantly slowed economic activity in a variety of sectors. COVID-19 places considerable constraints on people's daily lives and livelihoods; as a result, communities survive by using their cultural and

social capital with the aim of developing a resilient social culture under challenging situations. On the other hand, government institutions appear to pay scant attention to this.

COVID-19 outbreaks in Vietnam, Thailand, Malaysia, and the Philippines are currently setting new records (Strangio, 2021). Brunei has received international praise for successfully combatting the pandemic without local infections for more than a year. The last case was detected locally in Brunei 441 days ago, on May 6, 2020, and the remaining cases were imported. Until July 2021, 309 cases had been documented, including 265 recovered cases, 41 active cases, and only three deaths. However, in early August 2021, the situation began to change (IMF, 2021), and the number of cases began to rise. Since then, the country has strengthened restrictions (such as closing mosques, child care centres, galleries, libraries, museums, parks, senior citizens activity centres, and sports centres). All activities on-site at educational institutions have been ceased. Dine-in has been banned in restaurants that are only permitted to serve takeaway and fulfill delivery orders. The maximum number of attendees at gatherings has been reduced to 30. Of course, the restrictions are subjected to change depending on the cases. Businesses have been urged to maximize telecommuting opportunities, that is, doing work assignments from outside the traditional workplace by using telecommunications tools such as email, phone, chat and video apps. Masks are required at all indoor venues and outdoor areas.

Cambodia initially had a low number of COVID-19 cases, with no deaths occurring till the end of 2020. Of course, a number of factors contributed to this success, including considerable collaboration from foreign health partners, the already familiar culture of wearing face masks, prompt responses from Cambodia's neighbours, and widespread public compliance with the restrictions (Nit et al., 2020). Cambodia, however, began to experience a spike in cases in January 2021. There are currently over 100,000 active cases, and have been around 2000 fatalities (Reuters, 2021).

Indonesia has eclipsed India as Asia's COVID-19 hub, and the outbreak has been disastrous, with over 50,000 cases reported daily. Since the pandemic began, around 142,651 Indonesians have died out of the 4,227,932 cases; of course, this might be an under-reported estimate (Regan, 2021). A local survey indicates that around half of Jakarta's 10.6 million residents may have contracted COVID-19 (Sood, 2021).

In Lao PDR, there were 20,646 confirmed cases of COVID-19, including 16 deaths between January 3, 2020, and September 24, 2021 (WHO, 2021). While efforts to restrict the pandemic have been mainly effective, the pandemic has had a detrimental economic impact. The adverse effects on education, employment, physical and mental health, and population well-being have unfolded rapidly and unexpectedly (Clemente-Suárez, et al., 2020).

Malaysia has observed an uptick in COVID-19 infections since August 2021, with approximately 17,000 to 22,000 new cases each day. Around 98 percent of newly diagnosed cases each day fall into Category 1 (asymptomatic) or Category 2 (symptomatic) (Mild Symptoms). Malaysia has seen an exponential surge in cases and

deaths despite a national lockdown, prompting the suspension of Parliament with 1,706,089 cases, including 267,997 active cases, 1,422,005 recovered cases, and 16,087 deaths as of August 29, 2021 (Ministry of Health, Malaysia, 2021). Covid clusters throughout the manufacturing and transportation sectors of the country have aided in the spread of the outbreak. Despite the re-introduction of a nationwide lockdown on May 12, significant segments of the manufacturing sector were deemed necessary, and employees continued to work despite the growing risk. Yet, in October 2021 the Ministry of Health lifted interstate and international travel restrictions as the country had achieved 90% inoculation among its adult population (Reuters, 10 October 2021).

Meanwhile, in Myanmar, between January 3, 2020, and September 24, 2021, there were 455,074 confirmed cases of COVID-19, with 17,413 deaths (WHO, 2021). Myanmar is perilously close to collapse as a result of a pandemic and a military coup. Due to a significant shortage of oxygen in the country, whose population numbers 55 million, families of the terminally ill have been queuing for oxygen or searching online for COVID-19 treatments. Residents are self-medicating at home. If they sought treatment, they were frequently turned away due to a lack of oxygen, therapies, beds, and an insufficient number of workers to care for the patients (WHO, 2021).

