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Protection of the Right to Health Care During the Covid-19 Pandemic in Southeast Asia: A Retrospective and Prospective Analysis

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ABSTRACT

The COVID-19 pandemic has caused a public health crisis which affected all the fields including economic, social, humanitarian, and human rights fields. According to International human rights law and Sustainable Development Goals (SDGs), the right to healthcare stands as a fundamental aspect of ensuring the right to life due to its inherent connection to human well-being. To measure the state of health care in a country, we should assess four criteria which are availability, accessibility, acceptability, and quality of healthcare services. Using doctrinal research and legal analysis, this paper aims to evaluate the status of the right to healthcare in Southeast Asia during the COVID-19. It is concluded that most Southeast countries effectively managed to control the spread of COVID-19. However, they grappled with challenges related to the availability, accessibility, quality, and acceptability of healthcare services. Therefore, this paper recommends that Southeast countries work to provide health care for all. As well as to take steps to achieve systemic reforms to improve the availability, accessibility, acceptability, and quality of healthcare services. These improvements include Investment in healthcare infrastructure, equitable resource allocation, community engagement and health education, training and support for healthcare workers, and international collaboration among Southeast countries through (ASEAN) and collaboration with other countries and organizations. All these improvements are essential not only for future pandemic preparedness but also for ensuring the fundamental right to health care for all as stated by International human rights law and Sustainable Development Goals (SDG).

1. Introduction

On January 30, 2020, the World Health Organization proclaimed COVID-19's spread as an international public health emergency. Subsequently, on March 11, 2020, it classified COVID-19 as a global pandemic, urging countries worldwide to address and curtail its dissemination [1].

Promptly after COVID-19 gained global pandemic status, governments worldwide swiftly enacted stringent measures to ostensibly contain its propagation. International human rights law

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acknowledges that during exceptional circumstances and grave threats to public health or emergencies such as epidemics, natural disasters, and wars, certain rights can be temporarily restricted or suspended to safeguard the paramount right to life and to avert risks to public health [2,3]. The International Covenant on Civil and Political Rights (ICCPR) stipulates that during a formally declared public emergency endangering the nation's existence, States Parties can undertake measures that derogate from their obligations under the Covenant to the extent necessitated by the crisis, provided these measures do not contravene other international obligations and do not involve discrimination based on race, colour, sex, language, religion, or social origin [4,5].

On March 16, 2020, several United Nations human rights experts urged governments globally to exercise restraint in their response to the COVID-19 pandemic, emphasizing the need for emergency measures to be proportionate, essential, and impartial [6]. Nonetheless, certain human rights possess absolute legal protection, with no room for derogation by any state, even during emergencies or epidemic outbreaks primarily, the rights to life and health care [4,5].

This paper aims to evaluate the status of the right to health care in Southeast Asia during the outbreak of COVID-19. Southeast Asia comprises eleven countries with remarkable diversity in terms of religion, culture, and historical backgrounds. These nations include Brunei, Myanmar, Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. Moreover, it stands out as one of the world's most dynamically developing regions economically, and this factor significantly contributes to its increasing global importance. Therefore, it would be highly advantageous to assess their healthcare capabilities, particularly in the context of the COVID-19 pandemic, as this can provide valuable lessons for the future.

Employing doctrinal research and legal analysis, this study will examine relevant legal provisions in international human rights law and assess their application to the COVID-19 crisis management reality. This analysis seeks to identify the most notable human rights infringements concerning the right to health care in Southeast Asian countries during the COVID-19 outbreak. The Universal Declaration of Human Rights (UDHR), the ICCPR, and the International Covenant on Economic, Social, and Cultural Rights will serve as benchmarks for delineating pertinent human rights.

This paper will begin by clarifying the protection of the right to health care provided by international human rights law. Hence, it will focus on assessing the health care situation during Covid-19 in Southeast Asian countries. Notably, this paper will provide a retrospective and prospective analysis to discover weaknesses in the field of health care and identify the most prominent violations that affected the right to health care in Southeast Asian countries in order to learn lessons for the future.

The research on "Protection of the Right to Health Care During the COVID-19 Pandemic in Southeast Asia" contributes significantly to academia, policy formulation, and practical implementation in several keyways. This research elucidates the intersection between human rights and health care, providing a comprehensive understanding of the right to health care as a fundamental human right, especially in the context of a global health crisis. It also identifies vulnerabilities within health care systems, emphasizing disparities in access and the impact on marginalized populations. Furthermore, this research contributes to academic discourse, informs policy formulation, and serves as a practical guide for stakeholders to protect, promote, and fulfil the right to health care in Southeast Asia amid and beyond the COVID-19 pandemic.

2. Methodology

The methodology employed in researching the "Protection of the Right to Health Care During the COVID-19 Pandemic in Southeast Asia" involved a comprehensive approach integrating qualitative

analysis and regional case studies. The methodology aimed to capture the multifaceted dimensions of health care rights within the specific context of Southeast Asia during the pandemic.

The analysis begins by delineating the right to health care as enshrined in international law, emphasizing states' obligations in ensuring access to health services, especially during crises. Pre-COVID-19 challenges in Southeast Asia, including resource limitations, inequality in access, and infrastructure gaps, laid the groundwork for examining the pandemic's impact. The methodology of this research follows the following analyses:

2.1 Case Study Analysis

The methodology incorporated case studies from select Southeast Asian countries to offer a nuanced understanding of diverse approaches, challenges, and successes in protecting health care rights. These case studies were selected based on varying factors like population density, health care infrastructure, government policies, and socioeconomic diversity.

2.2 Retrospective Analysis

A retrospective analysis scrutinized the initial responses of Southeast Asian nations to the pandemic. It involved a detailed examination of policies, healthcare infrastructure reinforcement, testing strategies, lockdown measures, and their impact on the right to health care. It evaluates successes and shortcomings in healthcare provision, particularly focusing on vulnerable populations and disparities in access to services.

