COVID-19 VACCINATION IN CAMBODIA:

Rollout, Challenges, and Dependency

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VACCINE TRANSPARENCY AND ACCOUNTABILITY

INNOVATION FOR CHANGE
WHERE PEOPLE CONNECT TO CREATE TOMORROW

VACCINE EQUITY, TRANSPARENCY, AND ACCOUNTABILITY IN ASIA:
Realities and Dilemmas

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PART I: INTRODUCTION

1.1. State and trends of COVID-19 and vaccination in Cambodia

The first case in Cambodia was reported on 27 January 2020. During the first year of the pandemic, the Royal Government of Cambodia was considerably successful in containing the virus, having very few community outbreaks (UNICEF and the World Food Program [UNICEF & WFP], 2021, p.11). Prior to the availability of vaccines, the Cambodian government imposed a series of strict containment and precautionary measures. It imposed lockdowns and curfews in areas where infections were detected and there were risks of community transmission. It imposed bans on travel between provinces, in order to avoid the disease being imported from one place to another. Cambodia also passed the law on National Administration in the State of Emergency in April 2020, but never actually invoked it. It cancelled public holidays and closed schools and businesses that posed a high risk of contamination due to high concentrations of people. Besides domestic controls, the government also put in place strict procedures of testing and institutionalized quarantine for people arriving in Cambodia from outside, including returning nationals (UNICEF & WFP, 2021, p.11). As a result, Cambodia showed great success in isolating COVID-19 cases throughout 2020, even reducing the reported incidence level to zero for several months in a row (UNICEF & WFP, 2021, p.5).

As of 28 February 2023, 95.47% of Cambodia's 16 million people had been inoculated and boosted (Ministry of Health, 2023). Cambodia has received and used six types of vaccines to inoculate the population, namely Sinopharm, Sinovac, AstraZeneca, Janssen, Moderna, and Pfizer. A total of 47.6 million doses had been administered (24.2 million doses on females) as of the end of February 2023 (see Table 2).

Cambodia, as a non-manufacturing country of vaccines, has received vaccines in different ways, including via donations from bilateral agreements, purchases, and distribution via World Health Organisation (WHO) COVAX facility mechanisms. It received AstraZeneca through bilateral assistance from Japan, the UK, South Korea, the Netherlands, Poland, Hungary, and Italy, as well as via COVAX; it received Janssen from the US via COVAX, Moderna via COVAX, and Pfizer from Australia. It has only purchased vaccines — Sinopharm and Sinovac — from China. It has also received these two vaccine types as donations from China.

Cambodia started its vaccination campaign as early as February 2021, when vaccines were still being developed and manufactured and when the WHO had not yet approved any vaccine, including the Chinese-made vaccines that Cambodia would largely depend on. Some time after Cambodia had begun rolling out Chinese-made vaccines, more vaccines were gradually approved by the WHO and Cambodia began to receive them via bilateral agreements and the COVAX facility.

Table 1: Types of vaccines and sources in Cambodia

	Type of vaccine	Sources
1	Sinopharm	China
2	Sinovac	China
3	AstraZeneca	Japan, UK, South Korea, Netherlands, Poland, Hungary, Italy, and India via COVAX facility
4	Janssen (Johnson & Johnson)	USA
5	Moderna	COVAX facility
6	Pfizer	Australia, US[1]

Source: Ministry of Health (2023)

Cambodia would go on to achieve one of the highest vaccination rates in the world, with 95.47% of its 16 million people inoculated and boosted as of February 2023, according to its government (Ministry of Health, 2023). Cambodia also introduced a sixth dose in January 2023 ("Cambodia's 6th dose," 2023). The high rate of vaccination coverage received applause from many, including WHO Regional Director for the Western Pacific Dr. Takeshi Kasia, who said, "I am very impressed by the remarkable achievements of the Cambodian government in leading the fights against COVID-19, including the effective vaccine roll-out" (WHO, 2022).

Vaccination in Cambodia proceeded according to the National Deployment and Vaccination Plan (NDVP), which defined priority target groups for vaccination, as well as the National Strategic Plan for Vaccinating COVID-19, which aimed to provide vaccine coverage to the entire country by the end of 2021, employing what it called a 'flower blossoming' approach.[2]

[1] Since July, 2021 the US has shared 3,057,930 COVID-19 vaccine doses with the people of Cambodia free of cost. This includes 1,999,530 Pfizer doses and 1,058,400 J&J doses. Of the 3,057,930 vaccine doses, 100% were donated in partnership with COVAX (U.S. Department of State, n.d.).

[2] Literally translating from Khmer words, the 'flower blossoming' approach refers to the fact that the vaccination campaign would grow outward from different target areas at the same time, thereby covering the whole country. The National Strategic Plan then stipulated the groups to be fully covered in those specific target areas.

1.2. Research methodology

This research employed a qualitative approach, in which empirical data was collected through key informant interviews and focus group discussions. Key informants included university academics; researchers; government officials; NGO staff working in advocacy, human rights, and labor rights; representatives of marginalized groups, including LGBT+, farmers, and migrant and informal economy workers, including construction, garment, and domestic workers; as well as locally-based and overseas-based Khmer language reporters. A focus group discussion was conducted with five representatives of vulnerable and disadvantaged populations, each of whom was followed up with through individual communication for further elaboration.

