

Kobe University UNESCO Chair Gender and Vulnerability in Disaster

Educational Program 2021

Thinking about vaccine inequality and inequity

Program Duration: 11.13-12.4

Venue: On-line

Participating Institutions:

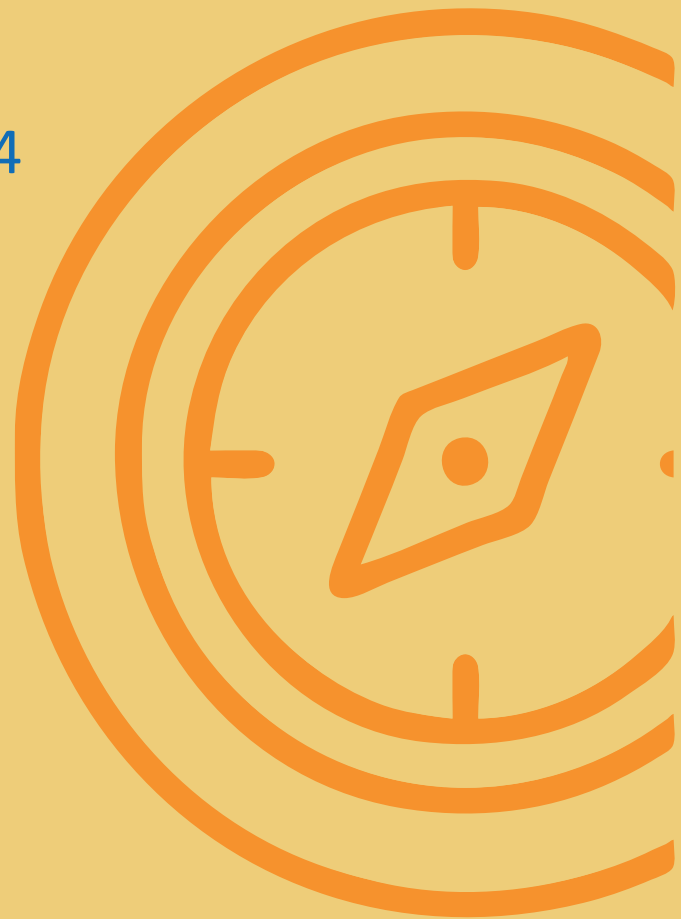
Kobe University

Gadjah Mada University

National Kaohsiung University of Science and Technology

Universiti Tunku Abdul Rahman

Mae Fah Luang University



United Nations
Educational, Scientific and
Cultural Organization



UNESCO Chair on Gender and Vulnerability
in Disaster Risk Reduction Support,
Kobe University, Japan

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General Comments

2021 Kobe University UNESCO Chair "Gender and Vulnerability in Disaster Risk Reduction Support"

From Saturday 13 November to Saturday 4 December 2021, the Gender Equality Office organized an educational program (international conference) for the Kobe University UNESCO Chair on "Gender and Vulnerability in Disaster Risk Reduction Support." The 2021 conference was held entirely online, as in the previous year. The conference was hosted by Kobe University and attended by 48 students and 19 faculty members from Gadjah Mada University (Indonesia), National Kaohsiung University of Science and Technology (Taiwan), Universiti Tunku Abdul Rahman (Malaysia) and Mae Fah Luang University (Thailand). From Kobe University (Faculty of Global Human Sciences, Faculty of Oceanology (Faculty of Maritime Sciences), Graduate School of Health Sciences and Graduate School of International Cooperation Studies), 11 undergraduate and graduate students and 5 faculty members participated.

The sub-title of the 2021 conference is "What do you think about this inequality? COVID-19 vaccine + gender + vulnerability = ???" After opening remarks by Professor Ronni Alexander, Director of the Gender Equality Office, the first day (13 November) was devoted to presentations by each of the universities. The presentations included information on vaccine coverage in the countries and regions where the universities are located and a discussion on the link between gender and vaccination. The students were then divided into six groups and given "homework" to complete a 15-minute presentation on "who is vulnerable, why, and what should be done about it?" On the first day, the students were reserved with each other, but they gradually got to know each other and had lively discussions during the two weeks of activities in their groups.

The presentations on 4 December highlighted the vulnerable positions of the elderly, pregnant women and others who have difficulty accessing information about the vaccine or are hesitant to be vaccinated. In addition, the students discussed that there is discrimination against healthcare workers and others who work in the field of life in relation to the virus. It was also pointed out that foreigners (immigrants, refugees, etc.), minorities, people with disabilities and the poor are also vulnerable because of the challenges they usually face.

Discrimination, prejudice and harassment due to fear of the virus have divided people. However, through the discussions at the conference, the students realized that many people share the same fears, even though they are fighting the virus in different places, that the disaster has made some people even more vulnerable, and that behind this fear and vulnerability are common national and local challenges and solutions. They also realized that there are common national and regional challenges and solutions behind the insecurity and vulnerability.

Ai Shoraku, Associate professor/Coordinator for Global Studies Program, Faculty of Global Human Sciences

「神戸大学ユネスコチェア」2021年度教育プログラムを開催しました

2021年11月13日(土)～12月4日(土)に、男女共同参画推進室が実施している神戸大学ユネスコチェア「ジェンダーや脆弱性に配慮した減害対策」の教育プログラム(国際会議)を開催しました。2021年度の会議は昨年度同様、すべてオンラインでの開催となりました。神戸大学が主催大学となり、ガジャマダ大学(インドネシア)と国立高雄科技大学(台湾)、トゥンク・アブドゥル・ラーマン大学(マレーシア)、メーファールアン大学(タイ)の48名の学生と19名の教員が参加しました。神戸大学(国際人間科学部、海洋政策科学部(海事科学部)、保健学研究科、国際協力研究科)からは、11名の学部生と大学院生、5名の教員が参加しました。

2021年度の会議の副題は「こんな不平等はどう思う?コロナ・ワクチン+ジェンダー+脆弱性=?」でした。男女共同参画推進室長のロニー・アレキサンダー教授による開会挨拶の後、初日(11月13日)は、所属大学ごとのプレゼンテーションが行われました。大学が位置する国や地域のワクチンの普及状況を紹介したり、ジェンダーとワクチン接種との関連性について議論したりしました。その後、所属大学混成の6つのグループに分かれて、「誰が脆弱か、なぜ脆弱か、ではどうすべきか」についての15分間のプレゼンテーションを完成させるという「宿題」が与えられました。12月4日までの約2週間、Web会議システムやLINE等を活用して、グループごとに「宿題」に取り組みました。初日はお互いに遠慮気味であった学生たちは徐々に打ち解けて、約2週間のグループごとの活動中も活発に議論を交わしていました。

12月4日のプレゼンテーションでは、高齢者や妊婦等、ワクチンにかんする情報へアクセスすることが難しかったり、ワクチン接種がためらわれたりする人びとが弱い立場に立たされていること、また、ヘルスケアワーカーをはじめとする、コロナにかんする命の現場で働く人びとが差別されていること等が課題として挙げられました。外国人(移民、難民等)やマイノリティ、障がい者、貧困層の人びとも、彼らが普段抱える課題ゆえに弱い立場に立たされているとの指摘もありました。

ウィルスへの不安による差別や偏見、嫌がらせが人びとを分断してしまいました。しかし、この会議でのディスカッションをとおして、学生たちは、コロナと戦っている場所は違っても多くの人と同じ不安を抱えていること、コロナという災害によっていっそう脆弱な状況に追いやられている人がいること、そして、不安や脆弱性の背景には国や地域共通の課題や解決策があることに気づいた様子でした。

Program Schedule

Kobe University UNESCO Chair: Gender and Vulnerability in Disaster Risk Reduction Support Educational Program 2021 Thinking about vaccine inequality and inequity 2021.11.13-12.4			
Day 1 (JST)	Description Activity	Length Time	Remarks
10:30-11:00 JST	Opening remarks & short lecture: Ronni Alexander	20 min.	Welcome, schedule, introduction to our theme, presentation order
Moderator: Prof. NODA Kazue (KU)	Video: Vaccine Distribution Challenges	3.27 min.	Yale School of Medicine https://www.youtube.com/watch?v=7UzWijl2Xns
11:05-12:35 JST Moderator: UTAR	Student presentations: 6 groups	15 min/group	10 min. presentation & 5 min. comments (90 min)
12:35-13:00 Moderator MFU student	Discussion, questions and comments	25 min.	Plenary. Please cooperate so that every group gets a question or comment.
13:00-13:15	Break		
13.15-13.30 Moderator: Dr. Jhiah-Sian SUN (NKUST)	1. Confirm: (1) rules for group work, (2) expectations for groups, (3) description of assignment. 2. Confirm groups and go to breakout rooms (choose their own room)	Plenary for 15 minute, then move to breakout rooms	**task: Issues of inequality and COVID-19, focusing in particular on vaccine distribution. We will ask three questions with regard to vaccine distribution: (1) Who are the most vulnerable in your society; (2) Why are they vulnerable; and (3) What can you do to make them less vulnerable? What about vulnerability in the world? 20/group: 15 min. + 5 for discussion
13:15-13:45	Group and Lecturer Division into breakout rooms	30 mins.	Tasks: (1) Self-introductions, (2) make a contact list, (3) decide on a meeting schedule - once a week with each sensei, more as a group alone, (4) talk about topic and what to do
13:50	Everyone back to plenary, questions, close the meeting		* Keep rooms open for chatting or end?
15 Nov-19 Nov.	Independent group work; each group meets with a teacher once		1 st week: check progress, help them clarify their topic, provide direction and advice if they are confused; 1st week sensei tells 2 nd week sensei what happened;
22 Nov. - 26 Nov.	Independent group work; each group meets with a teacher once		2nd week sensei follows up, advice for the final presentation
Day 2 (JST)			
10:30-10.40 Moderator: UGM	Good morning, warm up exercise(?), review assignment, presentation order	10 min.	
10.40-12.50 Moderators: Student moderators: NKUST, UTAR, KU, UGM	**Group Presentations	2 hours: 3 groups, break (10 min.), 3 groups	6 groups/20 min. (15 min. + 5 min. for questions)
12:50-13:20	Discussion		Questions, comments
13:20-14:00 Moderator: KU	Closing remarks		Photo, song(?)
After we finish	Certificates of completion and questionnaire		Certificate and questionnaire in dropbox; return by 14 Dec. 2021

Rules for group work:	1. Smile a lot		
	2. Listen with patience and respect		
	3. Be active! Be kind! Try to make sure that everyone is involved and feels important!		

Short Lecture


Short Lecture

“Why Kobe University UNESCO Chair is Having a
COVID-19 Conference”

Ronni Alexander
Director, Gender Equality Office, Kobe University

Kobe University UNESCO Chair: Gender and Vulnerability in Disaster Risk Reduction Support

Education Program 2021
Thinking about vaccine inequality and inequity
2021.11.13-12.4




RONNI ALEXANDER
DIRECTOR, KOBE UNIVERSITY GENDER EQUALITY OFFICE
PROFESSOR, KOBE UNIVERSITY

So nice to see you!

If possible, please turn your videos on, especially during group and plenary sessions

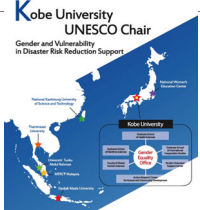
Please make sure your mics are on mute



This session is being recorded for our UNESCO Chair archive

We are from 5 UNESCO chair partner universities

UGM: Gadjah Mada University (UGM), Indonesia
NKUST National Kaohsiung University of Science and Technology (NKUST), Taiwan
Universiti Tunku Abdul Rahman (UTAR), Malaysia
School of Social Innovation, Mae Fah Luang University (MFU), Thailand
Kobe University (KU), Japan




* We all come from different academic fields!

<http://www.office.kobe-u.ac.jp/opge-kyodo-sankaku/index.html>

Time	Activity	Who	Remarks
10:30-11:00	Opening & short lecture	Ronni Alexander	Moderator: Prof. Kazue NODA (KU)
11:00-11:05	Short video: Vaccine Distribution Challenges	Yale School of Medicine https://www.youtube.com/watch?v=7UzWjj2Xns	Moderator: Prof. Kazue NODA (KU); Use chat for comments, questions
11:05-11:45	Presentations from each university; maximum 20 min./university	All the students! UTAR → UGM → NKUST → MFU → KU	Moderator: UTAR
11:45-13:00	Discussion	Everyone	Moderator: MFU student
13:00-13:15	Break		
13:15-13:30	Confirm rules & assignment		Moderator: Dr. Jihh-Sian SUN (NKUST)
13:15-13:45	Breakout rooms	Students & teachers	Intro, schedule, etc.
13:50-14:00	Plenary and closing	Everyone	Photo!

What will we do?



Schedule

Today

- presentations from each university
- discussion in small groups

From today – 3 Dec.

- Meet in your groups when you want
- Meet with a teacher once/week

4 December

- Group presentations and discussions
- Closing ceremony

My talk today

What is a UNESCO Chair?

- Kobe University UNESCO Chair
- Introduction to our program

Vaccine inequality and inequity

- Inequality and inequity
- Some background about gender and vulnerability
- Some information that might help you in working on the assignment in your groups

Discussion Groups

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
Assadet Sermsook	Nurfarhan Samad	Theeradon Pattarawat	Kasma Mahamad	Lekin Tobgyel	Benjamin Zhi Jian Tan
Kuenzang Dema	Ramita Mukteab	Napat Luadsakul	Kingkarn Tepkan	Areeya Adam	
LIN, YOU-JUN	LIN, YEN- HUA	LIU, YI-HSIUAN	LI, GENG-JIA	CHEN, LI-KAI	LI, ZHE-YI
LI, MEN-TZU				WU, SHU-AN	CHANG, PEI-CHING
Beison Liu/Yu Ting	Tan Lee Hang	Garn Li Juen	Ng Pei Yee		
Swaraj Chakraborty	Ji Xinyu	Joyce Anne S. Lumactud	SUN Chang	Maria Clavella Olloto-Domingo	Yara Priscilla Pedro Bule
Yamada Daiki	Riovanni Francinini	Guo Xuanjin	Hirashima Aiko	Siti Nabilah Binti Mohamad Sharif	Joyce Anne S. Lumactud
Adi Buyu Prakoso	Made Satya Nugraha Gausama	Rahmah Yanita Kusuma	Anissa' Rohimah	Endar Kurianto	Hanifati Ataliti
RENALDI, M	Sobran Jamil	Yopi Darmawan	Nurdina Wahyu Hidayati	Endah Tri Walandari	I Made Cahyadi Agastiya
					Asnawati La Asamu
Sun, Jihh-Sian (NKUST, Taiwan)	Syahhirul Alim (UGM, Indonesia)	Tseng, Wen Jui (NKUST, Taiwan)	Uki Noviana (UGM, Indonesia)	Reni Juwitasari (MFU, Thailand)	Thanikun Chantra (MFU, Thailand)
Huang Yuk Feng (UTAR, Malaysia)	Ai Shoraku (KU, Japan)	Maya Dania (MFU, Thailand)	Tan Kok Weng (UTAR, Malaysia)	Ronni Alexander (KU, Japan)	Tseng, Kuo-Tsung; YU, Hui-Lung (NKUST, Taiwan)

Content of my talk

- Introduce UNESCO Chair concept
- Introduce Kobe University UNESCO Chair
- The background of this program
- Some suggestions for how to approach this question
- Some things to be careful about



2021/2/20

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What is a UNESCO Chair?



Objective: creation of a university network for:

- Teaching
- Research
- Cross-border sharing of knowledge

Approval

- Needs approval by UNESCO headquarters
- Four-year period
- No accompanying funding

Role

- Research, education, partnering, community outreach

UNESCO Chairs as of 2021.1.20
Worldwide: 831
Japan: 10

2021/2/20

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Kobe University UNESCO Chair



Title: Gender and Vulnerability in Disaster Risk Reduction Support

Purpose:

- Share experience of disaster from Kobe University to the world
- Deepen connections with other countries, institutions to create a safer and more inclusive world

Duration: 4 years; 2018.4~2022.3

Only UNESCO Chair on gender & disaster

Under supervision of UNESCO Women's Division

Part of a Global Network of UNESCO Chairs on Gender (23 chairs)

2021/2/20

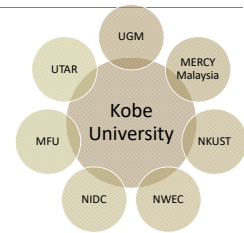
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Partner Institutions

- Green: Students and Faculty attending this meeting
- Blue: Only faculty attending this meeting

- UGM: Gadjah Mada University, Indonesia
- NKUST: National Kaohsiung University of Science and Technology, Taiwan
- UTAR: Universiti Tunku Abdul Rahman, Malaysia
- MFU: School of Social Innovation, Mae Fah Luang University, Thailand
- NIDC: Network for International Development Cooperation, Thammasat University, Thailand
- Mercy Malaysia, Malaysia
- Kobe University, Japan
- NWEC: National Women's Education Center, Japan



2021/2/20

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Tasks of our UNESCO Chair

This conference

RESEARCH	EDUCATION/AWARENESS	GUIDELINES	POLICY RECOMMENDATIONS	DDR NETWORK EXPANSION
Joint research with partners • Gender sensitive and inclusive guidelines for disaster risk reduction • Build multidisciplinary model for DRR	Awareness & strategy implementation • Training for students, professional, policy makers • DRR awareness activities for local community	Establish guidelines • Circulate and disseminate through seminars, symposia, HP, etc.	Policy recommendations • Should meet local needs • Should aim to build more resilient and inclusive society	Expansion of DRR network • Build international DRR network based on gender equality and social inclusion

2021/2/20

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Education program: To help you find your own role in disaster preparedness and support

- 2018, 2019
- 2-week in person course at UGM
 - Students from UGM, NKUST, KU
 - Focus on Mt. Merapi volcano eruption

- 2020
- 2-day online program
 - Students from all 5 partner universities! ☺
 - Focus on COVID-19

- 2021
- Month-long online program
- Students from all 5 partner universities! ☺
- Focus on COVID-19 vaccine inequality & inequity

2021/2/20

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Expected learning outcomes

Awareness of:

- Vaccine distribution differences among countries
- Difference between access and distribution
- Internal and external factors affecting vaccines
- International politics of vaccines
- Information and disinformation
- Gender and vulnerability
- Make new friends



2021/0/20

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COVID-19 is a pandemic, but is it a disaster?

Definition of disaster (WHO training package)

"A disaster is an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community."

Please share your opinion!

Use your reaction button (thumb up=yes, down = no)

or chat (yes/no)

2021/0/20

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Why focus on COVID-19?

The COVID-19 pandemic is a **global problem**

- It **affects all of us**, wherever we are
- Serious **social, economic implications at all levels** of global society: individuals, countries, regions and the entire world
- **Global cooperation is necessary** to overcome it

COVID-19 is not the first health emergency, nor will it be the last

- Spanish Flu, HIV/AIDs, SARS, MERS, Ebola ...
- With increasing natural and human disasters, **awareness and preparedness are essential**

A **gender perspective and focus on vulnerability** can help to make a safer world

- If the world is safer for the most vulnerable in our communities, it will be safer for everyone

2021/0/20

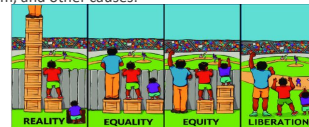
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Our theme: Vaccine inequity/inequality

Equality: the same opportunity regardless of gender, race, religion, background, etc.