COVID-19 has also wreaked havoc on the Philippines, which suffers from the second-highest infection rate in SEA. Between January 3, 2020, and September 23, 2021, the Philippines confirmed 2,457,419 cases, including 37,228 deaths (WHO, 2021). In August 2020, the Philippines was at a crossroads, already subject to various measures, including quarantine, closed businesses, enforced curfew hours, and restricted access to vital items. The country's healthcare workforce has had enough of being overworked as a result of rapidly filling intensive care units in the face of growing cases. During late 2020, the government announced a two-week state of emergency, enforced stricter curfew hours and militarized checkpoints (Chiu, 2021).

Amongst the SEA countries, Singapore has had one of the lowest case-fatality rates at 0.08 percent (Barron, 2020) because it has one of the best-organized epidemic control systems (Geddie & Aravindan, 2020). As of September 23, 2021, there are 10,379 active cases out of a total of 82,860 confirmed cases, with 72,411 recoveries and 70 deaths (WHO, 2021). Numerous measures have been taken to mass-test the population for COVID-19, including isolating infected individuals, installing contact tracing methods such as TraceTogether (both the software and the token), and closely quarantining those with whom infected individuals have close contact (Ministry of Health, Singapore, 2020).

On the other hand, Thailand has been fighting a third wave of infection that has increased daily caseloads and mortality rates to unprecedented levels, following the containment of a second wave that began in December 2020. Between January 3, 2020, and September 23, 2021, Thailand reported 1,524,613 confirmed cases of COVID-19, including 15,884 deaths (WHO, 2021). The surge in cases has overwhelmed hospitals in the capital, with the demand for beds considerably exceeding capacity. In an attempt to alleviate the burden on the healthcare system, the

government has turned a cargo warehouse at Bangkok's Don Muang Airport into a 1,800-bed hospital for patients with less severe symptoms and 15 passenger trains into a community isolation facility for COVID-19 patients awaiting hospital beds (Ratcliffe, 2021).

Vietnamese have been able to live somewhat normally for the last year and a half, and the economy grew by 2.9 percent in 2020 (World Bank, 2021). To combat future spread, the government imposed strict lockdowns on the capital, Hanoi, and Ho Chi Minh City and expanded COVID-19 treatment centres to accommodate additional patients. However, recent community transmission cases have been documented in Ho Chi Minh City, Binh Duong, Dong Nai, Long An & An Giang, among other locations (Regan, 2021). As of September 23, 2021, there have been approximately 728,435 COVID-19 infections, 493,488 recoveries, and the epidemic has claimed the lives of 18,017 Vietnamese (Ministry of Health, Vietnam, 2021).

The vaccine map of SEA

While outbreaks continue to spread in China, Japan, and South Korea, SEA is feeling the full force of the Delta wave, with countries reporting huge rises in caseloads and deaths. As COVID-19 vaccines are readily available, many thought that new cases would decline worldwide as a result. However, that hope has waned globally as additional cases linked to the highly contagious Delta strain continue to emerge, disproportionately impacting unvaccinated communities. In SEA health workers continue to confront widespread vaccine hesitancy resulting in delayed vaccination in some countries.

Brunei has joined the global Covax initiative and received the COVID-19 vaccine in the first quarter of 2021. Sinovac had been discussing supplying vaccines to Indonesia and began vaccinations, administering slightly more than nine million doses to frontline employees. Singapore has been developing its own 'Lunar' vaccine in collaboration with the US business Arcturus and the Duke-NUS medical school (NUS, 2021). A single-dose mRNA shot was made possible by putting COVID-19 genes into a harmless virus. Thailand's National Vaccine Institute has signed a non-refundable advance market commitment contract for 2.38 billion baht (US\$79 million) with AstraZeneca (Siam News, 2021). Vietnam's National Institute of Hygiene and Epidemiology (NIHE), a division of the Ministry of Health, has agreed to sell 3 million to 10 million doses of the COVID-19 vaccine to Medigen Vaccine, a vaccine company based in Taipei, Taiwan, in 2021.