Individual interview

	Name	Position	Date of interview	Method of interview
1	Interviewee 1	Academic lecturer, Pannasastra University of Cambodia (PUC)	31 Oct 2022	Face to face
2	Interviewee 2	Project Officer, Center for Alliance of Labor and Human Rights (CENTRAL)	29 Nov 2022	Online
3	Interviewee 3	Former reporter, Radio Free Asia	2 Dec 2022	Online
4	Interviewee 4	Director, Advocacy and Policy Institute (API)	5 Dec 2022	Face to face
5	Interviewee 5	President, Association of Domestic Workers (ADW)	7 Dec 2022	Face to face
6	Interviewee 6	Reporter, Thmery Thmey Online News	15 Dec 2022	Face to face
7	Interviewee 7	Under-Secretary of State, Ministry of Information; journalist; book author	22 Dec 2022	Face to face
8	Interviewee 8	Official, Ministry of Foreign Affairs and International Cooperation	23 Dec 2022	Face to face
9	Interviewee 9	Reporter, Voice of Democracy	24 Dec 2022	Face to face
10	Interviewee 10	LGBT activist	11 Jan 2023	Face to face
11	Interviewee 11	Official, Building and Woodworkers Trade Union Federation of Cambodia (BWTUC)	12 Jan 2023	Face to face

12	Interviewee 12	President, Coalition of Cambodia Farmers Community (CCFC)	12 Jan 2023	Face to face
13	Interviewee 13	Deputy Secretary General, Independent Democracy of Informal Economy Association (IDEA)	12 Jan 2023	Face to face
14	Interviewee 14	Land rights activist	12 Jan 2023	Face to face
15	Interviewee 15	Land rights activist	12 Jan 2023	Face to face
16	Anonymous	Official, Ministry of Health	5 Jan 2023	Online

Focus Group Discussion

	Name	Position	Date of interview	Method of interview
1	Interviewee 11	Official, Building and Woodworkers Trade Union Federation of Cambodia (BWTUC)	12 Jan 2023	Face to face
2	Interviewee 12	President, Coalition of Cambodia Farmers Community (CCFC)	12 Jan 2023	Face to face
3	Interviewee 13	Deputy Secretary General, Independent Democracy of Informal Economy Association (IDEA)	12 Jan 2023	Face to face
4	Interviewee 14	Land rights activist	12 Jan 2023	Face to face
5	Interviewee 15	Land rights activist	12 Jan 2023	Face to face

This research also examines secondary sources, including traditional and social media reporting, and available statistics regarding vaccine administration, as sources of empirical data.

PART II: ON INFORMATION ACCESSIBILITY

2.1. Information seeking and availability

News on the arrival of vaccines to Cambodia was reported widely by various news outlets, and included the types of vaccines, number of doses, source countries, importation mechanisms employed, and whether the vaccines were purchased or donated. On some occasions where vaccines were purchased, the total cost was provided to the media upon the vaccines' arrival into the country. For instance, a cost of USD10 per dose was cited when Cambodia purchased the first 1.5 million doses of Sinovac, totaling USD15 million (Ouch, 2021). However, no detailed breakdowns of procurement costs and other related incurred costs, like storage and maintenance, were ever disclosed. Likewise, for vaccines received via donation, information on relevant incurred expenses were not made publicly available. Moreover, sources of total figures of vaccines received, remaining doses, vaccine wastage and expiry dates, and medical waste management are also not publicly available in a portal. Despite the range of missing figures, the Ministry of Health (MOH) did provide daily updates with statistics capturing the number of people vaccinated and types of vaccines used.[3] These updates began as soon as Cambodia's vaccine campaign commenced, in February 2021.[4] Table 2 is an example of daily update statistics indicating the types of vaccines administered, disaggregated by age group, country from which the vaccines had been received, and dose number.

[3] https://www.facebook.com/photo/?fbid=542361477920620&set=a.307506831406087

[4] The MOH continued to provide daily updates as of late February 2023.

Table 2: COVID-19 Vaccination Progress Report in Cambodia From 10 February 2021 to 28 February 2023

No.	Vaccines	Vaccinated											
		1st Dose		2nd Dose		3rd Dose		4th Dose		5th Dose		6th Dose	
		Total	Femaie	Total	Female	Total	Femaie	Total	Female	Total	Female	Total	Female
1	Sinopharm	3,750217	1,839,195	3,598,149	1,771,132	185,479	102,690	35,728	18,967	33,026	18,571	23,755	9,025
2	AstraZeneca (Covishield)	165,656	79,867	157,736	77,392	57,354	30,063	124,064	66,366	82,500	38,963	0	0
3	AstraZeneca (Japan)	184,061	89,710	176,786	82,904	965,356	434,510	6,881	2,389	0	0	0	0
4	AstraZeneca (UK)	452	133	81	36	414,507	136,526	0	0	0	0	0	0
5	Sinovac (≥ 18 years old)	5,234,232	2,727,657	5,065,827	2,613,059	3,362,910	1,839,607	222,808	122,310	220,699	116,998	234,479	84,822
6	Janssen (Johnson & Johnson)	1,053,151	549,307	0	0	0	0	0	0	0	0	0	0
7	AstraZeneca (KR)	0	0	0	0	320,639	177,068	116	46	0	0	0	0
8	Moderna	0	0	2	1	217,119	113,874	135,517	57,263	0	0	0	0
9	AstraZeneca (Netherlands)	0	0	2	1	268,295	139,097	16,119	6,515	0	0	0	0
10	Pfizer	252	29	410	30	430,770	230,018	1,801,011	909,532	712,934	359,817	22	14
11	AstraZeneca (Poland)	0	0	0	0	240,045	126,849	53,233	23,585	0	0	0	0
12	AstraZeneca (Hungary)	0	0	0	0	237,674	125,575	231,202	150,626	0	0	0	0
13	AstraZeneca (Italy)	0	0	0	0	270,409	146,531	650,903	388,852	122,115	33,564	0	0
Total ≥ 18 years old		10,388,021	5,285,898	10,052,144	5,093,862	6,970,557	3,602,408	3,277,582	1,746,451	1,171,274	567,913	258,256	93,861
Total Sinovac (12-<18 years old)		1,851,100	915,605	1,797,946	893,239	1,245,597	636,111	135,496	72,804	180,303	101,360	18,615	10,069
Total Pfizer Pediatric (12-<18 years old)		0	0	1	0	424,984	214,788	765,087	425,134	177,274	98,676	0	0
Total Sinovac (6-<12 years old)		2,101,499	1,034,661	2,077,280	1,027,780	1,494,750	762,630	348,677	182,493	149,088	80,069	0	0
Total Sinovac (5 years old)		433,532	219,038	383,103	194,795	100,246	52,074	25,030	12,891	8,887	4,662	0	0
Total Sinovac (3-<5 years old)		500,345	255,196	332,386	170,115	83,427	42,720	11,096	5,819	0	0	0	0
Total Pfizer Pediatric (6-<12 years old)		0	0	1	0	204,759	105,292	492,331	258,721	20,166	10,723	0	0
Total Pfizer Pediatric (5 years old)		1	1	0	0	60,858	31,533	39,555	20,286	2,575	1,312	0	0
Grand Total		15,274,498	7,710,399	14,642,861	7,379,791	10,585,178	5,447,556	5,094,854	2,724,599	1,709,567	864,724	276,871	103,930

