



Stories from a Pandemic

Experiences of COVID 19 and
Vaccination from Southeast Asia

Acknowledgements

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Foreword

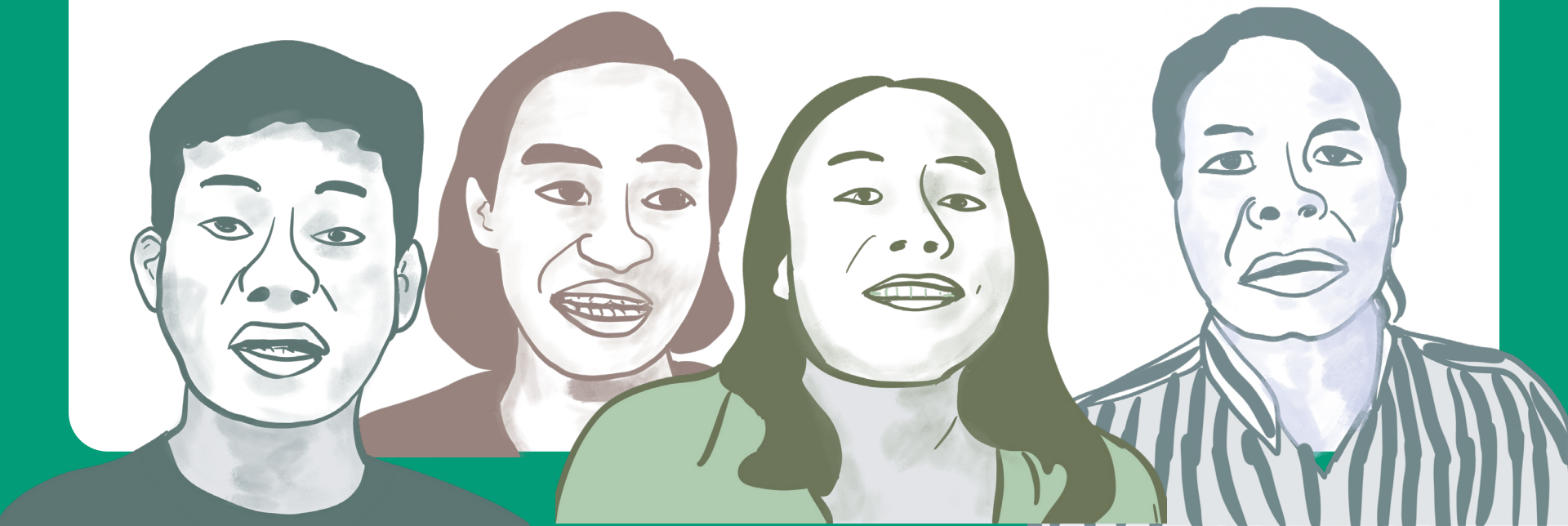
These stories are the stories of the marginalised, the stigmatised, the ones who health systems have often waylaid and not prioritised. They were the ones left vulnerable when the pandemic rolled through each country and transformed the economics and policies of care.

Every person interviewed for this publication has lived through the early darkest days of the COVID-19 pandemic, and emerged with heart wrenching stories to tell. The stories gathered here tell of times of despair, frustration, helplessness, as they navigated the health problems to find access to lifesaving vaccines, the economic challenges and social stigma that they had to face even as the pandemic piled on more problems on their already burdened lives.

These individuals from Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, and Thailand found themselves facing difficult choices, as varied as their circumstances, when it came to getting vaccinated. **And yet all of them wanted to be vaccinated.**

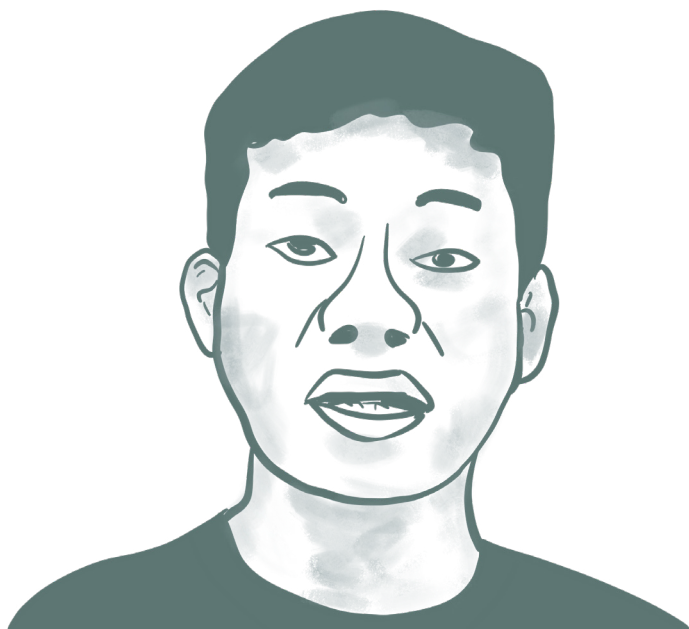
Here they share their stories with the hope that their experience also brings a change in how governments respond to challenges to the health and well-being of their most vulnerable populations. These voices all seek for an understanding that policies are not to be taken as stopgap solutions, but also should consider the wider problems of inequality, poverty, discrimination.

We ask you to read these stories and know that the ones who tell them want just and fair access to lifesaving vaccines, and healthy life for all.



“I was told I cannot get vaccinated”

Dara Wichay - Cambodia



Twenty-eight year old Dara Wichay, a garment worker in Cambodia, struggled to keep himself healthy and safe throughout the pandemic. He took care of himself, he practised social distancing, he kept himself informed. This was not enough; he eventually contracted COVID-19.

“During the pandemic and before I got COVID-19, I tried very hard to protect myself by taking vitamin C, drinking warm water, doing exercises, to ensure that my body became stronger. I did this because I could not access the vaccine. Plus I have HIV so I need to protect myself from this particular disease.”