2.3 Prospective Analysis

The research then transitioned into a prospective analysis to anticipate future challenges post-pandemic. This phase involved synthesizing insights from the retrospective analysis, case studies, and expert opinions to propose recommendations for policymakers in order to enhance health care systems, addressing disparities, and ensuring resilient responses to future health crises.

In conclusion, this comprehensive methodology employed qualitative analysis, regional case retrospective Analysis and prospective Analysis to provide a holistic analysis of the protection of the right to health care during the COVID-19 pandemic in Southeast Asia.

3. Results

3.1 Protection of the Right to Life and Health Care under International Law

The fundamental right to life forms the cornerstone of all human rights. Without the protection of this fundamental right, the significance of other rights becomes moot. As articulated in the Universal Declaration of Human Rights (UDHR), it is affirmed that "Every individual is entitled to the right to life, freedom, and personal security" [7].

According to international legal principles, the right to life remains inviolable even in times of crisis, as stated by the Queensland Human Rights Commission in 2019 [8]. Under no circumstances is the unlawful or arbitrary taking of life permissible. The International Covenant on Civil and Political Rights (ICCPR) underscores this principle by asserting that "Every person possesses an inherent right to life, and this right must be safeguarded by the law" [4,5].

The right to healthcare stands as a fundamental aspect of ensuring the right to life due to its inherent connection to human well-being. The third goal of the Sustainable Development Goals

(SDGs), adopted by United Nations in 2015, advocate for efforts aim to ensure healthy lives and promote well-being for all at all ages. Also, International human rights law not only guarantees every individual the right to the highest attainable standard of health but also imposes upon states the responsibility to take actions to prevent threats to public health and to provide medical assistance to those who require it. The International Covenant on Economic, Social and Cultural Rights affirms that the States Parties to the present Covenant recognize the right of all individuals to enjoy the highest achievable standard of physical and mental health. To fully realise this right, States Parties to the present Covenant shall undertake measures that encompass:

i. The promotion of a decrease in stillbirth rates and infant mortality, and the support for the healthy development of children.
ii. The enhancement of all aspects of environmental and industrial hygiene.
iii. The prevention, treatment, and control of epidemic, endemic, occupational, and other diseases.
iv. The establishment of conditions that ensure access to medical services and medical attention in the event of illness [5].

Furthermore, the International Covenant on Economic and Social Rights underscores that these human rights, including the right to health care, should be exercised without any form of discrimination where it states that the rights outlined in this Covenant should be exercised without distinction of any kind, such as race, colour, gender, language, religion, political or other opinion, national or social origin, property, birth, or other status [5].

On August 11, 2000, the United Nations Committee on Economic, Social and Cultural Rights [9], which is responsible for overseeing adherence to the International Covenant on Economic, Social and Cultural Rights, adopted General Comment No. 14. This comment outlined the four constituent elements of the right to health, as follows:

i. Availability: Sufficient quantities of public health facilities, healthcare facilities, goods, services, and programs must be available within the state.
ii. Accessibility: Health facilities, healthcare, goods, and services must be within reach of all individuals, without discrimination, with particular attention to vulnerable or marginalized groups, such as ethnic minorities, women, children, the elderly, individuals with disabilities, and those in critical health conditions.
iii. Acceptability: All healthcare facilities and services must adhere to medical ethics and respect the cultural values of communities.
iv. Quality: Healthcare facilities and services should align with medical and scientific standards. Medical services should be safe, effective, patient-centred, timely, fair, comprehensive, and efficient.

The above-mentioned four criteria constitute the basis in which the state of health care in a country is measured. Accordingly, we will discuss the state of health care in the eleven countries of East Asia through those criteria.

3.2 Assessing the Protection of the Right to Health Care during COVID-19 in Brunei

From January 3, 2020, to September 6, 2023, Brunei Darussalam has reported 310,522 confirmed cases of COVID-19 and 163 fatalities. As of June 29, 2023, a total of 1,293,100 vaccine doses have

been administered in the country [10]. The Brunei authorities have implemented substantial measures in addressing the Covid-19 pandemic. Emphasizing their commitment to healthcare, the Brunei authorities allocated a significant portion of the 2020-2021 budget to medical provisions [11]. Availability of healthcare facilities, goods, services, and programs is a fundamental aspect of the right to health care. In Brunei, during the COVID-19 pandemic, the government's response in terms of availability has been noteworthy. The country has made efforts to ensure the availability of sufficient public health facilities and medical supplies. Temporary healthcare facilities were established to manage the surge in COVID-19 cases, demonstrating a proactive approach [12].

Brunei has taken steps to make healthcare accessible to all its citizens and residents, regardless of their background or status. This inclusivity is particularly important in reaching vulnerable and marginalized groups. In 2020, Brunei's Ministry of Health introduced the Bruhealth app primarily as a COVID-19 contact tracing tool. However, over time, it has transformed into a comprehensive health management application, offering features such as appointment booking and video consultations with healthcare professionals. Furthermore, it has been seamlessly integrated with BruHIMS, the government's electronic patient record system, ensuring that individuals can access their complete medical records through the app [13].

Notably, Brunei has maintained a high standard of medical ethics during the pandemic, which has contributed to public trust [14]. Additionally, the Brunei government has generally maintained high standards of quality in its healthcare services. During the pandemic, the focus on quality includes providing safe and effective medical treatments and maintaining comprehensive, efficient, and equitable care. Ensuring the timely delivery of care and addressing potential issues such as overcrowding in healthcare facilities were important aspects of maintaining quality during a health crisis [15].