Equity: equality based on fairness and justice; recognizing that everyone does not start from the same place, and that adjustments are necessary and ongoing to overcome intentional and unintentional barriers resulting from bias, systemic racism, sexism, and other causes.



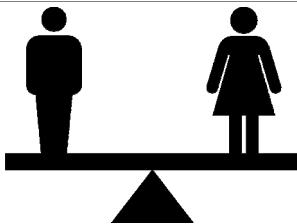
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Is this equality or equity?

Give your response in chat!



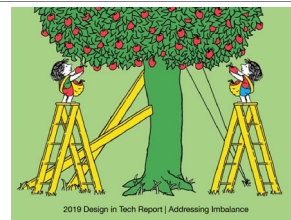
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Is this equality or equity?

Give your response in chat!



2019 Design in Tech Report | Addressing Imbalance

2021/0/20

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Is this equality or equity?

Give your response in chat!



2021/02/20

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Some questions inequality and inequity in vaccine distribution

- Where?**
 - Domestic, regional or international/global?
 - When?**
 - What part of the process from development to use?
 - What?**
 - Legal context/barriers? Funding, patents, TRIPPS, bilateral agreements, COVAX?
 - Who?**
 - Individuals? Vulnerable groups? Corporations? States? International organizations?
 - Lived experiences?
 - Who gets priority? Individuals? Their families? Colleagues?
- Especially important**
- Why?
 - Gender and vulnerability
- Vulnerability**
- Because of COVID or from before?
 - Made worse by COVID? In what ways?
- Gender**
- All genders or particular genders – women, men, LGBTQIA+?
 - Changes in vulnerability from COVID?

2021/02/20

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Inequality and inequity: women and girls

Issues especially affecting women and girls

- Working women are often in hardest hit jobs, jobs which lack social protection, healthcare and other frontline services
- Increased work as unpaid family, community caregivers
- Often have to pick up the slack where schools, childcare and other services are shut down or scaled back
- Domestic violence, especially where women are locked down with their abusers – 25-500% increase in use of hotlines, shelters, internet resources
- Lower levels of education? Finding and evaluating information, digital access and skills

Increases in:

- Poverty, unplanned pregnancies, school dropouts, child labor of adolescent girls, household work, maternal deaths, food insecurity and malnutrition, trafficking, transactional sex, cyber harassment

Reduced or loss of:

- Income, financial empowerment, access to healthcare and WASH (water, sanitation, hygiene),

Likely to be lasting negative implications for women's economic security and autonomy

2021/02/20

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Issues in vaccine equality and equity

Before the pandemic and prevention issues

- Ability to access safe and appropriate health care
- Ability to access and evaluate information
- Financing and implementation of prevention/preparedness measures with a gender-sensitive focus on vulnerability

Development, Production and Distribution

- Sharing technology and knowledge for production
- Eliminating legal barriers to development and distribution

Putting the health of all before profits and fame

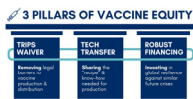
- Eliminating unfair competition, hoarding, greed and politics

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3 simultaneous needs (Boston University Global Policy Development Center)



3 Pillars of Vaccine Equity: Tackling the Global Production Challenge
World Health Organization & Boston University, Policy Brief, September 2020

A TRIPS Waiver at the World Trade Organization to cut through the intellectual property (IP) rights that deter new production

Technology transfer from vaccine originators to regionally distributed manufacturing hubs

Robust financing measures to upgrade production facilities and improve vaccine distribution worldwide

2021/02/20

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COVAX is a good idea! Is it equitable?

Is the vaccine allocation mechanism equitable?

Who is involved in the process of defining equitable outcomes?

How are inequities at population-level addressed?

Are inequities targeted through a health systems approach or through vertical interventions?

2021/02/20

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What if your country has limited numbers of vaccines...

Your family

- you, your baby sister, younger brother, your parents, grandparents and your older aunt. You live together.

Your mother is a nurse and works with COVID patients

Your sister is a baby and still nursing

Your brother is in grade 5 but school is closed

Your mother can get vaccinated as a health care worker

- Should others in your family be given priority, too? If so, who?
- Do you think your mother should get vaccinated?
- What about yourself? What about your brother?
- Three times for your grandparents? Your father? Your mother?

2021/2/20

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What I hope you will do here

Learn from one another!

Be courageous! Ask a question or give your opinion.

Reflect on your own experience!

Listen respectfully and with kindness!

Think about what you can do for your community!

Think about how and why gender and vulnerability are important!

Think about how we can Build Back Better to make future generations safer!

ENJOY and make new friends!

2021/2/20

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2021/2/20

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Covit-19 Video

Covit-19 Video

“Vaccine Distribution Challenges”

Yale School of Medicine

<https://www.youtube.com/watch?v=7UzWijl2Xns>

Student Presentations on Nov. 13

Student Presentations

Universiti Tunku Abdal Rahman

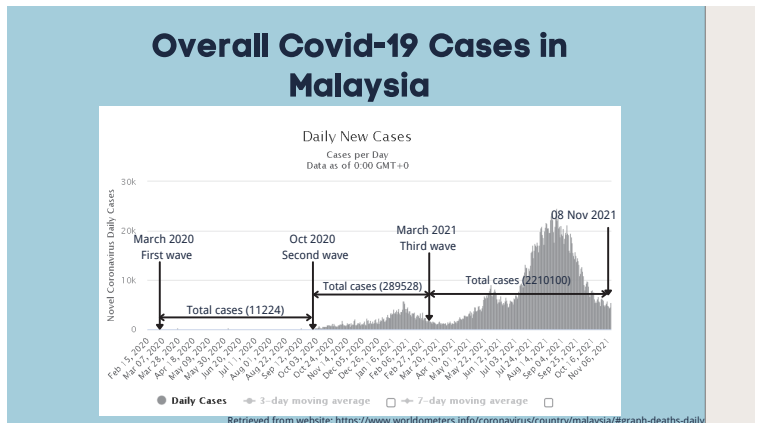
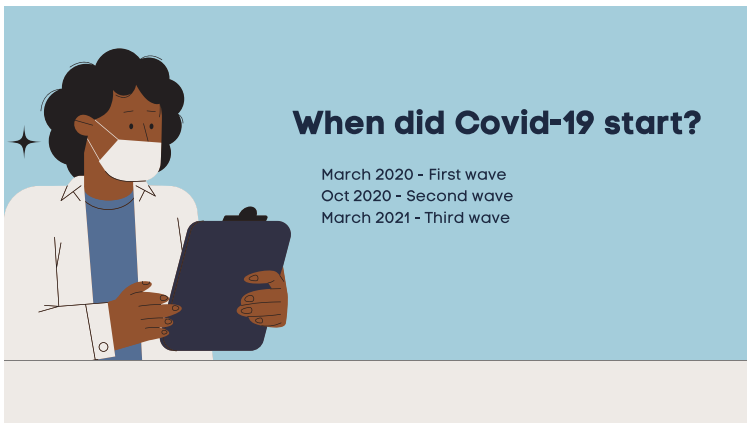
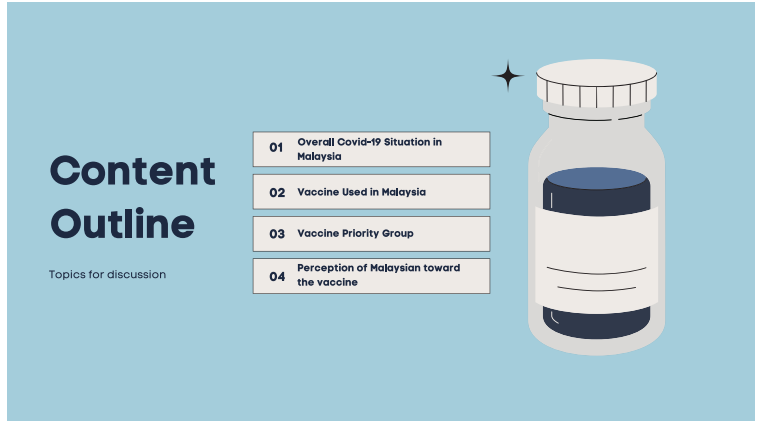
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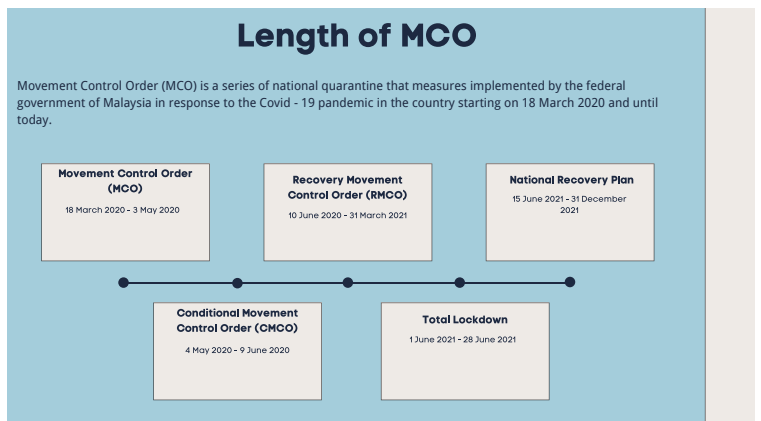
Kobe University A

Kobe University B



Movement Control Order(MCO) since March 2021 to Current Situation

<p>Government Announced Total Lockdown</p> <p>Due to the Covid-19 cases starting to lose control on March 2021, the government announced a national Total Lockdown that started from 1 June and ended on 1 Oct for some states. Only some essential economic and social services listed by the National Security Council will be allowed to operate.</p>	<p>Different Phase of National Recovery Plan</p> <p>Phase 1 - 1 June 2021 and ended on 1 October for some states.</p> <p>Phase 2 - 7 July 2021 to 16 October 2021.</p> <p>Phase 3 - Will end when 60 percent of the population are vaccinated, new covid cases less than 1000, and ICU bed usage have been dropped to 10.</p> <p>Phase 4 - 80 - 90 percent of the population are vaccinated.</p>	<p>How the Government helped the People during Total Lockdown</p> <p>Due to the lockdown, more and more lower-income households are running out of food and income. Several activists organized the #benderaputih movement, calling the affected households to raise white flags or pieces of cloth to alert their neighbors and receive aid. At the same time, people raised red flags to ask for aid for their pets, and black flags to protest the government's poor handling of the pandemic.</p>
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Vaccine Used in Malaysia & Vaccination Progress



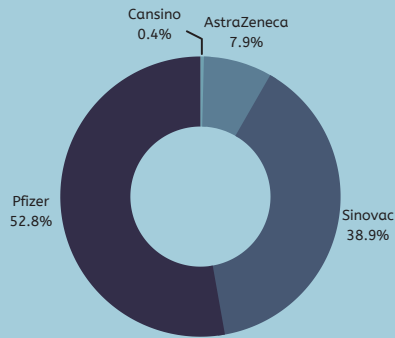
Vaccine Brands Used in Malaysia



- Vaccine brands could not be chosen
- Currently available:
 - Pfizer-BioNTech (Comirnaty®)
 - Sinovac (CoronaVac®)
 - Oxford-AstraZeneca (ChAdOx1-S®[recombinant])
 - Janssen (Ad26.COV2-S®[recombinant])
 - CanSinoBio (Convidecia®)
- Booster doses started on Oct 13, 2021 to high risk groups
 - eg. the elderly, people with comorbidities and frontliners

Source:
 • <https://www.freemalaysiatoday.com/category/nation/2021/05/30/govt-makes-u-turn-on-vaccine-choice/>
 • <https://www.straitstimes.com/asia/se-asia/malaysia-receiver-200000-doses-of-sinovac-covid-19-vaccines>
 • <https://www.freemalaysiatoday.com/category/nation/2021/11/10/40-of-booster-dose-recipients-absent-says-thairiy/>

Vaccine Brands Used in Malaysia



Source: MoH Malaysia

As of 10 Nov 2021, 11.59p.m. (GMT+8)

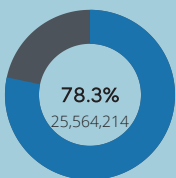
	Total % Partially Vax	Total % Fully Vax	Adults % Partially Vax	Adults % Fully Vax	Adolescents % Partially Vax	Adolescents % Fully Vax
Malaysia	78.3	75.6	97.5	95.0	86.6	77.6
Johor	80.0	77.5	99.4	97.0	90.9	82.5
Kedah	71.3	69.3	88.3	86.4	93.8	86.6
Kelantan	61.7	59.0	81.1	78.4	82.4	74.2
Klang Vly.	93.9	90.5	117.4	114.6	93.5	77.1
Melaka	76.5	74.9	93.1	91.6	95.5	90.1
N. Sembilan	83.8	80.9	103.1	100.8	96.2	83.9
Pahang	69.8	67.7	87.6	85.3	82.2	77.4
Perak	73.7	71.4	88.4	86.1	86.1	79.3
Perlis	79.7	77.4	99.1	96.7	102.0	95.4
P. Pinang	85.5	83.2	101.4	99.1	91.7	85.5
Sabah	61.4	58.5	77.0	73.8	63.6	58.1
Sarawak	75.9	73.8	92.1	89.9	87.4	82.1
Tgganu	69.8	67.5	93.2	90.9	90.4	83.3
Labuan	82.2	77.8	106.5	100.6	87.6	84.2

Source: MoH Malaysia

As of 10 Nov 2021, 11.59p.m. (GMT+8)

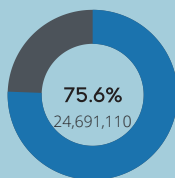
Vaccination Progress in Malaysia

Total



At least one dose

- 1st dose of Pfizer, Sinovac, AZ
- Single dose of Cansino



Fully vaccinated

- 2nd dose of Pfizer, Sinovac, AZ
- Single dose of Cansino



731,635

Booster Dose

Source: MoH Malaysia

As of 10 Nov 2021, 11.59p.m. (GMT+8)

Adults (18+)

At least one dose

97.5%

- 1st dose of Pfizer, Sinovac, AZ
- Single dose of Cansino

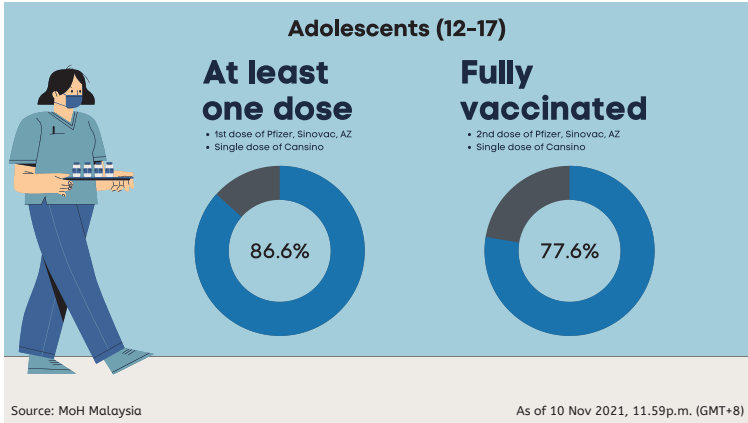
Fully vaccinated

95%

- 2nd dose of Pfizer, Sinovac, AZ
- Single dose of Cansino

Source: MoH Malaysia

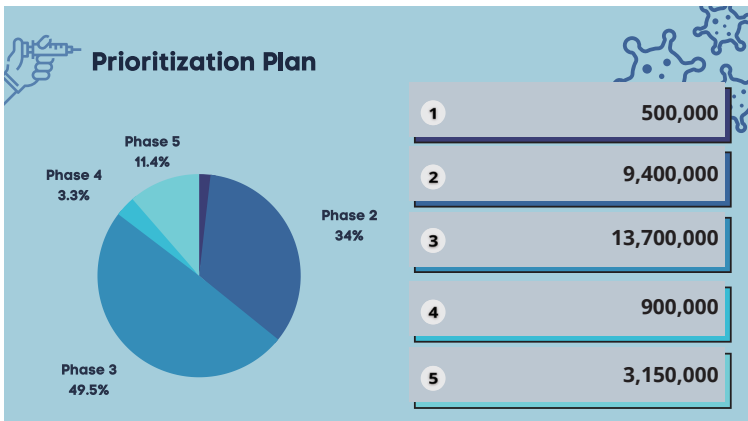
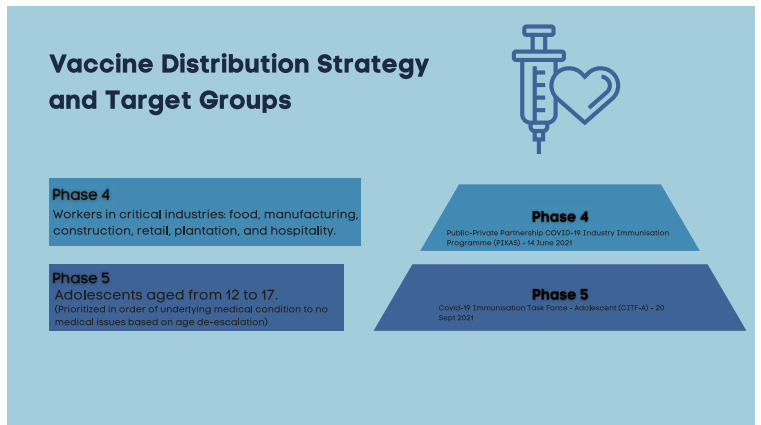
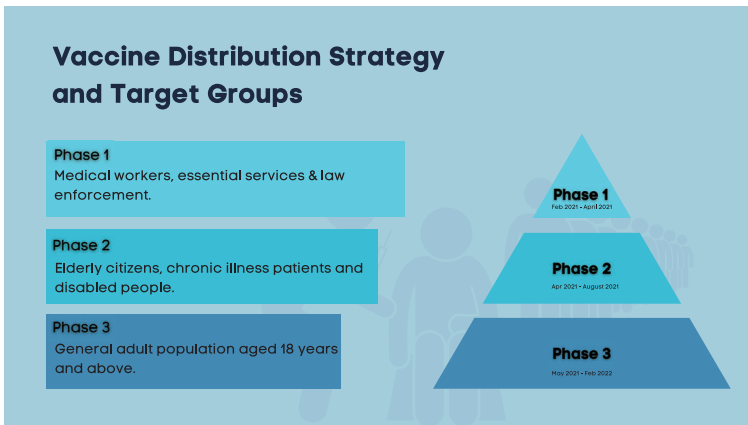
As of 10 Nov 2021, 11.59p.m. (GMT+8)



The National Covid-19 Immunization Programme

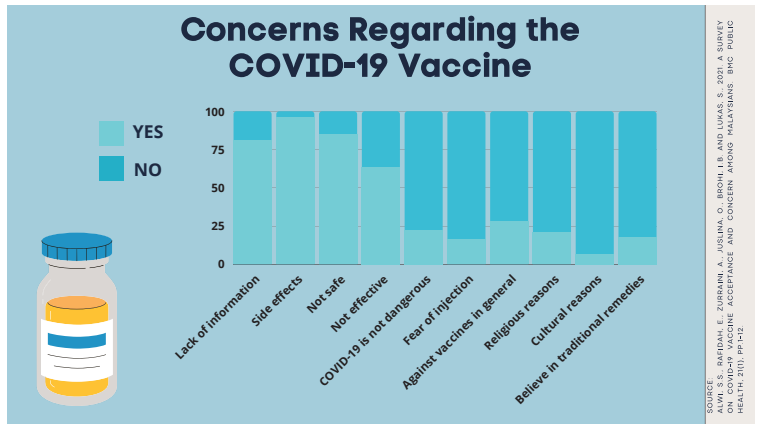
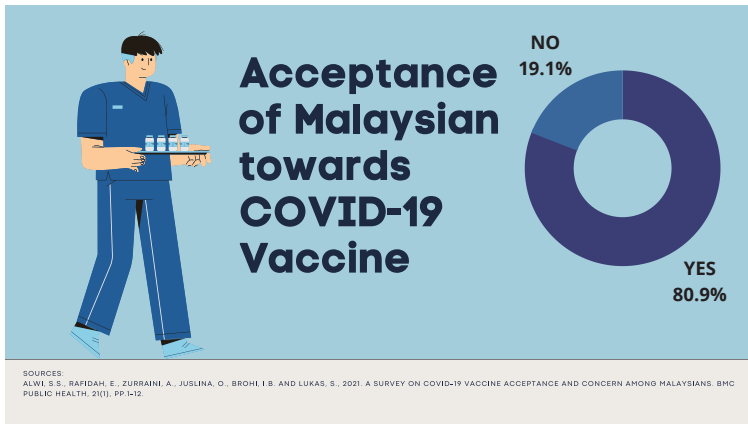
“
Lindung Diri,
Lindung semua.
”

Source: The Special Committee For Ensuring Access To Covid-19 Vaccine Supply (SKJAV)



Prioritization Plan

- 1** • Frontliners comprising of public and private healthcare personnel.
• Frontliners consisting of essential services*, defence and security personnel.
- 2** • Remainder of healthcare workers as well as those in essential services and defence and security personnel.
• High-risk group with chronic diseases: The elderly that are at high risk for heart disease, diabetes, and high blood pressure.
- 3** • Adult population aged 18 years and above (citizens & noncitizens)
Priority will be given to those in the red zones, followed by those in yellow zones and finally those in green zones
- 4** • Workers in critical industries: food, manufacturing, construction, retail, plantation, and hospitality
- 5** • Adolescents aged from 12 to 17 with underlying medical condition.
• Adolescents aged from 12 to 17 with no medical issues based on age de-escalation.



