

Experience of Covid-19 Third Wave and Economic Situation in Myanmar

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I. Introduction

Amidst the harsh political climate created when the military group seized power on 1st February 2021, the third wave of Covid-19 hit the people of Myanmar bringing untold suffering. In July, more than 40% of the population contracted the virus and Myanmar was placed 6th in terms of the number of positive cases and 4th in death rate among the ASEAN countries.¹ At the same time, the people of Myanmar had to face economic difficulties. The World Bank report published in July 2021 stated that the economy of Myanmar contracted by 18% and millions of people became unemployed in the 2021 Financial Year.² While the Myanmar currency is depreciating, the prices of gold and US Dollars have risen exorbitantly and this issue is accompanied by unstable and immoderate increase in the prices of gasoline, food and all vital commodities.

This research was carried out in the third week of August in order to explore the conditions such as the Covid-19 positive cases, death due to the virus, modes of treatments, challenges faced and economic difficulties. This report includes the findings resulting from the analysis of the data collected from the survey.

II. Research Methodology

This research is carried out using a quantitative research method. The survey data was enumerated via online in August 2021. 550 respondents across the country participated in it.

The report utilized descriptive statistics such as tables and bar charts³ to present the data

In addition to the overall analysis of all States and Regions, the report includes a separate presentation for Covid-19 related findings for the Yangon Region as more than half of the respondents are from that area of the country. Besides, it is a populous region where the population suffered disproportionately from the third wave of Covid-19 outbreak.

Women accounted for 62% of the respondents and about 1% of respondents are people who identifies themselves of having other sexual identities. 22% are of 25 to 29 years of age and this number is of highest

¹ From the speech given by the Military leader which was published on The New Light of Myanmar on 25th September 2021.

² World Bank (2021): Myanmar Economy Expected to Contract by 18 Percent in FY2021: Report. Retrieved from <https://www.worldbank.org/en/news/press-release/2021/07/23/myanmar-economy-expected-to-contract-by-18-percent-in-fy2021report#:~:text=The%20economy%20is%20expected%20to,Myanmar%20Economic%20Monitor%2C%20released%20today.>

³ The percentages in these tables and charts are rounded values. Thus, the sum of some of these values might either slightly exceed or fall below 100%. In addition, the 0% is arbitrary. In fact, it is taken as the nearest value for percentages that are in a range of 0% and 0.49%.

percentage. The second highest age group is 35 to 39 years old. Although the survey includes respondents from Naypyitaw and all States and Regions, nearly half (46%) of respondents are from Yangon Region. Urban people participated in this survey more than the rural people. Details can be found in Table 1.

Table 1: Percentages of the Respondents' Gender, Age range, State/Region and Ward/Village

	Number	%		Number	%
Gender			State/Region		
Male	204	37	Kachin	28	5
Female	345	62	Kayah	17	3
Other	6	1	Karen	17	3
			Chin	5	1
Age (Years)			Mon	11	2
18-24	101	18	Rakhine	20	4
25-29	123	22	Shan (North)	8	1
30-34	102	18	Shan (South)	27	5
30-39	109	20	Yangon	257	46
40-44	55	10	Mandalay	45	8
45-49	40	7	Sagaing	33	6
50 and above	25	5	Magway	16	3
			Bago (East)	24	4
Ward/Village			Bago (West)	8	1
Ward	448	81	Ayeyarwaddy	17	3
Village	107	19	Tanintharyi	17	3
			Naypyitaw	5	1

III. Findings

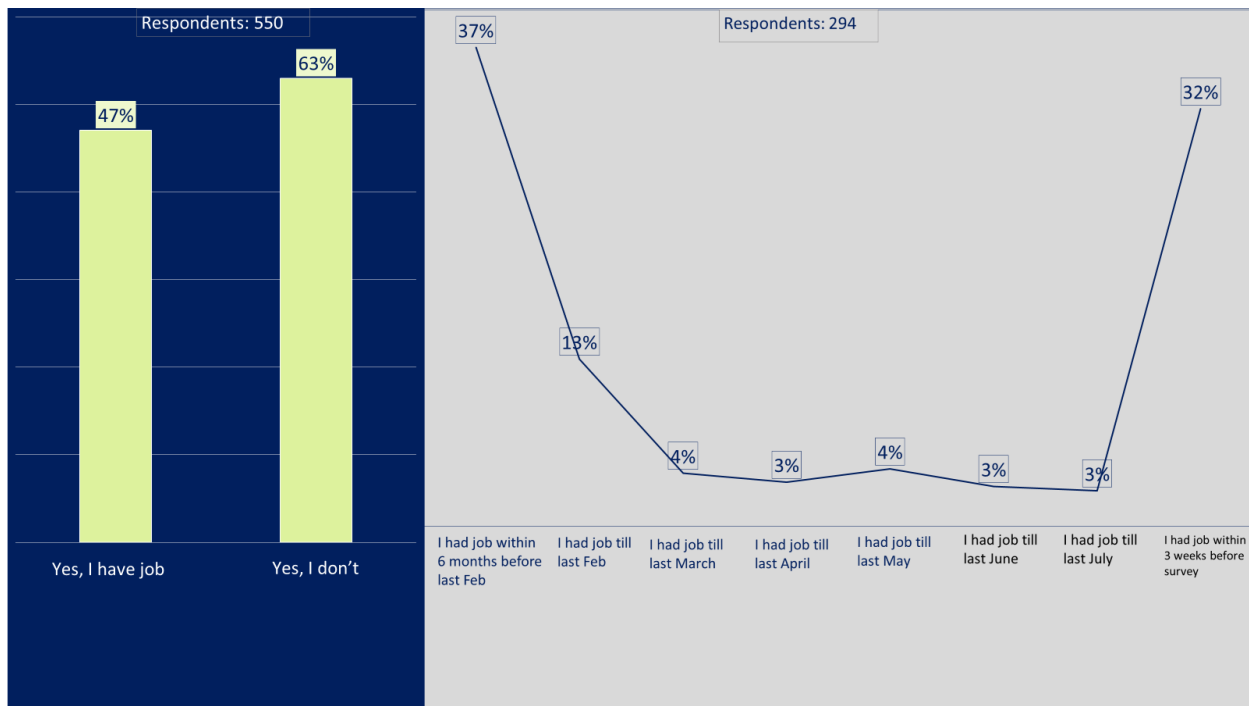
The findings are presented in two sections: Economy and Covid.

3.1. Economy

3.1.1. Unemployment condition for the 6 Months before February to August 2021

As shown in Figure-1, 53% of respondents stated that they did not have a wage-earning job at the time of answering the survey. These respondents include those people who had a job for the past 6 months before February and they occupy the highest proportion. This finding indicates that the unemployment rate was the highest in February. The decreasing trend from February to June indicates that not many people who were employed lost their jobs during those months. The upward trend three weeks before the data collection period indicates that the unemployment rate, however, rose once again at the end of August.

