

Covid-19: International Responses and Strategies - A Comparative Study of Japan, Sweden, Brazil, and Vietnam

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Abstract

Humankind has been haunted and tormented by diseases that have taken a toll on hundreds of thousands of people all over the world. Deadly diseases like plague, tuberculosis, smallpox, and many others of the kind have claimed many human lives over the centuries. Nonetheless, in this era of globalization, a disease spread by a virus has taken the world by storm as a pandemic. The different waves of the pandemic have brought the world to its knees as a novel coronavirus called the severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has been found responsible for Covid-19. The virus changed the lives of millions across the globe as it spread to many countries by late 2019 and early 2020. The countries adopted several steps to control and contain the spread of the virus with the limited knowledge they had of the disease. The prime mode of transmission of the virus was understood to be through touch and not by air at the time (though it has now been proved to be an airborne infection). As the virus continued to mark its presence in most of the world by March 2020, most countries resorted to immediate non-pharmaceutical interventions (NPIs) such as closing down national borders, lockdowns, self-restraint, social distancing,

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sanitization, and so on that were implemented at various stages depending on the gravity and intensity of the spread of the virus and the demographics of the countries. The stage, process and effectiveness of implementation for all the countries depended on the structure of its political administration and the power vested in the respective authorities.

To understand how the effects of the pandemic differs to various regions of the world depending on the kind of governmental structure, culture, demographics, peoples' responses, and infrastructure, the paper explores and analyses the responses, strategies, and policies by the countries of specific regions. Japan from Northeast Asia, Vietnam from Southeast Asia, Sweden from Scandinavia, and Brazil from Latin America, are analysed with the available resources to understand why they stand as an exception in their respective regions.

Keywords: Covid-19, coronavirus, pandemic, strategies, government, lockdown, measures, virus

1. Introduction

An immense lot has changed as the world is grappling with the 2019 version of coronavirus. A virus that emerged in Wuhan, China in late 2019 has now taken the world by a storm leading to 3,548,628 deaths globally as presented by the World Health Organization on June 1, 2021 (WHO Coronavirus (COVID-19) Dashboard, 2021). A virus that spread to all parts of the world changing the lives of millions, was declared a pandemic by WHO on March 11, 2020 (Kantis et al., 2021). An unprecedented attack of the virus caught the globe by surprise and the nations were unprepared and often under-equipped, partly due to the lack of knowledge of the virus and the disease. Bringing activities to a halt all over the world has affected the economy and social interactions of millions. Diplomatic relations of the countries across the world shifted to a different pitch as international borders were closed, aids and grants were provided, health infrastructure levelled up, leaders were kept on their toes to do the best for their countries, and several partnerships amongst countries and organizations tightened. This paper takes the strategies and policies of four

nations to analyze why each of them stands as an exception in its respective geographical regions. A multifaceted comparison on a national and sub-national level to understand the approach of the government, public behavior and compliance, and their differences are analyzed to explore why the fight against the virus is subjective to multiple factors.

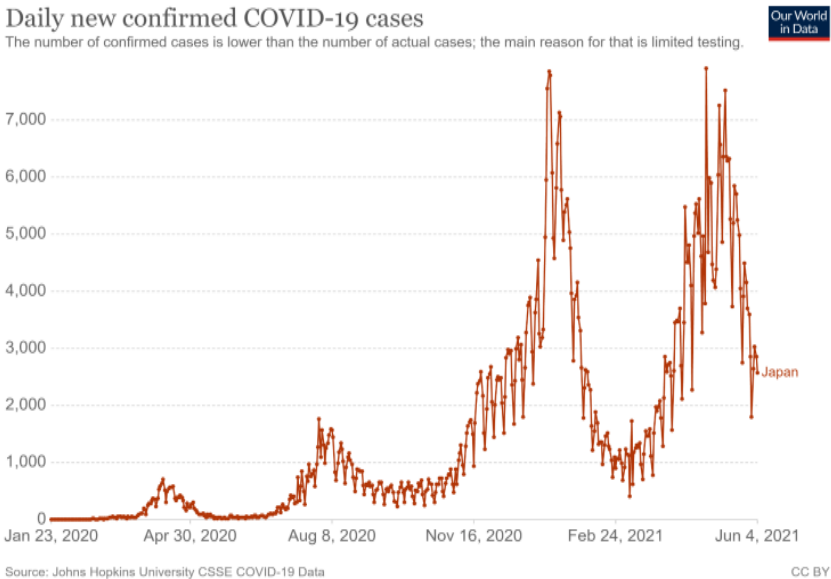
2. Demographic Indicators and Health Infrastructure

Japan was one of the countries to detect an early exposure to the virus, with its first case recorded on January 16, 2020 (WHO, 2020). Though the number of cases continued to increase over the months (represented in Figure 1), Japan did reasonably well in containing the virus in the first quarter of 2020 since the pandemic. Without engaging in extensive testing, contact tracing, or strict quarantine measures, the country reported a slower increase in the rate of infected persons and a lower death rate (Iwasaki & Grubaugh, 2020). With a population density of 347.07 p/km² in 2018 (Japan: Population Density from 2008-2018, 2021), the government and the community cooperated to contain the spread of the virus. However, by February 2020, Japan strengthened their medical care system by raising their medical capacity and testing capacity and by mid-February 2020, the Ministry of Health, Labor, and Welfare had worked with the local governments to establish 536 consultation centers that covered every district in the country to provide its citizens with instructions on how to get tested for COVID-19 and receive treatment as required (Tashiro & Shaw, 2020).

A Scandinavian country, Sweden, known for its liberal culture and high standard of living, had adopted an entirely different approach against the spread of Covid-19. Sweden had reported its first case by late-January 2020, and the country followed its peers in terms of educating its citizens about the importance of the non-pharmaceutical interventions (NPIs) and other measures such as hand hygiene, sneezing and coughing habits, isolation of individuals with Covid-19 symptoms, and tracing of contacts of confirmed cases. But, in contrast to its neighbours, Sweden decided upon a different strategy in addition to this. The country chose to keep the kindergartens, elementary schools, gyms, restaurants, and

other businesses open, and children's sports continued. High schools and universities were closed on March 18, 2020, and on March 29, 2020 the Swedish government applied a general rule against assemblies of more than 50 people, however, Sweden did not restrict border crossing (Helsingen et al., 2020). One of the likely reasons for the efficiency and success of these strategies could be attributed to the population density of Sweden which at 25 p/km² is less than the average population density of Europe which is 34 p/km² (Our World in Data, 2021).