In November 2022, Brunei's Ministry of Health inaugurated the MOH Intelligence Hub, a facility dedicated to real-time monitoring of over 50 infectious diseases. Health Minister Dato Dr. Hj Md Isham Haj Jaafar emphasized that this initiative leverages over a decade's worth of data from BruHIMS and incorporates artificial intelligence capabilities from EVYD, the developer of the BruHealth app. This combined effort enables a deeper comprehension of future public healthcare trends, extending beyond infectious diseases and moving toward the realm of precision public health [13]. The government has identified healthcare as a central focus in its long-term national development plan, Brunei Vision 2035. This initiative aims to attain both a high quality of life and the establishment of a dynamic and sustainable economy [11].

In conclusion, Brunei has made commendable efforts in protecting the right to health care during the COVID-19 pandemic by addressing the four elements of availability, accessibility, acceptability, and quality. However, continuous monitoring and improvements are essential for future. The pandemic has underscored the importance of upholding the right to health care as a fundamental human right, and Brunei's response serves as a valuable case study as a small country for other nations facing similar challenges.

3.3 Assessing the Protection of the Right to Health Care during COVID-19 in (Burma) Myanmar

From January 3, 2020, to September 6, 2023, Myanmar has reported 641,188 confirmed cases of COVID-19 and 19,494 fatalities. As of May 1, 2023, a total of 89,454,913 vaccine doses have been administered in the country [16]. Myanmar's susceptibility to the spread of COVID-19 is heightened due to its extensive 2,227-kilometer-long permeable border with China, facilitating daily crossings by workers and migrants. Additionally, it shares borders with Bangladesh, India, and Thailand, all of which have reported a higher incidence of cases [17].

Myanmar encountered significant difficulties in ensuring the availability of healthcare resources throughout the pandemic. The healthcare system faced considerable strain, characterized by a deficit in hospital beds, ventilators, and essential medical supplies. Particularly in remote and conflict-affected areas, the scarcity of accessible healthcare facilities left numerous people devoid of essential care. This deficiency in availability constituted a violation of the right to health care for a substantial segment of the population. As per the 2019 Global Health Security Index, Myanmar ranked the lowest in terms of readiness regarding the availability of health systems for treating patients and safeguarding healthcare workers [18].

In Myanmar, accessibility challenges were aggravated throughout the pandemic. Numerous marginalized and remote communities encountered difficulties in reaching healthcare facilities and obtaining essential information. Ethnic minorities and those in critical health conditions encountered additional obstacles when trying to access healthcare services. Lockdowns, movement constraints, and inadequate transportation infrastructure further obstructed accessibility. Hence, the UN Special Rapporteur Yanghee Lee stated that: "The Government must lift the humanitarian restrictions to ensure that what assistance is available can reach all who need it, without discrimination" [19].

The acceptability of healthcare services entails the consideration of cultural values and adherence to medical ethics. Myanmar experienced situations in which cultural traditions and religious practices conflicted with public health measures during the pandemic. Certain communities resisted health interventions based on their cultural beliefs, and, in some instances, healthcare workers encountered discrimination or violence. These difficulties compromised the acceptability of healthcare services and posed obstacles to an effective pandemic response [17].

Maintaining the quality of healthcare services is of paramount importance during a health crisis such as the COVID-19 pandemic. Myanmar encountered substantial difficulties in upholding the quality of care due to resource shortages, overwhelmed healthcare facilities, and a shortage of adequately trained healthcare professionals. This resulted in varying levels of care for COVID-19 patients, raising concerns about the equitable allocation of healthcare resources [18].

Notably, violations of the right to health care during COVID-19 in Myanmar highlight the urgent need for systemic reforms to improve the availability, accessibility, acceptability, and quality of healthcare services. These improvements include Investment in healthcare infrastructure, equitable resource allocation, community engagement and health education, training and support for healthcare workers, and international collaboration. All these improvements are essential not only for future pandemic preparedness but also for ensuring the fundamental right to health care for all Myanmar's citizens.

3.4 Assessing the Protection of the Right to Health Care during COVID-19 in Cambodia

From January 3, 2020, to September 6, 2023, Cambodia has reported 138,940 confirmed cases of COVID-19 and 3,056 fatalities. As of August 7, 2023, a total of 47,477,240 vaccine doses have been administered in the country [20]. The World Health Organization (WHO) collaborated extensively with the Ministry of Health (MoH) and the Royal Government of Cambodia (RGC), in conjunction with partners, to prepare for and address the COVID-19 situation in Cambodia. The fundamental aspects of the public health response, such as identifying cases, isolating individuals, contact tracing, implementing quarantines, and applying widespread preventive measures, played a pivotal role in Cambodia's strategy to curtail transmission and mitigate the outbreak of COVID-19 [21].

Despite having limited levels of preparedness before the pandemic, Cambodia effectively managed to control the spread of COVID-19 during its first year and rapidly achieved extensive vaccine coverage in the second year of the response. This achievement was primarily attributable to

robust political determination, significant public cooperation, and substantial support from development partners, including the United Nations Family, international organizations, local and global non-governmental organizations, and bilateral collaborations [22].

However, the healthcare system in Cambodia was under stress. There was mistrust in below-standard public healthcare, treatment, and services [23]. While there have been significant improvements in the quality of public hospitals, these changes have not been substantial enough to significantly increase the level of trust that local citizens have in them [24]. Although there is no specific quantitative data available to assess the adequacy of care for COVID-19 patients in Cambodia, it is evident that a shortage of healthcare workers posed significant challenges in responding to the situation. Moreover, the highly contagious nature of COVID-19 hindered healthcare workers from providing comprehensive care to patients, including measures typically taken in other clinical cases, such as suctioning of secretions. This factor may have played a significant role in COVID-19-related deaths [22]. In addition, the healthcare system in Cambodia faced challenges related to inefficiency and inequity. Resources were primarily concentrated in urban areas and allocated to hospital and primary care services, leaving rural areas, which experienced higher mortality rates, underfunded, and underserved [25].