Reason For Vaccine Hesitancy

Past Experience with Immunisation Related Adverse Events

- Erroneous claims on adverse events and vaccine inefficacy

Perceived Religion Prohibition

- Non-halal contents in vaccines

Beliefs of Traditional Complementary and Alternatives Medicines (TCAM)

- False propaganda by marketers of traditional herbal remedies and health supplements

Anti-Vaccine Conspiracy Theories

- Perceived profiteering motives
- Perceived western conspiracies against Muslims

Anti-Vaccination Rumors Hearsay

- Social media
- Word of mouth

Pseudoscience Beliefs

- Use homeopathic vaccines

SOURCES:
WONG, L. P., WONG, P. F. AND ABUBAKAR, S., 2020. VACCINE HESITANCY AND THE RESURGENCE OF VACCINE PREVENTABLE DISEASES: THE WAY FORWARD FOR MALAYSIA. A SOUTHEAST ASIAN COUNTRY. HUMAN VACCINES & IMMUNOTHERAPEUTICS, 16(7), PP.1511-1520

Strategies to Counteract Vaccine Hesitancy

Electronic Immunisation Registry (MySejahtera)

- Track vaccination status
- Enable catch-up or supplementary immunisation

Provide Feedback to Patients on Outcome of Adverse Events Investigation

- Clarify erroneous claims on adverse events and vaccine inefficacy

Social Media Control

- Respond to anti-vaccine posts in social media

Public Awareness

- Provide vaccine education and intensify health initiatives

SOURCES:
WONG, L. P., WONG, P. F. AND ABUBAKAR, S., 2020. VACCINE HESITANCY AND THE RESURGENCE OF VACCINE PREVENTABLE DISEASES: THE WAY FORWARD FOR MALAYSIA. A SOUTHEAST ASIAN COUNTRY. HUMAN VACCINES & IMMUNOTHERAPEUTICS, 16(7), PP.1511-1520

Inequitable Vaccine Distribution in Malaysia?

- Gender
- Races/ Ethnicity
- Wealth

Thank You Questions?

THE CURRENT SITUATION OF TAIWAN UNDER THE COVID-19 PANDEMIC

Presenter:
Pei-Ching Chang
Zhi-Yi Li

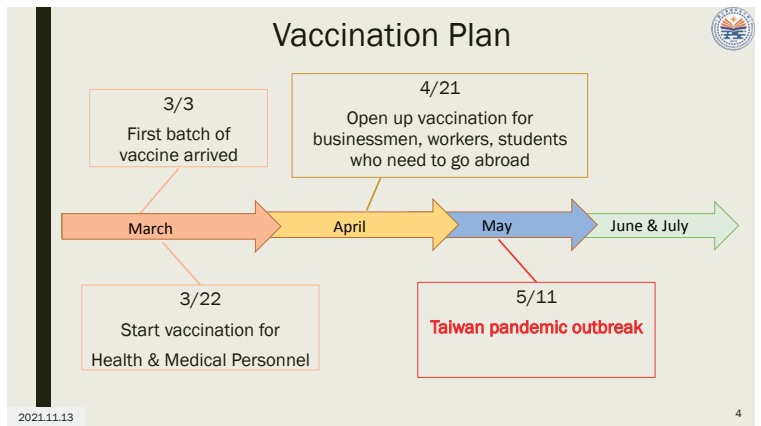
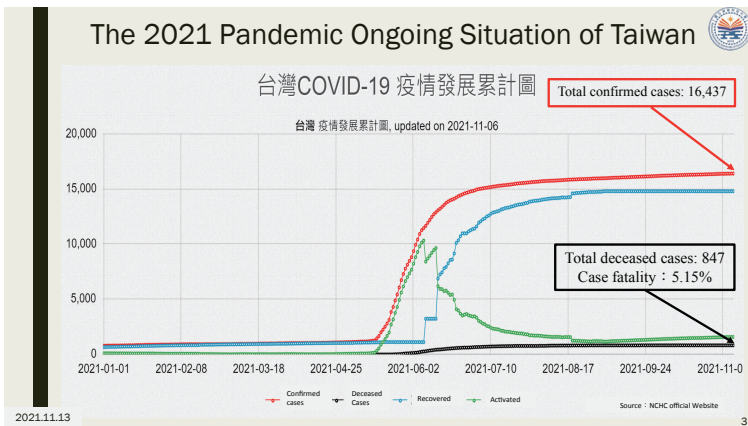
From NKUST, Taiwan

2021.11.13 1

Outline

- The 2021 Pandemic Ongoing Situation of Taiwan
- Vaccination Plan
 - Group Label
 - Vaccine Arrival
 - Vaccinated Population
- The Various Factors Affect the Taiwan Vaccination
- Special Things in Taiwan

2021.11.13 2



Vaccination Plan

- The Taiwan government has created a prioritization list for domestic COVID-19 vaccination plan, which includes 10 prioritized groups.

2021.11.13 5

Group Label

1. General population

2. NCHC logo

3. Police

4. Business travelers

5. Elderly

6. Age 75+

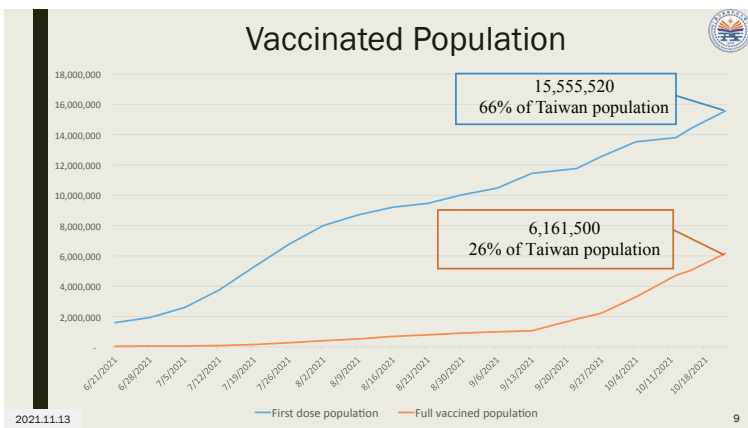
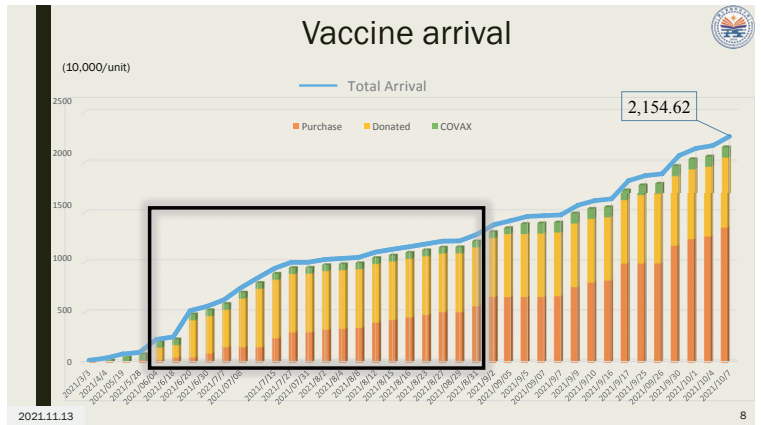
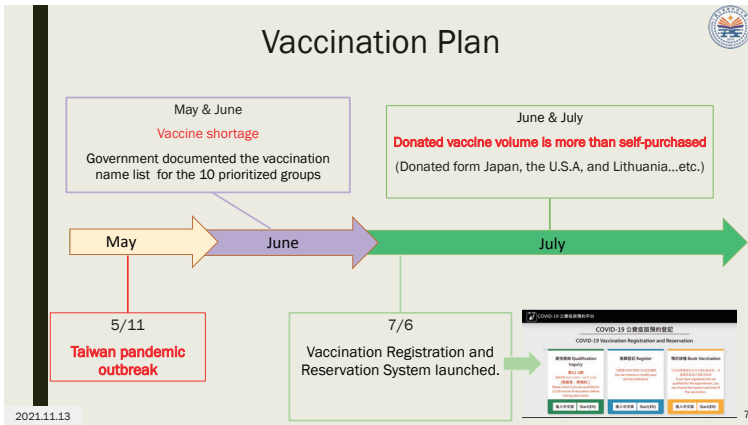
7. Pregnant women

8. Military

9. Age 65-74

10. Age 50-64

2021.11.13 6



The Various Factors Affect the Taiwan Vaccination

- ① The definition of medical diseases is not clear.
- ② The arrival time and amounts of vaccines are hard to estimate.
- ③ Remote areas are lacking of information.
- ④ Some people are difficult to make appointments online.
- ⑤ The loading problem about the vaccination platform.

Picture source : Pixabay

2021.11.13 10

Special Things in Taiwan

- ① Why the vaccination ages is different from indigenous Taiwanese and Taiwanese?
- ② Why Taiwanese are very worried about the pandemic?

	Taiwanese		Indigenous Taiwanese		Mountain	
	Male	Female	Male	Female	Male	Female
Life Expectance	77.28	83.70	67.85	76.62	65.52	75.10
Average	80.39		72.22		70.37	

Source : Department of Statistics Tabulate by Ms. Huang

Picture source : Apple Daily

Picture source : BBC Travel

2021.11.13 11

THANK YOU!

Picture source from : Pixabay

2021.11.13 12

Vaccine Distribution in Thailand

Presented by Mae Fah Luang University for UNESCO Chair Kobe Educational Program 2021



VACCINES DISTRIBUTION

Our Team

Member from MFU



Ramita Mukteab



Kuenzang Dema



Areyya Adam



Theeradon Pattarawatn



Benjamin Zhi Jian Tan



Assadet Sermsook



Kingkam Tepkan



Nurfarihan Samaair



Kasma Mahamad



Lekzin Tobgyel

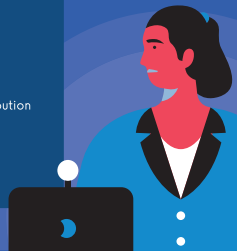


Napat Luadsakul

Content Outline

Topics for discussion

- 01 Introduction
- 02 The Fact of Vaccine Distribution in Thailand
- 03 Vaccine Distribution Gap and Its challenges in Thailand
- 04 Economy Restore from COVID-19
- 05 Recommendation on Vaccine Distribution in Thailand



01 INTRODUCTION: VACCINE DISTRIBUTION IN ASEAN



Introduction



Vaccine distribution is a problem in the world, particularly in the Southeast Asia region. The region's total population of over 700 million people has still received approximately 25 percent of the population.

Therefore, the Southeast Asia region governments are calling for Vaccine Equity and Distribution from developed countries,

As the President Joko Widodo has asked for the same from other economically powerful nations (Geopolitical Monitor, 2021).

01 COVID-19 and Vaccine in Thailand

On 28 January 2020, Thailand became the 2nd highest risk country for COVID-19.



Vaccine distribution started in February 2021, which targeted firstly frontline health workers in both public and private sectors, non-health staff with a high risk of exposure, people with underlying disease, the elderly and now the general people.



02 THE FACTS OF VACCINE DISTRIBUTION IN THAILAND



VACCINE TYPES IN THAILAND

FREE FROM GOVERNMENT

NEED TO PAY



- Sinovac: for everyone (not recommended for children)
- AZ: for elderly
- Sinopharm: for everyone (not recommended for children)
- Moderna and Pfizer: For all ages, but recommended for children over 12 years
- Johnson and Johnson: for Elderly

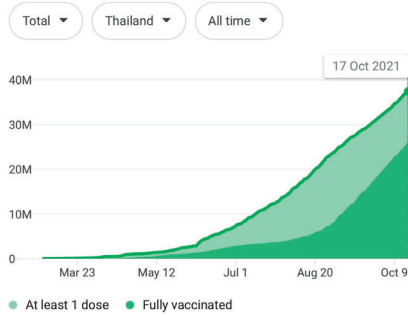


VACCINE DISTRIBUTION IN THAILAND

Distribution of vaccines in Thailand since February 2021, 56.8% of the population in Thailand already have at least 1st dose administered (according to the Department of disease control). But it has still not achieved the target of 70 percent of vaccinated people.

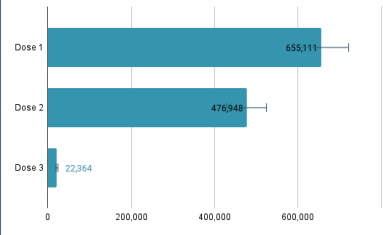
Vaccinations

From Our World in Data · Last updated: 5 days ago



Source: https://ourworldindata.org/covid-vaccinations?country=OWID_WRL

Number of people who have vaccines in Chiang Rai



Chiang Rai Public Health Office, 11 November 2021

According to the Chiang Rai Public Health Office, the total population in Chiang Rai is around 1.1 million and shows the number of people who have vaccines.
 Dose 1: 55.86%
 Dose 2: 40.67%
 Dose 3: 1.9%

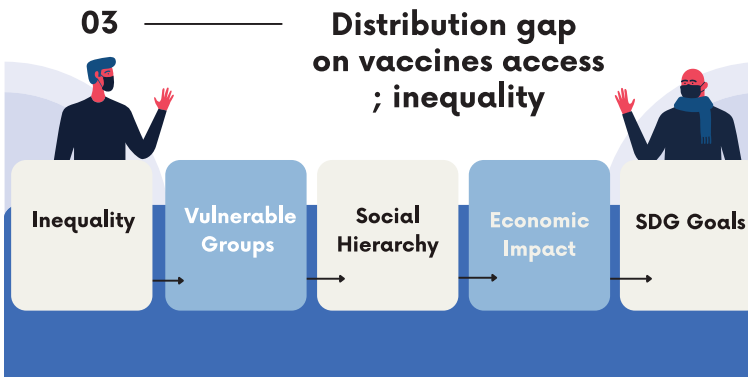
03 VACCINE DISTRIBUTION GAP AND ITS CHALLENGES IN THAILAND



03 Challenges of Vaccines Distribution in Thailand

- The shortage of global vaccine supply and the increasing trend of Covid infection
- The Ministry of Public Health had to re-allocate the national vaccine distribution plan to match the demand.
- Social media and rumors caused confusion and hesitancy on some vaccines among the target population.
- The ramping up of vaccination is impossible because Thailand has inadequate 'effective vaccines distribution'. The delay in raising immunity against Covid-19 made the vaccine supply in Thailand not yet secured.
- The obstacle of vaccine policy owing to the Thai political economy





03 Vaccine Distribution Gap makes People Vulnerable

The challenges of the vaccine distribution gap make people more vulnerable.

- Some vulnerability factors are social hierarchy, such as economics and the employment sector, which people could not access vaccines.

There are indicated some groups of people who are vulnerable, they are

- 1) Blue-collar migrant worker
- 2) People working in informal sectors,
- 3) People with limited technology.



03 Vaccine Distribution Gap and Sustainable Development Goals in Thailand

3 GOOD HEALTH AND WELL-BEING

The vaccine distribution gap influences the acceleration of economic growth, which impacts lower income in countries and individuals level. It causes stress and anxiety because also the number of poverty is increasing.

4 QUALITY EDUCATION

The vaccine distribution gap influences the mobility of people, which school closure. The education is held virtually, but since vaccination is not equally received, some students who live in rural areas cannot access online learning.

10 REDUCED INEQUALITIES

The vaccine distribution gap influences all sectors, including economics and access to education. Even the inequality has increased, for example, limited options for vaccine alternatives.

(United Nations, Thailand, 2020)

04 ECONOMY RESTORE FROM COVID-19

04 Economy Restore from COVID-19 Sandbox project

Thailand's main economy comes from the domestic tourism business. During the Covid-19 pandemic caused Thailand to lose income from foreign tourists visiting the country, the government's economic development team has set up a plan to restore the economy in the country, Chaing Mai and Phuket sandbox project that allows foreign tourists who have been vaccinated with total doses. You can enter Thailand without quarantine and travel in Phuket for 14 days without quarantine in your room, and if there is a test result that is not covid-19 can travel to other areas of Thailand.