On top of this health regime, Wichay has to take his daily antiretroviral (ARV) medicine, which suppresses

the viral load of HIV in his body and also keeps him healthy. He says that he has been taking his medicine regularly, supplied by an NGO.

He recalled how he managed while being sick with COVID-19:

“I experienced it like it was the flu. I started to take a rapid test and the result confirmed it was COVID-19. But I experienced a mild illness, I think it was because my body is strong, I recovered very quickly.”

Nonetheless, he knew that he still needed to protect his health and reduce the risk.

“I tested myself as many as six times, because I was concerned about also having HIV and considered myself high-risk. So I tried very much to control it because of my health status.”

Cambodia had a very low reported number of cases at the beginning of the pandemic. However, the pandemic had severely affected the garment industry in the country, with its dependence on the global fashion industry, as the number of orders declined and contracts from global fashion chains were not renewed. Factories laid off workers or reduced their wages.¹ Lockdowns were imposed throughout 2021, but workers were still expected to report to work at those factories that still managed to remain open.

¹ <https://www.nottingham.ac.uk/vision/a-year-on-economic-and-health-crises-converge-in-cambodias-garment-industry>

Being a person living with HIV (PLHIV) makes Wichay's situation already very precarious, and the pandemic made it even worse. His health was very much connected to being able to work. The factory he was working at continued to operate during the pandemic, but when he told them that he might not be able to get a vaccine if it became available because he had a chronic disease, he lost his job.

“At this company, I disclosed my HIV status and the company stopped me from working. So I started lying to the next company (about my health status), because I needed to work.”

Cambodia has been stepping up its HIV response in recent years, having reached its yearly goals for diagnosing, treating, and prevention. There are 73,000 diagnosed PLHIV in Cambodia, and the government worked to ensure they receive their ARV doses, going so far as to provide multi-month doses to PLHIV so that they would not miss treatments despite the lockdowns. Despite this, pandemic disrupted health care services² and redirected resources to more urgent COVID-19 response.

When he heard about the COVID-19 vaccine he felt hopeful that it would be something that could protect him from the disease. Cambodia began vaccinating its population for COVID-19 in February 2021, and Wichay was among those who queued up for the vaccination. He tried to inquire about getting vaccinated at the health centre where he was receiving treatment and his supply of medicine for HIV. However, he was soon disappointed.

² [https://www.thelancet.com/journals/lansea/article/PIIS2772-3682\(22\)00011-7/fulltext](https://www.thelancet.com/journals/lansea/article/PIIS2772-3682(22)00011-7/fulltext)



“In the first vaccination (period), I asked a number of health care providers because I am PLHIV and so would it be possible for me to get vaccinated because of my health status. The health care provider told me that because I was taking a daily dose of antiretroviral medication (ARV), the COVID-19 vaccine would have a reaction to my meds.”

He felt very frustrated especially because his health status made him feel more vulnerable. ***“It is important for me to have the COVID-19 vaccine, because I am living with HIV, and COVID-19 has a rapid transmission, so it is important to have a strong shield to protect those with disease. I am scared to get COVID-19, and I myself can expose other people to COVID-19.”***

The discouragement he encountered was repeated by another doctor, he said, and he could not find any answers to his inquiries about whether the COVID-19

vaccine would cause any side effects for him or would even be effective. Wichay had already received so much misinformation from official sources, but when he turned to other sources, such as videos on social media or from people he knew, they could not answer his questions as well. He recalls a video he watched, which showed a doctor saying that if a person was taking ARVs regularly, then they would not need the vaccine. He also recounted how one of his elderly neighbours had received two doses of vaccine and then suddenly died afterwards. This made him feel even more afraid of the vaccine. With all this uncertainty, Wichay gave up trying to be vaccinated.

However, being unvaccinated has brought negative consequences for him.

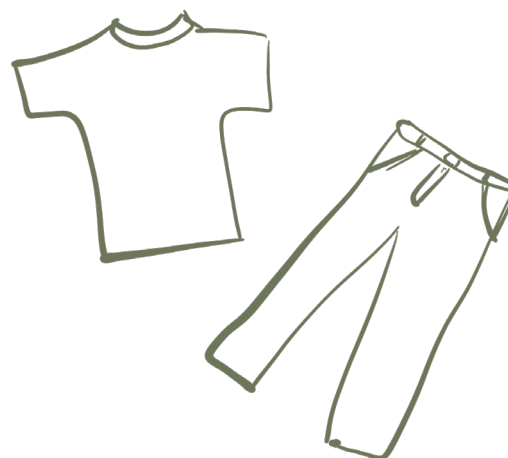
“Because I could not access COVID-19 vaccine, the vaccination card is not available to me as well. Some places do not allow the unvaccinated to work or to get a job. So these are two issues affecting me, one is the fear of losing my job because I could not get COVID-19 vaccine, and the other is that it is difficult for me to get a COVID-19 vaccination card or a COVID-19 vaccine. It is really hard for me to find a new job.”

Wichay acknowledges that the Cambodian Ministry of Health had made a lot of effort into getting people vaccinated, mobilising resources to get people to get their first, second and booster doses. But he feels excluded from these efforts, as if the vaccine was not for him. He feels that they have not given enough assurance to PLHIV about the impacts of the vaccine, and that this does not encourage PLHIV to seek out being vaccinated.

He made a very heartfelt call, borne out of his own frustration:

“I request the government, specifically the Ministry of Health, to work with manufacturers to make vaccines that are fit for people with chronic disease such as PLHIV, people with hepatitis, people with hypertension. Because right now they are living in fear, having this disease and then with the coming of COVID-19, it is another risk. So if possible to have a vaccine that is specific for these people with chronic disease, including people living with HIV AIDS.”