In conclusion, Cambodia effectively managed to control the spread of COVID-19. However, it should prioritize enhancing its infrastructure to facilitate the quarantine of contacts, the isolation of cases, and the expansion of laboratory capacity. This will better equip the country to prepare for future health emergencies [22].

3.5 Assessing the Protection of the Right to Health Care during COVID-19 in Timor-Leste

From January 3, 2020, to September 6, 2023, Cambodia has reported 23,460 confirmed cases of COVID-19 and 138 fatalities. As of June 25, 2023, a total of 2,019,384 vaccine doses have been administered in the country [26].

With extensive support from the World Health Organization (WHO), Timor-Leste, a nation of 1.3 million people, has responded promptly and effectively to the challenges posed by the COVID-19 pandemic, despite having a fragile healthcare system and limited resources. World Health Organisation (WHO) prioritized ensuring the availability of essential medical supplies and testing kits for Timor-Leste. Recognizing the importance of timely and high-quality testing, WHO supplied the National Health Laboratory (NHL) with primers and probes, enabling them to conduct 1,000 COVID-19 tests. Additionally, WHO made personal protective equipment (PPE) readily accessible, including items like gloves, gowns, goggles, and masks. Through collaborative efforts, World Health Organisation (WHO) played a pivotal role in transforming a country that initially lacked testing capacity, identified isolation and quarantine facilities, and had limited surveillance capabilities into a nation with in-country testing capabilities, functional COVID-19 facilities, healthcare staff rapidly trained in infection control and case management, a gradual increase in PPE stocks, the capacity for an expanded testing strategy, and active surveillance capabilities, all achieved within a relatively short period of 4-6 weeks [27].

Nevertheless, challenges persisted in ensuring fair and equal access to healthcare services. The need for enhanced service quality became evident, as performance in crucial public health initiatives declined. Additionally, equity issues arose across various demographics, including urban and rural areas, as well as among individuals of varying economic statuses. Data on healthcare utilization patterns indicated that rural and impoverished households often received subpar care, particularly in outpatient settings. The availability and quality of services were further hindered by shortages of essential equipment and medical supplies, particularly in rural health centres and community-level

health posts [28]. According to Austrian government [29], the COVID-19 pandemic worsened disparities faced by women and girls in Timor-Leste, especially those in impoverished conditions and residing in rural regions.

The quality of healthcare services in Timor-Leste has raised concerns due to factors such as limited resources, a shortage of medical professionals, and infrastructure limitations that have adversely affected the level of care provided. Furthermore, the healthcare system faced added strain during the pandemic, resulting in a decline in the quality of care. Nevertheless, initiatives were put in place to bolster healthcare quality through training and the acquisition of essential equipment and supplies. Amid the COVID-19 pandemic, there were public health campaigns and community engagement endeavours aimed at increasing awareness about the virus, preventive measures, and the importance of seeking medical assistance when necessary. The provision of high-quality health services both before and throughout public health crises fosters trust in the healthcare system and encourages individuals to seek medical assistance. Incorporating a focus on quality into emergency preparedness planning can facilitate the delivery of exceptional care by ensuring that health services maintain safety standards, minimize harm, enhance clinical care, and actively involve patients, facilities, and communities [30]

In conclusion, Timor-Leste, like many other countries, encountered substantial challenges in managing the pandemic. However, concerted efforts were made to enhance healthcare availability, accessibility, quality, and acceptability to effectively respond to the crisis.

3.6 Assessing the Protection of the Right to Health Care during COVID-19 in Indonesia

From January 3, 2020, to September 6, 2023, Indonesia has reported 6,813,287 confirmed cases of COVID-19 and 161,918 fatalities. As of June 5, 2023, a total of 447,595,845 vaccine doses have been administered in the country [31].

The Indonesian Government has implemented various policies to combat the COVID-19 pandemic. However, the insufficient availability of medical staff became apparent as the pandemic highlighted the long-standing human resource challenges within the healthcare system. Furthermore, the pandemic has revealed vulnerabilities in the medical supply chains, with surges in hospitalized patients leading to shortages in essential medical provisions. The existing healthcare infrastructure proved inadequate to cope with the increasing number of COVID-19 cases, underscoring the limited capacity of the healthcare system to address the rising medical demands. Additionally, the COVID-19 pandemic exposed weaknesses in the patient referral system and the healthcare system's limited ability to provide essential health services during prolonged emergencies [32].

The unequal access to health care was one of prominent violations during Covid-19 which disproportionately affected marginalized communities. Limited resources, overcrowded living conditions, and lack of information have hindered the ability of vulnerable populations to access testing, treatment, and preventive measures. Indigenous communities in Indonesia, such as the Dayak people of Borneo, have historically faced limited access to health care services. During the pandemic, these communities were disproportionately affected due to their remote locations and lack of healthcare infrastructure. The right to health care was violated as they struggled to access testing, treatment, and accurate information [33].

Reports indicate that obstacles like resource constraints and the increasing stigmatization of COVID-19 within the Indonesian community exist. Nevertheless, despite these challenges and the unpredictable and intricate nature of the situation, the public health centres exerted their utmost

effort and performed commendably [34]. However, there were problems in healthcare availability, accessibility, acceptability, and quality to effectively respond to the Covid-19 crisis.

To sum up, Indonesia faced significant hurdles in navigating the COVID-19 pandemic. Consequently, there is a pressing need for the country to enhance its healthcare capacity and reinforce its ability to conduct thorough evaluations and foster policy learning at both the national and local levels. The healthcare system should be adaptable to respond effectively to evolving circumstances.

3.7 Assessing the Protection of the Right to Health Care during COVID-19 in Laos

From January 3, 2020, to September 6, 2023, Laos (or Lao People's Democratic Republic) has reported 218,816 confirmed cases of COVID-19 and 671 deaths. As of May 20, 2023, a total of 13,879,410 vaccine doses have been administered in the country [35].