List of Eligible Countries for No Quarantine

1. Australia	17. Finland	33. Lithuania	49. Qatar
2. Austria	18. France	34. Luxembourg	50. Romania
3. Bahrain	19. Germany	35. Malaysia	51. Saudi Arabia
4. Belgium	20. Greece	36. Maldives	52. Singapore
5. Bhutan	21. Hong Kong	37. Malta	53. Slovak Republic
6. Brazil	22. Hungary	38. Mongolia	54. Slovenia
7. Bulgaria	23. Iceland	39. Myanmar	55. Sri Lanka
8. Cambodia	24. India	40. Nepal	56. South Korea
9. Canada	25. Indonesia	41. Netherlands	57. Spain
10. Chile	26. Ireland	42. New Zealand	58. Sweden
11. China	27. Israel	43. Norway	59. Switzerland
12. Croatia	28. Italy	44. Oman	60. United Arab Emirates
13. Cyprus	29. Japan	45. Philippines	61. United Kingdom
14. Czech Republic	30. Kuwait	46. Poland	62. United States of America
15. Denmark	31. Laos	47. Portugal	63. Vietnam
16. Estonia	32. Latvia	48. Qatar	

Retrieved from: <https://www.thaibassay.com>

05 RECOMMENDATION ON VACCINE DISTRIBUTION IN THAILAND



" Achieving an adequate, comprehensive, and rapid COVID-19 vaccine is the most effective solution to the COVID-19 crisis. "

Long-term continuous immunization based on viral mutations may still be required in the future.

We must learn from successful examples from abroad to apply in case of our country and also Thailand's past lessons learned from this crisis to improve our future.

Case of Thailand

= Thailand has the ability to vaccinate fairly quickly but faces problems such as

- not enough vaccines
- vaccines type does not meet the needs of the people
- confusion in interagency communication about estimating the number of vaccines each agency injects.

06 Recommendation

CASE OF THAILAND



(Point 1)

Procurement of vaccines from abroad and optional private companies

(Point 2)

Support for research, development and domestic vaccine production

(Point 3)

Development technology for Connect information and Real-time problem announcement.

THANK YOU!

Questions or comments?



SARS-CoV-2

Infection, Response and Vaccinations.
How different countries around the world have dealt with COVID19.

Group A:
Guo Xuanjin *China*
Aiko Hirashima *Japan*
Joyce Anne Lumactud *Philippines*
Riovanni Francinni *Indonesia*
Swaraj Chakraborty *Bangladesh*
Yara Priscilla Bule *Mozambique*
& Nabillah Sharif *Malaysia (Group B)*

UNESCO CHAIR PROGRAMME | 13.11.2021

Introduction

From Identification to Immunisation

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is the virus that causes Coronavirus Disease 2019 (COVID-19).

COVID-19 is the respiratory illness responsible for the current pandemic.

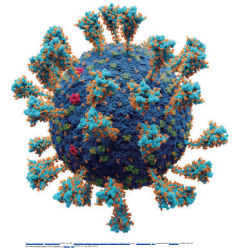
The Strategic Advisory Group of Experts on Immunisation (SAGE) advises The World Health Organization (WHO) on overall global policies and strategies.

WHO adopted SAGE's Principles and Values Framework as the basis for the worldwide COVID-19 vaccine roll-out.

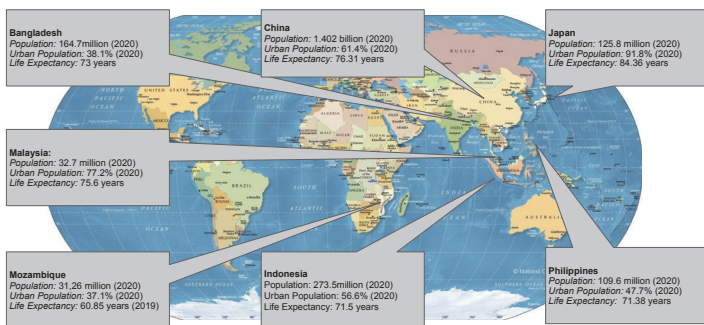
The rationale is **minimisation of the pandemic's impact** on the main risk groups, the healthcare system, and society at large.

Since vaccination began in December 2020, approximately 40% of the world population has been fully vaccinated.

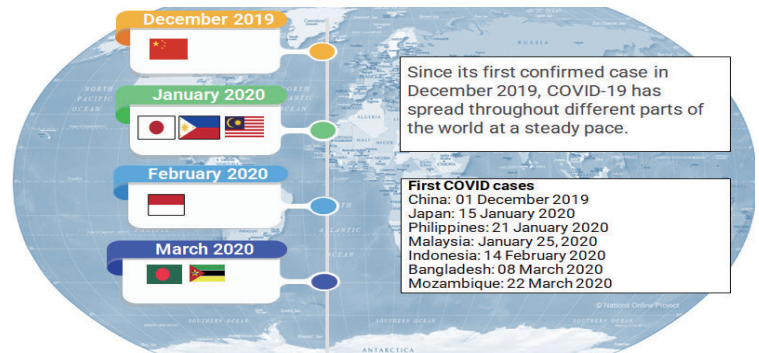
The least wealth **52 countries** account for **4.7% of vaccinations** but have **20.5% of the world population**.



Demographics



Timeline of first COVID-19 transmissions



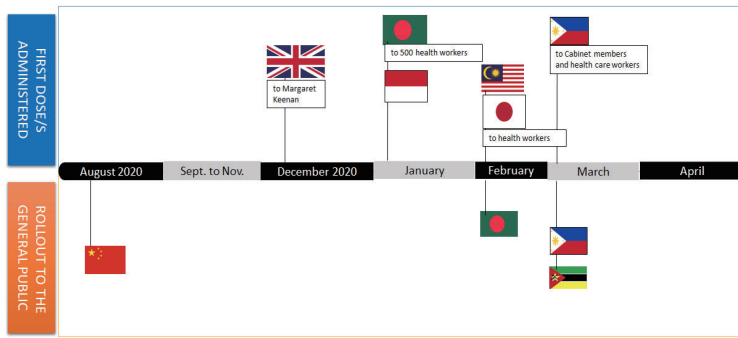
COVID-19 Statistics in Selected Countries



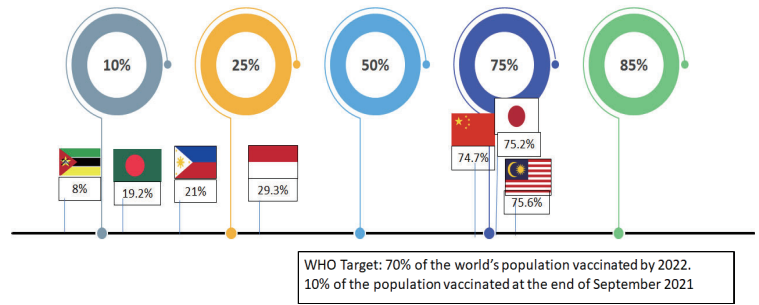
Government Responses to Mitigate the Impacts of COVID-19



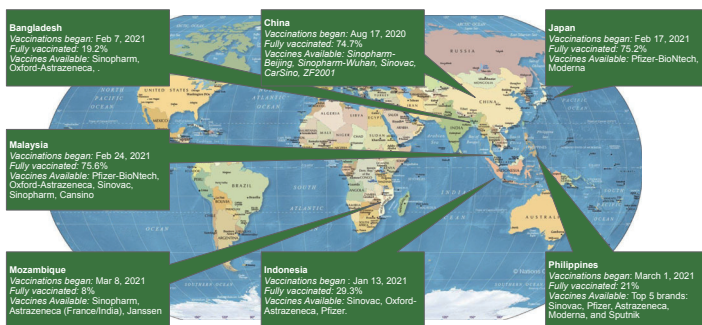
Vaccination Rollout in Selected Countries



Percentage of Fully Vaccinated Population in Selected Countries



Vaccination Statistics of Selected Countries



Key Takeaways

- 01** Finding gender disaggregated information is difficult.
 Official statistics are not sex aggregated.
- 02** Vaccination distribution remains unequal.
 Between rich and poor; rural and urban; vaccine-producing countries and vaccine receiving countries.
- 03** Information on vaccines does not reach all population.
 Leads to vaccine hesitancy (e.g. hierarchy/perception on vaccine brands)
 Low vaccination rates leads to immunity being compromised.

Thank you for your attention!

Questions?

Presentation Slides by:
Joyce Anne Lumactud *Philippines*
Yara Priscilla Bule *Mozambique*

Data and Appendix A Slides by:
Group A Members
Nabilah Sharif *Malaysia*

Group A:
Guo Xuanjin *China*
Aiko Hirashima *Japan*
Joyce Anne Lumactud *Philippines*
Riovanni Francinni *Indonesia*
Swaraj Chakraborty *Bangladesh*
Yara Priscilla Bule *Mozambique*

Speaker:
Joyce Anne Lumactud *Philippines*
Riovanni Francinni *Indonesia*
Yara Priscilla Bule *Mozambique*

References organized by:
Riovanni Francinni *Indonesia*

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Appendix A. Country Specific Information

China

Demographics

Population: 1,411,778,724
 Growth rate: 0.59%
 0-17 years: 17.29% (2020)
 15-64 years: 70.47% (2020)
 65 years and over: 12.34% (2020)
 Life expectancy: 76.31 years (male 74.23; female 78.62) (2021)
 Urbanization: urban 61.4%; rural 38.6% (2020)
 Fertility rate: 1.3 children per woman
 GNI per capita: 10,610 ppp dollars (2020)
 Official language: Mandarin Chinese
 (Hong Kong and Macau are special administrative regions, which are not included into statistics.)

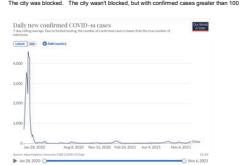
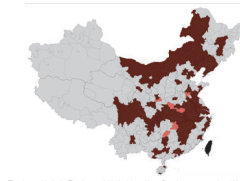


Distribution of Patients with Covid-19 across Mainland China February 4, 2020

Speaker: Guo Xuanjin

COVID-19 and Government Response Timeline

- 1 December 2019:** The first human cases of COVID-19 were identified in Wuhan, People's Republic of China.
 - 31 December 2019:** A public notice on the outbreak was released by Wuhan halting travel in and out of Wuhan. (COVID-19 lockdown in Wuhan)
 - January 2020:** 2 special hospitals were constructed.
 - 26 January 2020:** A group tasked with the prevention and control of the COVID-19 pandemic was established.
 - 16 February 2020:** 217 teams of a total of 25,633 medical workers from across China went to Wuhan and other cities in Hubei to help open up more facilities and treat patients.
 - 8 April 2020:** The Wuhan lockdown officially ended.
- About the lockdown and quarantine, residents who live in cities under lockdown were prohibited to exit. Party members of branches of CCP, policemen and policewomen, volunteers offered service including purchase of commodities. As for other cities, policies were different. The most common policy was that only one person per household was allowed to exit once each two days.



29 January 2020: 707 cases
 8 February 2020: 3668 cases
 14 February 2020: 4602 cases
 1 March 2020: 312 cases

Vaccine in China

Timeline

- 14 April 2020:** China has approved three COVID-19 vaccine candidates for clinical trials.
- 22 May 2020:** China's vaccine trial has been found to be safe, well-tolerated, and able to generate an immune response against SARS-CoV-2 in humans.
- 17 August 2020:** China's first patent for a COVID-19 vaccine has been granted by the National Intellectual Property Administration.
- 2 December 2020:** China had five COVID-19 vaccines entering phase-3 clinical trials.
- 31 December 2020:** China approves first COVID-19 vaccine (Sinopharm BIBP COVID-19 vaccine).
- 5 February 2021:** Sinovac COVID-19 vaccine was approved.
- 25 February 2021:** Sinopharm WIBP COVID-19 vaccine and Convidecia vaccine were approved.
- 10 March 2021:** ZF2001 vaccine was approved.

The latest data of inoculation

2,322,102,000 doses were administered until 6 November 2021.
 1.1 billion people had taken vaccines which covered 78% of total population until 18 September 2021.
 Children at the age of 3-11 years will take vaccines from November 2021.

Japan

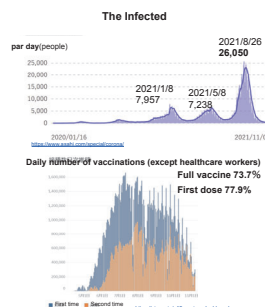
Demographics

Population: 1.258 billion (2020)
Life expectancy: 84.36 years (2019)
GNI per capita: 43,880 PPP dollars (2019)
Population growth rate: -0.3% annual change (2020)
Fertility rate: 1.36 births per woman (2019)
 Official language: Japanese



Japan

infection and vaccination



- 15. Jan. 2020** The first infection confirmed
- 7. Apr. 2020** A state of emergency has been declared
- 31. May. 2020** Lifted the state of emergency
- 22. Jul. 2020** 795 daily infections, the highest number ever
- 7. Jan. 2021** Second time of the state of emergency → 21. Mar. 2021 Lifted
- 17. Feb. 2021** Advance vaccination of healthcare workers started (Pfizer)
- 12. Apr. 2021** Vaccination of elderly (over 70) started
- 25. Apr. 2021** Third time of the state of emergency
- 24. May. 2021** Vaccination on a large scale started (gradually starting with over 60)
- 20. Jun. 2021** Third time of the state of emergency lifted
- 21. Jun. 2021** Vaccination in a workplace (include universities) started (Moderna)
- 8. Jul. 2021** Fourth time of the state of emergency been declared → 30. Sep. 2021 Lifted

Philippines

Demographics

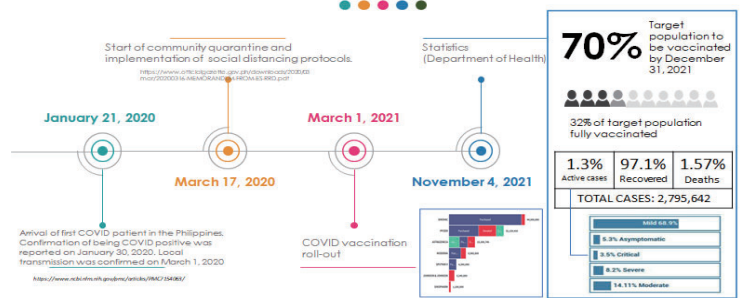
Southeast Asia

Population: 109.6 million (2020)
 Life expectancy: 71.38 years (2020)
 Female: 75.51 years
 Male: 67.26 years
 GDP per capita: USD 3,430 (2020)
 Population growth rate: 1.3% annual change (2020)
 Fertility rate: 2.5 births per woman (2020)
 Official language: Filipino



Philippines

COVID-19 & VACCINATION STATISTICS



Philippines: Government Responses to the COVID Pandemic

Financial assistance	<ul style="list-style-type: none"> Social Amelioration Program, Emergency Employment (TUPAD) Administrative Order No. 26
Legislative measures	<ul style="list-style-type: none"> Bayanihan to Heal as One Act Bayanihan to Recover as One Act
Health and Safety measures	<ul style="list-style-type: none"> Community quarantine levels Mass testing and vaccination Travel restrictions We Heal as One Centers

Indonesia



Demography

- Population : 273 million
- Density : 141 persons per km²
- Life expectancy : 71.5 years
- Total area : 1.904.569 km²

CORONA VIRUS in Indonesia

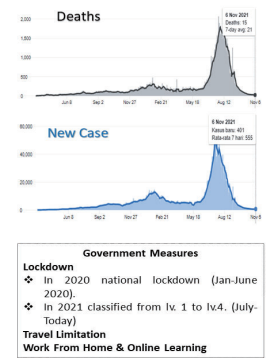
- First case : 14/2/2020
- Confirmed : 4,248,165
- Survived : 4,093,795
- Death : 143,545

Vaccination Rates

- Full Vaccine : 28,6%
- First Dose : 45,8%
- "First vaccine was given in Jan' 13."
- "AZ, PZ, Moderna, Sinovac."

Vaccine Receiver

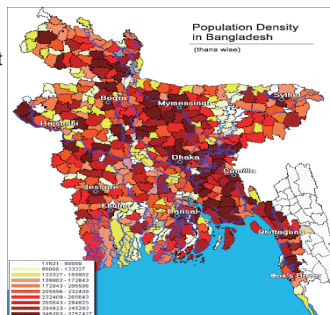
Front liner; Close contact with COVID-19 patients; People in charge of public services; General public; Educators; Government apparatus & legislators



Bangladesh

Demographics

- Located in South East Asia
- Area: 55,598 Square Miles
- Population: 165 Million (2020) (8th most populated country)
- Population density: 1265 per square kilometer.
- Urban population: 37.4%
- Age 65+ : 5.6%
- Age: 15-64: 61%
- Fertility rate per women: 1.7
- Life expectancy: 73 years (2020)
- GNI per capita: 2025 USD (2021)



Bangladesh

Covid 19 and government responses

Covid 19 in Bangladesh

- First confirmed case: 08th March 2020
- Total number of cases: 1.57 Million (As of 1st November, 2021)
- Deaths : 27887 (As of 1st November, 2021)

Government response

- First official lock down: 19th March 2020 (Different amendments and regulations later on)
- Set up 21,806 dedicated Covid 19 hospitals beds, 1,374 ventilators all over the country
- Recruited new doctors, nurses and hospital stuffs to tackle the situation
- Declared incentives for the front liners
- An online registration portal (Surokha App) was launched where citizens registered using their NID number

Bangladesh Covid 19 Vaccine Distribution

- Bangladesh began the administration of COVID-19 vaccines on 27 January 2021, focusing initially on a pilot program of 500 health workers.
 - **Mass vaccination started** : 7th February 2021 with **Oxford Astrazeneca** (For Aged 55+ initially, then gradually the age bar was reduced). later disrupted due to inadequate supply.
 - **Vaccine target** : 130 Million (.80% population ,18+ with NID)
 - **Total registration** (Surokkha app): 48.5% Of the target
 - Vaccine administered: Oxford-Astrazeneca, Moderna, Pfizer (urban area)
: Sinopharm, Sinovac (Rural area)
 - **Vaccine source**: purchased, Donation
 - **Doses given**: 76.9 Million
 - **Fully vaccinated**: 31.3 Million (19% of population)
- Source: dghs.gov.bd (09 November, 2021)

Mozambique

Demographics

Population: 31,26 million (2020)
Urban Population: 36% of total population (2018)
Life Expectancy: 60.85 years (2019)
GNI per capita: 1,250 PPP dollars (2020)
Population growth rate: 2.9% annual change (2020)
Fertility rate: 4.78 births per woman (2019)
Official language: Portuguese

COVID-19 Statistics

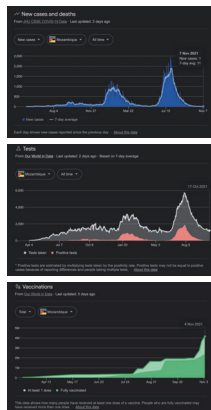
First case: March 22, 2020
Confirmed cases: 151,367 (8.Nov.2021)
Deaths: 1,934 (8.Nov.2021)



Mozambique

Government Response and Vaccine

- Feb 11, 2020**: Health Surveillance Systems were set up.
- Feb 14, 2020**: 1st confirmed case in the African continent (Egypt)
- March 4, 2020**: National Plan of Preparation and Response to the COVID-19 Pandemic was released.
- March 8, 2020**: National decree defining vaccine prioritization was released.
- Mar 22, 2020**: 1st confirmed case in Mozambique
- Mar 30, 2020**: The Mozambican government declared level 3 State of Emergency (SOE)
- Sep 7, 2020**: The country evolved into a State of Public Calamity (SOPC)
- Dec 8, 2020**: 1st covid vaccine dose given to Margaret Keenan (Pfizer)
- Mar 5, 2021**: Launch of vaccination plan
- Mar 8, 2021**: 1st vaccination doses given in Mozambique (via COVAX - AstraZeneca & Sinopharm)
- October 30, 2021**: 5,871,057 vaccine doses administered (approx 8% fully vaccinated) (Sinopharm)