Figure 1: Daily confirmed cases in Japan (As of June 4, 2021)



Source: ourworldindata.org

The low population density and people's trust in the administration helped Sweden carry out an approach that did not deviate significantly from a pre-Covid-19 situation. As for the health facilities during the pandemic, Sweden estimated the national need for healthcare beds and all Swedish hospitals were mobilised during the last week of March 2020 (Ludvigsson, 2020). The number of beds for Covid-19 were increased dramatically around end of April 2020 and early May 2020 when 1800 beds in the country were occupied by Covid-19 patients which statistically

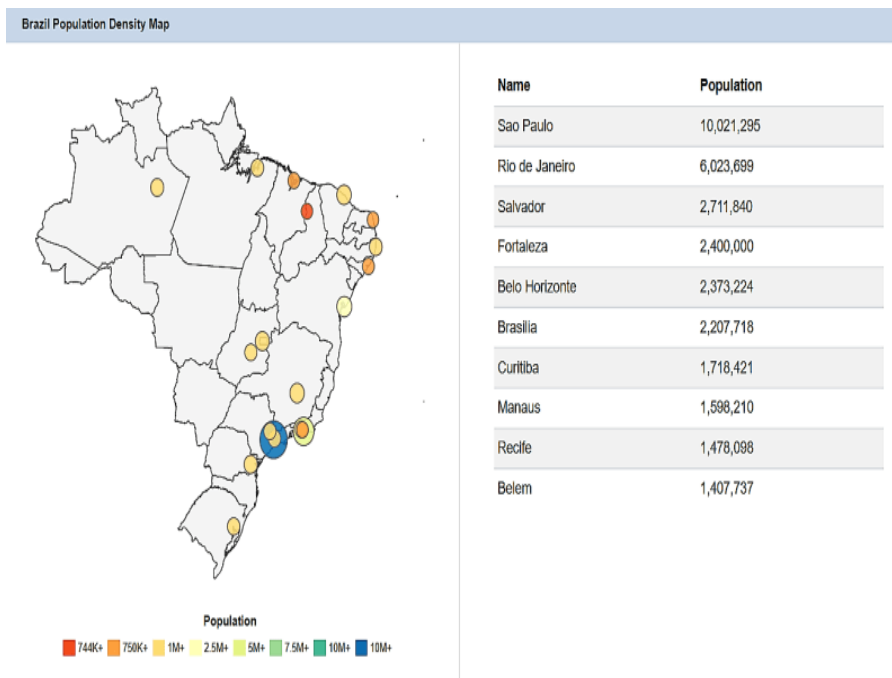
meant that one in every 5700 Swedish residents was receiving treatment for Covid-19 during the first wave of the pandemic (Ludvigsson, 2020). Notably, Swedish healthcare is decentralised and the responsibility lies with the regional councils and, in some cases, local councils or municipal governments (Healthcare in Sweden, 2021).

As for Vietnam, a country that shares its land border with China to its north and a high volume of trade (of about US\$ 41.43 bn during 2019) with China (Trading Economics, 2020), it had been prone to a severe attack of the Covid-19 virus. However, things turned out quite different for Vietnam. The first case of infection in Vietnam was reported on January 24, 2020 (Kantis et al., 2021). The Vietnamese policies were rather proactive which helped to curb the extensive spread of the virus. When the first case of Covid-19 was detected, the country established a National Steering Committee for Covid-19 Prevention and Control under the Vietnamese Deputy Prime Minister (Hoang et al., 2020). The most efficient strategy for Vietnam was the early recognition of the Covid-19 threats and responsive policies. For a country that is not economically as established as several other countries in the region like China, Singapore, or India, Vietnam managed to implement whole-of-society approaches including case identification and isolation, extensive contact tracing, quarantine of suspected cases, cluster tracing, and other strict non-pharmaceutical interventions (NPIs), including mass masking. These initial measures were aimed at reducing community transmissions and controlling the infections at sources (Shokoohi et al., 2020), and these became effective considering the population density of the country which is 291 p/km² (Population Density of Vietnam from 2011 to 2019, 2021). This effectively resulted in the country having three waves of the pandemic, as of 30 September 2020, totaling to 1095 cases, and resulting in 35 deaths, all among people with underlying health conditions (Nguyen et al., 2021).

Contrary to Vietnam is Brazil, one of the countries in the world, worst-affected by Covid-19, which stands third in countries with the most number of cases followed by the United States of America and India and ranks second as the country with the most number of deaths caused by Covid-19 (the USA being the first) as of June,

2021 (Statista, 2021). The situation in Brazil is terrible as a consequence of multiple factors. Even after over a year and a half since the first cases, several critical factors continue to contribute to the failed containment of the spread of Covid-19 in Brazil. Some factors that indirectly contributed to this situation include the response of the people, poverty, hunger, migration, and unemployment despite being a country with a low population density of 25.06 p/km² (Population Density in Brazil from 2008-2018, 2020). However, the total land area of the country is 8,358,140 km² (Countries in the World by Population (2021), 2021), where the population is dense on the east coast. The central and western parts of Brazil are vastly less populated resulting in 87.6 % of its population concentrated in urban areas.

Figure 2: Population Density Map of Brazil by Region



Source: <https://worldpopulationreview.com/countries/brazil-population>

A consolidated data of the demography of each country and the state is mentioned in Table 1.