Initially, Laos was among the countries in Southeast Asia that were able to contain the Covid-19 pandemic successfully. As a result of stringent measures implemented in Laos in 2020, such as an early lockdown, meticulous case tracing, and extensive public health campaigns, the country managed to keep COVID-19 relatively well-contained, with only a few reported cases [36].

However, the early achievements couldn't conceal the nation's persistent underinvestment in healthcare and its workforce. According to Ying-Ru Lo, the current WHO representative in Laos, the low levels of healthcare investment and inadequate public health management in the pre-pandemic years resulted in an insufficient healthcare workforce and lacked the necessary infrastructure for safely isolating infectious patients. Moreover, there remains a nationwide shortage of intensive care unit doctors to provide critical care for severe cases of the disease. "There is still considerable strain due to the scarcity of essential specialists," she remarked [37]. Challenges arose regarding healthcare accessibility. WHO representative in Laos mentioned the scarcity of mobile vaccination vehicles, a particularly pressing issue for healthcare professionals serving in remote areas. These individuals frequently rely on their personal motorcycles to navigate rugged roads or occasionally rent longboats to access remote villages. The non-governmental organization World Vision has emphasized the critical role of outreach services in enabling many remote communities to access vital healthcare services, including the COVID-19 vaccine [38]. Reports affirmed that the pandemic had a disproportionate impact on marginalized and economically vulnerable communities, particularly among migrants who lacked access to social safety nets and healthcare services [39]. The limited presence of healthcare providers in rural regions posed a significant risk for rural residents, as it often meant they lacked access to essential healthcare services. Simultaneously, urban healthcare facilities struggled to cope with the overwhelming influx of patients. It's worth highlighting that the healthcare sector in Laos faced a deficit in various services, heavily relying on external assistance and donations [40].

As a developing country, Laos has grappled with challenges related to the availability, accessibility, quality, and acceptability of healthcare services. However, effectively managing the outbreak within the country goes beyond merely having high-quality healthcare services. It necessitates the unwavering commitment of the government and all relevant sectors, including the media. Collaborating closely with international organizations enables the government to offer free treatment and vaccination to its citizens. Focusing on containment measures, rigorous surveillance, and widespread vaccine distribution has been instrumental in Laos' management of the COVID-19 pandemic. Furthermore, it involves comprehending the intricacies of this disease and providing exemplary care to all COVID-19 patients. Most importantly, it entails demonstrating care, compassion, and support during these challenging times, especially for healthcare professionals,

individuals with limited incomes, migrant workers, and those who have lost their livelihoods [36]. There is an ongoing requirement for increased investments in the professional development of healthcare workers and the development of healthcare infrastructure, particularly in rural and isolated regions. There may also be a necessity for the creation of fresh curricula aimed at enhancing the competence of the healthcare workforce in managing both non-communicable diseases (NCDs) and the prevention and control of communicable diseases [41].

3.8 Assessing the Protection of the Right to Health Care during COVID-19 in Malaysia

From January 3, 2020, to September 6, 2023, Malaysia has reported 5,125,799 confirmed cases of COVID-19 and 37,187 deaths. As of July 29, 2023, a total of 72,572,314 vaccine doses have been administered in the country [42].

Upon the declaration of COVID-19 as a global pandemic, Malaysia swiftly implemented stringent measures to prevent the outbreak of the COVID-19 pandemic. The Ministry of Health (MOH) and the Malaysian Government's response to the COVID-19 situation encompassed all aspects outlined in the WHO SPRP. This approach comprised five key domains, including:

i. a comprehensive whole-of-government strategy
ii. implementation of a cordon sanitaire/lockdown
iii. ensuring equitable access to services and support
iv. establishing effective quarantine and isolation systems
v. enacting appropriate legislation and enforcement measures.

Notable actions involved the establishment of a centralized multi-ministerial coordination council, with MOH in an advisory role, collaborating with non-governmental organizations and private sectors. This collaboration facilitated a targeted and efficient screening approach. Furthermore, initiatives such as subsidized COVID-19 treatment and screening were introduced. Rigorous protocols were enforced, including the isolation or quarantine of individuals with confirmed cases, close contacts, and those under investigation, without discrimination based on citizenship. These actions were supported by the Prevention and Control of Infectious Diseases Act 1988. Through the effective implementation of these combined measures, the country managed to effectively curtail the COVID-19 outbreak [43].

The availability of healthcare services in Malaysia was generally adequate during the pandemic. The government increased the number of COVID-19 testing and treatment facilities, including field hospitals, to accommodate the surge in cases. Availability of medical supplies and equipment, including ventilators and personal protective equipment (PPE), improved over time as the government and healthcare institutions worked to secure these resources [44]. In addition, the accessibility to healthcare services in urban areas was relatively good, with well-established hospitals and clinics. However, access to remote or rural areas has been limited due to geographical constraints and infrastructure challenges. To provide a point of comparison, 92% of Malaysia's urban population resides within a 3-kilometer radius of a clinic or hospital, while only 69% of the rural population have proximity to a healthcare centre. The healthcare situation in rural areas of the country appears to be unstable and requires significant policy interventions from the state, federal government, and other key stakeholders [45,46].

Furthermore, the quality of healthcare services in Malaysia remained relatively high during the pandemic. The country has a well-trained healthcare workforce, and the government implemented rigorous infection prevention and control measures in healthcare facilities to maintain safety. The

quality of care may have faced challenges during the surge in cases, particularly in overwhelmed hospitals, but overall, the healthcare system maintained a reasonably high standard of care. Nonetheless, rural regions grappled with various healthcare access issues, including inadequate healthcare facilities, deficient infrastructure, a shortage of medical equipment, a scarcity of skilled medical personnel, and difficulties in attracting high-quality human resources to rural states [45].