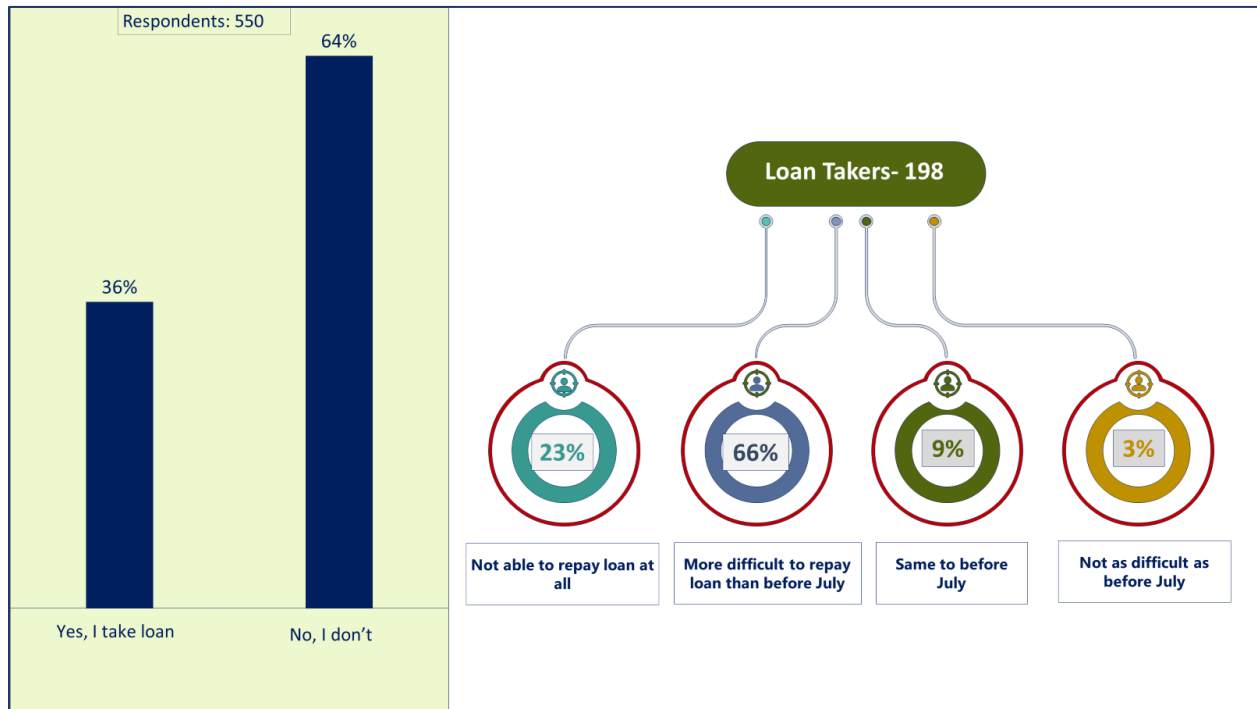
Figure-1: Unemployment condition from 6th February to August



3.1.2. Loans and Repayments

More than two thirds of the respondents nor their family members had taken any loans at the time of the survey. However, those who took loans answered that repaying the money back had become harder than it was in June. This percentage accounts for 66% and it is of the highest. Moreover, 23% of the respondents answered that they were not at all financially feasible to repay the money and this percentage is the second highest (Figure-2).

Figure- 2: Situation regarding to taking Loans and making Repayments



3.2. Covid-19

3.2.1. Covid-19 Contraction and Death Rate

Among the respondents from every State and Region, more than half (57%) of the respondents answered that either they or one of their family members became infected with Covid (Figure-3(a)). In addition, by looking at the data of Yangon Region, the region where the impact of third wave of the Covid virus outbreak was tremendous, there are nearly two thirds of respondents who themselves or one of their family members suffered from Covid. This figure is higher than the percentage of covid incidence in the other States and Regions.

About one to four family members got infected with Covid virus. (Figure-3(b)).

Figure-3(c) indicates that 14% of the total respondents (from all States and Regions) lost family members due to Covid and the percentage for this question was 15% for the respondents from the Yangon Region. In either Yangon Region only or all the States and Regions, between 1 and 5 family members of respondents passed away; the average number of people who died due to Covid per family is 1.