Malaysia

Demography

- Population: 32.7 Million
- Density: 98.512 person per km
- Life expectancy: 75.6 years
- Official language: Malay
- GDP per capita: USD 10,402 (2020)
- Population growth rate: 0.2%

COVID 19 in Malaysia

- 2.52M cases with 29486 deaths (Nov 10)
- Vaccination rate : 75.6% (Nov 10)
- Vaccination started on 24 Feb 2021
- Pfizer, AstraZeneca, Sinovac, Sinopharm, Cansino
- Herd immunity is predicted by April/May 2022
- Booster shot started on mid October 2021



COVID 19 Vaccine Inequality: Differences Among Japan, China, Philippines, Malaysia, Bangladesh, Indonesia and Mozambique

Yamada Daiki, Ji Xinyu, Chang Sun
Maria Clavelia Domingo, Nabilah Sharif

Contents

1. COVID 19 VACCINATION: Gender
 - a. Japan
 - b. Malaysia
 - c. Philippines
 - d. Bangladesh
 - e. Indonesia
 - f. China
 - g. Mozambique
2. Conclusion
3. References
4. Appendix

COVID 19 VACCINATION: Situation About Gender

JAPAN

- Income gap between Male and Female (Kikuchi et al., 2020)
 - Female income fell 2.8%, male fell 1%
- Correspond about education, age, employment type
 - Elder workers are prioritized vaccination based on their age.
- Female increased time to housework and child care than male(Sakuragi et al., 2021)
- Need to reach people who are severely hurt from COVID19

MALAYSIA

- Number of employed women fell by 2.5%, five times more than men after COVID-19 hit the world
- Women tend to experience a far greater fall in job compared to men (voluntarily or involuntarily)
 - Education gap
 - Attending child care
- Study and improvement in policy of employment for women

COVID 19 VACCINATION: Situation About Gender

PHILIPPINES

- Priority groups: healthcare workers, senior citizens, indigents, people with comorbidity, and other frontliners/uniformed personnel
- Pandemic response glosses over other critical gendered impacts of the health crisis (Castillo, 2021). Women experienced:
 - Increase in unpaid work (education, caregiving, and etc.)
 - More likely to be out of employment (4.9% in 2019 to 13.1% in 2020)
 - most likely to skip meals for their household to meet primary needs
 - lack of access sexual and reproductive health services
 - more adverse psychological effects from the pandemic and higher levels of stress, anxiety, and depression
- No significant discrimination to women in terms of vaccine distribution. Currently vaccine roll out percentage is almost 50:50 to male and female.
- The incidents of domestic violence have increased in the country. (Sifat,I.R. 2020)
- Sexual violence and human rights violation of women is also on the rise during the pandemic(Sifat,I.R. 2020).

COVID 19 VACCINATION: Situation About Gender

CHINA

- In the vaccination process, men and women are treated equally in Indonesia, but there still has risk to becomes a **threat** to gender equality in Indonesia because basically, **the uncertainty of economic conditions has a worse impact on women than men**".(Alon et al., (2020))
- Work(income sources -2%,paid work time -6%)
- Family(69% women housework hour +)
- Psychological health (gender-based violence, stress, anxiety)
- Male and female is treated equally for vaccines, but the unemployment rate was much higher for women than for men during the epidemic.(Qian Y, Fan W, 2020)
- Causes Decline in Women's Labor Market Status.(National School of Development at Peking University, NSD)
- Work (Female unemployed +6.1, weekly work hour -3.7h, monthly salary -\$462)
- Family ((Male dominated and female dominated family cooperation model))
- Psychological health : Man>Woman (Married women, women with preschool-age children)

COVID 19 VACCINATION: Situation About Gender

Mozambique

- COVID-19 information dissemination was equal between genders.
- COVID-19 pandemic has worsened gender inequality:
 - Women were at higher risk of: Loss of income, gender based violence and poor access to education (via remote learning).
- Data shows that women are more vulnerable to COVID-19 infections;
 - Pregnant and breastfeeding women weren't included in the vaccination plan, initially.
 - Pregnant and postpartum women showed higher rates of COVID-19 infection than the general population. (Charles, et al, 2021)
- Specific information on COVID 19 vaccine distribution by gender is currently unavailable.

CONCLUSION

● **Vaccine availability about gender:**

There are no differences based on gender about distribution.

→ Prioritization based on the individuals, age and employment.

● **Global Perspective:**

- Female are placed more vulnerable situation rather than male.
- Leave their job, skip meals, for their household to meet primary needs.
- Lack of access sexual and reproductive health services
- Increased exposure to adverse psychological effects from the pandemic and higher levels of stress, anxiety, and depression due to domestic and sexual violence, economic insecurity, and etc

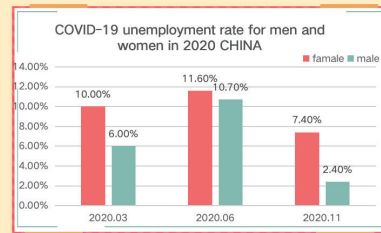
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APPENDIX: COVID 19 VACCINATION: Situation About Gender (CHINA)

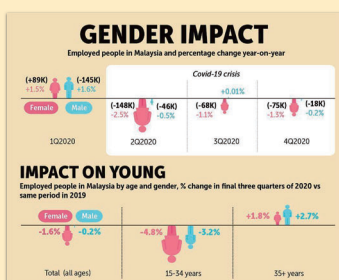


Lead To:

- In 2020 Female unemployed or withdrawn from the labor market **+6.1%** (compare to male)
- Weekly work hours **-3.7**
- Monthly wages **-\$462**

Source: http://www.china.com.cn/opinion/think/2021-07/15/content_77629175.htm

APPENDIX: COVID 19 VACCINATION: Situation About Gender (MALAYSIA)



Source: <https://www.bangkokpost.com/business/2105515/covids-unequal-impact>

APPENDIX: COVID 19 VACCINATION: Situation About Gender (Japan)



Source: Kikuchi et al., 2020

APPENDIX: COVID 19 VACCINATION: Situation About Gender (Philippines)

Annual Labor Force Participation and Unemployment Rates, and Proportion of Unpaid Family Workers, by Sex.

	Total population		Women		Men	
	<i>(15 Years Old and Over)</i>					
	2020	2019	2020	2019	2020	2019
Labor force participation rate (%)	59.5	61.3	34.5	47.6	54.8	74.8
Unemployment rate (%)	10.3	5.1	9.9	4.9	11.3	5.1
Proportion of unpaid family workers (%)	6.3	5.7	9.7	8.9	6.3	3.9

Sources: PSA (2020, 2021a, 2021b)

Source:
Castillo, 2021

Assignment

Session 4



1 Gender and Vulnerability in Disaster Risk Reduction Support

Rules for group work:

- 01 Smile a lot** 😊😊😊😊😊😊😊😊
- 02 Listen with patience and respect**
- 03 Be active! Be kind!**
Try to make sure that everyone is involved and feels important!

2

Expectations for groups

The first task of you: **Make new friends and then --- Awareness of:**

- ◆ Vaccine distribution differences among countries
- ◆ Difference between access and distribution
- ◆ Internal and external factors affecting vaccines
- ◆ International politics of vaccines
- ◆ Information and disinformation
- ◆ Gender and vulnerability

Gender and Vulnerability in Disaster Risk Reduction Support

3

Your assignment

submit a report 12/04

- (1) Who are the most vulnerable in your society?
 - (2) Why are they vulnerable?
 - (3) What can you do to make them less vulnerable?
- What about vulnerability in the world?

Gender and Vulnerability in Disaster Risk Reduction Support

4

Move to breakout rooms

Tasks :

- 1 Self-introductions
- 2 make a contact list
- 3 decide on a meeting schedule
- 4 talk about topic and what to do

Gender and Vulnerability in Disaster Risk Reduction Support

6

Something extra!

- ▶ In your group, decide on a simple **sound of peace** that you can do over zoom
- ▶ At the final plenary today, each group will make their sound until we have a peace symphony.
- ▶ Group 3 starts! After a few seconds, someone from group 3 names another group. Group 3 continues, but the new group adds their sound.
- ▶ The new group calls for the next group until all 6 groups are participating. Last (group 7) is sensei group!?!)



Group Presentations on Dec.4

Group Presentations

Group 1

Group 2

Group 3

Group 4

Group 5

Group 6


Vulnerabilities faced by the 6 countries during the Covid-19 vaccination: Who, Why & How

Group 1
Member :
Kuenzang Dema (Thailand)
LIN, YOU-JUN & LAI NIEN-TZU (Taiwan)
Belson Liu Yu Ting (Malaysia)
Swaraj Chakraborty (Bangladesh)
Adi Buyu Prakoso & RENALDI M (Indonesia)
Daiki Yamada (Japan)

Outline

1. Introduction
2. Who are the most vulnerable in your society ?
3. Why are they vulnerable ?
4. What can you do to make them less vulnerable ?
 - Other information about vaccination
5. Conclusion

Introduction



- What kind of vulnerabilities do we have?
 - Gender
 - Elderly
 - Remote / urban area
 - Access of information

Who are the most vulnerable in our society ?

Who?

After discussion in our group, we believe that there are no absolute weakness in the countries, but there maybe a relative weakness.

- Gender
- Direct Factor
- Indirect Factor

Gender

- Basically, there is actually no difference in vaccine administration due to gender.
- But if we really want to emphasize it, we find that **pregnant women** have priority.
- Not for all women, but only women have this condition.
In principle, a biological male cannot get pregnant.

Direct Factor

Countries have different priorities for different occupations, which means that government policies will directly allocate vaccines.

The first three categories of the injection by each country

Countries	Phase 1	Phase 2	Phase 3
Japan	Frontline medical staff	High-risk groups: Elderly, chronic patients and disabled people	The public : Depend on local government
Malaysia	Frontline medical staff, essential services & law enforcement people.	High-risk groups : Elderly, chronic patients and disabled people.	General adult : population aged 18 years and above.
Thailand	Frontline medical staff	High-risk groups : Elderly, chronic patients and disabled people.	General adult

The first three categories of the injection by each country

Countries	Phase 1	Phase 2	Phase 3
Indonesia	Frontline medical staff, military and police	Elderly, people with comorbidities that exacerbate Covid-19 infection.	High-risk group : they are at high risk for exposure
Bangladesh	Medical stuffs, Other front liners	Elderly people and people with comorbidities	General people except less than 12 years old.
Taiwan	Frontline medical staff	Anti-epidemic person of central and local governments	Work in high exposure risk : Crew, Customs officers, home quarantine workers

Indirect Factor

Imperfect information is easy to fail to receive news that indirectly affect the people to inject the vaccine at the time.

For example:

- The elderly who are not good in using the communication equipment, unavailability of information.

Indirect Factor

- The people who live in **remote area**, they are **lack of both communication equipment and transportation**. So, these cause people lose the information and hard to go to urban area to be injected.
- In **Bangladesh**, there is a phenomenon that **female lagging behind using mobile phones than male**. The main reasons are financial ability, less educated and poor operation of mobile phones. These factors indirectly caused them to become the issue of vaccine vulnerable.

Why are they vulnerable ?

Why are they vulnerable ?

Before answering the second question, we must consider that the disadvantages group has already existed in society.

Faced with an epidemic, there will only be more vulnerable.

Why are they vulnerable ?

We have observed many phenomena that happened during the epidemic...

In Japan, female's income fell is about **three times** than males(Kikuchi et al., 2020) Female income fell 2.8%, male fell 1%.

Domestic violence has increased in Bangladesh and women are the worst sufferer (Sifat,2020)

Why are they vulnerable ?

We have observed many phenomena that happened during the epidemic...

There is a big gap in Taiwan's gender ratio of nursing staff. The ratio of men to women is **two to ninety-eight**. All of them bear a lot of pressure that ordinary people cannot easily take. Such as **physiological demand, psychological pressure**, and in confusion of roles.

Why are they vulnerable ?

We have observed many phenomena that happened during the epidemic...

Same in many countries, people living in remote areas, people with imperfect information acceptance, and elderly people in need of assistance, etc.

✓ They usually need some help in society, not just during the pandemic.

Why are they vulnerable ?

Above all, we believe that these phenomena occur all around the place, not only happen in specific countries.

Why are they vulnerable ?

We found that people who were originally vulnerable in society are just turning into disadvantaged under the epidemic, but the situation is worse and more difficult to understand that everything for them goes terrible.

That is because **the disadvantaged groups do not have enough conditions to resist, and it is really hard to get rid of them.**

The disadvantaged has become even more disadvantaged under the disaster.

Q Why are they vulnerable ?

Those who cannot get the vaccine, they are the vulnerable, and these who are more complicated and more difficult in the process of getting the vaccine is also to be the disadvantaged.

What can we do to make them less vulnerable ?

Q To make them less vulnerable

- The infection of the virus knows no borders and is worldwide. **No country can fight on their own.** Therefore, the international relations should be further emphasized, to render assistance and support. (SDG 17)
- Attach significance to the **biotechnology industry** that is advancing with the times and strengthening the national strength without relying on other countries is the first condition for self-protection.
- Every country should have reliable and efficient policies, and firm cooperation of the public. At the same time, **implement public health habits targeting towards a better control measures.**

Other information about vaccination

Q Something related vaccine and social movement

- 1. COVAX
- 2. White Flag movement
- 3. The group rescuing pets orphans
- 4. VACCINE TRANSHIP

With the aim to provide innovation and fair access to the vaccine, support its development, manufacturing and price negotiation.

COVAX

All participating countries, **regardless of income levels, will have equal access to these vaccines.**

The distribution will be in the same proportion which is **the size of their total population.**

If the country is the donated country, the dose they receive will not exceed 20% of the country's population.

Issue

Due to unequal vaccine distribution policies, the world is facing a **one-to-one** failure. It is unfair for young and disadvantaged people in poor countries to receive injections before pharmaceutical companies can be provided to COVAX will be delayed.

Of the 80 low-income countries participating in the COVAX program, they do not have enough vaccine to sustain their current programs. Africa uses only 40 million doses of vaccines, which is less than 2% of the total population in Africa.

The President of Indonesia said "As the oxygen supply ran out, patients were turned away from the hospital, and died in their homes."

"The fairness of vaccines should be increased. Shouldn't be just a few countries that get all the vaccines, and some other countries get only a little."

Vaccine racism will be self-destructed because it will push up the price of vaccines and encourage hoarding. Rich countries are hoarding vaccines to meet their own needs.

As we are a global village, all countries in the world should take a serious look and review whether the ideological issues about vaccine racism are correct during this epidemic.

歐洲 European Union	澳大利亞 Australia
美國 America	巴西 Brazil
印度尼西亞 Indonesia	印度 India

Global Health Innovation Center - Duke University

Vaccine purchased by a few wealthy countries accounted for 60% of the global vaccine supply, and these countries population accounted for 16% of the world.

Malaysia

White Flag movement

White Flag movement

- Malaysia has been under a nationwide lockdown since 1 June to rein in a surge of Covid-19 infections.
- Some families are forced to eat only one meal a day, and then the suicide rate rises.

White Flag movement

It started with the entrepreneur and politician Nik Faizah Nik Othman launched on Facebook, to encourage people to raise the white flag outside their homes when they need help.


Nik Faizah Nik Othman


Q White Flag movement 

- After a few days, an online app was then created by a **group of university students**, which enabled people to crowdsource information about the white flags and food banks in their areas.



✓ This movement made a large difference to them and helped them put food on the table.

Q  Indonesia



The group rescuing pets orphans
Animal Defenders

Q Animal Defenders

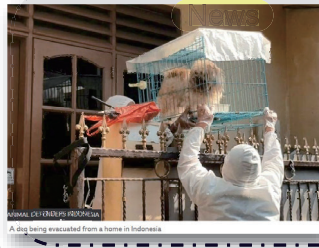
The group says that animals with no-one to care for are a real issue in the pandemic and have launched an initiative to rescue them from homes.

Called AD19,
the initial started on 2 July by a group of five volunteers.

✓ People suffering from serious infection or relatives of pet owners who have died can contact them online or phone them for help.


BBC Indonesian Service


Q Animal Defenders



"We provide free health services to people who find it hard to look after pets because of Covid," the founder of the organization, Doni Herdaru Tona, told the BBC. They also provide pet food for families who have lost income because of the pandemic.

BBC Indonesian Service




Q  Taiwan




VACCINE TRANSHIP

Q VACCINE TRANSHIP

The characteristics of air transportation have the following three points:

- ✓ high value 
- ✓ perishable 
- ✓ in time 


We all know that vaccines are precious and urgently needed.
Without no doubt, vaccines are shipped by airplane.



VACCINE TRANSHIP

The conditions of the vaccine's transportation are very strict.

"Temperature control" during transportation is very important because vaccine preservation requires certain temperature conditions to maintain its effectiveness.

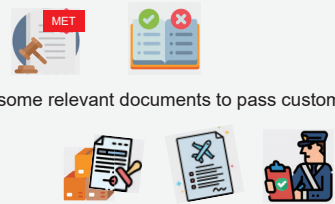


VACCINE TRANSHIP

The delivery of vaccines is not easy.


In addition to transportation, it is also necessary to meet the national laws and regulations.

Don't forget to prepare some relevant documents to pass customs inspections smoothly.

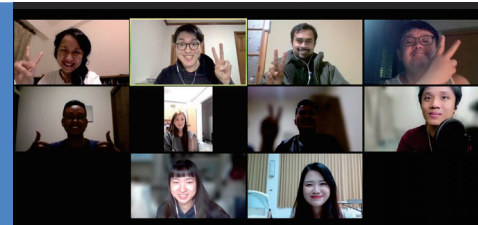


Conclusion

- No gender discrimination about distribution
- The vulnerable groups found are the elderly, people with technological limitations and people living in remote areas.
- Each country must help each other and make the right policies



Thank you for your listening !

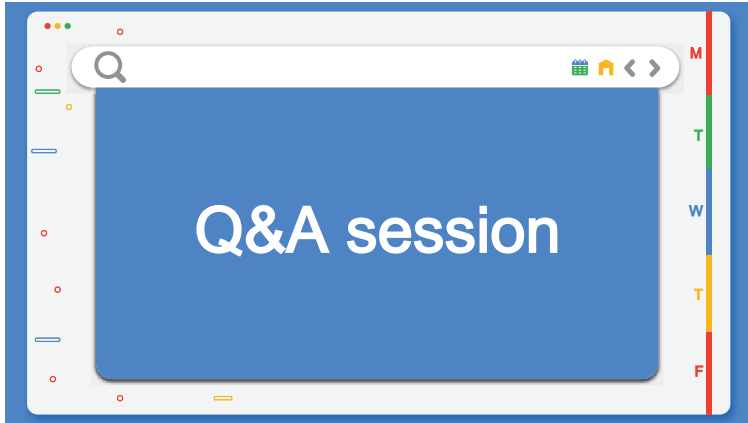


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- The group rescuing pets orphaned by Covid in Indonesia <https://www.bbc.com/news/world-asia-58082216>



Vaccines Acquisition Appendix 1

- Many countries get vaccines mostly through purchase or be donated.