Moreover, the acceptability of healthcare services was generally positive, with the Malaysian population complying with health protocols and guidelines. Public trust in the healthcare system remained strong, and the government communicated effectively with the public to ensure a clear understanding of the pandemic and its management, especially at vaccinations stage [47].

To sum up, Malaysia's healthcare system displayed resilience and adaptability during the COVID-19 pandemic. While accessibility issues, especially in remote areas, posed challenges, the healthcare system exhibited reasonably robust availability, accessibility, quality, and acceptability of services. The lessons learned from this experience could contribute to enhancing healthcare access and readiness for future health crises, especially in remote regions.

3.9 Assessing the Protection of the Right to Health Care during COVID-19 in Philippines

From January 3, 2020, to September 6, 2023, Philippines has reported 4,110,205 confirmed cases of COVID-19 and 66,661 deaths. As of March 18, 2023, a total of 189,317,158 vaccine doses have been administered in the country [48].

The Philippine government launched a comprehensive response to the COVID-19 pandemic by establishing the Interagency Task Force (IATF) on Emerging Infectious Diseases, led by the Department of Health (DOH). Operating under the National Action Plan (NAP) on COVID-19, the government's objectives were to curb the spread of the virus and alleviate its socioeconomic repercussions. This involved implementing various measures such as initiating community quarantine in Metro Manila, which later extended to Luzon and other regions of the country. Additionally, the Philippines significantly expanded its testing capacity, transitioning from a single national reference laboratory at the Research Institute of Tropical Medicine (RITM) to having 23 licensed testing facilities distributed across the nation. Efforts were also made to bolster the healthcare system's capability to handle surges in demand, encompassing financial support for services and the management of cases requiring isolation, quarantine, and hospitalization [49].

Notably, the President of the Philippines Rodrigo Duterte endorsed the Universal Health Care Bill in 2019, initiating substantial changes within the healthcare sector. One of the key aspects of the UHC Law is the broadening of coverage in terms of population, services, and finances through various adjustments in the healthcare system. This transformation is coupled with a deliberate shift toward prioritizing primary care, which stands as the central focus of all healthcare reforms under the Universal Health Care program [50].

However, the healthcare system in the Philippines exhibited evident vulnerabilities, and there were instances of health worker neglect. Some nurses and other healthcare professionals were viewed as commodities when the country considered offering them for employment opportunities in Britain and Germany in exchange for vaccines. Additionally, numerous healthcare workers staged multiple protests, demanding an end to what they characterized as government neglect and unpaid benefits [51].

Reports indicated that there were ample funds allocated for healthcare services, as the government submitted a record-breaking 5.024 trillion PHP national budget for 2022 to Congress, with nearly 2 trillion PHP allocated to social services, including the pandemic response [52]. However, the issue stemmed from the mismanagement of this budget. The World Health Organization (WHO)

emphasized the critical need for mass production and use of testing kits as a fundamental tool in combating the pandemic. Unfortunately, the government was slow in approving the numerous applications from testing kit companies for immediate use. Similarly, the approved reverse transcription-polymerase chain reaction (RT-PCR) test, priced at 3,800 PHP in public labs and 4,500 PHP to 5,000 PHP in private labs, was unaffordable for many. While other countries offered free testing, ordinary Filipinos often had to choose between purchasing a meal for their family and obtaining this costly test kit [51].

Accessing healthcare services posed a notable hurdle, especially in remote or rural regions. Geographical obstacles, restricted transportation options, and infrastructure limitations presented difficulties for certain individuals in reaching healthcare facilities. Furthermore, the pace of vaccination in many areas was sluggish, primarily due to a shortage of healthcare personnel and the absence of easily reachable primary health centres. Despite the recent availability of vaccines, endeavours to swiftly administer them to the population have encountered challenges [53].

In conclusion, the healthcare system in the Philippines needs an overhaul in terms of availability, accessibility, quality, and acceptability of services. A robust healthcare system encompasses the existence of a proficient healthcare workforce, an efficiently operating health information system, and a framework that guarantees fair access to essential medical products, vaccines, and technologies of guaranteed quality, safety, effectiveness, and cost-efficiency [54].

3.10 Assessing the Protection of the Right to Health Care during COVID-19 in Singapore

From January 3, 2020, to September 6, 2023, Singapore has reported 2,562,022 confirmed cases of COVID-19 and 1,872 deaths. As of July 24, 2023, a total of 15,304,199 vaccine doses have been administered in the country [55].

Singapore, among the earliest nations impacted by COVID-19, implemented a national strategy for the pandemic that underscored readiness through a comprehensive approach involving the entire nation. Initially, the pandemic was effectively controlled through the following measures:

i. clear leadership and adaptable governance plans tailored to the circumstances where an inter-ministerial task force was established by the government to supervise the country's response to COVID-19
ii. timely, precise, and open communication by the government
iii. public health interventions aimed at minimizing imported cases, early detection, and isolation of cases
iv. the continuous provision of healthcare services
v. access to emergency financing
vi. legal frameworks to complement policy actions [56].

Singapore's healthcare system during the COVID-19 pandemic demonstrated high availability, accessibility, quality, and acceptability of healthcare services. The country's proactive approach, well-resourced healthcare infrastructure, and effective government response contributed to its ability to manage the pandemic effectively while maintaining the delivery of high-quality healthcare services to its residents [56].

Notably, studies affirmed that Singapore's strategic approach to combating the pandemic could serve as a valuable model for other like-minded nations seeking to establish a sustainable and efficient long-term response to the ongoing pandemic. The experiences gained in Singapore demonstrated that while short-term reactive measures and government-imposed public health

interventions can be effective, they often prove to be unsustainable, especially when dealing with a disease like COVID-19, which is transitioning into an endemic phase. Therefore, collaboration between government agencies and a diverse array of private stakeholders becomes crucial. This collaboration can prevent the public healthcare system from becoming overwhelmed and ensure that the public continues to receive high-quality healthcare services in a manner that is both sustainable and viable [57].