He also believes that this lack of clarity on the interaction between HIV and COVID-19 should be addressed through a clear message from the government, perhaps through videos or other social media, that specifically addresses the concerns of PLHIV. He says that while he does not know other PLHIV who are unvaccinated, ***“my assumption for most people with HIV, because we share this status, I imagine they feel hesitant like me, because they would not want to confront the risk, about the effect. If there is no guarantee, no clear message, I am sure they would hesitate to get vaccinated.”***



“I hope that there are no more barriers because of my identity”

Anggun - Indonesia

A small piece of plastic with an embedded microchip brought a world of difference to the life of Anggun, a fifty something year old trans woman in Indonesia. She is proud to show her national identification card and equally proud to state that she has received two doses of the COVID-19 vaccine.

“I never had an ID, now I have my ID. In the past, when I tried to access COVID-19 vaccine, I did not have an ID, and when I got the vaccine, I also got my ID.”

For Anggun, obtaining formal documentation in the form of national ID is a significant barrier that she has overcome. The process to acquire one might be easy for the average citizen – it requires presenting documents from one’s birthplace, including a Family Card that lists one’s family members and the head of the family. However, trans persons face deep-seated discrimination and stigma in the country, and often become estranged from their families. So for many trans persons in Indonesia these documents are difficult to access and many of them in consequence do not have an ID.

“I did not have any ID because I was asked to leave my village. I have lived away from home for over 40 years. I left home after I graduated from high school and at that time I never thought about having an ID, I only thought about leaving home.”



Being an unregistered person, Anggun faced overwhelming barriers. ***“I cannot work, I cannot get an education and I have very little job opportunities,”*** she says.

Indonesia faced the worst of the COVID-19 pandemic, with high case rates of infection³ and death. The trans community in Indonesia, who are a traditionally marginalised group, fared worse⁴ as the pandemic progressed – they could not access testing and health care so readily, and had to isolate and care for themselves when they contracted COVID.

³ <https://covid19.who.int/region/searo/country/id>

⁴ <https://www.icj.org/indonesia-trans-women-face-discrimination-in-access-to-covid-19-vaccines/>

The COVID pandemic has been a fearful time for Anggun. ***“I am a sex worker, so everyday I have clients. But if I get COVID, it is dangerous. That is why I really want to have the vaccine, so there won’t be a risk from other people, especially my clients.”***

She said that while dealing with clients, she was very afraid. She washed frequently, sanitised as much as she could and wore masks while working. ***“I was scared of COVID, because I saw that people died.”***

When she first heard of the vaccine, Anggun knew that she had to get it to protect her health and her ability to work. She acknowledges that keeping healthy is expensive. She also discloses that she had not had vaccinations for other diseases such as tuberculosis or measles, but her fear of the virus led her to seek out being vaccinated for COVID-19 this time.

Despite her uncertainty over being undocumented, Anggun went to a mobile health facility in her town that was administering the COVID-19 vaccinations.

“From the neighbourhood, there was information available that the vaccine was prioritised for everyone.”

Indonesia has 80% of its population fully vaccinated⁵, having administered 433 million doses of COVID-19 vaccines to its population across its archipelago. Vaccination became readily accessible as community health care workers stepped up vaccination in urban and rural areas.

“Because there were health care workers focused on our neighbourhood, so I was able to get the vaccine even without ID.”



She told them that she didn’t have an ID but really wanted to get vaccinated. The health workers were accommodating and administered the vaccine to her, but then she was only issued a vaccination certificate on paper. In early 2022, as many Indonesians were already vaccinated, mobility restrictions were eased for those who could show proof of vaccination. Meanwhile, Anggun found that the paper certification was not very useful to her, it was not accepted at places where a vaccine certification registered on the system was required to enter, such as shopping malls and other establishments.

This setback made her more convinced about getting an ID. She sought the help of a non-government organisation (NGO), who assisted her to process the documents needed. While she could not get any more documents from her home city, the NGO helped her obtain a proof of residency in her current city, as well as a letter of recommendation that was acceptable as documentation for the city registry to finally issue her an ID. This process only took a week, she said. She is quite thankful for the NGO that facilitated her ID because, she says that sometimes the processing would take time. She also said that some people would need paying bribes or unnecessary fees to local government officials to hasten the process.

⁵ <https://www.gavi.org/vaccineswork/how-indonesia-got-vaccinated>

“The NGO helped me to go to the government and soon I got the ID. Since I got the ID I got the vaccine certificate on the government system for COVID, so I am recognised, and my phone number is also linked to my vaccine certificate. I already got two doses. The first one was before the ID but it was never recognised in the system. And now because I have the ID, the vaccination is now recognised by the system. The first one is also now recognised because now I have an ID.”

With the ID in hand, Anggun was able to get her second vaccination dose in June 2022. This dose is now recorded on the electronic vaccination certification that she can present from an application on her mobile phone. She says that her first vaccination record has also been integrated into the app, and now she can show that she has two doses of COVID-19 vaccine.

More importantly, Anggun’s ID now enables her to be connected to a national database that provides citizens with access to services.

“I can access other health care services, I can have health insurance, register for my tax, open my bank account, and I can start saving my money.”

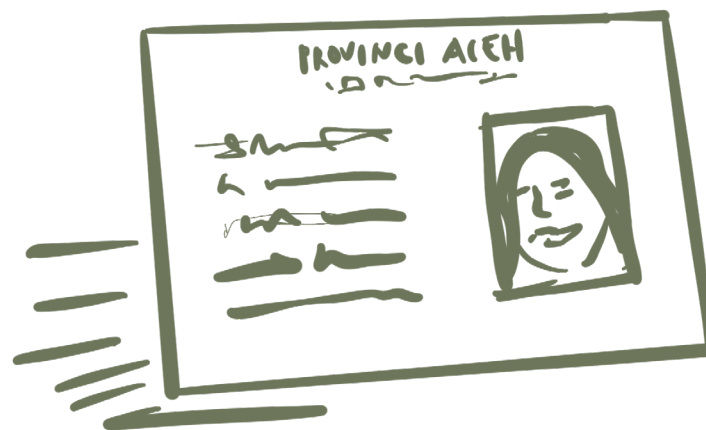
The ID does not yet reflect her trans identity, and still carries her deadname - the name she was born with - but for now having this ID has opened up more opportunities for her that would otherwise not be accessible.