Country	Acquisition	PURCHASE	DONATED
Japan		✓	
Malaysia		✓	✓
Thailand		✓	✓
Indonesia		✓	✓
Bangladesh		✓	✓
Taiwan		✓	✓

Vaccine Distribution Appendix 2

- Due to each country's policy, the way of administering vaccine will be different.

Distribution			Distribution		
Country	Public expense	Own expense	Country	Choose	Can't choose
Japan	✓		Japan	✓	
Malaysia	✓	✗	Malaysia	✗	✓
Thailand	✓	✗	Thailand	✗	✓
Indonesia	✓		Indonesia		✓
Bangladesh	✓		Bangladesh		✓
Taiwan	✓		Taiwan	✓	

Elderly Vulnerability During Covid-19: A Comparison and Recommendations

Ji Xinyu (China)
Riovanni Francinni - Satya Nugraha - Sobran Jamil (Indonesia)
Lin Yen-Hua (Taiwan)
Tan Lee Hang (Malaysia)
Assadet Sermsook - Ramita Mukteab(Thailand)

1

Outline

- General condition of elderly
- How they vulnerable in your country
- What already be done for them in current situation?
- What can we do to make them less vulnerable?

2



General condition of Elderly

3

INDONESIA

- According to Statistics Indonesia, the number of elderly people in Indonesia is expected to increase by around 10 percent by 2020 and around 20 percent by 2024.
- This group is vulnerable to poverty and is not enjoying a decent level of welfare.

Issues

- Difficulty accessing health infrastructure
- Limited or no access to livelihood and income (TNP2K, 2020)
- They generally become less productive and experience a decline in, or even a loss of income
- Only 2% elderly in Indonesia benefit from non-contributory social protection or social assistance schemes.

<https://menu.or.id/en/content/situation-elderly-indonesia-and-access-social-protection-programs-secondary-data-analysis>
Tim Nasional Percepatan Policy Brief, Penanggulangan Kemiskinan (2020). Elderly Vulnerability and Social Protection during Covid-19 Pandemi. <http://www.tnc2k.or.id/>

4



Taiwan

The Most vulnerable

-Elderly people

Why are they vulnerable?

- don't know how to use the electronic products
- cannot recognize words
- live alone

5

Malaysia

The most vulnerable group:

Elderly

Why are they vulnerable:

-In Malaysia, digital application is mainly used to easily track the Covid cases and reduce the chance of physical contact.

-Therefore, the elder that especially don't have family along is harder to deal with those new-technology because lack of knowledge.

6

Malaysia

What had been done for vulnerable group in Malaysia:

- Government provide physical registration station for each area.
- For digital check-in, the shop assistant was asked to help and guide the elder when the elder need to check-in with their cell-phone.

7

Thailand

- (1) The vulnerability group : People who lack of technology
[Especially poor people and older people in the local area]
- (2) Because of Thai government provide information and COVID19 management via applications and social-media
- (3) When the economic crisis, they will impact to lack of information during covid-19. Because it will hard for them to receive some emergency information than rich people

8



9

China

1. Who are the most vulnerable in your society?

- Elderly people over 60 years old

2. Why are they vulnerable?

- **[No targeted vaccine]** Clinical trial data on vaccines for the elderly are currently inadequate, and vaccines that are effective for the elderly have yet to be studied.
- **[Not being taken seriously]** Not classified as a priority vaccination population, but with the potential to exceed the risk of infection in adolescents. (Limit the first phase of vaccination to those aged 18 to 59 years.)

The use of Internet

10

China

3. What can you do to make them less vulnerable?

- Accelerate the development of targeted vaccines that are effective in older populations. Include people under 60 years old in vaccinations as soon as possible.
- Attention to the risk of infection in the elderly under 60 years of age. Enhance risk management of COVID-19 in older people.

11

Recommendation

12

Key Strategies

Short term (Pandemic era)

- Optimizing basic need support
- Vaccine equally distributed for older adult
- Accurate information resource

Long Term

- Developing tech “smart home” for elderly
- Adequate old-age insurance
- Comprehensive and integrated with other programs and sector



13

Thank you



14



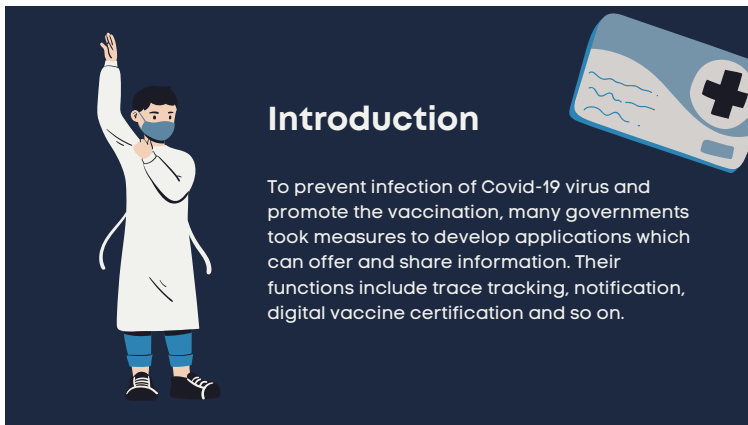
Technology and Inequality in Covid 19 pandemic

Group 3
 Nurfarhan Samaair
 Napat Luadsakul
 Theeradon Pattarawatit
 Liu Yi-Hsuan
 Gam Li Juen
 Guo Xuanjin
 Rahmah Yanita Kusuma
 Yopi Darmawan

Content Outline



- 01 Introduction
- 02 Case Study (Indonesia, Japan, Malaysia, Taiwan, Thailand)
- 03 Conclusion



Introduction

To prevent infection of Covid-19 virus and promote the vaccination, many governments took measures to develop applications which can offer and share information. Their functions include trace tracking, notification, digital vaccine certification and so on.

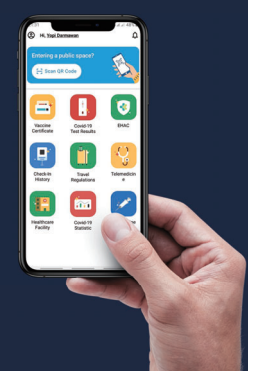


Challenges

the inequality in using and promoting digital products



Indonesia

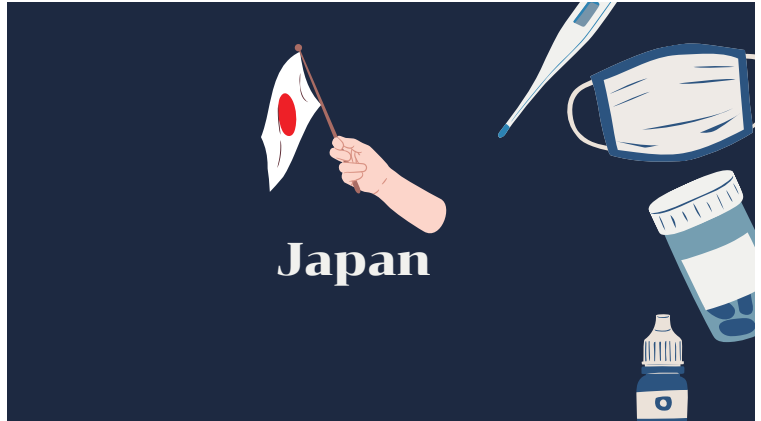
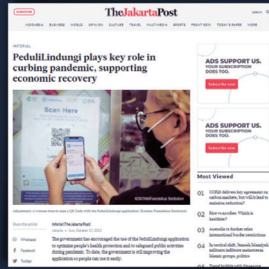


PeduliLindungi

PeduliLindungi is an application developed by the Indonesian Government to track and stop the spread of Coronavirus Disease (Covid-19). This application is required for all Indonesian People who will travel between islands in Indonesia.

Challenges

- Lack of correct information related to PeduliLindungi
- Economic and social issues (Not all people have smartphones)
- The unequal internet access on several island in Indonesia
- Applications take up a lot of space in the user's smartphone
- Prone to errors in data input and inaccurate data
- The existence of internet literacy inequality between men and women (50.5% for men and 44.86% for women)



厚生労働省 How to use

Friday, June 26, 2020- 0 Days in use

Check close contacts

When tested positive for COVID-19
Help protect your family and friends by anonymously registering test results.

Register positive test result

Ask your family and friends to participate
One more person using this app is one more step towards containing the spread of COVID-19.

Share this app

Covid-19 Contact-Confirming Application

This smartphone application enables people to receive notifications about the possibility of contact with someone infected with the novel coronavirus.

The number of download has reached 30 million which covered about 25% of population.

Vaccine Reservation Service

ONLINE	PHONE
<p>Fukushima City COVID-19 Vaccine Reservation Website</p> <p>CLICK HERE!</p> <p>▶ 24hr</p> <p>▶ Ask someone who can read Japanese to help you</p> <p>Fukushima City COVID-19 Reservation</p>	<p>Fukushima City COVID-19 Vaccine Reservation Center</p> <p>TEL 050-5445-4355</p> <p>▶ Weekdays 9:00-19:00 (Also operating on weekends and public holidays until Aug 31st)</p> <p>▶ Japanese ONLY</p> <p>Phone lines may be extremely busy with wait times exceeding 1 hour. Please make your reservation online where possible.</p>

The service is offered by municipalities. Therefore, the condition is different from each municipality (city, ward, town, village).

Challenges

Aged Society

The percentage of people aged 65 and over has reached 28.6% in 2021.



Smartphone Diffusion Rate

The smartphone diffusion rate of people aged 60 and over is about 80%, which is lower than younger.

They do not know how to use applications.

Foreigners

There are 2.78 million foreigners live in Japan.



Language Barrier

There are many foreigners like technical intern trainees can hardly read Japanese or English. However, covid-19 contact confirming applications have only 2 language versions.

Measures of the Government

For the Elderly

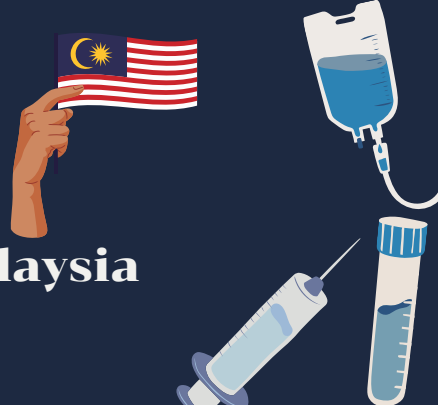
The government announced the plan that add 'audio explainer' and other functions in COCOA.





For Foreigners

- 1 FRESC Multi-language vaccination support system
- 2 Translations of Prevaccination Screening Questionnaire and Instructions for Covid-19 Vaccine

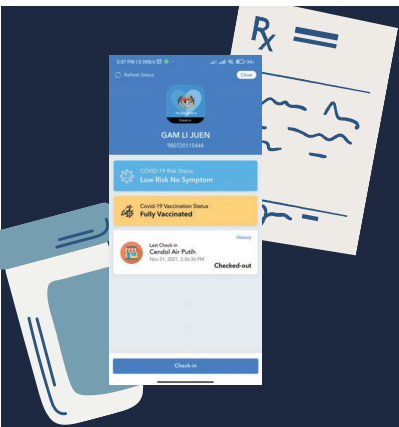


Malaysia



MySejahtera

- Assist the Government in managing and mitigating the COVID-19 outbreak
- Help users in monitoring their health throughout the COVID-19 outbreak
- Assist users in getting treatment if they are infected with COVID-19
- Locates nearest hospitals and clinics for COVID-19 screening and treatment



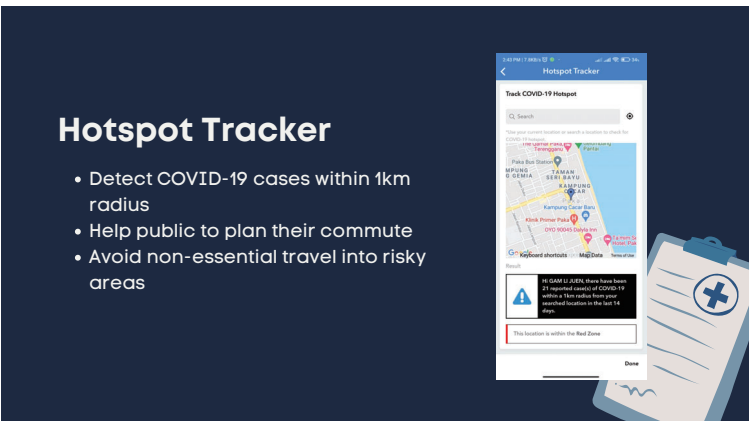
Contact Tracing

- Scan QR code to check in
- Track the places that user visited
- Check Status
 - Risk Status
 - Vaccination Status



COVID-19 Vaccination

- COVID-19 Immunisation Program
- Vaccination Registration Appointment
- COVID-19 Vaccination Digital Certificate



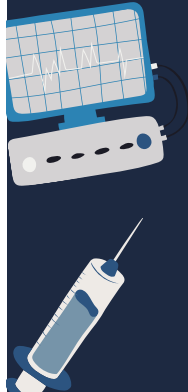
Hotspot Tracker

- Detect COVID-19 cases within 1km radius
- Help public to plan their commute
- Avoid non-essential travel into risky areas

Challenges with MySejahtera

• 'Invisible' Communities

- o hard-to-reach communities, such as Orang Asli (Aboriginals), stateless, and refugees
- o 7 million (23%) Malaysia's population live in rural areas
- o Door-to-door COVID-19 vaccination programme
 - For Malaysian citizens registered with JKM (Department of Social Welfare), not necessarily with MySejahtera
- o Mobile Clinic
 - Repurposed truck
 - Target on the places which couldn't access by public transport
 - Target inoculate 200 settlers per day



• Technology Gap for Elderly and Rural Communities

- o Register through:
 - COVID-19 JKAV website
 - Ring up the registration hotline
 - Manual registration at hospitals and clinics
 - Door-to-door registration
- o Family members can register them by using "Manage Dependents" function



"Taiwan social distance" was invented by Taiwan AI Lab, Executive Yuan and Disease Control Agency.

The function is mainly to use Bluetooth technology to record the unidentified data of the contact object, excluding location information. The relevant contact data is only stored on the personal handheld device for 14 days and will not be uploaded to any cloud service. When the user is notified that he is a infected case, he can upload the data after the health unit obtains his agree.

And if you contact infected people in 2 meters and 2 minutes, the application will send a warning message to you.



USER COMMENTS



IOS : 3.9/5 (4,653 comments)
 Google play : 3.9/5 (12,186 comments)

Disadvantage:

- (1) Use Bluetooth makes smartphone out of power quickly.
- (2) If people forget bring their phone the application will be useless.
- (3) Need infected people take the initiative to upload their data



"Disease housekeeper": The Disease Control Agency and the DeepQ team of the health care division of HTC had cooperated to build a line @ disease housekeeper, which has increased rapidly from 100 thousand to 630 thousand subscribers.

The disease housekeeper also cooperates with the domestic epidemic situation to increase introduction of the virus, prevention methods, precautions for returning people, international epidemic situation and other consultation functions of COVID-19, so as to provide people with correct epidemic prevention information.



Coverage of Disease housekeeper

prevention COVID-19: everything about the virus, like information of vaccine

clarification area: for clarify some fake news.

real-name system: use camera to scan QR code and sent message to 1922 to record your traces.

V-Watch area: people can report their situation after vaccination.



flu area: find out the place to vaccination

check the pandemic of Taiwan and some countries like USA

can know about different infectious disease, like AIDS or Influenza A.

Inquire who can vaccination

Challenges

- (1) Elderly people don't know how to use the application.
- (2) Remote Areas have no Internet to access the latest information.
- (3) Because the Internet can spread information quickly, people need to tell fake information.



Mor Prom

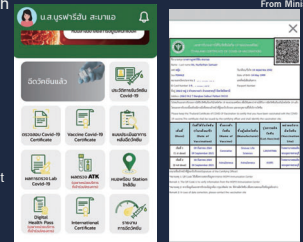
Mor Prom is an application to access the COVID-19 service including the vaccination records, laboratory results, and verifies COVID-19 Digital Health Pass issued and Mor Prom is an app of the Thai Ministry of Public Health



From Ministry of Public Health

The Function of Mor Prom

- Situation report of covid-19
- Covid-19 vaccine service
- Covid-19 vaccination certificate
- Other services
 - Search for a service unit
 - Emergency 1669
 - Check the rights of medical treatment

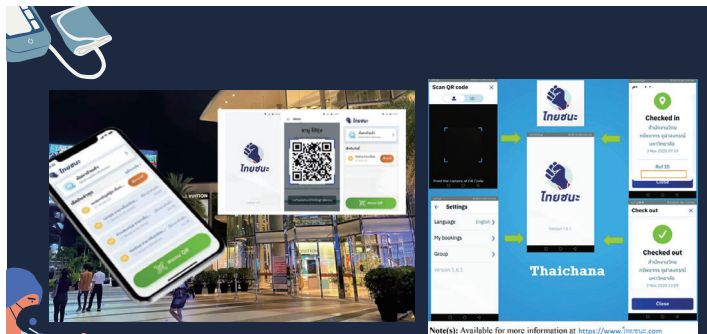


Thai Chana

The Ministry of Digital Economy and Society revealed the details of "Thai Chana", (Thailand Wins), a smartphone application to facilitate safety for both customers and establishments during the Covid-19 era

The businesses must register for the QR code and place it in front of the shop on the website. Customers will log in by scanning their QR code. This can indicate whether or not the shop is congested so that customers can determine whether to use the service or move it to another business. Shops and utilities may be tested by the public to see whether or not they meet safety measures.

When any shop is deemed to be a health threat, customers who use Thai Chana and who are in the shop will get an SMS notice to get a free Covid-19 check.



Note(1): Available for more information at <https://www.thaicana.com>



Challenging

- The application is unstable
- The group of people who have no smartphone (Elderly person)
- Lack of Internet access (Remote Area) , people low income.



Conclusion



Each country has its way of dealing with COVID-19, but they are all focused on the same thing: Providing as much information about COVID-19 to people as possible and creating an application is the easiest and most accessible innovation. However, there are still some groups of people who cannot access this information due to factors such as

- Lacking of knowledge to use application (elderly persons)
- Unstable of application
- Remote area (lacking of internet signal)



THANKYOU

Any questions
or comments?



VACCINE DISTRIBUTION DIFFERENCES AMONG COUNTRIES:

CHINA, INDONESIA, JAPAN, MALAYSIA, THAILAND AND TAIWAN

- MFU: Kasma Mahamad & Kingkarn Tepkan
- NKUST: LI, GENG-JIA
- UTAR: Ng Pei Yee
- KU: SUN Chang & Hirashima Aiko
- UGM: Annisa' Rohimah & Nurdina Wahyu Hidayati

Advisors: Uki Noviana (UGM) & Tan Kok Weng (UTAR)



1

WHO ARE THE MOST VULNERABLE?