Source: Ministry of Health (2023)

Citizens were informed about nearby locations where they could be inoculated. However, they were not informed in advance of the type of vaccines being used there; they learned this only at the site. For this reason, many people were not able to receive their preferred vaccine type. Village[5] leaders played an important role in going door to door to inform household members about the date and time of each family member's vaccination, as well as the documents to bring to the vaccination site (Interviewee 1, personal communication, 29 November 2022). Some saw this approach as ineffective, particularly in rural areas, because local-level authorities received instructions to inform people but were unable to respond to those same people's inquiries (resulting in a perceived lack of accountability for duty-bearers) (Interviewee 1, personal communication, 29 November 2022). Village Health Support Group volunteers also provided local support coordinated by the National Immunization Program (NIP) team (MOH, 2021).

Facebook is the most popular social media platform in the country, with almost 12 million users among a population of 16 million (Simon, 2022). Thus, the Facebook accounts of the Prime Minister and the MOH were both cited by the government as official and reliable sources of information (Nary, 2020).

While information was regularly provided via social media and other channels, it was notably difficult to obtain detailed explanations or to ask follow-up questions, even for reporters. Efforts to seek further clarification on public announcements issued by government agencies were not very productive, as reporters were usually fed with the same information that was already publicly available. At times, the officials in charge would promise to send relevant documents as requested, but they would ultimately send the same documents that were previously released (Interviewee 6, personal communication, 15 December 2022; Interviewee 9, personal communication, 24 December 2022).

Reporters were also generally not permitted to physically travel to document pandemic-related stories on location. They were required to have a unique travel permit, issued by the Ministry of Information[6], in addition to their press ID card. Not all news reporters were informed of this travel permit requirement[7], and even for those with permits, many still faced challenges in gaining access to affected areas, as local authorities feared that journalists would report unfavorably on sensitive issues (Interviewee 6, personal communication, 15 December 2022).

Though it did not make specific COVID-19 data more accessible to the public, the MOH — together with the WHO and UNICEF in Cambodia — made an effort to conduct outreach and produce education materials on how to prevent the risk of COVID-19[8], how to wear face masks[9], and guidance on 'what to do' and 'what not to do' (MOH, 2020).

[6] The Ministry of Information is mandated to issue official licenses for media outlets and press ID cards, as well as to revoke these. The Ministry of Information also issued press travel permits during the periods of lockdown, which extended only for a specific duration and for specific geographical areas.

[7] For the four reporters interviewed in this research, only one female reporter was able to receive this travel permit, while the others were not aware about this requirement.

2.2. Where to get what vaccine

One challenge, as noted above, is that people were not generally able to choose the vaccine, despite many expressing a preference for non-Chinese manufactured vaccines. For example, in one case a group of domestic workers in Phnom Penh learned about the availability of the Janssen vaccine from people in another province, but they could not afford to travel and feared they might not receive the Janssen vaccine if they travelled there; ultimately they gave up and received the locally-available Chinese-made vaccine so they could receive vaccination cards, allowing them to access other services, employment, and specified areas (Interviewee 5, personal communication, 7 December 2022). The necessity of having a vaccination card to access certain areas was an element of post-lockdown rules. For example, the Phnom Penh municipality issued a directive on presenting COVID-19 vaccination cards or letters certifying vaccination for all access to educational institutions, markets, and other business locations in the capital.[10]

Those living in urban areas reportedly perceived this system as an attempt by the government to withhold WHO-approved vaccines from them after they had been critical of the government's decision to inoculate the population with the unapproved Chinese-made vaccines early on (Interviewee 3, personal communication, 2 December 2022; Interviewee 4, personal communication, 5 December 2022). Earlier in 2021, when the government introduced the Chinese-made vaccines, and there were public demands for WHO-approved vaccines and negative news coverage of the vaccination campaign, the government announced that the WHO-approved Janssen vaccine would go to indigenous people in remote provinces in the northeastern part of the country. It also announced that these vaccines would be reserved for returning migrant workers from Thailand. This was seen as leaving the population of the capital and other urban areas out of reach of the Janssen vaccine, which was considered to have one of the highest efficacy rates among COVID-19 vaccines (Interviewee 3, personal communication, 2 December 2022).

[8] Video explaining how to take precautions and prevent the risk of COVID-19 https://www.youtube.com/watch?v=GB2ndfemstI&t=24s

[9] Video on how to wear face masks in order to prevent and mitigate COVID-19 related risks https://www.youtube.com/watch?v=GYJpkBa3lTA&t=8s

PART III: ON ENSURING EQUITY

While the vaccination plan introduced in 2021 indicated specific groups had been taken into consideration (see Table 3), it did not lay out a clear strategy to ensure vaccine equity. The plan was later changed to focus more geographically, with the government citing community outbreaks and the availability of vaccine administration facilities as its rationale. Later, more options were added for the administration of vaccines, including mobile vaccination clinics. Though vaccination was voluntary during the early stage of the campaign, greater measures by the government to speed up the rate of vaccination — including pressure such as restrictions on those not vaccinated — led to concerns among human rights groups. For instance, Human Rights Watch argued that vaccine mandates threatened people's basic human rights, such as by denying unvaccinated people access to food, medical care, or education without considering medical exemptions (Human Rights Watch, 2021).