Figure 3(a) – Covid-19 Virus Infection in the respondent’s family

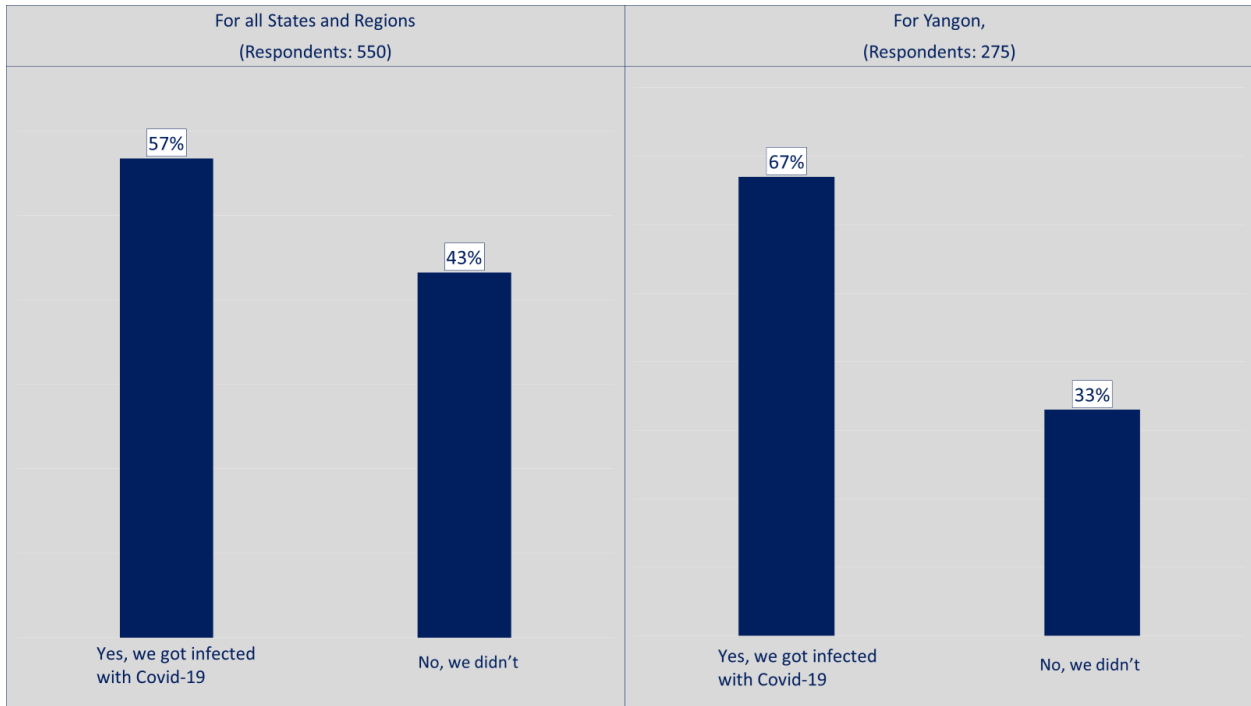


Figure 3(b)- Number of Family Members who got Covid-19 per Family

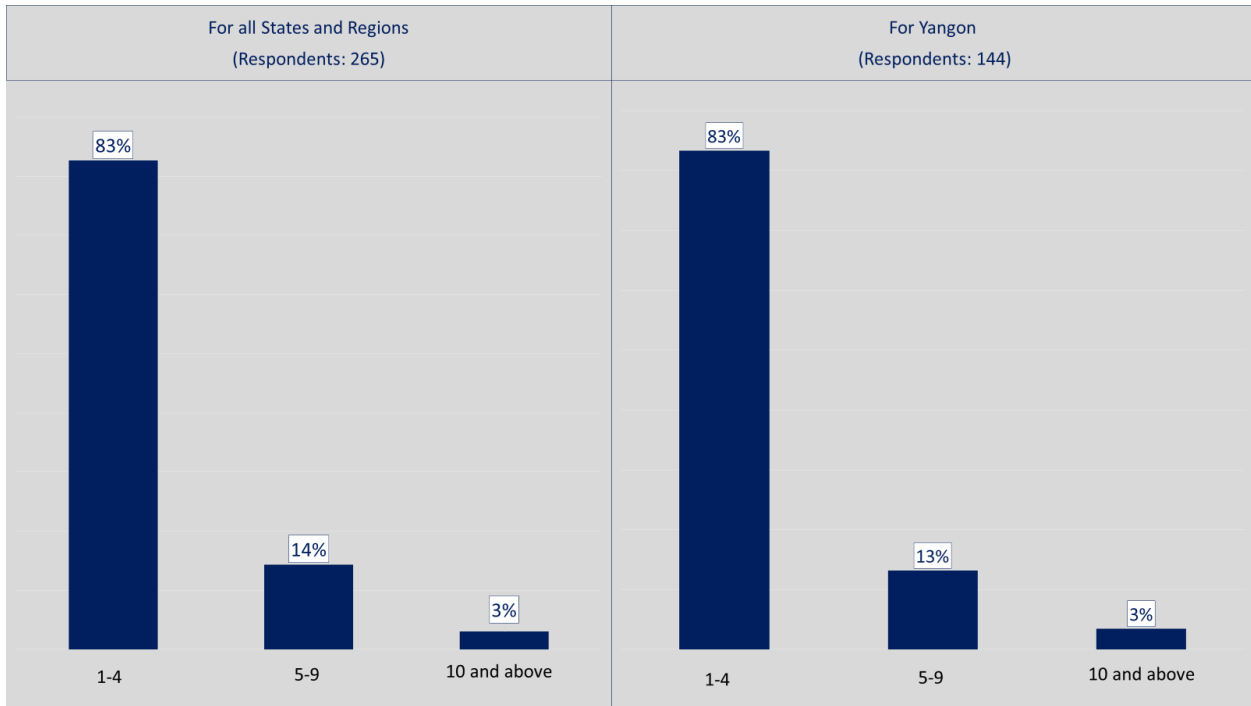
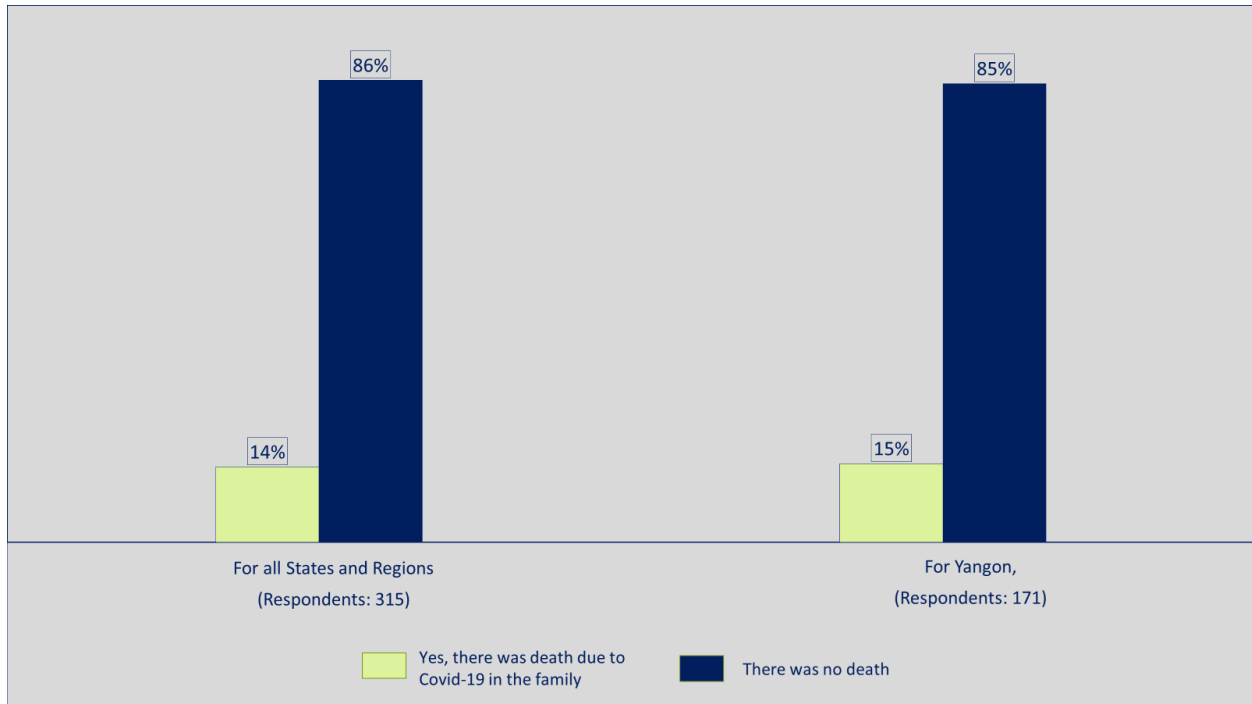


Figure 3(c)- Death Rate due to Covid-19 per Family

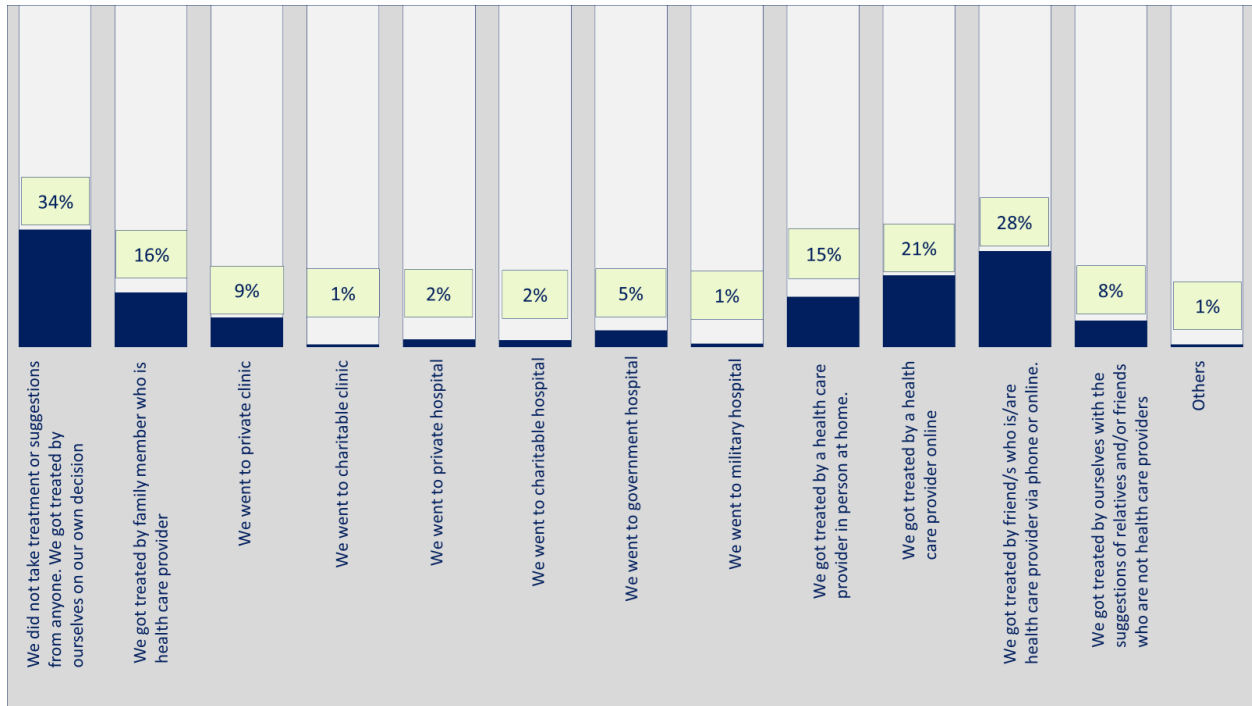


3.2.2. Treatments and Difficulties

Types of Treatments

While suffering from Covid 19, 34% of respondents reported that they did not seek any medical attention from professionals but instead administered injections and oral medications by themselves with their own decision. The second highest percentage – 28% - are the respondents who consulted a doctor/nurse/health care officer whom they are acquainted with via online or telephone. In addition, the third highest percentage that accounts for 21% in number is treating Covid via online or teleconsultations with a doctor/nurse/other health care officer (Figure-4)

Figure-4: Types of Covid Treatments (Respondents: 315)



Chances of Getting Admitted to the Hospital and Receiving Treatment

Only 15% of the respondents stated that they tried to get themselves admitted to public (Military Hospital included) or private hospitals when they had Covid. Among them, more than half of the respondents (57%) did not get a chance (Figure-5). Moreover, those who got a chance to receive medical care in hospitals reported high levels of difficulty in getting admitted (Table-2).