China	Japan	Taiwan	Indonesia	Malaysia	Thailand
High-risk population: Health workers Staff at borders and ports Workers in areas or countries with a high risk of infection People who ensure the basic operation of the city	Healthcare worker	Elders who barely get information through internet but the news on TV because the information from them might be manipulated by parties.	Health workers and their Assistant Supporting staff and students who work in Health Service Facilities	Health: Senior citizens, preschool and primary school students (which yet to get vaccinated)	Migrant workers who are in the social security system and migrant workers who are not in the social security system.
Susceptible population: The aged, Children, Pregnant women, people with underlying diseases	Home care provider		Public service officers and Elderly	Economic: Self-employed / paid employment	Fishing sector, Business homes, Border areas, Feeling the battle in the shelter
	Distribution and service industry workers (supermarkets and drugstore)—taken on		Vulnerable communities from geospatial, social and economic aspect	Misinformation: Social media fake rumors on mRNA content would alter human DNA	
	Industries that are integral part of our daily lives (letter carrier, courier, garbage collectors and cleaners)		Community and other economic actors with a cluster approach in accordance with the availability of vaccines		

2

Vulnerable people	Reasons
Health workers	<ul style="list-style-type: none"> • Essential services in the COVID-19 pandemic • At high risk of acquiring infection and possibly of morbidity and mortality; a risk of onward transmission • Supported by the principle of reciprocity
Public service workers Social/employment groups	<ul style="list-style-type: none"> • Unable to effectively physically distance • Work without physical distancing or access to personal protective equipment • Live in high-density homes in high-density neighbourhoods • Teleworking is not possible.
Susceptible population	They are also more likely to be infected. Once infected, the proportion of severe or critical illness is much greater than other people.
Community and other economic actors	They work without protection, both physical and social at work, they are vulnerable to the impact of Covid-19, whether it is infected with the virus due to limited access to personal protective equipment (PPE) or limited access to health facilities.
Preschool and primary school students	Not yet to receive vaccination - under progress
Migrant workers	<ul style="list-style-type: none"> • Licensed migrant workers are not support by an officially platform which letting them the vaccination. • Government agencies discriminate against COVID-19 testing. • Unauthorized migrant workers are afraid of being arrested, thus lack in the vaccination distribution.

WHY ARE THEY VULNERABLE?



3

WHAT CAN YOU DO TO MAKE THEM LESS VULNERABLE?

Sector	Implementation
Health	PREVENT
	<ul style="list-style-type: none"> • Regulation and establishment of information centers (digital and conventional) • Strengthening the role of mass against the infodemic (hoax) • Increased capacity for COVID-19 vaccination • Self-isolation if they have any symptoms or after travelling abroad
	DETECT
	<ul style="list-style-type: none"> • Surveillance system (reporting lab test results that are interoperable and real-time, coordinated between regions and between regional centers) • Increasing laboratory capacity (quality & quantity) • Strengthening the testing, tracing, treatment (3T)
	RESPOND
	<ul style="list-style-type: none"> • Cross-sectoral coordination and risk communication • Human resource training and provision of adequate budget allocations • Early warning system as a tool for making decisions • Build a network of liaison • Ensuring the capacity of health • Ensure the continuity of essential health services

4

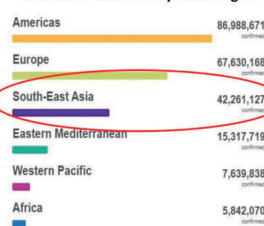
WHAT CAN YOU DO TO MAKE THEM LESS VULNERABLE?

Sector	Implementation
Economic	<ul style="list-style-type: none"> • Funding support by government for the poor society to boost the economy aspect.
Education	<ul style="list-style-type: none"> • Transforming education through online learning to minimize direct contact. • Free internet for students, teachers, lecturers
Environmental	<ul style="list-style-type: none"> • Cleaning and disinfection of environmental surfaces in the context of COVID-19.
Technology and Information	<ul style="list-style-type: none"> • Promote information to prevent covid-19 (digital and conventional) • Using an application developed to handle the transmission of covid-19 (Indonesia: Pedulilindungi, Malaysia: MySejahtera, Thailand: Mor-prom, Japan: COCOA, China: WeChat and Alipay, Taiwan: Taiwan Social Distancing)
Social	<ul style="list-style-type: none"> • Indonesia is currently implementing a more restrictive form of lockdown wherein non-essential and non-critical commercial activities are not allowed.

5

Worldwide
Doses given: 7.81B
Fully vaccinated: 3.33B
% of population fully vaccinated: 42.7%

Vaccination Situation by WHO Region



WHO: September 15th, 2021

WHO SAGE ROADMAP FOR PRIORITIZING USES OF COVID-19 VACCINES IN THE CONTEXT OF LIMITED SUPPLY

1. **Health workers** at high to very high risk of becoming infected and transmitting SARS-CoV-2 in the Community Transmission epidemiologic setting
2. **Socio-demographic groups** at significantly higher risk of severe disease or death
3. **Social/employment groups** at elevated risk of acquiring and transmitting infection because they are unable to effectively physically distance

WHO, November 2021

WHAT ABOUT VULNERABILITY IN THE WORLD?



6

CONCLUSION

The most vulnerable: health care workers



at high to very high risk of becoming infected and transmitting SARS-CoV-2 in the Community Transmission epidemiologic setting

To make them less vulnerable → coordination in several sectors such as health, economic, education, environmental, technology and information, social, etc



7

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THANKYOU



8

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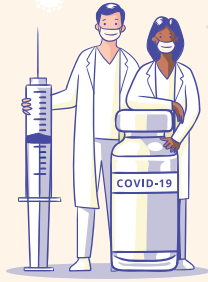
THANKYOU



9

Thinking About Vaccine Inequality and Inequity: Case of Selected Asian Countries

Indonesia – Endar Kurianto, Endah Tri Wulandari
 Malaysia – Nabilah Sharif
 Philippines – Maria Clavelia Domingo
 Taiwan – CHEN LI-KAI, WU SHU-AN
 Thailand – Lekzin Tobgyet, Areeya Adam



Contents

- I. Vaccine distribution difference among countries
- II. Difference between access and distribution
- III. Internal and external factors affecting vaccines
- IV. International politics of vaccines
- V. Information and disinformation
- VI. Gender and vulnerability
- VII. Who are the most vulnerable?
- VIII. Why are they vulnerable?
- IX. What can you do to make them less vulnerable?
- X. Conclusion

Vaccine distribution difference among countries

COUNTRY	VACCINE RESOURCES	VACCINE ROLLOUT	TARGET GROUP	RECEIVED ONE DOSE V.S COMPLETED VACCINATION
INDONESIA	<ul style="list-style-type: none"> • IMPORTED(BUY) • COVAX • DONATED 	MAR.2021	5	67.6%/46.7%
MALAYSIA		FEB.2021	5	79%/77%
PHILIPPINES		MAR.2021	11	48%/34%
TAIWAN		MAR.2021	10	78%/58%
THAILAND		FEB.2021	11	67%/56%

Difference between access and distribution

Countries	Vaccine distribution and vaccine access
Indonesia	Indonesia has created a proper scheme to supply and distribute vaccines systematically. First the vaccines that are coming in from other countries (donations) are assessed by the 'Committee for Covid-19 Handling' and the National Economic Recovery Programme from where the Vaccines get sent to a Bio-Pharmaceutical site for inspection and analysis. After the inspection is complete, the Bio-Pharmaceutical site sends it to the Provincial Health Offices around the country collaborating with Police and Armed forces. Then these agents take the vaccines to the District Health offices which distribute the Vaccines to Hospitals or Vaccination centres where the patient receiving the doses have to register for an Electronic monitoring system for Immunization Logistics called SMILE Indonesia. Vaccines have been made accessible and distributed to Medical Frontline workers and Public servants first and then Children, the public and lastly the Elderly population .
Taiwan	There are 10 groups for vaccine distribution strategy in Taiwan, but focus on 3 groups <ul style="list-style-type: none"> • Pregnant women eligible to receive Moderna vaccine • Taiwan receive domestic covid-19 vaccine developed by Medigen Vaccine Biologics Corp. • 12 years old or above student to get vaccine on campus

Philippines	<p>The Philippines have a Prioritization scheme in terms of accessibility and distribution of vaccines based on 2 main factors;</p> <ol style="list-style-type: none"> 1. Geographic Location: Vaccines have been made more accessible in areas with a higher rate of infection and higher confirmed cases of Covid 19 including areas with higher transmission rates. The Philippines has also prioritized areas where hospitals are at critical stages in terms of supply and shortage of infrastructure and equipment. 2. Socio Demographic: The Philippines has distributed vaccines based on the risk each category faces. For example the first priority were senior citizens above the age of 60, Frontline service providers like health professionals, security guards, janitors etc. and those with underlying health conditions. <p>Vaccine appointment is made through online application and through the Barangay Local Government Unit for those who do not have access to technology.</p>
Malaysia	There is unequal distribution and access to Vaccines in Malaysia across different states due to political nepotism and bias between each state which causes increased infection rates and lower immunization in several states while the others get prioritized first. Supply disruptions, slower rollouts, forced closure of vaccine centres and cancellation of appointments are also major issues that Malaysia faces in terms of accessibility and distribution which is causing more lag in terms of creating a fully inclusive vaccination process.
Thailand	The Thai government falls under the countries who have created an online registration platform for making appointments and getting vaccinated but Hospitals in different provinces which receive vaccines from the Central Government announce that people can get 'Walk-In' vaccinations. The Vaccines were made available to the frontline health workers first, then people with underlying health conditions, then the elderly population and lastly to the general public through vaccination centres provided by Local provincial governments in rural areas and major provincial Hospitals.

Internal and external factors affecting vaccines

Internal factors	External factors
1. Poor prioritisation of recipients	1. Geographical factors of the country
2. Poor appointment booking system	2. Hesitancy to take vaccines (individual perspectives and cultural/religious beliefs)
3. Poor distribution of information	3. International politics conflict between countries
4. Country's political situation	4. Severity of pandemic affects people's perspective on the importance of vaccines
5. Lack of effective transparency in communication	5. Anti-vaccine movement and anti-vaccine fake news
6. Poverty	6. Global vaccine shortage
7. Corruption	

International politics of vaccines

The World		
Economic Strength	The rich nations	To buy or to hoard the vaccine stock, purchasing more than enough
	The poor countries	To rely on donations and request for international assistance
Vaccine Nationalism	Powerful nations	To sign agreements with pharmaceutical manufacturers to garner the initial and major shares of vaccine
	Disadvantaged countries	To confront with vaccine shortage and wait until a sufficient supply
Demand & Supply	Demand	Enormous demand to vaccinate for the booster shot, and the slow supply from manufacturers
	Supply	Numerous of vaccines are still in development and ready to come out, accelerating to enlarge its production scale

7

Information and disinformation

Country	Information	Disinformation
Philippines	<ol style="list-style-type: none"> Three main sources of Covid-19 vaccine: (1) social media, (2) Dept of Health and government releases, and (3) TV Majority of the Filipinos are social media users. Some would easily believe false information in these platforms which contributes to vaccine hesitancy. 	<ol style="list-style-type: none"> Politicians' misuse of the Covid-19 response to strengthen their political profiles Anti-vaccination groups offer a wide variety of narratives on topics such as vaccine safety, conspiracy theories, alternative health and medicine, and the purported origin of and cure for the COVID-19 virus. Politicians promoted and even distributed Ivermectin as a prophylaxis and treatment citing the urgency of public health crisis while going against scientific and legal restrictions.
Malaysia	Lockdown fatigue, new COVID-19 variants, better vaccine education and outreach encouraged many to get vaccinated	<ol style="list-style-type: none"> Anti-vaccine movement and anti-vaccine fake news Sales of fake vaccination certificates

8

Information and disinformation

Thailand		Some rumors spread through media about misleading vaccine information, impacting the vaccine distribution and reaching goals of number of vaccinated people.
Indonesia	Main sources of Covid-19 vaccine from official account that provide some information about how do Covid-19 vaccine work, kinds of Covid-19 vaccine, why Covid-19 is safety, contraindication of vaccination, etc	Misleading information of Covid-19 vaccine from unclear sources: People who are vaccinated will be positive for Covid-19, People who have been Covid-19 infected is don't need to vaccinated
Taiwan	<ol style="list-style-type: none"> Set up a area of clarification for people to receive the right information Deliver the right information through the news to every citizens Disseminate right information to students through school education 	<ol style="list-style-type: none"> Some people believed that vaccine received from other countries was inferior product, so they refuse to get the shot Some people believed that the domestic Medigen vaccine is not safe Some people believed that vaccine will hurt ones health and become worthen

9

Gender and vulnerability

Indonesia	Vaccine access distribution are equal among genders.
Malaysia	Countries presented no inequality with regards to vaccine and gender
Philippines	Vaccine access distribution are equal among genders, however, this is inequitable because women tend to be more exposed to the virus and be more affected by the economic disruptions caused by the pandemic
Taiwan	First in Asia and sixth in the world for gender equality based on data from the UN's gender inequality index
Thailand	Gender is considered to be vast in Thailand but when it comes to access and distribution there hasn't been any informalities yet

10

Who are the most vulnerable?



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Why are they vulnerable?

- Elderly People** - They are less immune to diseases compared to younger people and are more immobile which makes it difficult for them to access health services.
- Children** - The vaccine distribution of the countries are not provide the efficient vaccine for children to make them back school as soon as possible leads to effect on children education.
- Pregnant women** - Higher risk of maternal deaths or genetically passing on the virus to the baby
- Low-income people** - poverty
- Indigenous people** - ethnic minorities, migrants and refugees
- People with disability** - especially those who have difficulty in accessing information and limited mobility in accessing the vaccines.

12

What can you do to make them less vulnerable?

Vulnerability in Indonesia and how to make them less vulnerable.

To make the vulnerable less vulnerable or susceptible to Covid-19 in Indonesia:

- Door-to-Door Vaccination
- Educating families with elderly people about the Virus.

Vulnerability in Taiwan and how to make them less vulnerable.

To make them less vulnerable, there needs to be more participation in social movements across Taiwan through advocacy of volunteerism and improve media literacy among the elderly population.

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Vulnerability in the Philippines and how to make them less Vulnerable.

Vulnerable groups survive mostly on their own capacities and with the help of their community especially in times of disasters. To make them less vulnerable:

- Better government support.
- Improve access to resources and information. Vulnerable individuals have little or no access to online services due to multi-dimensional barriers that hinder their use of technologies.
- Continuous education and promotion of participation in programs that advocate inclusivity.

Vulnerability in Malaysia and how to make them less Vulnerable.

Pregnant women are considered to be the most vulnerable in Malaysia because they weren't prioritized during the first 2 phases of vaccinations which caused an increased risk of maternal deaths during pregnancy due to the virus (pregnant women were eligible for vaccination only after 14-33 weeks after pregnancy)

- The SOP procedures have to be strictly followed and proper sanitization has to be maintained.
- Educating people and women on the risks of contracting the virus during pregnancy is equally important.

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Vulnerability in Thailand and how to make them less vulnerable.

- Step-up vaccine production (public and private partnership investments).
- Inclusiveness (ethnic minorities and migrant workers and refugees) through policy making or structural changes in the government's approach to vaccinating only people who hold Thai/National Citizenship cards.
- Vaccinating the younger population for achieving total 'Herd Immunity'.
- Vaccines have to be made more accessible and most importantly affordable to everyone without any partiality or nepotism from the government.

15

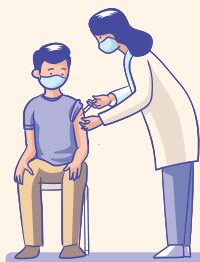
Conclusion

- Gender-wise, there is no inequality. However, vaccine distribution is inequitable considering that women are more negatively affected by the Pandemic.
- Vaccine hesitancy is observed more on vulnerable groups such as those in the low income class due to lack of access to credible information.
- COVID 19 has exacerbated the vulnerability of people who are already vulnerable prior to the pandemic as their social and economic situation worsens.
- The pandemic reveals where everyone stands when it comes to inclusivity. While we have achieved a lot in this aspect, the pandemic proves that there is still much to be done in order to protect everyone not only those who are vulnerable. Governments must make policies and structural changes in order to mainstream Inclusivity in every aspects. As for everyone - awareness, disseminating credible information, and conscious participation on activities that promotes inclusivity are simple means to ensure that no one is left behind.

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Thank You

Do you have any questions?



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International politics of vaccines

Individual Country	
Indonesia	Indonesia is thriving to expand its cooperation internationally to provide enough Covid-19 vaccine.
	The government has broadened its cooperation by signing Memorandum of Understanding (MoU) on provision of procurement between Ministry of Health and UNICEF in order to obtain an affordable, an equal distribution of Covid-19 vaccine.
	Indonesia and the UK are committed to support multilateral cooperation program with organization for vaccine alliance such as Gavi, CEPI for providing vaccines.
	Indonesia also have joined the Access to COVID-19 Tools Accelerator (ACT) Accelerator Facilitation Council.
	Visiting the United Kingdom Ministry of foreign affairs in London

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International politics of vaccines

Individual Country	
Taiwan	Allowing private companies in Taiwan to purchase vaccines on behalf of the government from Shanghai Fosun Pharmaceutical Co., Ltd
Thailand	The Major donors of vaccines from the International community are the United States and The United Kingdom. The US has donated 1.5 million Pfizer Vaccines to Thailand already but the goal is set to deliver 2.5 million in total while the UK set to deliver 415,000 doses of AstraZeneca vaccines to Thailand among other countries like Japan, Iceland, China and South Korea.

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KOBE UNIVERSITY UNESCO CHAIR: EDUCATIONAL PROGRAM 2021

COVID-19 pandemic and vaccine distribution
situation analysis



4TH DECEMBER 2021

COVID-19 PANDEMIC AND VACCINE DISTRIBUTION SITUATION ANALYSIS

GROUP 6

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KOBE UNIVERSITY UNESCO CHAIR
4TH DECEMBER 2021



COVID-19 PANDEMIC AND VACCINE DISTRIBUTION SITUATION ANALYSIS

THE COVID-19 PANDEMIC IS NOT OVER YET!

NEW CASES ON THE RISE AGAIN.

OMICRON VARIANT IDENTIFIED!

VULNERABILITIES: NEW AND OLD



KOBE UNIVERSITY UNESCO CHAIR
4TH DECEMBER 2021

COVID-19 PANDEMIC AND VACCINE DISTRIBUTION SITUATION ANALYSIS

OBJECTIVE: ANSWER THE FOLLOWING QUESTIONS

01 WHO ARE THE MOST VULNERABLE?

02 WHY ARE THEY VULNERABLE?

03 HOW TO REDUCE THEIR VULNERABILITY?

KOBE UNIVERSITY UNESCO CHAIR
4TH DECEMBER 2021

COVID-19 PANDEMIC AND VACCINE DISTRIBUTION SITUATION ANALYSIS

WHO ARE THE MOST VULNERABLE GROUPS IN YOUR SOCIETY?