Table 3: Priority Group for Vaccine in Cambodia Distributed by Phases (MOH, 2021)

Phase	Population group (% of group targeted)	% of population
First	1. All healthcare workers (100%) 2. Frontline armed forces/police (100%) 3. Frontline government officials (100%)	3.3%
Second	1. Community focal persons and volunteers (100%) 2. Elderly population (65 years above) (50%) 3. Adults 16-64 years old (50%) 4. Moto taxi drivers, tuk tuk drivers, and others (100%) 5. Garbage workers and others (100%) 6. Garment factory and construction site workers (50%) 7. Foreigners 16 years and older per category of target group in this phase	31.7%
Third	1. Elderly population (65 years above) (50%) 2. Adults from 16-64 years old (50%) 3. Garment factory and construction site workers (50%) 4. Foreigners 16 years and older per category of target group in this phase	30%
Total		**65%**

As shown in Table 3, there were three phases to inoculate different priority groups, which in total were meant to cover 65% of the population. The first phase targeted three population groups, comprising 3.3% of Cambodia's population. Two months after the campaign started, on 9 April 2021, the government also granted access to vaccines to foreigners residing and working in Cambodia, free of charge (Kunthear, 2021). Once vaccines became more available later in 2021, there were concerted efforts to reach out to remote populations via the establishment of mobile stations (Vandine, 2021).[11] Ultimately, more than 95% of the total population was vaccinated.

Because the initial plan for inoculation was not realised as planned, as the focus on priority groups shifted to a focus on densely populated areas before moving on to less populated and then remote areas (SNEC, 2021), this meant that the vulnerabilities of the initial target groups were not prioritized. For example, the vaccine campaign started with four national hospitals[12] in the capital city[13], and within a month vaccination services expanded to six national hospitals, all of which were provincial and operational district referral hospitals (Vandine, 2021); this meant that priority groups without access to these locations needed to wait.

3.1. Challenges of vulnerable groups' access to vaccines

"The International Organisation for Migration (IOM) Cambodia urged all governments to include migrant workers in their national COVID-19 vaccination plans, while the Ministry of Health has prioritised the provinces bordering Thailand and Vietnam for vaccination but only for carefully chosen priority groups." (Chheng, 2021)

Although specific groups were listed as priority groups, not all vulnerable groups were considered. For instance, indigenous people and other ethnic minorities, people with disabilities, LGBT+, entertainment workers, domestic workers, and people living with HIV/AIDS were not included in the list.

According to one LGBT+ activist interviewed, people living with HIV/AIDS were more vulnerable than the general population — not only because of heightened health risks, but also because the lockdown and traffic closures prevented them from getting access to their regular medications. Lack of access to vital medications also affected LGBT+ people who worked in Thailand and needed to regularly cross the border into Cambodia to access essential drugs (Interviewee 10, personal communication, 11 January 2023).

People in the informal economy, such as street vendors and trash pickers whose livelihoods depend on day-to-day income-generation activities, were also not given priority access to vaccines. According to a key informant working directly with these groups, they remained largely marginalized until later in the campaign when vaccines

[11] In 2019, Cambodia's census showed 60.6% of the population as rural and 39.4% as urban (NIS, 2022).

[12] MOH No. 033 SaKhaSa, Press Release on COVID-19 Vaccination, 8 February 2021, https://www.freshnewsasia.com/index.php/en/localnews/186465-2021-02-08-03-03-51.html

[13] MOH No. 036 SaKhaSa, Press Release of MOH on Implementation of COVID-19 Vaccination Campaign in the Kingdom of Cambodia, 8 February 2021, https://www.freshnewsasia.com/index.php/en/localnews/186592-2021-02-09-05-37-35.html

had become more generally accessible. This meant that the vaccine rollout did not specifically account for these highly vulnerable and often food insecure individuals and families, and it did not enable them to return to their vital income-generation activities as early as possible (Interviewee 13, personal communication, 12 January 2023).

Construction workers and brick kiln workers — though specially mentioned in the initial plan of priority — were trapped within their compounds without access to vaccines as a result of lack of state inclusion. In kiln factories, some owners reportedly placed a barricade separating themselves from the workers, depriving these workers of essential support and freedom of movement. Construction workers were largely confined in construction sites, and many did not know where to access vaccines (Interviewee 11, personal communication, 12 January 2023).

Cambodian migrant workers in Thailand formed another high-risk group, as they faced challenges both while in Thailand and upon returning to Cambodia. Despite the pandemic spreading fast across Thailand throughout 2020, Cambodian migrant workers were not able to receive vaccines. Many lost their jobs but preferred to remain there in hiding hoping that they would regain employment after the situation improved (Interviewee 2, personal communication, 29 November 2022). Many of these workers subsequently lost their jobs because they had not been inoculated. At some factories in Thailand, employers had access to vaccines specifically for the workers to be able to continue the factories' production activities. However, this initiative did not benefit the many migrant workers in Thailand who were undocumented and would face legal measures by the Thai authorities if they were found to be working without proper documentation (Interviewee 2, personal communication, 29 November 2022).[14] On 26 June 2021, the Thai Minister of Labor made an announcement that Cambodian migrant workers would be provided with access to vaccines, but they needed to show working permits (Soeum, 2021). This requirement meant that undocumented migrant workers in Thailand remained susceptible to the virus.

As marginalized groups were not prioritized and remained stigmatized, CSOs played an important role as voices and advocates for their vaccination and for additional support to be made available to these groups (Interviewee 2, personal communication, 29 November 2022). For instance, trade unions played a crucial role in mobilizing whatever support they could muster and finding ways to deliver essential supplies to these people on a regular basis (Interviewee 11, personal communication, 12 January 2023). Migrant workers returning from Thailand were supported at border crossings through cooperation between the IOM, the WHO, UNICEF, and the government. However, according to labor rights workers, this response could be considered situational as it was responding to a crisis rather than setting out to meet the real and comprehensive needs of specific groups (Interviewee 2, personal communication, 29 November 2022).

[14] 'Undocumented workers' are illegal migrant workers who work in Thailand without all required legal documents.

3.2. From voluntary to mandatory COVID-19 vaccination

At the outset of the vaccination campaign, the government faced multiple challenges, including concerns among the public about the potential negative effects of Chinese vaccines and refusal to receive these vaccines in hope of later receiving WHO-approved ones. When non-Chinese vaccines arrived, the government faced additional challenges as these were not available at every vaccination site. When the first Janssen vaccine became available, the government announced that the single-shot vaccine would be used to inoculate minority groups in remote mountainous areas, as opposed to urban areas with high-density populations (Dara, 2021).