There are still those among the trans communities in Indonesia who are not vaccinated, she says. Among her friends, she knows that there are many who still fear the vaccine because they fear needles, they fear getting injections.

More significantly, because they lack the necessary documents, many trans people are unvaccinated for the lack of ID as well. Organisations aiding trans communities have reported that trans people are suffering not being treated for COVID and that there have been deaths among the community for lack of access to health care.

Anggun believes that trans persons have the right to access the benefits that all citizens enjoy, and has a message for the government to ensure equal access to health care:

“I ask that they remove the barriers I face because I am a trans person. I hope that there are no more barriers because of my identity as a trans person.”



“Maybe there won’t be enough for us”

San Vonputhong - Lao People’s Democratic Republic

After surviving tuberculosis, forty-six year old San Vonputhong now has to live with diabetes and hypertension. She remains strong despite these ailments, working in her vegetable farm and raising her three children together with her husband. San has two doses of COVID-19 vaccine.

The pandemic seems to have taken more of a toll on her spirits, and she can only describe in very clipped responses how harsh it was to have to live through several COVID-19 lockdowns: the restrictions on movement, the schools closed, the loss of income.

“It was difficult for me to go to work, to go outside and to find the food to eat.”

Laos had very low reported cases⁶ of COVID-19, and kept very strict precautions and closed its borders to maintain the low community transmission. San said that she did not know anyone who contracted COVID in her village.

San’s family live in Khammouane, eight hours out of Laos’ capital of Vientiane, where they work as vegetable farmers, with cabbage as their main crop. While the threat of COVID-19 was small in their community, their livelihood was dealt a large blow.

“I struggled during the pandemic . When I harvested my crop there were no buyers because nobody could come out of their homes. I couldn’t sell them anywhere.”



San shares regretfully that at some point she had to throw away her harvest, and that she eventually stopped planting while restrictions were in place, because there were no buyers for her vegetables. Their family simply survived with whatever they had saved.

Her medical conditions require her to take medication every day. The medicine is not free, and she says it is quite costly for her. At the height of the pandemic, she said that she would worry when the medicine was almost running out, and that sometimes she would stop taking her daily doses for a few days, and on other times she would have some to spare.

While many others heard about the COVID-19 vaccine from the news or from social media, San heard about it from her friends. ***“People talk to people and then it comes to me.”*** In this informal manner, San learned

⁶ <https://covid19.who.int/region/wpro/country/la>

that everyone would have to be vaccinated. But she believed that their village would not receive any vaccines.

“I was afraid that there might not be enough of the vaccine for me. That the amount of vaccines will not be enough for everyone and maybe there won’t be enough for us.”

Laos had to do targeted vaccinations at the beginning⁷ of its vaccine roll out, prioritising the health care workers and people with underlying conditions as supplies were still limited. Soon it was able to reach many of its population by late 2021 – and that is when San was able to get her first dose, together with her family.

They registered for the dose at the nearest hospital, and all were vaccinated. While the vaccine was being administered, San worried at first that the vaccine would have an adverse effect on her, but she said that she spoke with the doctor, who reassured her that it would not have any.

She says she is glad that she and her family are now vaccinated. San believes that her two doses protect her from COVID-19.

“I am back to farming now and life is more convenient. I am not afraid to travel around anymore.” And she adds: ***“Vaccination is important for everyone.”***



⁷ <https://www.unicef.org/laos/stories/vaccinating-country-against-covid-19>

“We have to look to our own survival”

Si Thu Aung - Myanmar / Malaysia



“Since I arrived here in Malaysia, the COVID-19 pandemic was the biggest problem in Malaysia that I had ever faced.”

This migrant worker’s ordeal during the pandemic drove him to seek out being vaccinated for COVID-19 as soon as he could. He has now been vaccinated with three doses.

Si Thu Aung, a young cisgender man from Myanmar, came to Malaysia to work as a restaurant server. He had been working in Malaysia for years when the pandemic struck and he had to stay within the country as borders were closed.

The restaurant he was working in was also forced to

close for three months due to COVID-19. Early into the pandemic Malaysia imposed the first of its movement control orders that required people to stay within their homes to prevent the spread of the virus. But this meant that he and his co-workers did not have any employment at all during that time.

“As I am a migrant worker, I need a job. Without a job, we do not have any income and we cannot survive. If there is income then we can send money back to our country. It’s hard because when there is no job, firstly we have to look to our own survival, instead of being able to send to Myanmar to my family. Because every business was closed, where I worked also closed and I did not have income, so it was very hard to survive during the COVID pandemic.”

Malaysia has about 2 million documented migrant workers⁸, many working in manufacturing, agriculture and service industries. Documented workers like Si Thu hold proper work visas and have living arrangements with employers. On the other hand, there are an estimated 3 million more who are undocumented and living in very risky and crowded conditions.

Si Thu stayed in a housing compound together with other migrant workers. He said that while they did have their own rooms, they had to share a common toilet and bath facilities, and that during the pandemic they

⁸ <https://www.iom.int/countries/malaysia>

had to take extra precautions for preventing infections among themselves.

Without income, Si Thu was also forced to spend his savings, trying to stretch the money that he had to make it last.

“Since we did not have income, I had some money I kept before the COVID-19 pandemic, so I used that money little by little. My boss also helped me as much as he could, sometimes giving me rice and vegetables. During COVID-19, sometimes we had some kind of work, so we would save the money we earned for the time when we don’t have work. We were being thrifty about our money.”