Malaysia's immunization rate has increased dramatically. It administers about 400,000 doses every day as part of the National COVID-19 Immunization Programme, which has set a target of vaccinating at least 80% of Malaysia's adult population by February 2022 (Ministry of Health, Malaysia, 2021), a target already achieved in advance of proposed dates. Of course, Malaysia's current political crisis has exacerbated frustrations about rising death rates and economic hardships. The Philippines signed a contract with AstraZeneca that included over 30 local companies, marking the country's first contract for coronavirus immunizations. The companies

plan to donate a significant portion of the doses to the government for its next immunization programme while keeping the remainder for their employees.

Myanmar's position is the worst in the region. Myanmar has asked Gavi and Covax for immunization help and financial aid from Australia. Initially, the government planned to immunize 20% of the country's "most vulnerable" inhabitants. The government faces financial and logistical challenges as the number of cases continues to grow. The Ministry of Health expects to vaccinate 50% of the country's population by 2021 (Regan, 2021). Public rage appears to be on the rise as a result of growing dissatisfaction with the government's tardy response. At least 260 attacks on medical personnel and facilities in Myanmar have been reported. At least 67 members of the medical profession are being held in detention, with over 600 arrest orders for doctors and nurses still outstanding (UN, 2021).

Cambodia has vaccinated about 11 million people (about 83% of their adult population) against COVID-19 so far, one of the highest rates in SEA (Reuters, 2021). Cambodia has already begun immunizing children aged 6 to 12 against COVID-19, joining a small group of countries that have begun immunizing children of elementary school age as part of efforts to revitalize the economy. Cambodia compares favourably to its wealthier neighbours, such as Malaysia (80.6 percent fully vaccinated), Brunei (80.5 percent), Thailand (59.2 percent), and Vietnam (52 percent) (Strangio, 2021). However, Cambodia's remarkable performance in immunization distribution has been one of the lesser-publicized successes of SEA's COVID-19 narrative.

Travels and border policies

As the Delta variant fuels the spread of COVID-19 cases worldwide, policymakers have blamed border regulations that enable specific individuals to enter countries. The SEA region has switched from liberal to strict border regulations. Governments have precisely specified who is eligible to apply for an 'Entry Travel Pass.' Brunei has implemented an entry and exit Travel Pass in response to the pandemic. Compassionate and other unique circumstances, such as visiting parents, spouses, or other close family members of Bruneian citizens or Permanent Residents; important business travel (including official travel); students; and persons undergoing medical treatment may be given an Entry Travel Pass (Brunei Tourism, 2021). Passengers must undertake self-isolation at a hotel for a period of two to fourteen days upon arrival in Brunei, depending on the self-isolation notice sent upon arrival and a risk assessment completed by the Ministry of Health. Within 72 hours before departure, travellers must submit to COVID-19 (SARS-COV-2 RT-PCR) testing at an authorized medical centre approved by the government of the country of departure.

Cambodia's emigration and admissions regulations have undergone significant revisions. All visa waivers, on-the-spot visas, and electronic visas have been suspended. This does not apply to diplomatic (Visa A) or official (Visa B) visa holders. Foreign tourists to Cambodia must possess the following documents: medical records from health authorities in their home country, recognised and accepted by the government, stating that they have been COVID-19 negative for 72 hours prior to

departure; the Regeneron Genetic Centre (RGC) issues and approves a Validation Certificate upon payment. Letters or documentation confirming a hotel reservation (Proof of Online Booking) for lodging must be made at least three (3) days before departure; travellers can purchase a proof of health insurance package for COVID-19 therapy. If foreign travellers are required to be quarantined for 14 days, their sponsor is responsible for all costs.