When the vaccination campaign started on 10 February 2021, the government announced that vaccination was voluntary[15]. During this time, a small number of civil servants were publicly casting doubt on the safety of the Chinese-made vaccines, leading to concerns that some might resist getting inoculated voluntarily. To make vaccination efforts more rigorous, the government moved from its voluntary approach to mandating vaccinations for government officials and civil servants (Vandine, 2021). The Prime Minister issued a principle of mandatory vaccination, explaining that civil servants and armed forces personnel who remained unvaccinated following the government's appeal would be subjected to administrative punishment (Pov, 2022).

Civil servants were also encouraged to have their family members inoculated. The three initially prioritized groups (health care workers, frontline armed forces/police, and frontline government officials) were encouraged to play active roles in pushing their family members to get inoculated and thereby protect their whole family. The government hoped that mandatory vaccination of government workers would also promote the message that, if government workers were inoculated, there was no reason for ordinary citizens to refuse the vaccine (Interviewee 3, personal communication, 2 December 2022).

The fast-moving vaccination campaign was also intended to aid in hastening the reopening of the country and the resumption of normal life. The sub-national commune election was to be held on 5 June 2022, and the government sought to ensure a high turnout with minimal resulting transmission of the virus. Ultimately, turnout for the commune election was reported to be at 80.32% of the total registered voters (NEC, 2022), and the ruling party headed by the Prime Minister won with 74.32% of the popular vote (NEC, 2022), though it bears mentioning here that the chief opposition party was dissolved in 2017 and remains outlawed.

While the government strongly pushed the case that its staff being vaccinated first would instill confidence and trust among the wider public, others share a different view. According to one journalist interviewed, this preference displayed a systemic

[15] MOH No. 036 SaKhaSa, Press Release of MOH on Implementation of COVID-19 Vaccination Campaign in the Kingdom of Cambodia, 8 February 2021, https://www.freshnewsasia.com/index.php/en/localnews/186592-2021-02-09-05-37-35.html

inequality, in that people in positions of power could exercise the privilege of becoming the first vaccinated. This view holds that government officials made the decision to benefit their own people while marginalized communities were made to wait (Interviewee 3, personal communication, 2 December 2022).

Further inequity was raised in relation to the distribution of pandemic-era social assistance. During the imposed curfews and lockdowns, the government provided some social assistance based on the defined category of "poor people". Consequently, those fitting the defined category prior to the pandemic were provided social assistance, whereas those in the neighborhood who had fallen into desperate poverty as a direct result of the pandemic were largely ignored. An NGO that worked on providing assistance during the pandemic observed this situation while providing social assistance to vulnerable communities, explaining that, for example, people who had been employed prior to the pandemic were unable to access social assistance, even if they had subsequently lost their jobs during the pandemic (Interviewee 4, personal communication, 5 December 2022).

3.3. Combating misinformation and negative coverage to avoid interruption of the vaccination rollout

To reduce unwanted negative news and rumors about vaccine inoculation and other barriers to the population getting vaccinated, the government promulgated the Law on Preventive Measures Against the Spread of COVID-19 and Other Severe and Dangerous Contagious Diseases on 11 March 2021 (Law on Preventive Measures, 2021). The law was intended to impose health, administrative, and other measures to combat and prevent the spread of COVID-19, while also prohibiting the spread of misinformation. For the purpose of implementation, the law was followed by two government sub-decrees containing penalty provisions.[16] On 17 March 2021, the government created an Ad-Hoc Committee for Rolling-out COVID-19 Vaccination throughout the Country (ACC-19) to manage, lead, and supervise vaccination work nationwide (Sub-decree to Create Ad-Hoc Committee, 2021).

Days prior to the introduction of this law, the government deported a Chinese reporter working for a local newspaper who had reported that Chinese people were charged a service fee of USD120 to receive the Sinopharm vaccine (Narin, 2021). Immigration officials alleged at the time that this reporter had published "fake news", thus causing "social chaos" (ibid.).

Soon after the introduction of the Law on Preventive Measures, multiple people were arrested, detained, or charged under its provisions. A 35-year-old man was arrested and sent to court on 13 April 2021 for posting short clips on TikTok claiming

[16] The law stipulates administrative punishments (suspension or revocation of the business license, certificate or permit, closure of business) and criminal punishments (transactional fine, monetary fine, imprisonment).

that a number of people had died after getting a COVID-19 vaccination. The man was referred to the investigating judge, who charged him with "obstructing the implementation of [COVID-19] health measures" under Article 11 of the law, with a penalty of 6-36 months in prison and a fine of KHR2-5 million (USD500-1,250) (Samean, 2021).

The Prime Minister stated in a public speech regarding fake news that people should "not take the COVID-19 issue as a joke, it is not acceptable. This is not a right of expression. The world is against fake news, why can Cambodia not do it?" He then warned that "Anyone who uses COVID-19 to destroy public safety will face legal action" (Riyaz, 2022).

Even before the law was introduced, any information that the government deemed insulting was met with punishment, to make an example of the speaker. An online journalist who cited on his personal Facebook page an excerpt from a speech by Prime Minister Hun Sen about the economic consequences of COVID-19 was arrested and charged with incitement to commit a felony, for affecting social security, order, and safety (Ljubas, 2020). In another example, after the Prime Minister gave a speech hinting at the possible imposition of a state of emergency in the country, a chicken farmer altered the wording of comments made by Hun Sen and gave them poultry-related references instead; the farmer was charged with incitement and public insult, and was placed under detention (Sovuthy, 2020). He was later sentenced to 18 months' imprisonment and ordered to pay a USD500 fine by the Phnom Penh Municipal Court (Kongkea, 2021).