For a migrant worker, being unable to work made him feel helpless, far away from home and unable to send money.

“During COVID pandemic, I missed my home, but I had to think of my family, so whether I was okay staying in Malaysia or not, I didn’t care. I told my family I was ok, that my work was going well, I reported to my family only the good things because I did not want them to worry about me or feel bad for me.”

Surviving also meant they had to rely a lot more on their Malaysian hosts and friends for basic necessities during the pandemic, even small errands such as buying supplies had to be done with the help of a Malaysian or at least who could speak Bahasa to get them through checkpoints.

“I had a difficulty going out during the lockdown, because there was a law saying that we were not allowed to go out, or even if we were allowed to go out, there was a time limitation. After six or eight

p.m. we would not be allowed to go out. We were staying in one house, with more than ten people living together. In one house only one person at a time would be allowed to go out. So this law was very hard. At the same time we did not have a car, so we could only go to the nearest shop. If there were things we needed, we had to ask for help from local friends or our boss who could help us. We were dependent on our boss or our local friend, that is how we faced the situation.”

Si Thu says that he was very careful to follow the law. *“We have to respect others because we are foreigners, and we have to adjust ourselves so we can stay here.”*

He acknowledges that while own situation was less restricted, for his fellow migrant workers who were undocumented, the lockdowns were a terrifying time.

“Some of my fellow Burmese faced a lot difficulties, especially those who are undocumented – they feared every situation, they feared the police, they were afraid of a lot of things. They were not allowed to go out.”

Getting sick brought its own complications. **“Even if we were sick, we could not go out, or if we could go out, the hospital would not accept us. Sometimes, to go to the clinic, we had to do a test first for COVID. Without a negative COVID test we were not allowed to get a medical check up, we were not allowed to go inside the hospital. All these things we faced.”**





Si Thu learned to care for himself. For minor ailments he would ask for help from a Malaysian friend to get him medicine from the pharmacy, or supplements to keep him healthy. Through his vigilance, he said he did not get COVID-19 at this time, while a few of his housemates did get infected and had to isolate themselves.

As the vaccines came to Malaysia and vaccinations were announced, the restaurant he worked in also opened. Si Thu gleaned information about the vaccines from colleagues, from people who came to the restaurant, or from social media. The information about vaccines alarmed him at first.

“When I first heard of the COVID vaccine I was afraid, because I did not know the consequences, the side effects, and whether my body would react to the COVID vaccine or not. So I did not know. I was afraid. I was only afraid of the side effects because I had not had this vaccine before and no one (I knew) had any experience of the vaccine. So I could not trust much. Even if I got the vaccine, if my blood or my body doesn’t like it, I did not know so that made me afraid.”

He had heard about people who had died from stroke or succumbed to severe illness after receiving the vaccine, and he also feared that the needle would be

too invasive. But these fears did not deter him from getting vaccinated, because he knew that his survival as a migrant worker also depended on him getting the COVID-19 vaccine.

“Because I stay in Malaysia, I keep in my mind that I need to follow Malaysian law. In Malaysia the government requires us to take the vaccine, whether it is good or bad to take. And then at the time, without vaccination we would not be allowed into some places, or to buy anything. So that made me get the vaccine.”

The vaccination process in Malaysia required registering through a mobile application. Si Thu registered but did not wait to get a confirmation date – he proceeded to a vaccination site and got his first jab. ***“I got the vaccine at a hospital. The first time I was treated I might not have understood all the details, but when I got there all the nurses talked to me and explained to me well.”*** Their treatment allayed his fears. He says that now he already has three doses of the COVID-19 vaccine.

Meanwhile, he relays that there are still many among the undocumented who are unable to get vaccinated, that they still live in the fear that if they go to the vaccination centre, they would be arrested. While the government has already made assurances⁹ that undocumented migrants seeking vaccination would not be arrested, many are still deterred from coming forward for their shots.

“It is very important for me because as I am staying in Malaysia, I need to get the vaccine.” Si Thu says.

⁹ <https://www.hrw.org/news/2021/09/08/tentative-steps-toward-vaccine-equity-malaysia>

“I’ll heal myself first”

AJ Aragon - Philippines



“Some other time perhaps. That’s what I tell myself, maybe I’ll get the vaccine some other time. I’ll heal myself first. Because I am really suffering, this is really hard.”

As most of the world found itself preoccupied with COVID-19, AJ could only prioritise health issues that debilitated him, limited his movements, used up his hard earned money, and even caused him to break with friends and strain his relationships with his family. AJ has only had one dose of the COVID-19 vaccine so far, and has not had the motivation to seek out a second dose.

AJ, a young gay man of 31 years of age, has HIV. When the pandemic reached the Philippines in early 2021, he had been working providing massages to tourists and local clients. He implies that it might also have involved sex work, but hesitates to speak about this aspect of

his life. He had moved out of the family home in his teens after dropping out of high school, but made an effort to be self-sufficient. The lockdowns threatened his self-sufficiency and led him to be dependent on the good will of friends and acquaintances.

Because the lockdowns were imposed soon after they were announced, AJ had no option but to stay at a hotel run by the Boy Scouts of the Philippines. The following weeks of lockdown saw him depleting his meagre savings to pay for the room and board, while access to clients evaporated and so any means of income were lost. He sought help from a foreign client to sustain him through those early days of lockdown, and when another friend offered to house him in another city, he moved in with them. He endured days of hunger, too embarrassed about not being able to contribute to the household and food expenses, while still not having any income from the loss of his regular clients.

A more complicated outcome of the lockdowns and his move to another city was losing access to his life-sustaining antiretroviral (ARV) medicines.

“The first time I had to get a refill, it was the early days of lockdown, when movement was very restricted. Instead of just going to the hub to claim my meds, I had to book a courier who would deliver the meds to me. The courier service would charge me 500 pesos (or almost 9 USD)! That first time I booked through the courier, they couldn’t even find where I lived, that was a real hassle. I was fortunate that somebody saved me

by providing me with meds, and gave me 3 bottles all at once.”