	Population (in million)	Density (p/km ²)	HDI Rank	GDP (Nominal) (Billions of \$)	Health Infrastructure		
					Physicians (Per 1000 People)	Hospitals	
						Private	Public
J a p a n	125.76	347.07	19	5,378.14	2.4	Date unavailable	Date unavailable
V i e t n a m	98.2	291	117	354.87	0.8	568	1260
S w e d e n	10.2	25	7	625.95	4.0	Date unavailable	Date unavailable
B r a z i l	214	25.06	84	1,491.77	2.2	~3575	~2925

3. Political Structure and Decision-Making

Japan's pandemic strategies were influenced by its traditional power in which the constitution prohibits an emergency power under any clause, which prohibited the government from exercising any form of emergency power (Yamaguchi, 2021). Japan initially pursued recommended non-pharmaceutical interventions (NPIs). The NPIs implemented by Japan primarily include border control and self-restraint. As an immediate measure to the fast-spreading virus, the National Parliament (Diet), on March 13 2020, passed the Coronavirus Special Measures Act (CSMA) as a supplement and revision to the Influenza Special Measures Act (ISMA), which was established in 2012. The act primarily aimed to prevent the rapid spread of influenza and reinforce the medical support system present in Japan (Tsuji, 2021). The Japanese Prime Minister, Shinzo Abe, declared a one-month "state of emergency" order on April 7, 2020 as a measure to curb the spread of the virus and lifted the order nationwide on May 25, 2020. Despite the "state of emergency", Japan did not opt for a mandatory lockdown as the other countries of the world since it cannot enforce social distancing rules, partly because the law does not allow the government to enforce closures or fine citizens for breaking the rules (Hayasaki, 2020). However, the reopening of activities after the end of the state of emergency fueled the spread of the outbreak in Japan as it continued to rebound in April and July of 2020. In spite of the second and third waves of the pandemic in Japan, the restrictive measures to bring the situation under control were slack (Chen et al., 2021).

For Sweden, a contributing factor that acted as a catalyst to the Swedish measures is the Swedish governmental structure. Though a constitutional monarchy, Sweden works on the separation of government polity from the application and implementation of public policy by officials employed within government agencies and expert agencies, who provide the political decision-makers with information and issue recommendations (Bylund & Packard, 2021). When most countries went into strict lockdowns and imposed penalties for violating the Covid-19 rules implemented by the respective governments, Sweden followed an entirely different and unconventional plan. Even amongst the Scandinavian

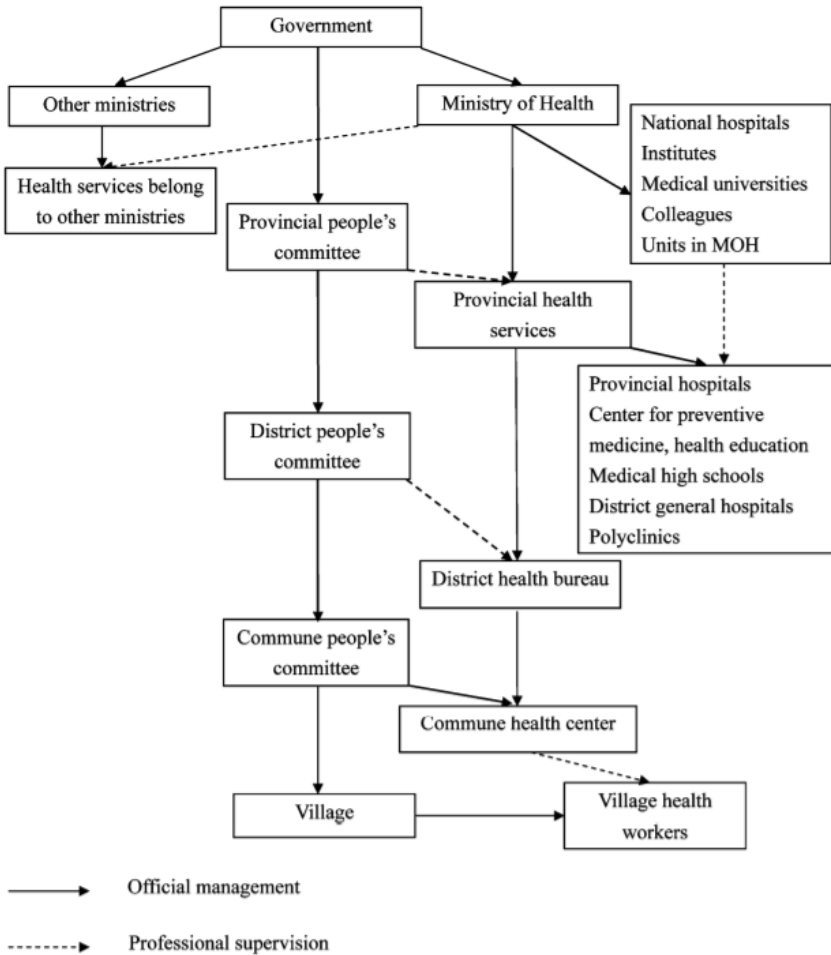
countries, who are as liberal in their administration and have similar living standards to that of Sweden, the country took an approach in a whole different tangent while all other countries went into complete or nearly strict lockdowns. Sweden relied on the trust of its citizens in the state, which it utilised to appeal for voluntary cooperation and self-restraint from public activities and gatherings (Nygren & Olofsson, 2020). Though it received much criticism for not imposing a strict lockdown as in most other European countries, the Swedish argument to this was the claim that the fight against Covid-19 would be a slow and long one, due to which it was important for the government to strategise under the consideration of the acceptability of its citizens over a long-term (Heath, 2020).

The Vietnamese story in countering Covid-19 pandemic had behind it, significant roles of the government, local health workers, and the cooperation, compliance of the citizens, and their early proactive measures. One of the achievements of Vietnam is how it has established a health care system to the grassroots level. The health care system comprises four levels of health establishments which are at the central, provincial, district, and commune levels (Le et al., 2010). The efficiency of the country's health care system at each level has helped Vietnam in impeccably containing the spread of the Covid-19. The Vietnamese government, which continued to adapt and strategise through information and knowledge, merged all these health units from district to provincial levels to form one uniform centre called the Center for Diseases Control (CDC) (Nguyen et al., 2020).

Although the health care system was efficient, the country took a proactive strategy and carefully implemented them in complete strictness and gravity. The multifaceted approach of the Vietnamese government started with the most common NPIs of large-scale quarantine, isolation of suspected cases, and travel restrictions. In addition to these measures, the government directed the hospitals to prepare for the outbreak. It issued several instructions on hospital management to screen patients in the hospital regarding the symptoms or travel history and specific distribution of responsibility to each level of the hospital (Ministry of Health, 2020). The proper channeling of patients through

isolation, effective treatment, and infection control significantly helped Vietnam to set a strong foundation in their battle against the virus.