International passengers are subjected to rigorous border procedures when entering Indonesia. Only Nationals of Indonesia, foreigners holding a Temporary Stay Permit (ITAS) or Permanent Resident Permit (ITAP), expatriates working on Strategic National Projects, medical aid or food sustenance workers for humanitarian purposes and crew members are permitted to enter and transit, either via air, sea or land transport). Passengers must present a medical document indicating a negative COVID-19 test result at least seven days before arrival and will be held in quarantine for 14 days. Without a valid medical certificate and a negative COVID-19 test result, passengers undergo medical screening and a 14-day quarantine.

Most flights to the Lao PDR have also been cancelled till further notice. This restriction does not apply to humanitarian, medevac, or repatriation flights. At least 72 hours before departure, passengers must show a medical certificate with a negative COVID-19 test result, and a completed health declaration form must be presented upon arrival. All travellers are subject to medical screening and quarantine for 14 days. Employees of airlines must undergo medical screening and are quarantined between flights. Travel between the capital area of Vientiane and the provinces is prohibited. Travel inside the Vientiane Capital district is similarly limited, except for returning citizens, those who work in the capital, and those who have obtained special approval from the COVID-19 Task Force. The police have established checkpoints to enforce the order prohibiting travel to and from the capital district.

Prior to October 2021, Malaysia had also implemented new entry requirements. Unless passengers are Malaysian nationals or permanent residents with a MyPR card, they are not permitted to enter Malaysia. Passengers on diplomatic missions with an official passport, students with immigration approval, passengers with a sticker visa in their passport indicating that they are the spouses or children of Malaysian nationals (Ministry of Home Affairs, 2021), and passengers with a Malaysia My Second Home (MM2H) card (Ministry of Home Affairs, 2021; Topia, 2021) are allowed in albeit conditionally. Passengers must undergo medical screening and be confined in government-run facilities for 10 to 14 days at their own expense. Individuals who have completed their COVID-19 RT-PCR screening within 72 hours of departure are quarantined for seven days beginning the day they arrive. Airline crew are quarantined between flights and are required to download the 'MySejahtera app' to their devices. Transfer from an international flight to a domestic flight is restricted.

Myanmar's National Central Committee for COVID-19 Prevention, Control, and Treatment (NLCCPT) has recently prolonged the suspension of all international commercial passenger flights from the country's airports, with exceptions for medical evacuation and relief flights. Exemptions also apply to special flights certified by the

department of Myanmar Civil Aviation. Foreign nationals in urgent need of implementing projects, businesses, constructions, or official matters involving the Myanmar government and wishing to enter Myanmar must present a negative COVID-19 test obtained 72 hours prior to departure from their current destination. All international visitors are quarantined in a specified place, and after one day, tourists must perform a swab test. Beginning December 31, 2020, the Ministry of Health and Sports prohibited inhabitants of the United Kingdom of Great Britain and Northern Ireland from entering Myanmar.

The government of the Philippines has also imposed restrictions on international travel. Filipino spouses and minor children, foreign parents of Filipino children with exceptional needs (of any age), and foreign parents of minor Filipinos are allowed to enter the country. Additional criteria for overseas visitors include a valid and current visa, as well as a pre-booked accredited quarantine facility and a pre-booked COVID-19 testing result at the time of entrance (Skirka, 2021).

Singapore's border controls continue to adapt as the global situation evolves. Singapore has created Safe Travel Lanes with a number of countries to facilitate short-term entry. Prior to arrival, travellers must submit a health declaration to the ICA (Immigration and Checkpoints Authority) via the SG Arrival Card (SGAC) e-Service or mobile application. COVID-19 PCR testing is required 72 hours prior to arrival in Singapore for all tourists aged seven and older, even those who have recovered from the infection (Singapore Tourism Board, 2021). All visitors to Singapore are subject to a PCR test upon arrival. Travellers may be required to serve a Stay-Home Notice (SHN) and submit to another PCR test before the expiration of their SHN, based on their country of origin/travel history and the Safe Travel Lane selected. Beginning on January 31, 2021, short-term travellers wishing to enter Singapore via the Air Travel Pass (ATP) or Reciprocal Green Lanes (RGLs) must have Travel Insurance covering COVID-19-related medical treatment and hospitalization costs in Singapore, with a minimum coverage of S\$30,000 (Singapore Tourism Board, 2021; CIBT, 2021).