The hubs are government-run treatment centres that dispense HIV treatment for free, in an effort to reach the country’s 115,100 people living with HIV¹⁰. The pandemic caused disruptions in diagnosis, testing and treatment at a time when being immunocompromised could be life threatening. Treatment hubs are mostly located in the country’s major cities, and movement restrictions meant access to medicines were severely curtailed.

This disruption meant that AJ stopped taking his ARV medicine for nearly two years. With a stoic attitude, he considered himself safe from COVID-19 as long as he kept social distancing and kept healthy by taking long bicycle rides in the rural areas where he was staying. When the vaccine became available in the country in March of 2021, a friend reached out to AJ to encourage him to get vaccinated. The rollout of vaccines had prioritised persons with co-morbidities, including the immunocompromised. ***“He asked me, ‘Have you gotten vaccinated?’ I said I hadn’t and he even scolded me for not getting it as soon as possible, because I was counted among those who were being prioritised.”***

AJ registered at one of the HIV treatment hubs to get vaccinated, where he readily got his first dose of the COVID-19 vaccine. But he neglected to take the second dose, partly because he had stopped taking his ARV, and with the fear that he was already resistant to the medicine, the vaccine might not work on him as well. So when the date for the second dose came, he simply let it pass.

¹⁰ <https://www.aidsdatahub.org/resource/hiv-aids-and-art-registry-philippines-february-2022>



“Since I already had a vaccine card with at least one vaccine, I ignored the second dose, I just focused on how I could get myself better, how I can get rid of this abscess.”

Another health condition severely limited his mobility even further. In late 2021, AJ had developed an anal abscess that caused pain in his rectal regions and a discharge of pus. He does not like to speak about it, but has been causing him suffering. He has already consulted a doctor for it, and he says that it is not responding to antibiotics. On his own he has researched the conditions and learned that it would need minor surgery to drain the abscess, but for now he cannot afford that kind of treatment. He can barely buy the antibiotics he needs.

Being vaccinated with only one dose has also had its own complications. Even as the Philippines had begun to ease out of many pandemic restrictions, AJ had to stay with friends for quite a longer period than he expected. He says that that one dose still does not allow him to enter many premises, such as shops

and establishments that require a full two doses to be allowed in. He says even access to a public toilet has become difficult, because the places that have public toilets now also require a vaccination card.

Nevertheless, AJ considers himself better protected from COVID compared to his friends who sheltered him during the pandemic - drug users and drug dealers who had their own beliefs and misconceptions of the COVID vaccine. They told him that the vaccine would turn people into zombies, or that it would have deadly side effects, misinformation they got from social media. AJ says that to this day his friends have not tried to get vaccinated, preferring to keep to themselves. Their wariness and covert behaviour is not surprising, in the face of the brutal war on drugs enforced by the government.

As for AJ, he also has his own misconceptions about his own health. He believes that COVID-19 is only a kind of flu, and that if he ever gets infected, he can just treat himself through common home remedies for flu such as raising one's body heat and sweating. Besides, he says, now that he has resumed taking his ARV medicines, he thinks that the ARV makes him invulnerable to COVID-19. All this health knowledge is muddled up by the feeling that the ARVs are not working for him as well as they should, because he says that he does not experience the usual reactions his body used to have when taking the medicine.

“I am afraid that I might be getting resistant (to the treatment), because I stopped taking the meds for so long. I even transferred to another hub just to get access. But how come my body is reacting this way to the medicine now?”

AJ had to expend a bit more effort to get back on the

ARV treatment regime, as the hubs require a transfer of records, plus another check up and a set of laboratory tests. AJ says that these have monetary costs that are difficult for him to meet. Currently he lives with his family in Valenzuela, where he feels self-conscious about not having regular employment, and being a drain on his family's resources. He thinks that when he becomes drug resistant, he would need to access treatment from a different hub, which would then entail additional costs.

For now he is comforted by the belief that the ARV drugs are preventing him from getting COVID-19, and that he can put off getting vaccinated for a while longer. ***“I don't know any person living with HIV who has died of COVID!”*** He adds that one of his fellow PLHIV shared in a group chat that the ARVs are like a maintenance medicine, and that as long as one takes it daily without fail, then one would not get COVID-19.

This kind of misinformation among PLHIV has not helped in addressing HIV incidence in the country. AJ acknowledges that there is not much information he received from official sources about the interactions of HIV and COVID-19. Moreover, the Philippines' HIV response has been limited by COVID¹¹, leading to an increase in HIV incidence¹² during the height of the pandemic and lockdown periods.



¹¹ <https://www.undp.org/philippines/publications/leaving-no-one-behind-treatment-and-care-concerns-people-living-hiv-time-covid-19-philippine-situationer>

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8443329/>



AJ hopes to get his anal abscess treated, which he thinks needs urgent care. His HIV status does not guarantee affordable treatment for other conditions however, but it is the one taking up the most of his concerns. While AJ can get free treatment for HIV, the Philippines' health care system cannot address his other health issues so readily. For now, he plans to continue to take his ARVs and has begun the process of transferring hubs so that he can receive treatment nearer to his home.

He says he has become dependent on his family more, and that when he reaches out to friends, they always think he is just asking for a loan or a handout.

As for getting the second dose of the vaccine, AJ worries that since he missed out on the second dose, that his first dose has been rendered ineffective. He wants to get the full COVID-19 vaccine dose eventually.

“If it is really necessary; of course, I want it. Of course, it will be for my own good health, so it is important. I still need to pursue getting a second vaccination dose, and eventually a booster dose too. If there’s another chance, I’ll get it with no hesitation at all.”