Figure 3: Structure of Vietnamese health establishments



Source: Le et al., 2010

Brazil's case is different to that of Vietnam. Brazil is the only country with a population larger than 100 million that has a universal, comprehensive, and free-of-charge healthcare system which has contributed to reducing inequalities in access to health

care and outcomes (Castro et al., 2021). The public healthcare system of the country, known as Sistema Único de Saúde (translated from Portuguese as Unified Health System), operates under the Ministry of Health. This health care system in the country was made effective over a period of three decades since the birth of the Unified Health System. Politically a federative republic in which the people’s vote decides the President, Brazillians are now actively protesting against their president for mishandling the pandemic. Mr Bolsonaro used his constitutional powers to interfere with the Health Ministry’s administrative matters, and also vetoed legislation that would have both mandated the use of masks in religious sites and compensated health professionals who suffered irrecoverable damage from the pandemic (Ganguly et al., 2021).

Table 2: Political Structure and Covid-19 Data

	Type of Government		First Covid Case detected	Government Immediate Response	Total number of cases (As of June 8, 2021)
	Unitary or Federal	Democratic/ Communist			
Japan	Unitary	Democratic	January 16, 2020	NPIs	766,068
Vietnam	Unitary	Communist	January 24, 2020	Proactive	9,222

S w e d e n	Unit ary	Democra tic	January 31, 2020	No Lockdow n	1.08 million
Br az il	Fede ral	Democra tic	Februar y 6, 2020	No significan t strategy/ policy	17.04 million

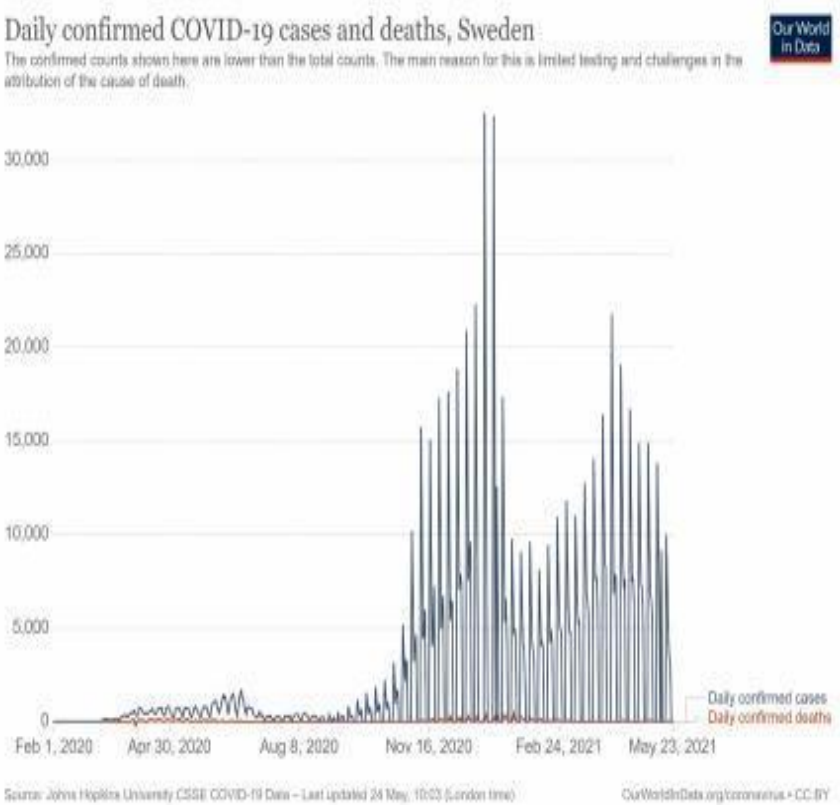
4. Strategies Adopted and Different Innovative Steps

Japan tactfully dealt with the situation of the pandemic through a series of strategies. Nonetheless, Japan's rather conservative and traditional bureaucracy did not allow for its government to have any emergency power to enforce laws or policies on its people strictly. Despite the efforts of the government, the emergency power proposal, which would have amended the existing constitution, was vehemently opposed by Japan's bar associations, constitutional law professors, news organisations, and others which they rightly feared as a serious threat to Japanese democracy (Repeta, 2020). This limitation in exercising power on its people checked the extent to which the Japanese authorities could execute their strategies, hence, the strategies circled around the adherence to the NPIs. However, the basic Covid-19 strategy was enforced through a three-pronged approach: early detection, intensive care and securing medical services, and the behavioural modification of citizens (Iwasaki & Grubaugh, 2020).

However, for Sweden, one of the reasons why the country chose such a strategy could have been due to a major clause in Sweden's laws on communicable diseases, *Smittskyddslagen*, which requires that all measures taken be based on science and proven experience (Hofverberg, 2015). And this was a problem since their knowledge about the Covid-19 virus was only developing from experiences and studies worldwide. In addition to this clause in

Smittskyddslagen, Section 9 of this law limits the extent of quarantine to a specific building, or a “small area” (Bylund & Packard, 2021). This implies that Sweden had legal restrictions to consider while administering its pandemic strategies and so limited them to recommendations to the public, whilst the public trust in the government acted as a catalyst to the government’s confidence.