Figure-5: Chances of Getting Admitted to the Hospital and Receiving Treatment

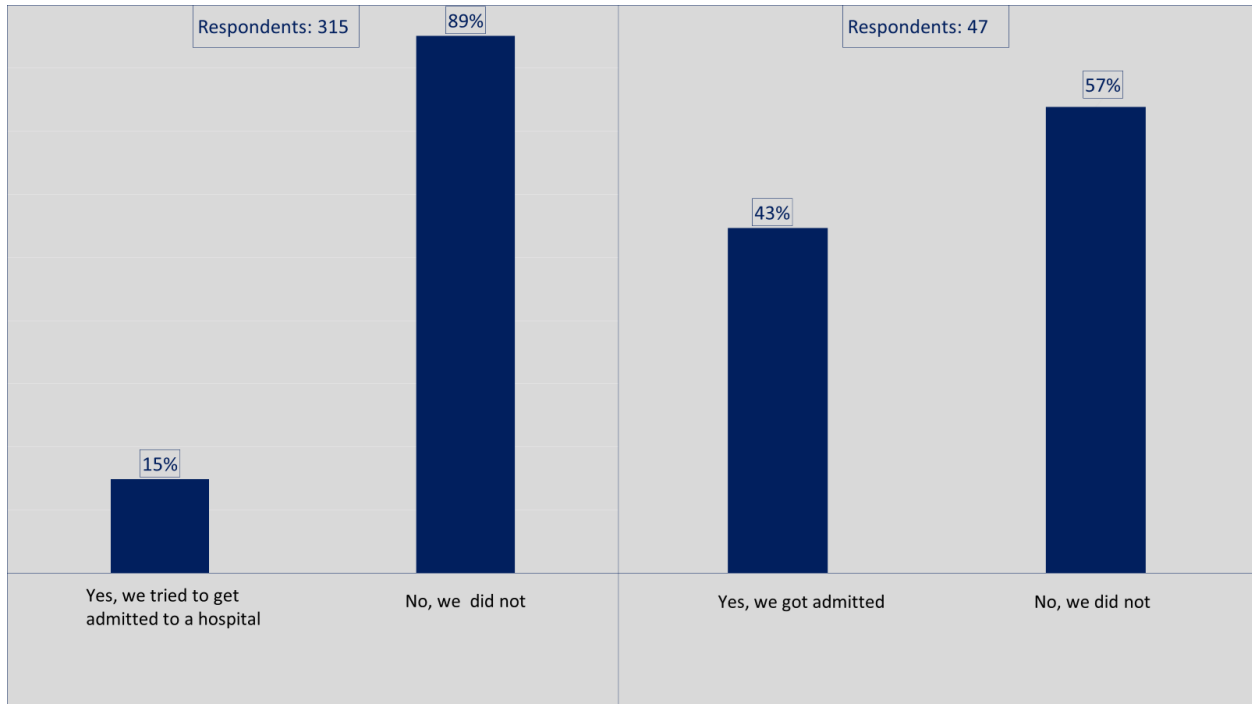


Table 2: Level of Difficulty to get admitted to Hospitals

	Civilian Hospital (Number)	Military Hospital (Number)	Private Hospital (Number)
Very difficult to get admitted	11	3	4
Moderately difficult to get admitted	4	0	1
Slightly difficult to get admitted	2	1	1
No difficulty in getting admitted	1	1	2
Total	18	5	8

Oxygen Supply

11% of the respondents who answered that either they or one of their family members got Covid-19 required oxygen supply for breathing but did not have a chance. For Yangon Region, this figure is 12% (Figure-6(a)). By looking at the data either by all States and Regions combined or just Yangon Region only, it can be seen that in both cases, more than two thirds of the respondents got an adequate supply of oxygen (Figure-6(b)). However, nearly half of them (42%) had very difficult times to get an adequate supply of oxygen (Figure-6(c)).