However, research findings pointed to a multitude of unaddressed requirements among healthcare workers throughout the COVID-19 pandemic. The scarcity of personnel was worsened by the demanding workload during the outbreak. Certain healthcare professionals perceived an imbalance in the allocation of both workload and workforce, both among senior and junior staff and across various healthcare organizations [58].

Additionally, Singapore, heavily reliant on foreign labour, saw a surge in COVID-19 cases among migrant workers living in crowded dormitories. These workers often faced inadequate living conditions and difficulties in accessing health care. Reports emerged of delays in providing medical care and testing for this vulnerable group, highlighting discrimination and unequal access to health care services [59].

In conclusion, Singapore's response to the spread of Covid-19 has been largely successful, but protecting the right to health care requires greater attention to vulnerable groups such as migrant workers and workers in the health care sector.

3.11 Assessing the Protection of the Right to Health Care during COVID-19 in Thailand

From January 3, 2020, to September 6, 2023, Thailand has reported 4,756,593 confirmed cases of COVID-19 and 34,465 deaths. As of June 22, 2023, a total of 139,279,946 vaccine doses have been administered in the country [60].

Thailand, like other countries in the Asian region, experienced the early impact of COVID-19, with the first case reported as early as mid-January 2020. Thailand's approach to addressing the COVID-19 pandemic has been shaped by the "Integrated Plan for Multilateral Cooperation for Safety and Mitigation of COVID-19," a strategy developed by the Ministry of Public Health with the following objectives in mind:

i. Reducing the risk of virus transmission into Thailand
ii. Ensuring the safety of all individuals within Thailand and Thai citizens abroad with regard to COVID-19
iii. Alleviating the health, economic, and social impacts while enhancing national security [61].

Although Thailand's response to COVID-19 has been effective in reducing the spread of the disease, there have been issues with the availability, accessibility, quality, and acceptability of healthcare services. According to Human Rights Watch (HRW), corruption has led to a decline in public health capacity in Thailand. The healthcare workers have faced shortages of surgical masks, and local supplies have been redirected and exported to China and other markets, partly due to corrupt practices. Furthermore, individuals who spoke out against the government's response to the outbreak voiced concerns about the potential concealment of information or reported alleged corruption involving the stockpiling and profiteering of surgical masks and other essential items have faced retaliatory legal actions and intimidation by authorities. Some healthcare professionals were also threatened with disciplinary measures, including termination of employment contracts and the

revocation of their licenses, for raising concerns about the severe scarcity of vital supplies in hospitals throughout the country [62,63]. In addition, many migrant workers experienced inadequate health needs. One study indicated that about a third of immigrants were unable to obtain medical care during the outbreak, in part because they feared arrest or discrimination [64]. Moreover, there has been a shortage of professional health workers in rural areas of Thailand. To compensate for this, the primary health care system has included trained village health volunteers who provide basic health care to their communities [65].

In light of the above, Thailand should work towards eliminating obstacles to healthcare access that are occasionally encountered by vulnerable populations, including migrants. Furthermore, efforts should be made to strengthen Universal Health Coverage by improving healthcare services in both urban and rural areas.

3.12 Assessing the Protection of the Right to Health Care during COVID-19 in Vietnam

From January 3, 2020, to September 6, 2023, Vietnam has reported 11,622,912 confirmed cases of COVID-19 and 43,206 deaths. As of June 29, 2023, a total of 266,492,149 vaccine doses have been administered in the country [66].

Vietnam received international acclaim for its achievements in effectively managing the COVID-19 pandemic [67]. Vietnam has achieved notable success in safeguarding the right to health of its citizens, including achieving a high COVID-19 vaccination rate and a significant reduction in the number of deaths due to COVID-19. In response to the COVID-19 pandemic, Vietnam has implemented a range of policy measures aimed at safeguarding the right to health of its citizens. These regulations encompass various aspects, including access to COVID-19 vaccines and medications, as well as broader measures to ensure the well-being of the Vietnamese population. These measures include school closures, workplace closures, cancellation of public events, restrictions on public gatherings, closures of public transport, stay-at-home requirements, public information campaigns, restrictions on internal movements and international travel controls. These policies collectively reflect Vietnam's commitment to protecting the right to health of its citizens in the face of the COVID-19 pandemic [68].

Despite Vietnam's effective containment of COVID-19, the pandemic has exposed weaknesses within the national healthcare system. Since the onset of the outbreak, most healthcare professionals have been burdened with an overwhelming workload, with many doctors and nurses in major cities enduring continuous shifts without respite. According to the Ministry of Health, approximately 60% of healthcare workers experienced a substantial increase in their workload, 40% reported a decline in their health, and 70% grappled with anxiety and depression. However, their salaries remained at the same modest levels as before the pandemic. In 2021, the average salary for healthcare workers was VND7.36 million ($310), as reported by the Vietnam Young Physicians Association. Over the last 18 months, around 10,000 healthcare workers resigned from the public healthcare sector, with over 4,000 leaving in the first half of 2022 [69]

"The community healthcare system exhibits several shortcomings concerning human resources, organizational structure, infrastructure, and equipment," noted Nguyen Van Vinh Chau, deputy director of the HCMC Department of Health, in October 2021. A persistent shortage of doctors has long been a challenge within the country's healthcare system, and the COVID-19 pandemic has exacerbated this issue. Additionally, experts have expressed concerns about the overall quality of the healthcare workforce in Vietnam, highlighting instances where many health facilities struggled to perform basic tasks such as minor surgery and first aid. Throughout the pandemic, there was a noticeable deficiency in medical supplies and equipment, considering the substantial number of

patients in need. Furthermore, the inadequacies within the legal framework gave rise to violations. The case of Viet A Company serves as an example of how legislative gaps in contractor selection were exploited by wrongdoers for substantial profits. As a supplier of COVID-19 test kits, Viet A secured a contract without a competitive bidding process, capitalizing on expedited procedures during the emergency. The company, along with certain individuals, illicitly inflated prices by 45 percent, resulting in an unjust gain of VND4 trillion ($168.28 million) [69].