AJ asks the Philippine government and the Department of Health to put more effort into bringing the vaccination closer to people. And for those Filipinos who are still under the influence of misinformation, he believes that the authorities should make more effort to broadcast the benefits of being vaccinated. He believes that marginalised people, including drug users, need to hear about the benefits of vaccination, and not be excluded because of their own fear.

“It was already identified for us”

“Big” - Thailand

A person can be vaccinated and still not feel a hundred percent protected. “Big” (not his real name), a young cisgendered man from Thailand, believed that the two doses of COVID-19 vaccine he received did not give him the best protection to be had.

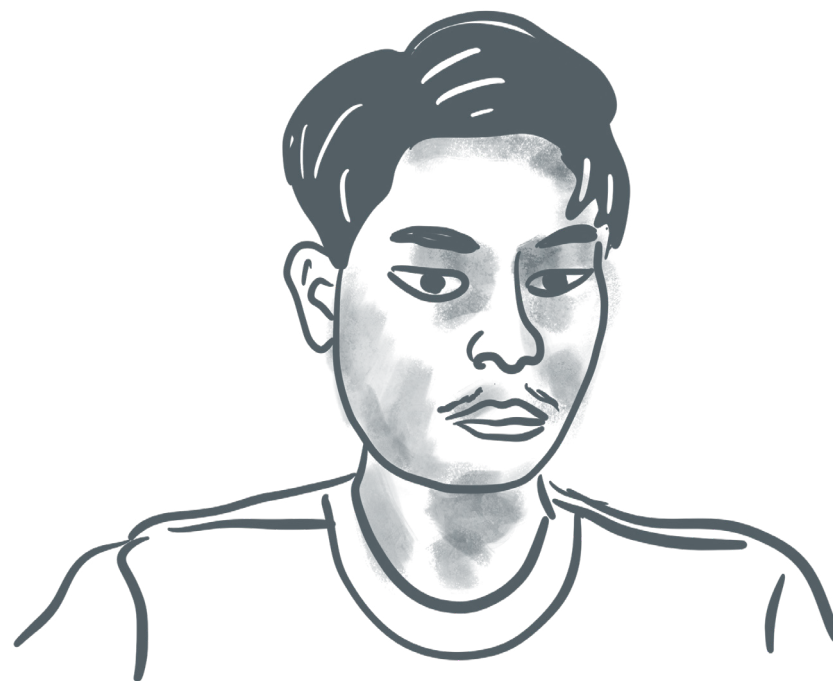
Big works as a bar server in Chiang Mai. His work puts him in close contact with dozens of people daily, some of this contact may be more intimate than most. The pandemic changed his routines, and also made him concerned that his workplace now had more precautions in place just to keep the workers and customers safe.

“It’s very difficult because we still have to work closely with the customers. The difference is that we have to be more careful now. Before we did not have to be careful about who we had close contact with.”

The Thai government placed tough restrictions in response to the pandemic, including closing all leisure establishments, bars, and restaurants. Many of the workers in the country’s booming tourism industry lost their employment¹³. Big said that he lost work for five months during the pandemic, and that he had to return to his home village and live with his family for a while.

“After I returned to my hometown, I kept looking for a job, but it was difficult because a lot of places were closed and it was hard to find a job.”

¹³ https://www.ilo.org/global/about-the-ilo/newsroom/comment-analysis/WCMS_827494/lang-en/index.htm



News of a vaccine gave some hope to many like Big. When the COVID-19 vaccination team came to his village, he signed up together with his family. ***“The village administration announced that day that the doctor would be coming to the village and then they asked people to come and get vaccinated.”***

While he was willing to be vaccinated, Big had some reservations about that vaccine that was being administered that day.

“The medical unit that came to the area said that everybody should have it, but then I had this concern about that, because I heard the news that people that have had this vaccine died from the vaccine before.”

His anxiety and doubts came from the news that this vaccine brand being given that day was not as effective as other brands.

“Mostly I know about vaccines from social media, but also I am aware that a lot of things from social media are incorrect. So I rely more on the news from the TV which has a higher percentage of being truthful.”

He could not readily ease his apprehensions about this, because it was widely reported in the mainstream news that other more prominent people had received a different brand, one that was considered more effective against COVID-19.

“I felt forced to get this vaccine.” He clarifies that it was not the vaccine itself he was objecting to, but the brand that was being administered that day.

“It was already identified for us, it’s already picked. And if you knew that others got a different vaccine, you would feel frustrated too.”

Big says that while he could not choose the vaccine, he still opted to get it, with some convincing from his mum.

“Mum said it will be fine, I should just go and have the vaccine. Also, my mother explained a lot to me about how convenient it would be if I had the vaccine.”

His whole family got vaccinated that day. Later on, Big received his second dose of the same brand.

With more people getting vaccinated, Thailand had also slowly opened up its borders and welcomed people back to visit the country. Big found work again in another bar.



“I worry about working and interacting with people, but I have no option because I have to work to earn some money.”

He says that the bar management has taken steps to keep staff and customers safe, but that it is the staff who are more likely to follow the measures. There is a temperature check before people can enter, and everyone has to use hand sanitiser frequently.

“Most of the customers come in wearing masks and there is a temperature scan in front. However, I am still worried about it. I still worry about interacting, because when people are drinking and eating they’re taking their masks off anyway.”

His co-workers are all vaccinated, but he doesn’t know whether the customers are. He says that he is a bit scared that customers have immunity but that it is not something he discusses with customers he does interact with.

COVID-19 is still circulating, even with a large percentage of the population being vaccinated. While social interactions had resumed for many people, the risk of infection remained, as Big found out.

“I went to a party at my friends’ house and then my friend had the symptoms. So I suspected that I might have it, and then I tested for it later.”

The test confirmed he had COVID, so his employer told him to get treatment from a hospital. He was given a supply of medicine and advised to isolate. His symptoms were mild, he says, mostly sore throat and a slight fever that he was able to manage with medication. But when asked whether he felt protected due to being vaccinated, he says that he did not feel a hundred percent protected.