Figure-6(a)- Oxygen Requirement Status

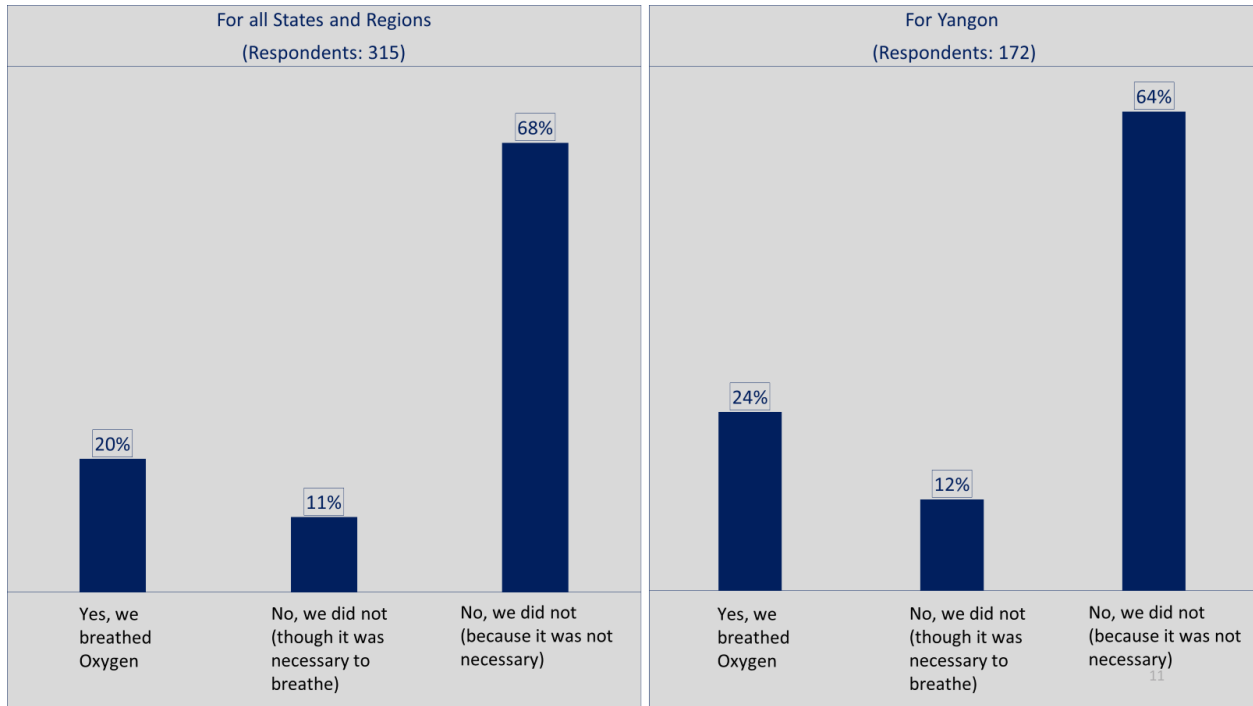


Figure-6(b)- Oxygen Adequacy

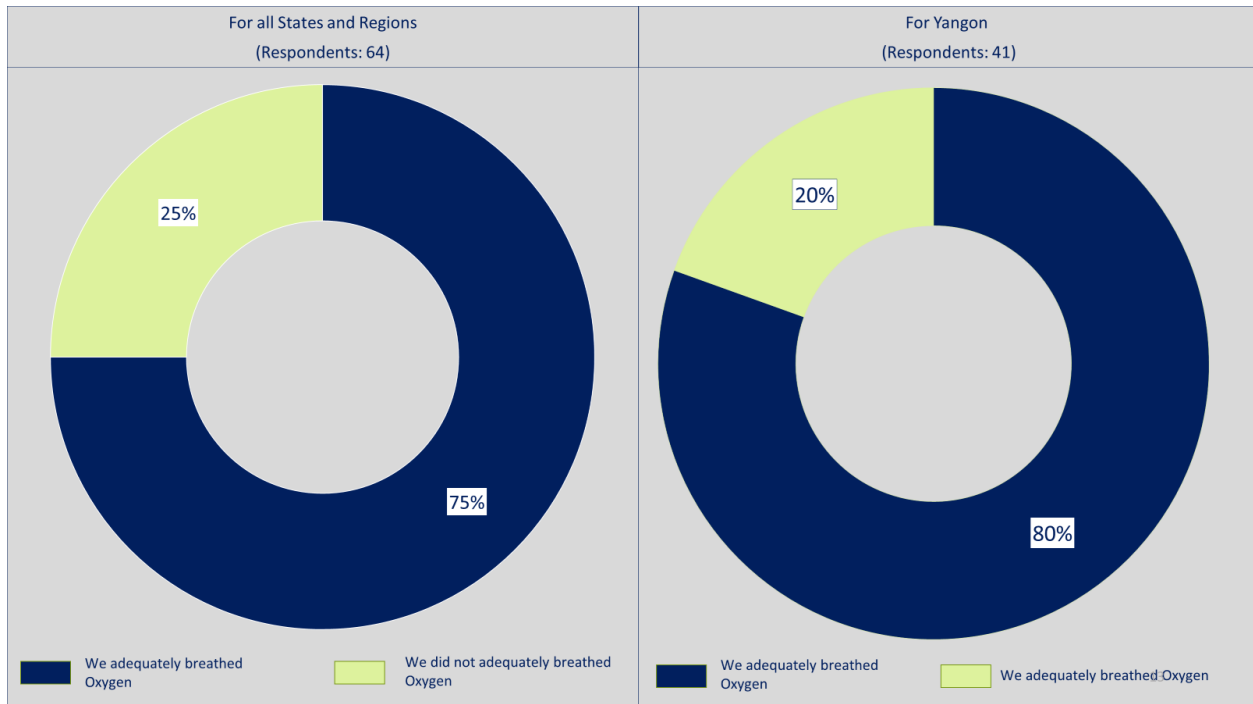
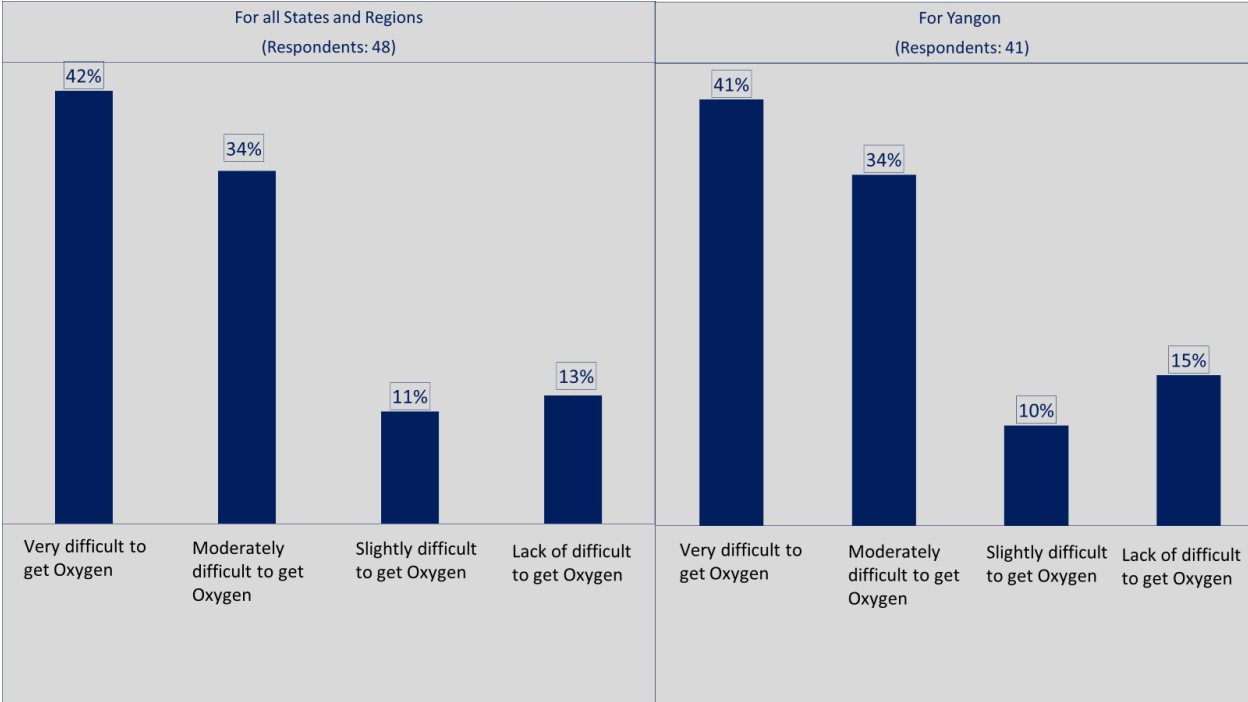


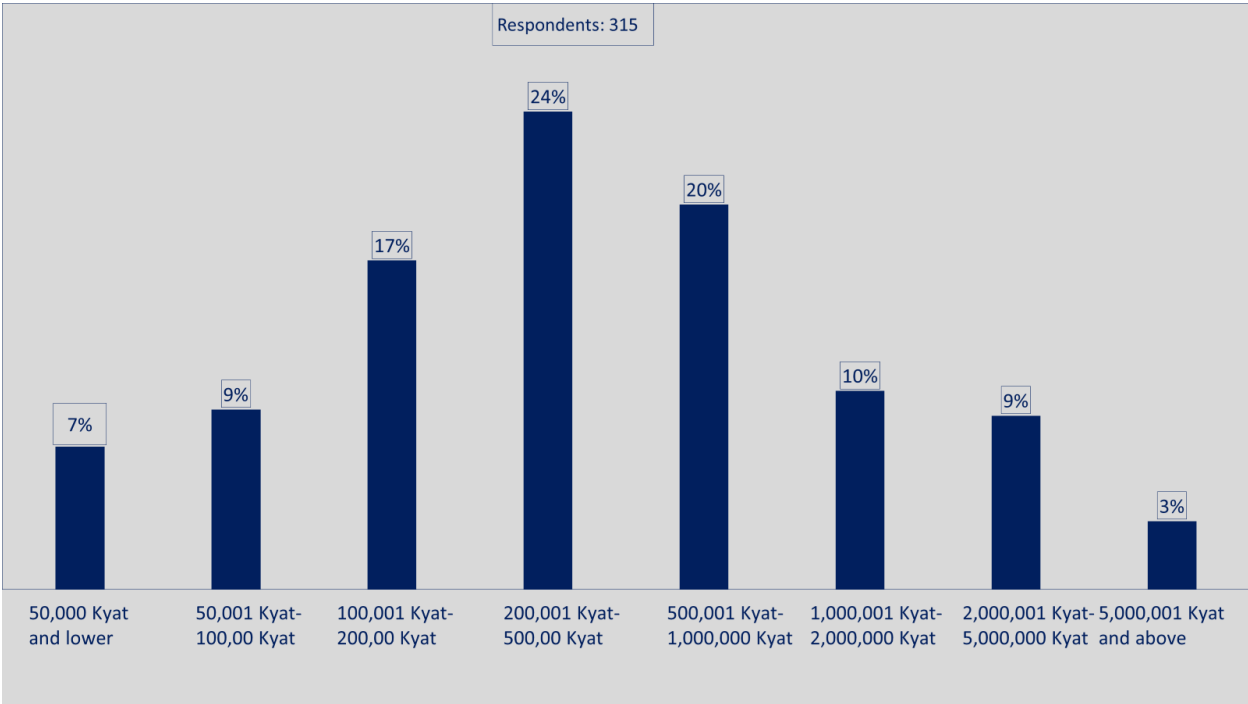
Figure-6(c)- Difficulty in getting Oxygen



3.2.3. Cost of Treating Covid-19

200,001 Kyats to 500,000 Kyats is the estimate average cost of treating Covid-19 (from the beginning to the day of taking this survey). This range accounts for the highest percentage (24%). The second highest cost range is 500,001 Kyats to 1,000,000 Kyats. The figure for this range is 20%. (Figure-7).

Figure-7: Cost of Treating Covid-19



3.2.4. Vaccination, Will to Vaccinate and the Reasons for not Getting Vaccinated

Getting Vaccinated

On average, two thirds of respondents from all States and Regions had not been vaccinated during the data collection period of this survey (Figure-8(a)). In Yangon Region alone, 80% of the respondents had not received vaccinations.

The proportion of the respondents who have been vaccinated were the highest three months ago. This figure dropped after that period of time and then rose again two weeks before the survey period. Covid Shield is the first most common vaccine of choice and this is followed by Sinopharm. 58% of respondents got vaccinated according to the government’s plan - the highest percentage (Figure- 8(b)). The second highest percentage, 19%, goes to the people who got themselves vaccinated by their own plans.