Similar to numerous other nations, there exists a significant imbalance in the distribution of healthcare professionals, both between urban and rural areas and within the private and public healthcare sectors. As a result, public healthcare services in remote regions suffer from notable underservice [70]. Nevertheless, research has revealed a moderate positive correlation between public confidence in the government and adherence to government policies where the more the public trusted the government, the more they complied with government policy during the COVID-19 pandemic [71].

In conclusion, Vietnam has managed the COVID-19 pandemic successfully in many aspects. However, the pandemic has exposed the flaws and weaknesses of the health system. Therefore, the country must conduct a comprehensive review in order to prepare for and respond to future health emergencies more effectively.

4. Discussion

The COVID-19 pandemic has caused a public health crisis which affected all the fields including economic, social, and humanitarian and human rights fields.

According to International human rights law and Sustainable Development Goals (SDGs), the right to healthcare stands as a fundamental aspect of ensuring the right to life due to its inherent connection to human well-being. To measure the state of health care in a country, we should assess four criteria which are availability, accessibility, acceptability, and quality of healthcare services. This paper discussed the state of health care in the eleven countries of East Asia through the previous criteria.

It is clear that Brunei has made commendable efforts in protecting the right to health care during the COVID-19 pandemic by addressing the four elements of availability, accessibility, acceptability, and quality. However, continuous monitoring and improvements are essential for future. The pandemic has underscored the importance of upholding the right to health care as a fundamental human right, and Brunei's response serves as a valuable case study as a small country for other nations facing similar challenges.

Additionally, Myanmar encountered substantial difficulties in upholding the quality of care due to resource shortages, overwhelmed healthcare facilities, and a shortage of adequately trained healthcare professionals. This resulted in varying levels of care for COVID-19 patients, raising concerns about the equitable allocation of healthcare resources. Notably, violations of the right to health care during COVID-19 in Myanmar highlight the urgent need for systemic reforms to improve the availability, accessibility, acceptability, and quality of healthcare services.

Furthermore, Cambodia effectively managed to control the spread of COVID-19. However, it should prioritize enhancing its infrastructure to facilitate the quarantine of contacts, the isolation of cases, and the expansion of laboratory capacity. This will better equip the country to prepare for future health emergencies.

Moreover, Timor-Leste and Indonesia, like many other countries, encountered substantial challenges in managing the pandemic. Consequently, there is a pressing need for these countries to enhance their healthcare capacity and reinforce their ability to conduct thorough evaluations and

foster policy learning at both the national and local levels. The healthcare system should be adaptable to respond effectively to evolving circumstances.

As a developing country, Laos has grappled with challenges related to the availability, accessibility, quality, and acceptability of healthcare services. Therefore, there is an ongoing requirement for increased investments in the professional development of healthcare workers and the development of healthcare infrastructure, particularly in rural and isolated regions. There may also be a necessity for the creation of fresh curricula aimed at enhancing the competence of the healthcare workforce in managing both non-communicable diseases (NCDs) and the prevention and control of communicable diseases.

Notably, Malaysia's healthcare system displayed resilience and adaptability during the COVID-19 pandemic. While accessibility issues, especially in remote areas, posed challenges, the healthcare system exhibited reasonably robust availability, accessibility, quality, and acceptability of services. The lessons learned from this experience could contribute to enhancing healthcare access and readiness for future health crises, especially in remote regions.

In Philippines, the healthcare system needs an overhaul in terms of availability, accessibility, quality, and acceptability of services. A robust healthcare system encompasses the existence of a proficient healthcare workforce, an efficiently operating health information system, and a framework that guarantees fair access to essential medical products, vaccines, and technologies of guaranteed quality, safety, effectiveness, and cost-efficiency.

Singapore's response to the spread of Covid-19 has been largely successful, but protecting the right to health care requires greater attention to vulnerable groups such as migrant workers and workers in the health care sector. In addition, Thailand and Vietnam have managed the COVID-19 pandemic successfully in many aspects. However, the pandemic has exposed the flaws and weaknesses of the health system. Therefore, the country must conduct a comprehensive review in order to prepare for and respond to future health emergencies more effectively.

5. Conclusion

This paper discussed and evaluated the status of the right to health care during the outbreak of COVID-19 in Southeast Asia including Brunei, Myanmar, Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. This study demonstrated the success of some countries in managing the COVID-19 pandemic and highlighted the gaps and weaknesses in the health system in Southeast Asian countries.

This paper recommends that Southeast countries work to provide health care for all. As well as to take steps in order to achieve systemic reforms to improve the availability, accessibility, acceptability, and quality of healthcare services. These improvements include Investment in healthcare infrastructure, equitable resource allocation, community engagement and health education, training and support for healthcare workers, and international collaboration among Southeast countries through Association of Southeast Asian Nations (ASEAN) and collaboration with other countries and organisations. All these improvements are essential not only for future pandemic preparedness but also for ensuring the fundamental right to health care for all as stated by International human rights law and Sustainable Development Goals (SDG).

It would be very beneficial to conduct longitudinal studies tracking the post-pandemic trajectory of health care systems in Southeast Asia would offer insights into the sustained impact and adaptations made over time. In addition, comparative studies between Southeast Asian countries and other regions would facilitate a better understanding of regional disparities and effective strategies.

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