Even now he still thinks that he was not given a choice. This is particularly frustrating for Big, knowing that others were given a choice, and a preferable choice, but that this choice was not given to everyone.

“I think the government should provide more options for the vaccine instead of having very few options and then make people take it.”

During early distribution phases of COVID-19 vaccines, much of the media coverage of the pharmaceutical companies and countries conducting vaccine research and development focused on how much more effective was one brand compared to the another. This was one factor in creating vaccine hesitancy among a large number of people¹⁴, on top of the concern that developing countries were not being prioritised for vaccine distribution. This situation deterred sharply from the government’s efforts to get as many people vaccinated¹⁵ as soon as possible with whatever was readily available.

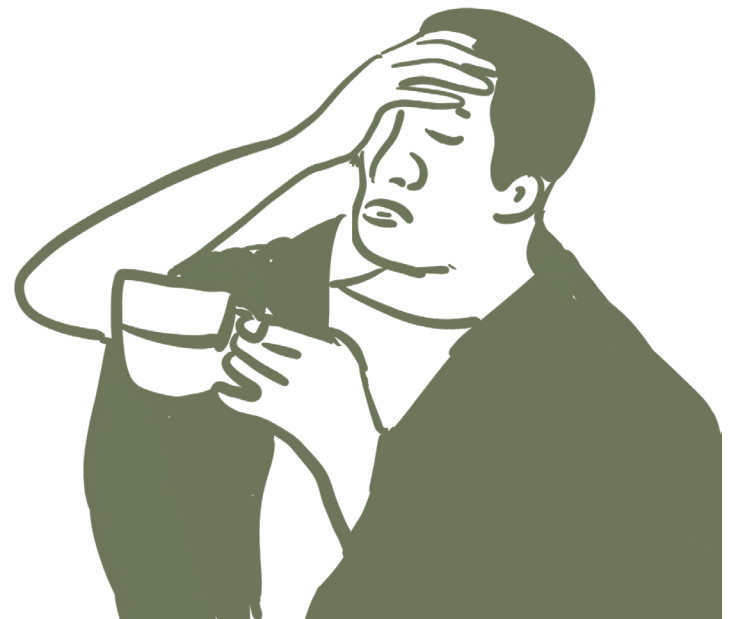
¹⁴ <https://www.reuters.com/world/asia-pacific/vaccine-hesitancy-grows-ahead-thailands-mass-inoculation-rollout-2021-05-25/>

¹⁵ <https://onlinelibrary.wiley.com/doi/full/10.1002/puh2.7>

Big understands that the vaccination team were only making an effort to reach their targets for the wider goal to get the population to be fully vaccinated. He believes that the vaccine does give him immunity to COVID-19, and that given a choice of being vaccinated or not vaccinated, he would still choose to be vaccinated. ***“The vaccine is very important. To be able to get vaccinated is very important.”***

How important is it to Big? ***“It will increase the immune system in my body, and I don’t have to worry much about getting close to people or where I work where I have to be close to other people.”***

And yet he says, ***“If I had options, I would choose a different vaccine.”***



Call to Action

The stories of these six different individuals from six countries show how they sought to keep themselves healthy during these most challenging times. The COVID-19 pandemic tested their endurance but also heightened their vulnerability or subjected them to further discrimination.

In bringing these stories to the public, we hope to shed light on the lingering inequalities that have emerged in Southeast Asia as countries responded to the pandemic.

Evident in their testimonies are the structural barriers and obstacles to an encompassing pandemic response that includes even the most vulnerable and marginalised. Whether it is misinformation about the vaccines and its effects, the availability of health services during the pandemic, or even the systems that prevent citizens from accessing their right to health care, each of these barriers have to be addressed by governments and public health stakeholders in the region.

While vaccination has progressed throughout these countries where they could consider the population to have attained herd immunity, the pandemic continues to evolve and could still threaten outbreaks.

APCASO and the People's Vaccine Alliance (PVA) Asia call for fair, equitable distribution of safe and effective COVID-19 vaccines and to take steps towards just, transformative change of public health care systems and vaccine production chains.



Our Calls:

- **Governments should invest and work** with all stakeholders including CSOs in creating vaccine awareness, including correcting misinformation and managing fears around vaccination, and providing quality, public post-inoculation support to encourage people to get vaccinated.
- **Governments must prioritise investing in public health** to cope with this crisis and build well-funded public systems to prepare for future challenges. The pandemic has shown that essential services such as health should not be surrendered to or monopolised by profit-motivated corporations but should be in the domain of the public sector.
- The additional investment in health **should not be at the cost of other public services** such as water and sanitation, and decent housing, or result in additional financial and economic burdens on people. They should be funded from sharply progressive taxes on multinational corporations and wealthy elites. We must scrap tax incentives that only forgo potential revenues and stop the bleeding of financial resources through illicit financial flows.



About The People's Vaccine Alliance (PVA)

<https://peoplesvaccine.org>

The People's Vaccine Alliance is a coalition of over 100 organisations and networks, supported by Nobel Laureates, health experts, economists, Heads of States, faith leaders and activists, working together for a People's Vaccine, available free of charge to everyone, everywhere. The Alliance grew organically out of the open letter calling for a People's Vaccine, organised in May 2020. PVA is working towards equality of access for COVID-19 related vaccines, diagnostics, and therapeutics and more resilient universal healthcare systems.



About APCASO

<https://apcaso.org/>

APCASO is an Asia-Pacific regional civil society network organisation that serves as a catalytic platform for advocacy and community systems strengthening for health, social justice, and human rights for key, vulnerable, and marginalised communities in Asia and the Pacific. We work with civil society and community-led organisational partners in Australia, Bangladesh, Bhutan, Cambodia, Indonesia, India, Japan, Lao PDR, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Papua New Guinea, Sri Lanka, Thailand, and Vietnam.