Figure-8(a): Vaccination Completion Status

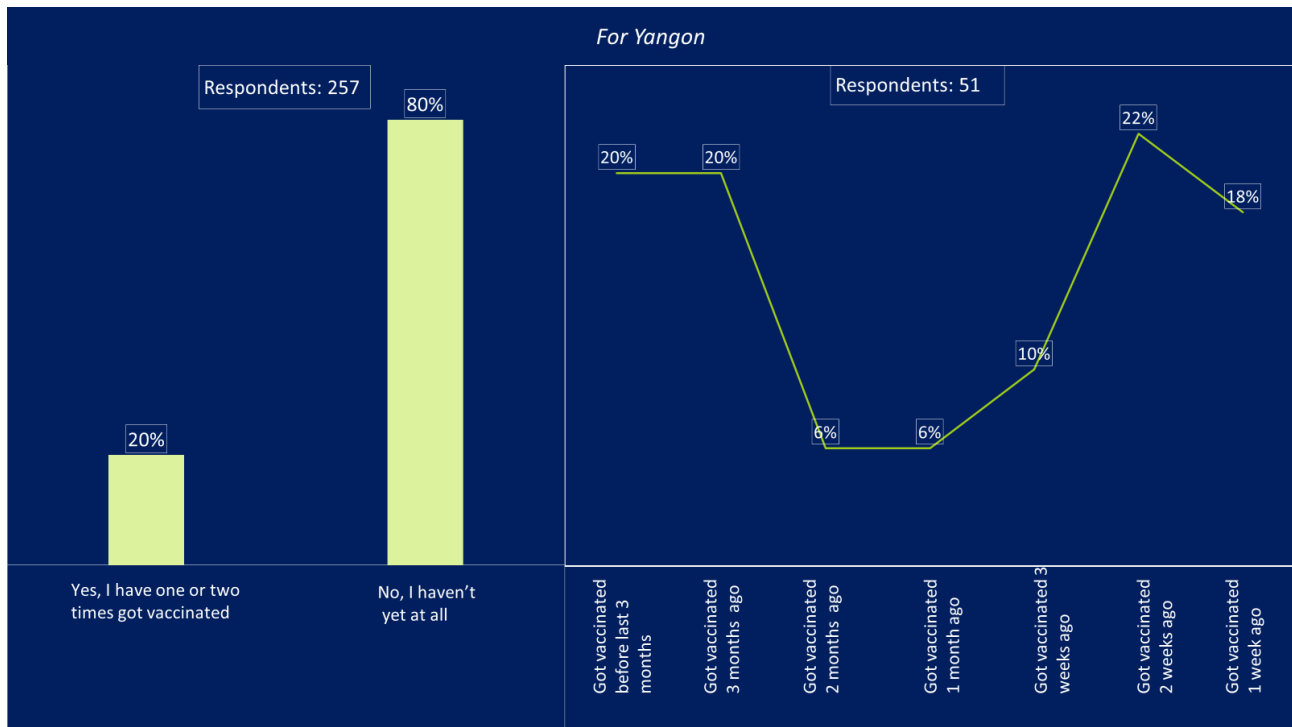
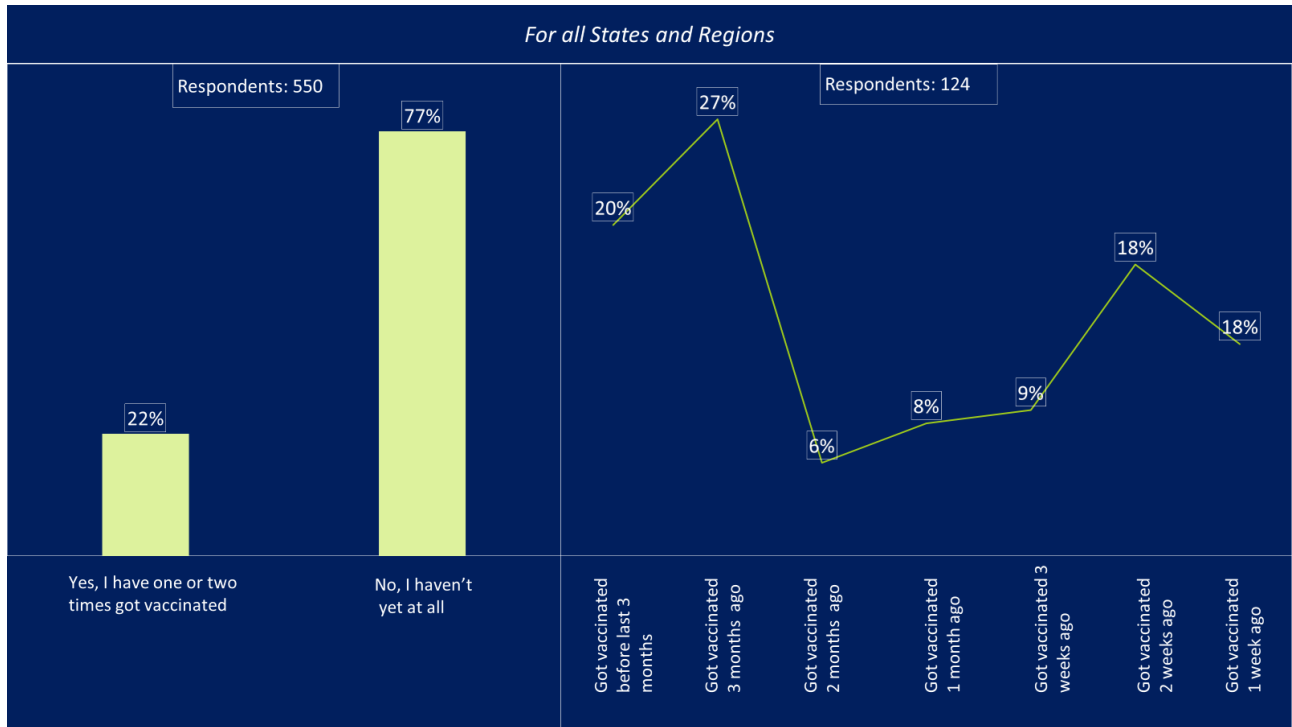
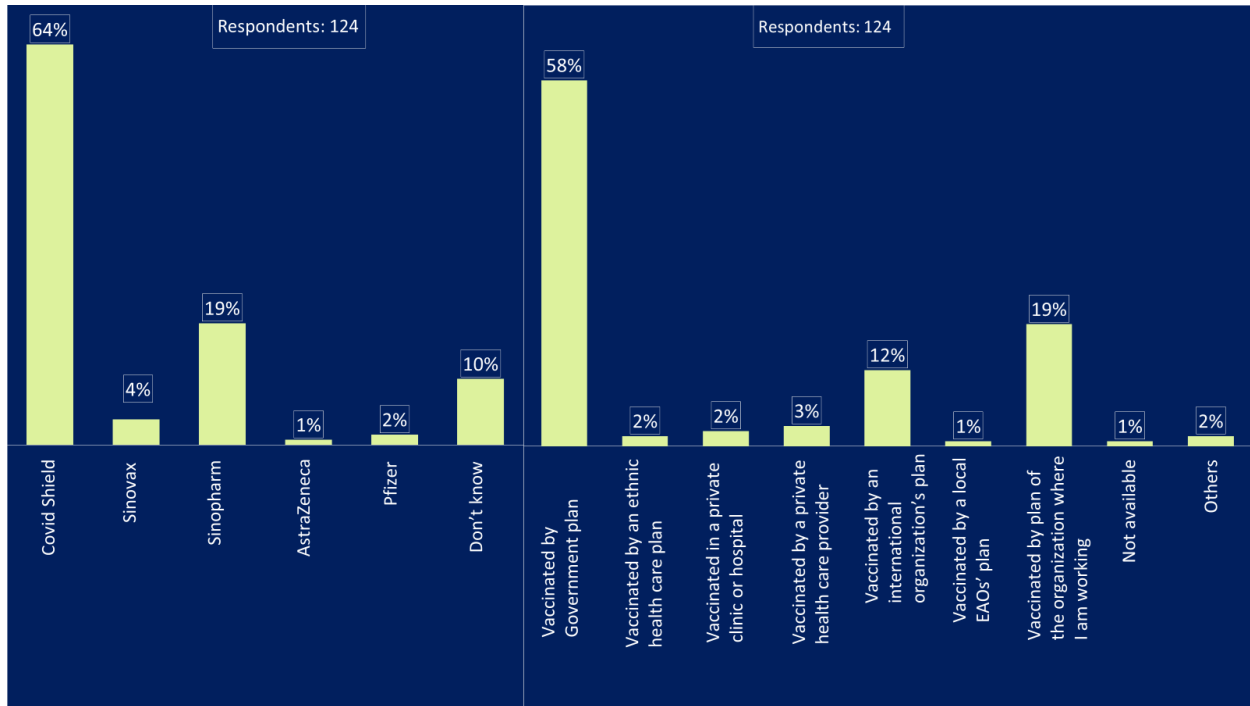