PART VI: ON SELF-RELIANCE, TRANSPARENCY, AND ACCOUNTABILITY

As a country not manufacturing COVID-19 vaccines, Cambodia has relied on imported vaccines to inoculate its population. Chinese vaccines presented the most viable option for Cambodia, taking into consideration the geopolitical context, and in particular the growing relationship and influx of investment and aid from China, as well as a rapidly deteriorating relationship with the West.

4.1. Cambodia's reliance on China before COVID-19 vaccine availability

Over the past decade, Cambodia has observably leaned more closely towards China. Indeed, China has provided ever-increasing assistance to Cambodia, in what is termed 'the culture of sharing'. Cambodia's close relationship with China is also evident in the amount of Chinese investment in Cambodia and the debt owed by Cambodia to China. China is now Cambodia's largest debtor, aaccounting for over 43% of Cambodia's foreign debt (MEF, 2022). China's lending power and investment came at an important moment for Cambodia, effectively offsetting the losses caused by the withdrawal of EU[17] and US[18] trade preferences. This new reliance on Chinese aid and investment set an important prerequisite for the Cambodian government to seek further support from China, including throughout the pandemic.

Others have commented on Cambodia's current tectonic shift toward China, including Chanborey (2021), who discusses three possible correlations between China's growing influence and the backsliding of Cambodia's democratization process. First, Cambodian leaders have increasingly looked towards Beijing not only as a development model but also for governance guidance; second, Western leverage over Cambodia in the promotion of democratic values has significantly declined, in part due to China's largesse; and third, China's political support has, to some extent, allowed Phnom Penh to be confident that the cost of anti-democratic discourse is not too high.

Cambodia received seven tons of medical supplies from China for prevention, control, and response to COVID-19 ("7 Tons," 2020). In the early months of the pandemic, and

[17] On 12 February 2020, the Commission decided to partially withdraw trade preferences for products imported from Cambodia due to serious and systematic violations of human rights. This was the first time the Commission adopted a partial withdrawal of tariff preferences (European Union, 2020).

[18] U.S. delays reauthorization of GSP, tariffs now applicable on Cambodian travel goods (Sarath, 2021).

in a calculated demonstration of support for China, the Prime Minister travelled to Beijing in February 2020, despite the active COVID-19 outbreak in the city. He did so in order to express "solidarity with the Chinese government and Chinese citizens in this time of difficulty" (Kimmarita, 2020). According to one journalist interviewed, the visit to Beijing perhaps presented an opportunity or a call for Western governments to provide Cambodia with offers of support to address the growing threat posed to it by the pandemic, but this did not eventuate (Interviewee 3, personal communication, 2 December 2022).

In the meeting with Hun Sen in Beijing, Chinese President Xi Jinping reiterated that China had the confidence and capability to win the fight against the virus, adding that China would continue to maintain an "open and transparent attitude" to enhance cooperation with all countries, including Cambodia, to not only fight the disease but also "maintain global and regional health security" (Liang, 2020). Moreover, China's national media stressed that Cambodia had shown itself to be a true friend of China, particularly at a time when China was experiencing adversity (Liang, 2020).

Around a month and a half later, the Chinese government sent a team of medical experts to Cambodia to help the country fight the COVID-19 pandemic, and Foreign Ministry spokesperson Geng Shuang was reported in Chinese state media as hailing the "ironclad" friendship between the two sides (China Global Television Network, 2020). Finally, in January 2021, in recognition of their "outstanding contributions" in helping Cambodia fight the pandemic, members of the 15th military medical expert team of China's People's Liberation Army to Cambodia were awarded "Peace Knight Medals" by the Cambodian Defense Ministry (Xingwei, *et al*, 2021).

4.2. Government efforts to build public confidence in Chinese-made vaccines

Cambodia started its rollout of Chinese-made vaccines prior to WHO approval, arguing the more people quickly inoculated, the better. As such, the government tried to convince the public of the efficacy of the Chinese-made vaccines (Huaxia, 2020).

To build public trust in Chinese-made vaccines, the Prime Minister declared that he would be the first to get one on the first day of the vaccination campaign. He later postponed this schedule due to the age limit of the Sinopharm vaccine. In any case, the country had ensured that senior officials in the government and close relatives of the Prime Minister were among the first to get the jabs (Kunthear, 2021).

To further build public trust and confidence in the Chinese vaccines, and to reduce fear among the public, the government justified the use of Chinese-made vaccines by mentioning China's and other countries' leaders who had already received the jabs. Cambodia has claimed its success was due to efforts to buy directly from manufacturers, and to international and bilateral donations which resulted in Cambodia becoming the first country in Southeast Asia to receive vaccines from the COVAX facility. The Cambodian program was also reliant on donations from Chinese partners, which allowed Cambodia to start its vaccination campaign (SNEC, 2021, p2).

Hun Sen has claimed that reliance on China for vaccines was the right decision, saying: "I was asked why I had turned [diplomatically] towards China. I said, – if I do not rely on China, whom do I rely on? Tell me. It's just the truth. Many people promised me much – but in the end, promises are not vaccines – and it was only the Chinese vaccines that actually arrived" (Kunthear, 2021). He also said that Cambodia had sought to procure vaccines from other sources but opted to depend on supplies from China as they were more readily available (Kunthear, 2021). He said he would welcome any criticism of the plan, noting that certain countries had called for him to deposit money in advance, but not stipulating when those vaccines would actually arrive, and he refused to do it because it was millions of dollars (Kunthear, 2021).

The government made repeated announcements about its reliance on Chinese vaccines while at the same time questioning the accountability of technologically and medically advanced countries in the West to ensure a fair share of vaccines for the rest of the world. The government was determined to contain the virus as its priority, according to an official from the Ministry of Foreign Affairs and International Cooperation:

> "*The main aim was to win over COVID-19 and to contain the disease. To contain the disease, a vaccine strategy is needed… [We are] proud that it was the right decision to go ahead with the Chinese vaccine as a strategy. Without that right and timely decision, Cambodia would face the situation in countries like Vietnam, India and those in Africa. It was a risky approach by the government to administer vaccines before WHO's approval. But this shows the high trust level the government of Cambodia has in its Chinese counterpart.*" (Interviewee 8, personal communication, 23 December 2022).