Figure 4: Daily confirmed deaths and cases in Sweden



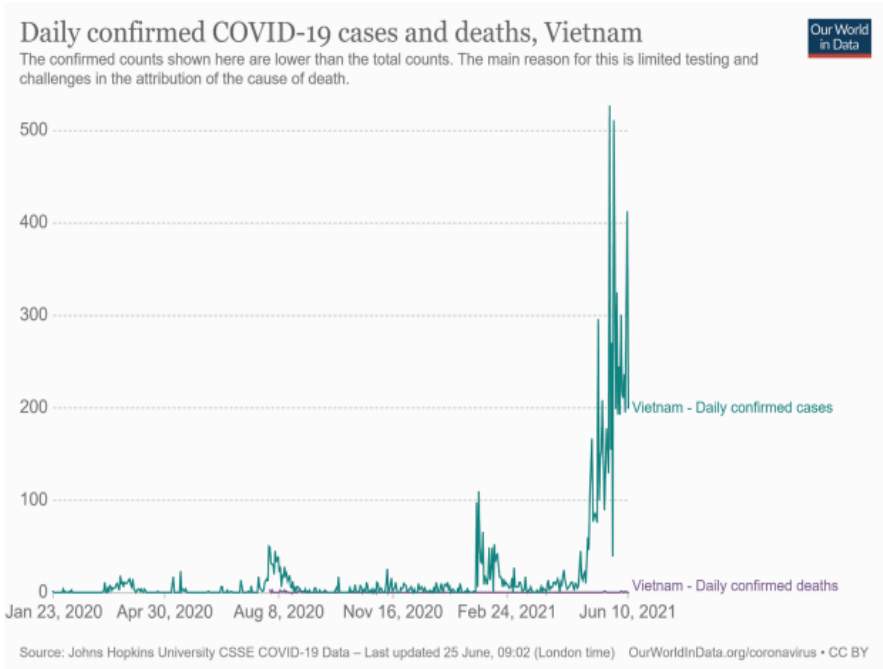
Source: ourworldindata.org

This rather unconventional and controversial strategy of Sweden maintained much of its success significantly through information. The public was well informed and updated about the virus and the NPIs to be followed to prevent the infection. Despite the adherence to the advised measures, the cases saw a consequential increase in the second wave that came by the end of 2020. However, the third wave (March-April, 2021) was relatively not as grave as the second.

Nevertheless, a study by Cho (2020) concluded that the lockdown measures across the globe played an important role in restricting the spread of the virus and that Sweden would have reduced the confirmed cases of Covid-19 and mortality rates in the long run if the policymakers had followed a strategy similar to other countries in the region.

For Vietnam, like most countries, the immediate steps adopted include the tightening of borders and visa restrictions. This was further strengthened by extensive monitoring and investigation of the potential cases and their contacts, strict enforcement of at-home quarantine, and publication of a list of cases and their contacts. The use of advanced information technology was made mandatory by the government. The government made it compulsory for people to update their health status and travel history through a mobile app, NCOVI, designed to track and screen people (Trevisan & Le, 2020).

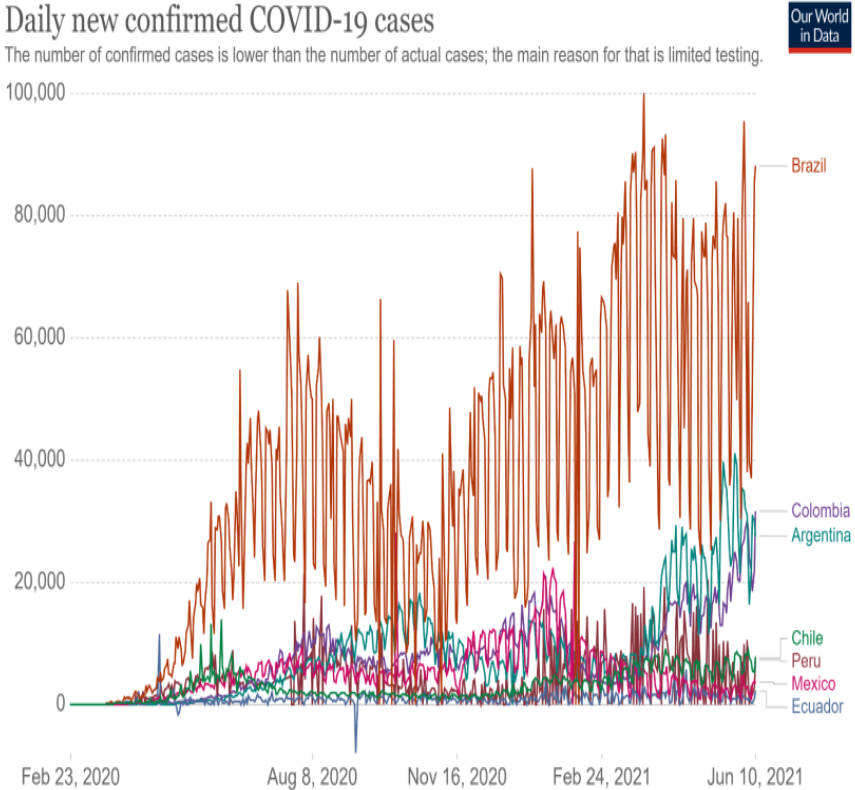
Figure 5: Daily confirmed deaths and cases in Vietnam



Source: ourworldindata.org

On the contrary, the situation in Brazil indirectly implies that the political intervention in the public health system has been a catalyst to the inefficient responsive strategies against the Covid-19 pandemic in the country. The President of Brazil, Mr. Jair Bolsonaro, and the government have been sharing information and taking steps to battle the virus with no regard for any scientific knowledge of the virus or its modes of transmission. Mr. Bolsonaro's policies and strategies expressed a strict opposition to lockdowns and social distancing measures ("Brazil Protesters Denounce Bolsonaro over COVID Crisis," 2021). Added to this was his failure to procure the vaccines, and the touting of unproven treatments deepened the crisis in the country (Marcello, 2021). As of the first week of June 2021, almost a year and a half into the pandemic, the virus has killed over 408,000 Brazilians since the first case was reported in Brazil on February 26, 2020 (Souza et al., 2020; World Health Organization, 2021). Mr. Bolsonaro has been advocating for malaria drugs chloroquine and hydroxychloroquine to cure Covid-19, despite several studies indicating they are ineffective against Covid-19. However, the early understanding that these malaria drugs could be beneficial had increased the demand for this drug from India paving the way for medicine diplomacy for many countries with India. There has also been evidence of his government spending emergency funds on these medicines. These funds were also spent producing and distributing the malaria drugs at unprecedented rates throughout 2020 while rejecting at least one offer to purchase a vaccine already in the final stage of trials because the terms were "abusive" (Brito & Darlington, 2021). The Covid-19 situation in Brazil can be understood as the result of the government's inefficient and ignorant strategies. Most countries in Latin America, including Argentina, Mexico, Colombia, Chile, and Peru, have been able to contain the spread of the virus with the combined efforts of their health care systems and their governments.