Thailand's government launched the "Entry Thailand" internet portal as part of a coordinated effort to make it easier for vaccinated international travellers to enter Thailand. All arrangements can be made through the one-stop portal, specially designed for international travellers who have received the recommended COVID-19 vaccine. The 'Preparation Step' section of the landing page includes an explanation of Thailand's most recent admission policy. After gaining a general awareness of the norms and conditions, fully immunized international travellers can proceed to the basic stages, with the first step being an application for the Certificate of Entry (COE). Results of the pre-approval process may take up to three days. Step one involves reserving a flight for repatriation or a semi-commercial flight, then making a hotel reservation and submitting confirmation within 15 days of receiving the pre-approved COE followed by making a ticket purchase within 15 days of receiving the pre-approved COE. Any COVID-19 insurance purchased through the "Entry Thailand" system will instantly disclose the booking status of the traveller.

Vietnam has also imposed restrictions on the travel of non-Vietnamese nationals, even those with diplomatic or official passports and those travelling on business as corporate managers or high-tech professionals. Visa exemptions have been suspended for citizens of many countries (viz. Belarus, Italy, Japan, the Republic of Korea, and the Russian Federation, China, Denmark, Finland, France, Germany, Iran, Italy, the Republic of Korea, Norway, Spain, Sweden, and the United Kingdom) for sine die (ASEAN, 2021). Vietnam developed a comprehensive strategy for passenger screening at its airports and introduced a thorough quarantine and monitoring programme, while visas on arrival have been suspended. Prior to arrival, a Health Declaration Form must be completed, and a 14-day quarantine is required of all passengers. Airline crews are required to complete a medical questionnaire and are quarantined between flights (ASEAN, 2021).

Conclusions and discussions

SEA countries that were able to contain outbreaks in 2020 now face overwhelmed healthcare systems and a shortage of hospital beds, equipment, and oxygen. They have also introduced or restored curfews, closed down production operations and restricted the movement of people who are already struggling financially. This article is an attempt to better understand the changes in border and travel policies in SEA owing to the deadly pandemic that has plagued the entire world (Piper, 2021). It demonstrates the responses of the respective governments to COVID-19 and the economic, political, and social ties in SEA. Until the end of July 2021, most countries in SEA had been praised for their efficiency in keeping cases low and for their vaccination plans. Due to the emergence of the highly transmissible Delta variant, COVID-19 cases in SEA have begun to surge rapidly. Some countries in SEA, such as the Philippines, have become a primary source of worry. The Philippines has reported almost two million cases, resulting in 34,000 deaths. After Malaysia, Thailand has the second-highest daily case rate in SEA (Chiu, 2021).

Since many people's lives are interwoven across borders, connectivity creates additional complications. Though border controls and quarantine have been made requirements for travel, respective governments are more mindful than before that permeable land borders may be used by undocumented migrants (Ullah, Kumpoh and Haji-Othman, 2021), who are believed to be a major source of the virus. Against this backdrop, SEA nations have carefully handled border relations and travel permits. The risk of transnational transmission is high because the countries in SEA are geographically close to one another, sharing kilometres of common borders (Ullah and Kumpoh, 2018), with a large number of people traversing the borders (Strangio, 2021).

As mentioned earlier, in the first year of the outbreak, Thailand, Brunei, Vietnam, Laos and Cambodia received widespread appreciation for successfully limiting the pandemic. However, the highly contagious Delta variant has triggered record outbreaks in the majority of the region in recent months in 2021, stressing already-scarce healthcare infrastructures and exposing delayed vaccination rollouts. Indonesia, Malaysia, and the Philippines are three outliers that have fought the

pandemic for most of its duration. While Europe and the United States have already begun the process of reopening, most SEA countries are still under full or partial lockdown, with reopening borders seeming to be less viable by the day. Meanwhile, governments are realising that they cannot continue to bear the crippling economic restraints associated with border restrictions.

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