According to the same official, the Cambodian government stands firmly by its decision to rely on Chinese manufacture and provision of vaccines:

> "*The government of Cambodia was very well aware of criticism pointed at Cambodia for reliance on Chinese vaccines and possibly falling into the vaccine diplomacy rhetoric as well as geopolitically. However, Cambodia was realistic that it would not be able to produce COVID-19 vaccines[and] knew for sure that it had to depend on other manufacturing countries, and was also certain that it was not in the distribution network of the Western vaccines*" (Interviewee 8, personal communication, 23 December 2022).

4.3. Attempts at self-reliance

According to the same official, Cambodia learned throughout the pandemic that absolute self-reliance was not possible. For example, even the EU and the US relied upon oxygen tanks from China, face masks from India, and so on (Interviewee 8, personal communication, 23 December 2022). This reportedly made the decision to rely on Chinese vaccines easier for the government, even before the concerted efforts by Chinese diplomats to lobby their allies to rely on China's vaccines. The decision to rely primarily on China was also compounded by the fact that those Western countries that would go on to produce higher quality vaccines also had a tendency to sell these mostly to their wealthy allies.

However, a number of government efforts were seen to seek some level of self-reliance. As the vaccines would need to be purchased, in December 2020, the Prime Minister announced that the government would buy vaccines and administer them for free to the entire adult population. He then called for rich individuals in the country to donate their money so that Cambodia could purchase vaccines whenever they became available in the market. Just one day after the announcement, USD30 million was reportedly raised (Huaxia, 2020). Numerous private wealthy individuals, along with some civil servants, reportedly responded to the call by contributing money. This gesture was followed by senior government officials, including the Prime Minister himself, who donated three to 12 months' salary to the cause.

While depending on vaccines from bilateral counterparts and the COVAX facility, Cambodia also set up a working group to discuss and design its own plan for vaccine research and production, demonstrating a desire for greater self-reliance in the face of future pandemics. Called Readiness for Future Vaccine Development and Production in Cambodia (Ministry of Industry, 2022), the plan created a task force to study the possibility of Cambodia researching and manufacturing its own vaccines. However, according to one government official interviewed for this research, this is widely seen as beyond the country's capacity and resources (Interviewee 8, personal communication, 23 December 2022).

4.4. Transparency and accountability

While efforts were made to give daily updates on the number of vaccines administered, these efforts have also been criticized for a lack of transparency in other aspects of vaccine-related information, including the remaining types and doses of vaccines and their expiration, data on wastage and the management of the waste, and relevant expenses.

While the government's public data in relation to procurement was lacking, media professionals also found it challenging to access relevant information. Reporters who tried to obtain more detailed information about the procurement process and expenses were not successful in doing so (Interviewee 3, personal communication, 2 December 2022). CSOs that were included in working groups with government agencies in charge of COVID-19 issues, and those working on public health related issues, also could not access information other than what had already been made publicly available. For instance, some CSOs were privy to various social media groups on Telegram, WhatsApp, and elsewhere that had been created by government agencies in order to share information, but they experienced the same situation as experienced by the reporters. These CSOs looked to independent media sources in search of further data, at the same time that the journalists were contacting them for further data (Interviewee 4, personal communication, 5 December 2022).

As such, CSOs also had very little ability to reliably verify information. There were no mechanisms for civil society to verify COVID-19 vaccine information coming from primary and official sources (Interviewee 4, personal communication, 5 December 2022). The only sources to rely on were from the government, which affected CSOs' ability to inform the public about where people could go in order to access the types of vaccines they preferred (Interviewee 4, personal communication, 5 December 2022). Crucially, this lack of information also made it difficult for CSOs to seek transparency and demand accountability from the government.

In addition, no explicit complaint mechanism was established regarding COVID-19 vaccine distribution or inoculation. There was no way for parties outside the government to check for or work toward addressing irregularities related to vaccine procurement and distribution. Seeking accountability in relation to the government's vaccine rollout and decision making was also not possible for those minor opposition political parties which would, in a liberal democracy, be active and vocal in holding the government accountable. Cambodia has been under complete control of the ruling Cambodian People's Party (CPP) since 2018, when the party captured all 125 seats in the National Assembly. Consequently, pandemic and vaccine related decisions were not meaningfully debated in the National Assembly, given that the entire political system in Cambodia is effectively controlled by one party and does not tolerate dissent.

According to respondents interviewed, only large international NGOs such as the WHO were involved at the decision-making levels. For example, the WHO and the MOH in Cambodia conducted a number of joint press conferences over the course of the pandemic, focusing on technical themes relating to public health and epidemiology. Though the government plan explicitly mentions working with local civil society, this would ultimately take the form of sharing information with CSOs rather than allowing them meaningful participation or oversight in relation to procurement and planning (Interviewee 4, personal communication, 5 December 2022).

As a comprehensive data portal is not available, efforts to seek out further information took different forms by different actors. Even so, all such actors faced significant challenges. Both locally-based and overseas-based actors found it difficult to get any further elaboration from the relevant ministry, as one local reporter explained:

> "*Access to information is difficult as the appointed spokespersons to address reporters' questions were not enough in number compared to the high number of reporters who may seek further information, or the spokespersons would not provide further insight into the situation besides what is already in the official statement. For example, when there were cases of death or breakouts, the population wanted to learn about those events and it is the media's role to report further, but that was usually [impossible] as they would not be able to receive the needed interview or response.*" (Interviewee 6, personal communication, 15 December 2022).

Another reporter tried to seek information about procurement and related expenses from the Ministry of Economy and Finance (MEF) but was unsuccessful, forcing him to find his own ways to calculate relevant figures. A reporter at a Washington-based Khmer language media outlet who compiled a list to track vaccine arrivals in Cambodia until January 2022 explained,

> "*As a reporter, we track [arrivals] by ourselves and enter into our list the name of the vaccines and through what mechanisms Cambodia received those doses, how many doses, whether they were donated or purchased. However, there is no information about how much each dose costs. We just take note of that information and immediately record them on our list. It is sometimes difficult for independent media to interview the Ministry of Health officials*" (Interviewee 3, personal communication, 2 December 2022).