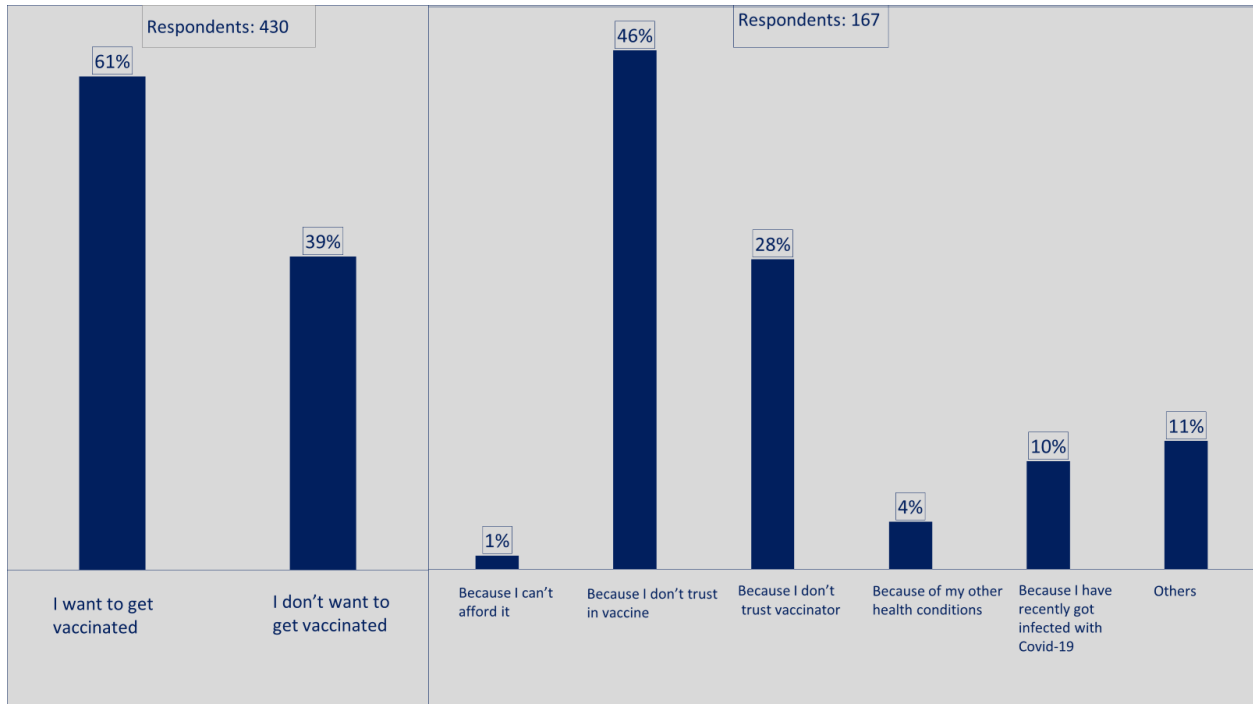
Figure-8(b): Vaccine Type and Plan



Will to get vaccinated and the reasons for choosing not to get vaccinated

Among the respondents who had not been vaccinated, 39% of them do have wish to get themselves vaccinated. 46% of unvaccinated respondents said that not having trust in the vaccine is the reason for not getting vaccinated. (Figure-9)

Figure-9: Will to get vaccinated and the reasons for choosing not to get vaccinated

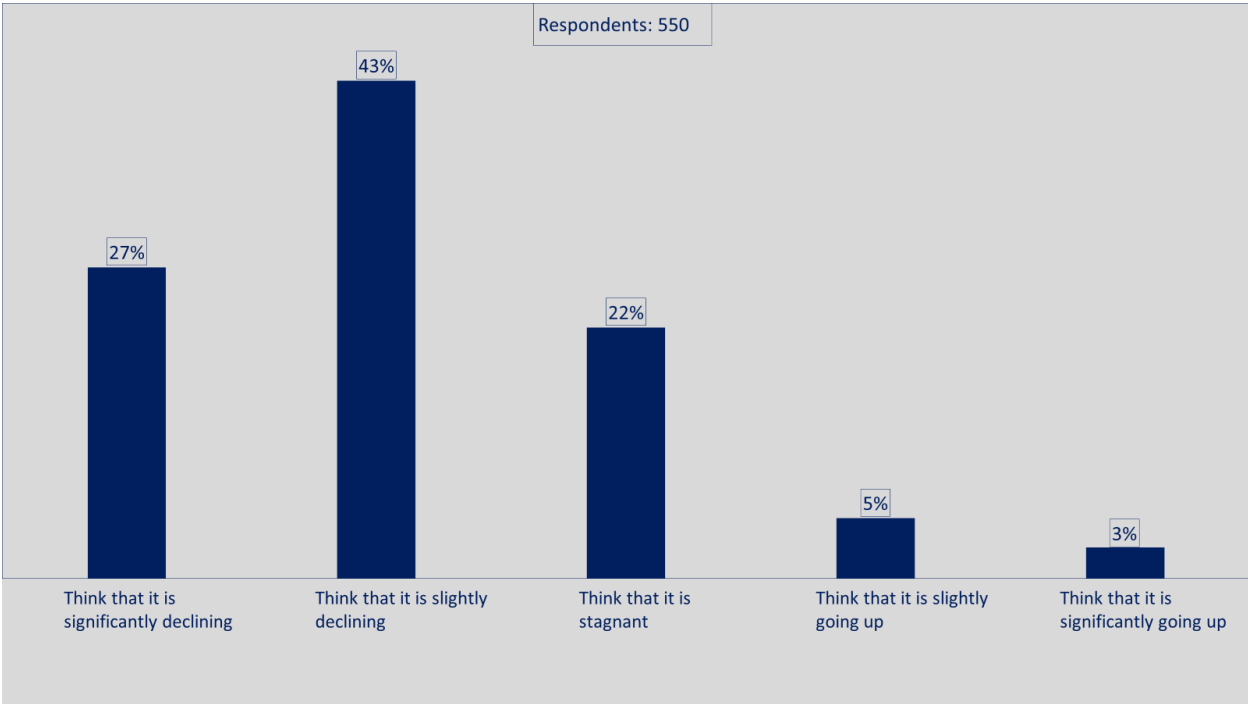


3.2.5 Covid Contraction Rate and Prevention Measures in Wards and Villages

Covid-19 Contraction Rate in Wards and Villages

43% of the respondents answered that the virus transmission rate had got moderated slightly by the time of the survey. Besides, 27% of the respondents said that the transmission rate had significantly decreased by that time. Hence, the data indicates that two thirds of respondents think that the Covid contraction rate had decreased (Figure-10).

Figure 10- Covid-19 Contraction Rate in Wards and Villages



Preventive Measures

Among the respondents, 43% stated that they were carrying out Covid -19 preventive measures in their respective wards and villages. This percentage accounts for the highest. However, 36 % said there were no preventive measures. There were 21% of respondents who did not know whether preventive measures were being carried out or not. It was found out that preventive measures in the wards and villages were led by Parahita (Social Welfare / Volunteer) groups. This was stated by the highest percentage, 37%. The smallest percentage, 6 % said local ethnic armed groups were in the lead in carrying out the measures. On the other hand, 16% of the respondents carried out the preventive measures on their own without being led by any group (Figure-11(a)).

From Figure 11(b), preventive measures such as wearing masks, washing hands, staying at home and keeping social distancing are the most observed, accounting for 58%. This is followed by selling in takeaway systems in tea shops and restaurants, with 53%. Thirdly, sanitizing in wards and villages accounts for 47%.

