INNOVATIONS FOR SUCCESSFUL SOCIETIES

Rapid COVID-19 testing registration desk in Hanoi, Vietnam. Photo Credit: Truyền Hình Pháp LuậtWikimedia Commons

All In: Vietnam's War Against COVID-19

When SARS-CoV-2 emerged in Wuhan, China, in late 2019, Vietnam's scientists knew their country was in grave danger. Vietnam, a country of 97 million, shared an 870-mile land border with China, its biggest trade and tourism partner. Adding to the risk posed by the virus, Vietnam was a lower-middle-income nation with limited resources and an already overtaxed health-care system. But in the years after the 2003 outbreak of SARS, a deadly respiratory ailment that traumatized East Asia, Vietnam had built a robust pandemic-preparedness system that swiftly mobilized to confront the threat of SARS-CoV-2. After Vietnam recorded its first case on January 22, 2020, the prime minister declared all-out war on the virus no matter the cost to the economy. The government moved swiftly to implement border closures, extensive contact tracing, targeted lockdowns, and a strict quarantine protocol. Relentless and creative communications based on accuracy, transparency, and timeliness built public trust and compliance with public health measures. After more than three months with no community transmission, the country experienced an outbreak in Da Nang that spread across the nation and threatened to spiral out of control. But Vietnam's authorities carried out a massive testing, tracing, and quarantine program that halted the contagion. As of December 31, 2020, Vietnam had recorded only 1,465 cases and 35 deaths—and it had posted the highest annual GDP growth of any economy in Asia.

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Republic of Georgia Versus COVID-19: Securing an Early Win, Beating Back a Late-Stage Challenge

As soon as the Republic of Georgia's National Center for Disease Control and Public Health (NCDC) sounded an alarm about a cluster of unusual pneumonia cases in Wuhan, China, Prime Minister Giorgi Gakharia's government set its pandemic response into motion. It was early January 2020, and there was still no hard evidence that the infection had spread across borders, but the country's health leaders were wary. As outbreaks of the virus, identified as COVID-19, began to appear in other countries, the government quickly created a multisectoral coordination council chaired by the prime minister and then adopted a number of emergency response measures. Working with a network of local public health centers, the NCDC launched a communications blitz, with scientists and physicians at the forefront. The public health campaign encouraged compliance with stringent—and unpopular—lockdown measures. Through the first half of 2020, the weekly number of new cases remained low, even as infections surged in many high-income industrial countries. But it was too early for a victory lap. Pressure grew to open up resort centers during July and August in an economy heavily dependent on tourism. During September, October, and November the number of new cases per day climbed sharply, driven mainly by expansion of the outbreak in Adjara, a vacation destination. Compared to most European countries, the incidence of disease remained low, however, and the number of new infections later plummeted, approaching initial levels by March 2021. This case study highlights how a small, middle-income country with a privatized and decentralized health-care system initially succeeded in its pandemic response, struggled with sharp reversals, and then brought the infection rate close to earlier levels prior to vaccine distribution.

READ CASE STUDY

These case studies are part of a new ISS series profiling how several governments adapted coordination systems to respond to the COVID-19 pandemic. The focus is on the first 14 months. These cases support UNDP's effort to help capture and share what countries are learning.

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