Figure 6: Comparison of confirmed Covid-19 cases in Brazil with other countries in South America (From February, 2020 to June, 2021)



Source: Johns Hopkins University CSSE COVID-19 Data

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Source: ourworldindata.org

5. People's Participation

Japan's measures did not hold the people accountable nor did it hold them criminally liable for not adhering to the NPIs recommended by the government. This contributed to the unprecedented increase in cases in Japan. Perhaps, it is this leniency that has resulted in the cases in Japan soaring higher than the other countries in Northeast Asia for example South Korea, Taiwan and China. Due to the lack of knowledge about the virus and its potential harm in the early months, the policy administration was still a work in progress. The revised ISMA

covered the strategies for Covid-19 to try to expand the availability of inspection when the government was unable to determine the precise number of infected people.

In the case of Sweden, a study by Helsingen et al. (2020) showed that there was over 98% compliance with infection preventive measures amongst the Swedes. Sweden adopted an approach of appealing to its citizens to follow social distancing and masking without sidelining the daily lives of its people, unlike most countries which brought the countries' activities to a halt and changed the lifestyle of its people. With the high level of trust in its healthcare system and the remarkable compliance with preventive measures, the Swedes voluntarily acted upon the instructions and information of its government.

A major contributing factor for Vietnam was the public's solidarity in containing the outbreak as the result of a transparent approach of the government. The coverage of the pandemic by the media and the interactions by the political leaders were transparent that helped the public to make informed decisions. Contributing to this, the media also reported consistently and decisively with the issue of fake news and panic control which helped in keeping the public well informed about the progress of the situation (Trevisan & Le, 2020), which significantly helped the country in terms of public compliance.

However, Latin America was declared the epicentre of the COVID-19 pandemic by late May 2020, mostly because of Brazil. The severity of the virus spread in Brazil is alarming because as of 11 March 2021, 11,277,717 cases and 272,889 deaths had been reported in Brazil. These numbers represent 9.5% and 10.4% of the worldwide cases and deaths, respectively, where Brazil only constitutes 2.7% of the world's population (Castro et al., 2021). The inefficiency of the government strategies can be understood through a multifaceted evaluation. The soaring number of cases and deaths in the country is also a consequence of the amount of misinformation circulating amongst communities across the country. In addition to this, the NPIs such as wearing masks, social distancing and lockdowns are not effectively implemented (Medicins Sans Frontieres, 2021) which can be majorly understood as a shared result of the government being less strict about

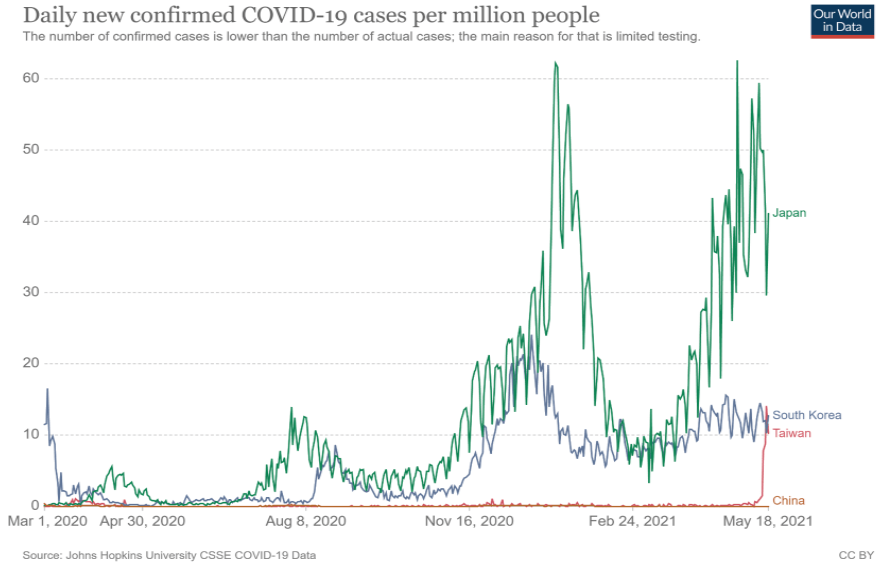
enforcing the laws and the public not sternly following the prescribed NPIs. The situation worsened amongst the public as the government touted the use of hydroxychloroquine and chloroquine and not actively attempting to procure the vaccines during the development of vaccines by leading countries such as the USA, the UK, Russia when most countries were trying to procure initial quantities of the vaccine in advance.

6. Policy Effectiveness

To understand why the case of Japan stands out amongst its peers in Northeast Asia, the cases of South Korea, Japan, Taiwan, and China are considered here. Figure 8 shows the difference in the number of daily positive cases per million which indicates the leniency of the Japanese administration during the pandemic situation. Although Japan has a unitary government system, subnational governments have gained a fair amount of autonomy by law, making it a decentralised regime in terms of policy making and enforcing the same (Yan et al., 2020). The considerable contrast to this is the situation in Korea, where President Ban Ki-Moon and his office has a critical and autonomous role in handling and implementing the various policies attributing to a rather centralised power that the President exercises (Moon et al., 2021).

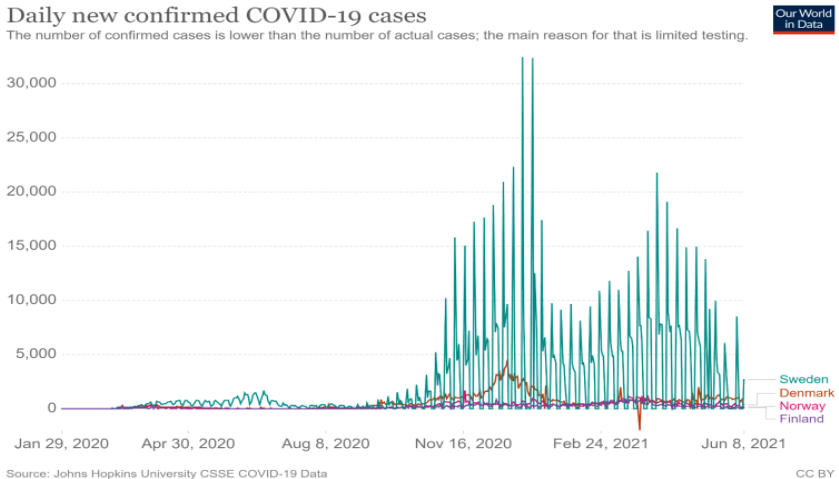
Sweden, with the response of lax restrictions on its people, led to the confirmed cases and deaths increasing more rapidly than its Scandinavian neighbours. The Covid-19 deaths in Sweden had reached more than 787 deaths per 1 million population, which is about 4.5 to ten times higher than its neighbours (Claeson & Hanson, 2020).