Occasionally, MOH officials mentioned the total number of vaccines Cambodia had received. For example, during a "giving and receiving" event on 3 July 2022, during which Poland donated 144,000 doses of Pfizer vaccines, the MOH reported that the number of vaccine doses donated and purchased by the Kingdom had reached 53 million. The MOH Secretary of State was also quoted as saying, "Cambodia now has about nine million doses left in stock" (Kongnov, 2022).

The researcher requested access to this data, but a senior official at the MOH refused to share it, saying she could not help because "this research had not received approval from the National Ethics Committee for Health Research in Cambodia" (Anonymous, personal communication, 5 January 2023).

Regarding information about the expiry and wastage of COVID-19 vaccines, the MOH Secretary of State and National Ad-Hoc Vaccination Committee chairwoman was reported in a 2022 news article as saying: "The committee was committed to finishing the Pfizer doses as well as others before their expiry. The vaccines will not be wasted as the vaccination campaign is continuing in the country." However, she refused to comment specifically on what would happen to the doses that would be expiring soon (Sreyline, 2022).

In summary, civil society, independent journalists, and members of the public had very little room throughout the pandemic to verify state-issued information, as the only available source of information was the government itself. This affected CSOs' ability to inform the public of where people could receive vaccines — including different types of vaccines — and the nature and severity of community outbreaks (Interviewee 4, personal communication, 5 December 2022).

PART V: CONCLUSION

Cambodia has achieved one of the highest vaccination rates in the world, with more than 95% of the total population vaccinated. However, though Cambodia may be seen as a model and a case study for other countries to learn from in terms of vaccination, it was lacking in transparency; a database of vaccine procurement, maintenance, management, and related costs was not made available. Media and CSOs found the government's information lacking and needed further details and explanation beyond the publicly available information.

The government drew up vaccination plans prioritizing different groups. The evolution of the COVID-19 situation shifted the vaccination campaign to focus on most-affected areas, and then launched the campaign based on geographical areas, starting from the most populated areas before moving on to less populated areas. There was a lack of assurance of equity for vulnerable and marginalized groups in terms of getting their preferred vaccines. The vaccines were provided first to those closest to decision makers, and subsequently subject to the availability of vaccines. However, a huge number of available vaccines later enabled the campaign to reach a wider population, including foreign staff and migrant workers in Cambodia, as quickly as possible. Chinese vaccines were the most used for inoculation. Though CSOs were included in the government's plan for wider consultation regarding vaccination efforts, they were not meaningfully engaged, meaning they had little ability to enhance vaccine equity by more actively and effectively providing essential support for those affected by the pandemic.

As a non-manufacturer of vaccines, Cambodia's government put a lot of effort into procuring vaccines from available sources, including preparing to purchase vaccines whenever available. To get the population involved, the government initiated fundraising from among the population, in part as a show of solidarity. Vaccination was clearly reliant on Chinese-made vaccines, which was an outgrowth of earlier technical and humanitarian assistance. The government made extra efforts to fight against any news or information deemed to undermine the vaccination campaign, rather than pursuing transparency and accountability.

5.1. Recommendations

A reporting and grievance mechanism should be established to ensure transparency and accountability are taken seriously, and to learn about and tackle irregularities rather than suppressing calls for these things. This could potentially build more confidence in the government's efforts and contain the disease.

The government should utilize certain existing resources, including independent media actors, CSOs, and trade unions, by incorporating them into a stakeholder engagement plan or through a meaningful consultation processes, in order to provide timely information, fight disinformation and fake news by providing accurate information, and reach certain marginalized and vulnerable groups with access to vaccines and essential support.

Cambodia should initiate an ASEAN regional hub to fight the pandemic collectively, in terms of research and development to prepare for future pandemics, in order to avoid each member country struggling in a vaccine diplomacy contest.

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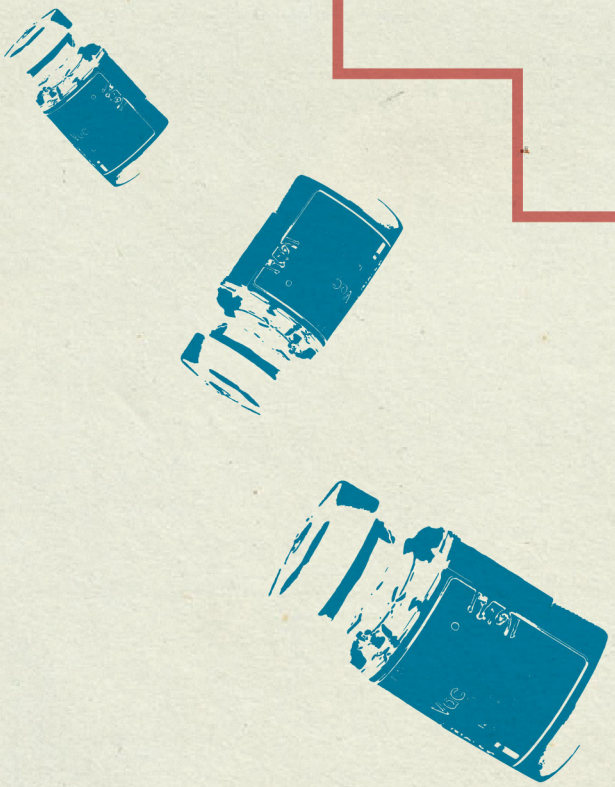

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Sok Leang is a human rights and gender equality advocate, researcher, and trainer. He has conducted various research on Vulnerability of Labor Trafficking in ASEAN, with a particular focus on Cambodian migrants to countries in the region; alternative dispute resolution (ADR) in Cambodia; women's leadership in labor sector and post-conflict transitional justice mechanism. He has been providing training on human rights and gender equality to civil society organizations, local authorities, and affected communities. Moreover, he has been a board member of certain organizations. He has been a part-time lecturer of Sociology and Cultural Anthropology at universities in Cambodia.

VACCINE TRANSPARENCY AND ACCOUNTABILITY

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