Figure 11(a)- Presence or Absence of Covid Prevention Measures and the Leaders

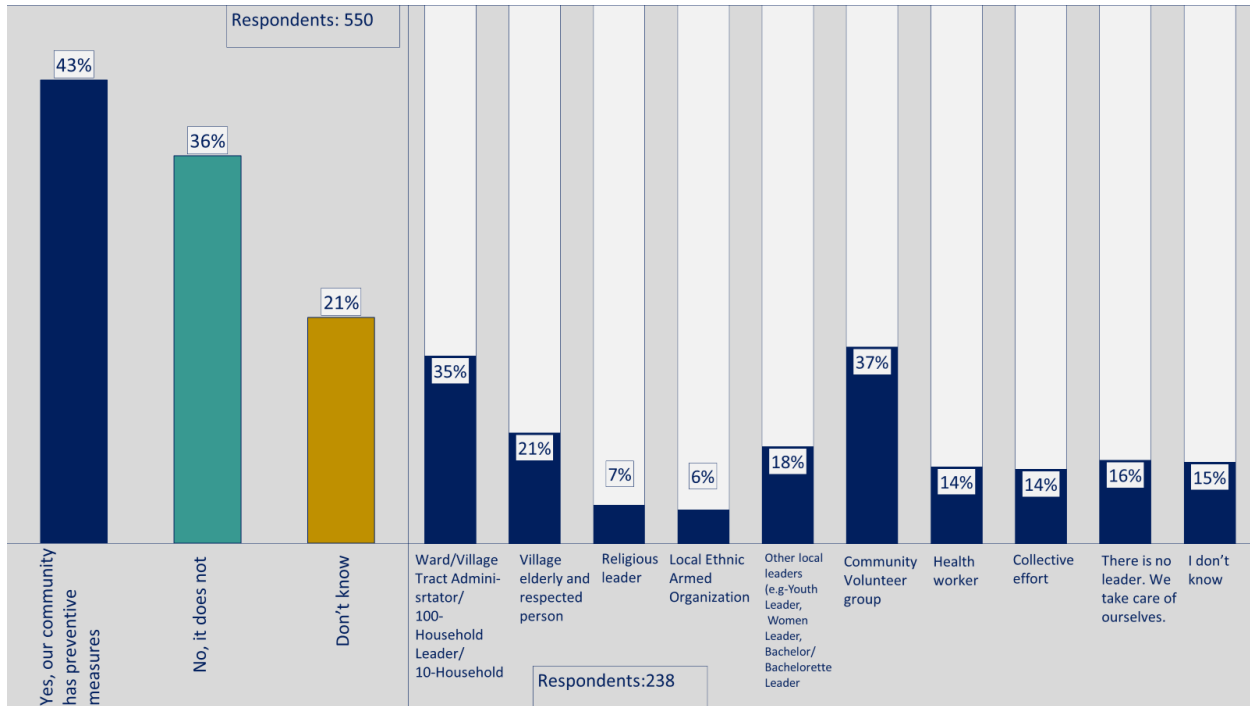
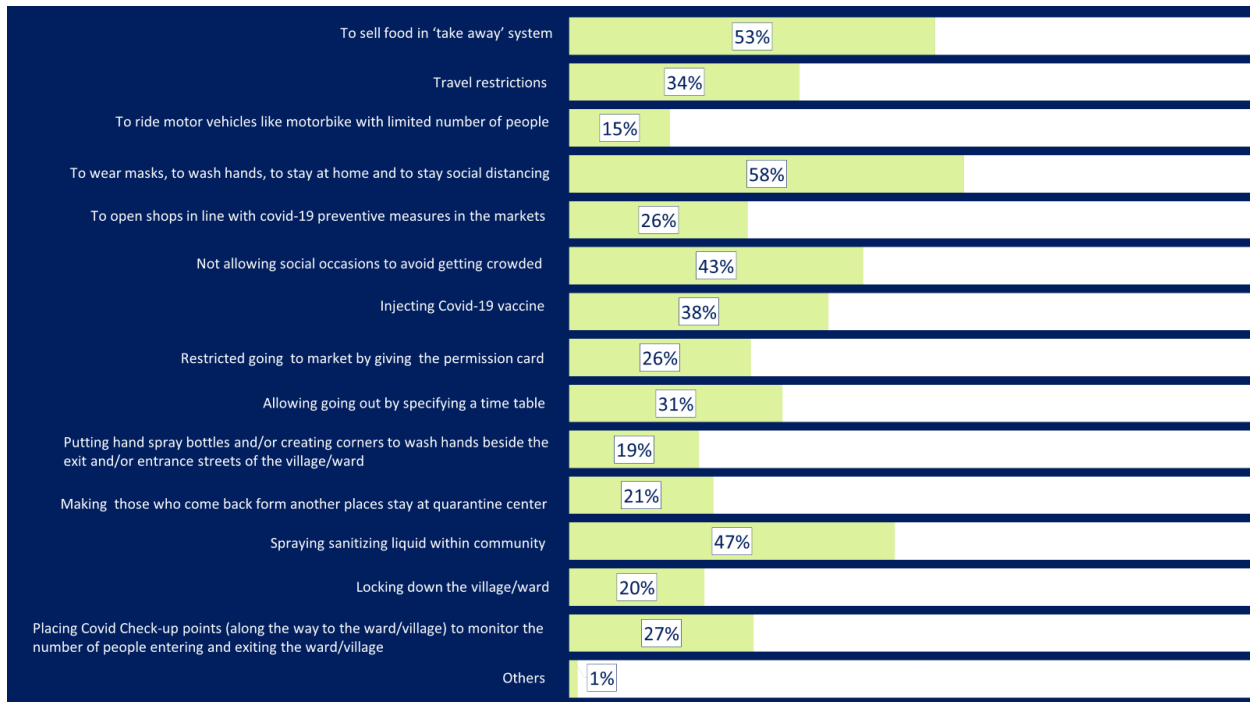


Figure 11(b)- Covid Preventive Measures



IV. Conclusion

A total of 550 respondents across Myanmar participated in this survey. According to the data, more than half of the respondents or their respective families contracted the Covid-19 virus. Among them, 14% had a family member who lost their lives due to the virus. The populous Yangon Region suffered particularly severely - accounting for 15% of the positive cases among the respondents. It cannot be said that this figure is low. Most of the respondents treated the virus by themselves with their own decisions on getting injections and taking oral medicines. The second most common way of treatment is by getting teleconsultations via online or telephone from nurses, health officers and doctors who are friends of the respondents.

The majority of the respondents did not try to get themselves admitted to hospitals. Among those who did, most of them had no chance as well. It was very hard to get admitted at either public, military or private hospitals.

Among the respondents who got Covid, most of them did not require external oxygen supply for breathing support. However, there were a few who were in need but did not have a chance. Although the majority of the respondents could get adequate supply of oxygen, the process of getting oxygen into their hands was a grueling one.

Treating Covid-19 is costly. The cost ranges from two hundred thousand to one million kyats. Some respondents had to spend more than five million kyats for the treatments.

During the survey period, only few respondents have been vaccinated. Majority of them received the Covishield vaccine. Among those who got vaccinated, the majority of them were immunized through the government's arrangement. The second most common way of getting vaccinated is via the respondents' respective organizations. The respondents who have not got vaccinated also wish to get vaccinations. However, the most common reason among those who answered that they do not wish to get vaccinated is due to the lack of trust in the type of vaccine. Besides, they have no trust in the vaccinator and this is the second most chosen answer by the respondents.

More respondents say that they carried out Covid prevention procedures. The most common procedure is to make people wear face masks, wash hands and to stay in their houses or keep a social distance. The second most common procedure is making teashops and restaurants sell food to their customers by a takeaway system. The third most common procedure is sanitizing the ward/ villages. According to the respondents, most of the times, the aforementioned arrangements and procedures are led by Parahita (Social Welfare/Volunteer) groups. The ward/village administrator, 100-Household leader, 10-Household leader are the second most common persons who took a leading role for the Covid prevention arrangements. There are also wards/villages where people had to take care of themselves without anyone taking the leading role.

During the time of data collection, the proportion of the respondents who were unemployed is greater than the ones who had jobs. Among the unemployed, those who had jobs before the month of February

are highest in number. In other words, it means that the unemployment rate increased. Also, it can be said that the unemployment rate increased again in August as the percentage of respondents who had jobs three weeks before the data collection period is the second highest.

It is found that there are only a few respondents who took loan in the form of money. However, the situations these days are not much in their favour to repay the loan.

The collapse of the government's health care system, the military group's faulty management in Covid-19 prevention and control and the absence of Ward/Village administration who could take leadership can be regarded as the main reasons why people were stricken by Covid-19 severely. In addition to the aforementioned reasons, people refusing to get vaccinations due to the distrust in the military's administrative council also contributed to this severe third wave of the Covid-19 outbreak. Civil wars are escalating and there is also an economic crisis. If another wave of Covid-19 outbreak hits the country during the tenure of the military group, the people will have to suffer from the outbreak agonizingly again. Hence, the international organizations need to give a hand in providing adequate health care and vaccine-related education to the people of Myanmar. Good governance is also crucial. Promoting democracy is a means to build trust, which encourages vaccine updates and thereby decreases the severity of covid outbreaks.

The people of Myanmar have fallen into an economic crisis. At the same time, they also have to suffer from Covid-19. This situation will worsen as the Myanmar currency will depreciate more, the commodity prices will rise and the industrial factories and workshops will close down. These situations should be monitored periodically on a regular basis using both qualitative and quantitative research methods.