Figure 8: Comparison of daily new confirmed Covid-19 cases of Japan, South Korea, Taiwan, and China (March 1, 2020 to May 18, 2021)



Source: ourworldindata.org

Figure 9: Daily new confirmed Covid-19 cases of Sweden, Denmark, Finland, and Norway

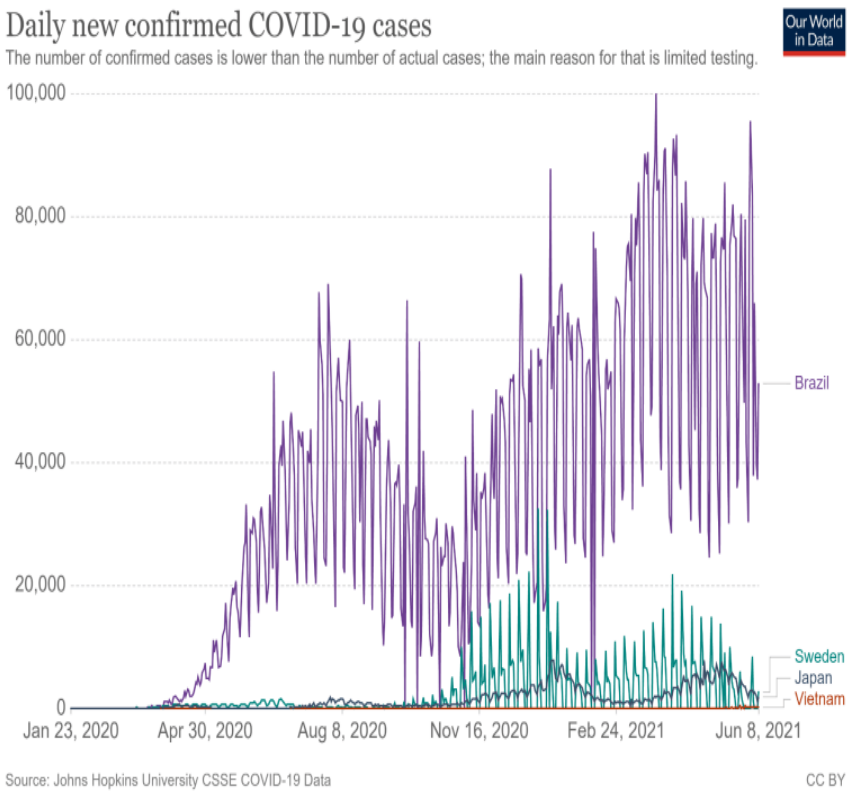


Source: ourworldindata.org

However, though the confirmed Covid-19 cases in Sweden are much less in terms of number, relative to the population of the

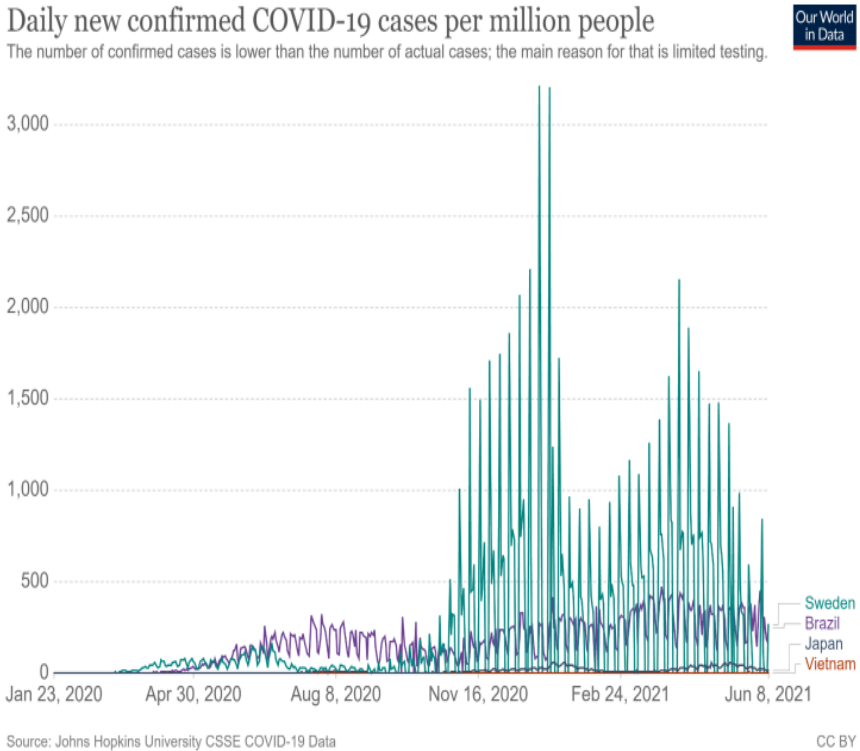
country, the situation in Sweden is at its peak in terms of the confirmed cases, performing worse than Japan, Vietnam, and Brazil. Figure 10 and Figure 11 represent the most recent data (data of cases until June 8, 2021) which gives an idea about the gravity of the situation.

Figure 10: Daily new confirmed Covid-19 cases of Brazil, Japan, Sweden, and Vietnam irrespective of the population of each country (Jan 23, 2020 to June 8, 2021)



Source: ourworldindata.org

Figure 11: Daily new confirmed Covid-19 cases relative to the population of Brazil, Japan, Sweden, and Vietnam (Jan 23, 2020 to June 8, 2021)



Source: ourworldindata.org

In absolute contrast to this, Vietnamese success in its battle against Covid-19, although Vietnam had a similar approach to that of South Korea which also included aggressive testing, tracing, and treatment approach (Moon et al., 2021), received more recognition due to the efficient utilisation of their resources, making their process significantly less expensive (Trevisan & Le, 2020).

Despite the challenges, the Covid battle by Vietnam has received global applause due to the effectiveness of its adaptive strategies and efficient policies, which were implemented from a very early stage. The compliance of the public and the coordination of the workers of several health systems dramatically helped the country to contain the rate of infection (Nguyen et al., 2020). The noteworthy and exceptional outcome for Vietnam is its economy.

The country managed and mobilised their funds and finance through different channels for the pandemic such as the state budget, donors, charity funds and community people with the limited resources they had (Hoang et al., 2020), yet managing to set new benchmarks. However, the country's economy has shown growth despite the pandemic situation in the world. Vietnam's outperformance in the manufacturing sector has put the country as a likely top-performing Asian economy in 2020, which was achieved without a single quarter of economic contraction (Lee, 2021). With a strong export market, the Vietnamese economy managed a 2.9% growth in 2020. However, with an increase in the number of cases, there could be an impact on the economy. Despite the situation, Vietnamese exports to the EU are 28% ahead of 2020, and foreign remittances from overseas Vietnamese are also vital (Bohane, 2021). Vietnam has an exemplary export market, mainly to the US (Vietnam News, 2021). Vietnam's economy is on the rise even during the current global situation, making it a case of exceptional success in the Southeast Asian region.

The disconsolate situation in Brazil has affected the lives of a majority of people in the country that they are blaming on the government. The people are protesting against the government for the gravity of the consequences of the situation. The government, however, did not work scientifically with the evolving knowledge of the virus which had been a cause of concern for the citizens (Bastos, 2020). The government has not invested in or strengthened the public health care system to combat this pandemic (Souza et al., 2020). However, enhancing Public Health Care (PHC) could have played a key role in containing the pandemic as there has been evidence that more than 23,000 hospitalizations for conditions sensitive to primary care were avoided between 2010 and 2016 (Kerr et al., 2020).

In the case of Brazil, the government ignored the untapped resourcefulness of its PHC in facing the Covid-19 pandemic. The government did not efficiently strategize to strengthen the PHC which partially contributed to the increase in the number of deaths from Covid-19. The PHC, however, represents a strategic resource in the limited arsenal of tools available to combat Covid-19 (Souza et al., 2020). However, a Senate commission has begun an

investigation as of early May 2021 into whether Mr Bolsonaro's government mishandled the pandemic by failing to secure vaccines (Reuters, 2021a).

7. Lessons

A research in policy making by Hertwig & Grüne-Yanoff (2017), classifies the governmental policies broadly to “boost” and “nudge” strategies. According to the study, by definition, nudges are non-regulatory and non-monetary interventions that steer people in a particular direction while preserving their freedom of choice while the objective of boosts is to improve people’s competence to make their own choices. The focus of boosting is on interventions that make it easier for people to exercise their own agency by fostering existing competences or instilling new ones.

In the contexts of Japan, Sweden, Vietnam, and Brazil, all but Sweden’s approach classifies as nudge considering its policies were designed to alter behaviours without prohibiting the freedom of an individual. The Swedish approach is much like that of Japan although Japan’s course of actions was rather influenced by the limited legal power for the administration. However, Sweden also has a unitary yet decentralised administration in which the central government exercises only ministerial functions. The Swedish strategies focus more on recommendations than requirements to indirectly persuade the public to voluntarily modify their behaviours and combat the virus's spread (Yan et al., 2020). The effectiveness of this strategy is a reflection of the public’s trust in its government and the government’s acceptance of the sense of individuality of its people.

However, though Japan also had a decentralized regime like Sweden, the cautious policy administration and the effective public compliance contributed to the effectiveness of the country’s fight against Covid-19. The Japanese government could not exercise any emergency power as a measure against the pandemic since the Japanese Constitution does not grant a provision for emergency power to the government, which the ruling party (Liberal Democratic Party) has been trying to amend through a new article in the Constitution. The Vietnamese experience became one to

admire due to its extremely proactive approach with systematic and active involvement of all stakeholders, that includes the government and the public. From expansive testing, preparations for the pandemic, public solidarity, media participation to sending out transparent and truthful messages by the leaders of the country, the country became noteworthy in its battle against the Covid-19 pandemic. Another remarkable aspect of the Vietnamese battle is how it managed to emerge and show a positive economic growth by the end of 2020.

For Brazil, the inability to perform an efficient and proactive policy execution by the authorities, ineffective cooperation and involvement of the government, and the people's lack of compliance and limited resources led to the situation getting worse in the country. Mr Bolsonaro's delay in procuring the vaccines also contributed to this. As of April 2021, only 11 per cent of its population have received at least one dose of vaccine (Medecins Sans Frontieres, 2021). The evidence implies that the situation in Brazil could improve with some effective cooperation between the government and the health care systems. This could result in a larger supply of vaccines and channelling the resources to the right medical needs that are scientifically acknowledged and advised to be effective against the Covid-19 virus, all of which could significantly help the pandemic situation of the country.

8. Summing up

The Japanese government screened and only tested those who showed severe symptoms of the virus (Tsuji, 2021). This was a phenomenon observed with Vietnam, Sweden, and Brazil, in the initial phase of the pandemic in early 2020. A noticeable reason for the countries showing only a few positive cases in the initial months leading to underreporting the actual number of infected people in the country could possibly be because of the limited knowledge of the SARS-CoV-2. An example of this is the extensive use of malaria drugs for the treatment of Covid-19 by Brazil. For all the four nations, the policies, economy, structure of government, health infrastructure, demography, geographical factors, etc. are all largely diverse. Added to this is the lack of knowledge and experience in fighting a deadly coronavirus that spread swiftly to

all corners of the world. This analysis aims to point out why certain countries stood out amongst its neighbours who are otherwise similar to the countries considered. Nevertheless, the comparative study of the data gathered indicates that there is no one strategy or remedy that fits all. To each their own is perhaps the only way to strategize through the battle against the pandemic since there are innumerable factors that have to be weighed and evaluated before taking a decision on what a country should follow.

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