- Senior Citizens
- Women
- Refugees & Homeless People
- People with disabilities and/or disorders
- Informal sector workers
- People in rural areas
- Migrant workers
- Young & Middle Aged Adults



KOBE UNIVERSITY UNESCO CHAIR
4TH DECEMBER 2021

COVID-19 PANDEMIC AND VACCINE DISTRIBUTION SITUATION ANALYSIS

WHO ARE THE MOST VULNERABLE GROUPS IN YOUR SOCIETY? SIMILARITIES AND DIFFERENCES

- TAIWAN:**
 - 01 Elderly
 - 02 Seafarers and fishermen
- MOZAMBIQUE:**
 - 02 People with disabilities
 - 03 Refugees
 - 03 Rural population

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4TH DECEMBER 2021

WHY ARE THEY VULNERABLE?

TAIWAN:
Seafarers and fishermen are left stranded and isolated.

MOZAMBIQUE:
Refugees fleeing conflicts and natural disasters are left homeless and derelict.

- 01 Limited accessibility
- 02 Vaccine scarcity
- 03 Information dissemination

OK SO... HOW CAN WE REDUCE THEIR VULNERABILITY?

- Access to healthcare:
 - Improve infrastructures
 - Increase healthcare resources
- Vaccine scarcity:
 - Reduce vaccine hoarding by richer countries
 - Release the vaccine patents
- Education
 - Diversify methods of information dissemination
 - Educate on misinformation



IN CONCLUSION:

- The most vulnerable tend to be people who are elderly, have disabilities and/or live in rural areas.
- They are vulnerable because they have limited access to healthcare centres, vaccines and information.
- To make them less vulnerable we could improve policy, strategy and international cooperation.



Thank you for your attention!

Any questions?

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KOBE UNIVERSITY UNESCO CHAIR
4TH DECEMBER 2021



Questionnaire

Questionnaire

Gadjah Mada University

Kobe University

Mae Fah Luang University

National Kaohsiung University of Science and Technology

Universiti Tunku Abdul Rahman

Kobe University UNESCO Chair Educational Program 2021 Questionnaire

The Total number of returned questionnaire: 39

Gadjah Mada University, 10; National Kaohsiung University of Science and Technology,5;

Mae Fah Luang University, 8; Universiti Tunku Abdul Rahman, 5; Kobe University, 11

Q1:Did the conference meet your expectations?

YES: 36

NO: 3

Comment:

Yes, because from the themes taken and the resulting discussions are able to bring up a solution related to gender and vulnerability to the Covid-19 vaccine in various countries.

Yes, this conference is very good and in accordance with the current conditions regarding vaccines in various countries.

Yes. I can find out in various countries how the Covid-19 vaccine is implemented for the community.

I thought there would be many benefits that I would get when I joined this UNESCO event and it turned out to be true before.

This conference even exceeded my expectations.

The conferences gave me a lot of experience about the topic of vaccine distribution. Beside that, I can spread and extend my relation from another countries. I also learn how to respect each another when we're in a group discussion and build a good team work.

I thought this conference was only a two-way lecture. In fact, we were grouped with friends from various countries and discussed exciting topics. I am delighted to meet cool and unique friends. They shared issues related to their respective countries, which amazed me with the differences in the pandemic situation. Totally beyond expectation!

Overall, this conference has met my expectations, but in my opinion the time given for presentations between groups is very little, even though the topics discussed are quite important, in the future maybe it can be added related to longer presentation and discussion times.

This conference is very interesting because each country uses different types of vaccines according to the policies of the local government.

I went in with no expectations. Everything was a pleasant surprise.

Yes, I think it met my expectation because despite having to communicate virtually and not being able to meet physically, I was able to have a fruitful discussion and gain new knowledge, besides being able to meet new friends from various countries.

All of participants worked energetically. I could enjoy group work and learn a lot of things from my group mate. Before joining this conference, I have set some goals to achieve. Through conference, I could make a lot of new friends and broad my horizon.

It is more than I expected, I really learn a lot more than just topic issue.

The conference was great, and I enjoyed the conference so much. Everyone was so nice and friendly, and I made some new friends. Everyone shared their own ideas and it was a nice opportunity for me to learn from others as well as discussed with others in English. I would appreciate it if there are more this kind of conference which I could join.
This conference 100% meet my expectation. I have already learned most of the things that I want to learn from this conference.
I expected to learn from the experiences of other countries and gain insights from fellow students and Professors from the other Universities. Such experience contributed to a conducive learning experience despite the hurdles brought by not having personal interaction, differences in time zones, and technological barriers.
The conference needs more discussion and time, it is a good opportunity to exchange visions among countries.
YES, better than my expectation I enjoy and gain a lot of experiences.
Yes, the program had immensely met my expectations.
The conference actually exceeded my expectations.
This conference was exactly what I expected. I have found a new society where information can be exchanged appropriately on the scope of topic and I could present information about Thailand to the useful for others who share information and experiences in this conference.
I had the expectation of getting opinions on COVID-19 from other countries which this event gave me what I needed.
Yes, it was meet my expectations! I totally know the topic we're discussed and the ongoing situation in this world.
Yes, because I have never participated in this type of international activities. So, I am very happy to have the opportunity to participate in this event.

Q2. What did you learn from the conference?

I learned how to distribute vaccines in various countries and the state conditions that occurred during the Covid-19 pandemic as well as the efforts that have been made by governments in various countries.
I was able to get very valuable information related to the pandemic condition and how to handle it in various countries. The discussion session also made me understand the dangers of hoaxes or incorrect information related to covid and vaccines.
There are many things that I can learn from this conference, especially in several countries and in our own country.
I learned to respect each other when they were having an opinion, besides that I learned a lot about Covid-19 in various countries.

<p>I learned that by sharing information we can help each other between countries, especially in addressing issues such as inequality and inequity as well as gender and vulnerability in COVID-19 vaccinations.</p>
<p>I learned how to think comprehensive and from several perspectives based on the topic. Beside that, I also learned teamwork and collaboration are the keys of a group assignment, whatever the assignment, not only in academic, but also in practice and daily live of living. Respect each other with different is an important thing to keep a good communication.</p>
<p>I learned a lot from this conference. From this crisis, we need to interpret equity and equality. These principles are different but interrelated. The projection is on the issues raised in this conference, namely vaccination. I learned how other countries, especially in Asia, face challenges in distributing vaccines and convincing their citizens to get vaccines, what strategies are being implemented and how these issues impact vulnerable groups in each country. Another lesson I got, new friends, learning to speak well, and respecting other people's opinions.</p>
<p>I really appreciated this conference make me feel more confident to speak english although still not fluent enough. I also can discuss and share my knowledge, opinion, and make friends all over the world. Nevertheless, I was little bit disappointed because my team (group 4) not too active to speak on our small group discussion. Therefore I sometimes feel shy to speak, afraid to make mistake about my opinion. Even though our discussion session is very important to see our opinions from various majors and different views in each concentration of our majors and countries. if this can be maximized, how much information we will get.</p>
<p>I learned how to respect and understand other people, build new relationships with people from different cultural backgrounds, and how to work professionally. I also learned how to handle Covid-19 in other countries and what obstacles they experienced.</p>
<p>This conference gave me a lot of experience and learn about the culture of several countries.</p>
<p>That most countries have similar problems with COVID-19 and solutions are not “onesize fits all”.</p>
<p>Everyone has different perspective about COVID 19, and it effect how people are understanding about vulnerable groups in each presentation. Also, I realize Japan’s situation is applicable for other country. Through group discussion, the style of COVID19 measurement is based on each country situation. Also, the prioritization of vaccination is also highlighting the style of government.</p>
<p>How pandemic exposing the countries vulnerability in many sectors, like economy, social, health, and many more. Strengthen international Cooperation is one of the long term effort to tackle many obstacles in the future.</p>

I learnt about the situation of different countries under the COVID 19 context. Vaccines are the most effective means to prevent and control infectious diseases. The inequality in the distribution of novel coronavirus vaccine will cause the uncertainty in the immune level of novel coronavirus, which will then exacerbate the global health inequality. Among the population most affected by the epidemic, the situation of women groups is often complex and subtle. Gender inequality makes women an easily overlooked group in the plague. Another measure of the fair distribution of vaccines is vulnerability. People with higher risk of infection, such as health workers, should be among the top priority in vaccination. Fair distribution of vaccines is particularly important to effectively control the infection spread. If the vaccine is used fairly and reasonably, it will help stop the acute phase of the pandemic and rebuild our society and economy.

- 1, Why international organizations (e.g. WHO) are unable to balance international inequalities in the number of COVID-19 vaccines?
- 2, Who are the vulnerable groups in each country (China, Indonesia, Thailand, Japan, Malaysia, Philippines, etc.) under the COVID-19?
- 3, Specific manifestations of gender inequalities under COVID-19 in each country.
- 4, Basic information on NCC vaccine by country.

I learned how each country responded to the pandemic and the issues they faced, especially in vaccination.

There are a lot of things that I've learned from the conference. I have learned about the effects of the Covid 19 Pandemic in other countries and their status and mechanism of vaccination roll-out. I have learned that while there are differences in the approach of containing the virus, the situation is almost the same especially to those countries which have scarce resources. In general, this pandemic exposes our status when it comes to inclusivity. While we have achieved a lot in this aspect, the pandemic showed that there is still much to be done in ensuring that everyone is protected. Governments must make appropriate policies and structural changes in order to mainstream equality and equity in every aspect. As for everyone – awareness, disseminating verified facts, and participation in activities and discussions on inclusivity are simple means to ensure that no one is left behind.

I have learnt to communicate with many people who came from different backgrounds, schools of thought and belief.

About disasters in many countries and how to prevent and solve the problem in the current situation.

I did learn a lot about the causes of vulnerabilities over the vaccination reach during the COVID-19 pandemic. Moreover, it did broaden my understanding of systems and implementation in the different countries for vaccine distribution and methods executed to tackle the inequity and inequality faced over vaccine distribution.

There are many aspects of inequality and inequity in different countries particularly in terms of Gender and vulnerability and each country has been trying to find various ways to tackle the pandemic especially in terms of how the vaccines are being distributed and accessed. Covid does not target a specific group, gender or category of vulnerable people but it can infect basically everyone and therefore we have to find ways of coming together in such difficult times.

From this conference I learn many thing such as the impact of COVID-19 pandemic that make people become vulnerable group and also the problem of using application related to COVID-19.

<p>“How to present their own country” is what I have learned from this conference. Actually, I am concerned about my expressive and presentation skills, especially formal ones. This conference allowed me to see the role of others in the presentation to learn the right and suitable way for me to improve my skills.</p>
<p>This conference gave me perspectives on many aspects of knowledge from other university students such as In terms of technology, logistics, it has opened my eyes to new perspectives and realized that solving the problem of COVID-19 cannot be dealt with by just one field of knowledge.</p>
<p>What I learn from the conference is that world situation in different regions have different issues, but there are thing behind what we see are in common. And we should trying to figure out what could we do to assist those vulnerable left behind. Also this conference teach me cooperate with a team that consist with diversity people, have different site of view. This is a wonderful experience could cooperate with them.</p>
<p>I learn that there are some different situations in the world but also the same conditions in everywhere. The truth always be sad, all we knew it, but can't change it. However, I still trust that we will go better.</p>
<p>In this meeting, in addition to understanding the current situation of vaccines and epidemics in various countries, in the process of discussing with the team members of various countries, we also discovered the importance of communication in English. We have many ideas about many things, but how to precisely express is another question.</p>
<p>I had made many new friends from different countries, and I found that I can listen different accents than before. Moreover, I learned how to search and sort out information and created a slide by myself.</p>
<p>Attending the conference broadened my horizons and even made some new friends with the group setting. The conference has brought me many insights about how many different countries are dealing with the Covid situation. Although the discussion about gender inequalities were not particularly focused in the conference due to countries reporting little inequality in gender, various other issues regarding covid such as discrimination, and other vulnerable people were discussed.</p>
<p>Have a big picture on the vaccination status across the Asia countries. Have a better understanding of how the other country solve the inequality in vaccine distribution.</p>
<p>Teamwork</p>
<p>In this program, I had learn how to communicate with other people from different countries.</p>
<p>I learnt that vaccination progress of each country is affected by many factors, such as economic, political, and geological (spatial). Besides, I also learnt how to communicate and work well with others although I am not fluent in English.</p>

Q3. What questions were you left with after the conference?

What follow-up did UNESCO do after this event? Whether the results of our discussion will be able to be shared throughout the world and can provide benefits to the world if a similar situation occurs in the future.

How does the world deal with omicron and prevent the virus from mutating?

What other actions can we take to address the problems we face today, especially the issues of inequality and inequity, then gender and vulnerability in COVID-19 vaccination?

With different characteristic of country around the world, how we can produce a decision to improve vaccine distribution (equity) and also what is the role of WHO in this context?

Could this conference produce a sustainable joint project?

One big question in my mind is how to make each country can help each other to overcome the covid-19 pandemic when their own country is experiencing difficulties when facing this pandemic, is it possible to make a policy that applies internationally but is easy to practice in every country with different cultural backgrounds and characteristics ?

I really hope that this conference will continue with a different theme.

How to create and foster relationships between different countries in difficult times. How to initiate idea exchanges between countries, in a more direct manner, for problem solving.

The biggest question is what I can do to make people that are vulnerable around me, less vulnerable than they already are. This conference gave me a chance to think about many things, but it also left me with a big question, which is what I can do and am I capable to do what it takes to make people around me less vulnerable during the pandemic. During the conference, I feel like I can help those who are vulnerable, but when I am writing this questionnaire, I came to think that am I really capable of doing so. If I am not capable of doing it, what can I do to make it possible for me to be able to help the vulnerable. This kind of questions does not apply only to myself as I think other participants also think the same. With the constraints and other obstacles, how can the individual effort be done in order to make the world better for vulnerable people.

How to make policy which can include people in vulnerable situation. By learning and discussing about vulnerability, this problem is complicated and need to tackle this issue.

Will the joint effort continue, or just in pandemic?

Even though we have discussed the reasons and got some results, it is still difficult for some countries to overcome the challenges and to change their attitudes.

Actually I don't have any question about the information we shared in our meeting.
But, I have the question about the meaning of our meeting that Will what we are discussing now have a positive effect in the future on the inequity of vaccines in various countries under the COVID-19?
What can we do to make it more meaningful?

My main question would be: given that the issue of inequality and vulnerability is not new, why are government responses still not learning from past experiences?

a. The last Pandemic was the Spanish flu which lasted about 2 years. I am curious what is the difference between then and now. Considering the technological advances and considering that we are supposedly a better world since we are now greatly concern about human rights, equality and equity – how come this Covid 19 Pandemic is harder to overcome and it may take longer for it to be completely irradiated?

b. Is the vaccine really the answer to end this Pandemic or is it just a tool developed to manipulate people so that certain entities can have power and wealth?

c. How can simple people hold pertinent organizations to be more accountable with the information and services they are giving to the public?

d. Is the United Nations still a strong and effective organization to ensure that there will be no country or organizations can take advantage of situations like this Pandemic?

How to tackle the after pandemic situation particularly for the developing countries, what will be the policy for them?

To evoke the future scenarios on such kinds of issues and the approaches we can implement to lessen the impact on the vulnerabilities in the future so that no one is left behind in the worst of situations.

How can information about the pandemic and Covid-19 be made more accessible and inclusive?

How to promote the vaccine for foreign migrants in any countries?

Is it can be a chance that we can exchange knowledge other than COVID-19 such as International development or some of conflict.

The third question, how could we make the group less vulnerable?

While we have some answer for this question, but how could it be implemented?

What is the outcome/impact of this workshop to the society? Will what we have discussed in the workshop be helpful to the community? Will/How UNESCO utilize the outputs of this workshop?

Q4. What action will you take to help make your community safer?

Create a research that is up-to-date and can be used worldwide by publishing it that can be accessed by many people.

Become an educator who prevents the transmission of covid starting from oneself as an example, then conducts socialization related to the importance of health programs.

Maybe the action I can take is to disseminate information to the public regarding the importance of vaccination for immunity against the spread of the COVID-19 virus.

I will provide information to the public to continue to comply with Covid-19 health protocols and explain the benefits of vaccination and the false stigma about vaccinations they believe in.

First, we can start from ourselves and our families to participate in the covid-19 vaccination program then invite the wider community to participate in the covid-19 vaccination program and explain the facts and fake news circulating and pay attention and help vulnerable people to get the -19 vaccine.

Educate the people around me about Covid-19 and its vaccine. The aims are to make sure the people want to get the vaccine well, decrease the fake information about covid-19 and its vaccine and also empowerment the community-based to spread the information well. Vaccination is the important thing to make the community safer.

I will continue as a vaccination volunteer as long as needed and use my social media to share factual information regarding covid-19 and vaccinations.

Do more vaccinations, do health protocols, help economical sectors grow up.

As a nurse I struggle through the health sector, during this pandemic I try to educate my family first, especially regarding the false news regarding Covid-19 information that may harm my family. My mother and father work as teachers and lecturers at universities, I hope that through the education I provide, both my parents can disseminate this information to their work environment, be it students, students, co-workers or people they meet at work. schools and universities. small steps I can reach a wider scope. this is a simple way that I do to keep my community safer.

Continue to comply with the policies set by the government by vaccinating.

Continue advocating and promoting dialogue on my social media accounts and amongst my peers and relatives.

First of all, I think I will continue to educate myself. Education is important for an individual, especially about the crucial and complex topic like vulnerability. Before I can help educate other people on this topic, I think it is best for me to gain as many knowledge as possible so I can avoid spreading incorrect information to other people in the society. After I gain enough of the knowledge and right information on vulnerability, I think I will try my best to help educate other people in the society so that they know more about this topic. Besides doing the individual efforts in order to make vulnerable people less vulnerable and safer such as following the protocols during the pandemic, I think it is also good to educate people. Some people feel the urge to make the community safer, but most of them do not exactly know what they have to do. If I provide them with the right information, I believe that the community can be safer.

I think telling story for what I learned from this conference is important for make our community safe. In Japan, it is difficult to hear other country situation from people who are living there. This experience is valuable, and sharing this story connects community safe.

Inform and spread real news about vaccine, how to protect our self and family members.

First, I will keep myself safe to make my community safe, such as getting vaccinated and keeping physical distance. Then, I will donate for those vulnerable population who could not afford vaccine. Finally, I will help spread the word about vaccine inequity to raise the awareness of the government.

- 1, I will pay more attention to the elderly under 60 years old in my community group because there is less social and governmental attention to the new crown vaccine for this group.
- 2, I will pay more attention to the development of the corona virus vaccine for pets, so that the pets in my community will also receive adequate attention and care. It is important to keep them away from the New Coronavirus and to prevent people from neglecting and harming the lives of pets.
- 3, I will pay more attention to the health problems of women in the community.

<p>Information is power. Having the right information is the first step of having an open-mind, in this case to the benefits of a vaccine. I can help my community by fact-checking information on COVID and vaccines.</p>
<p>On a personal capacity I can contribute to a safer community by being an agent of correct information. Information especially during a crisis can save a lot of lives. Simply sharing verified information especially to those who don't have any access to it can empower people to make informed decisions and to act appropriately. And to be able to educate others, I must also have the willingness to learn more and be responsible enough to discern useful and important information.</p> <p>Furthermore, holding government offices accountable for their responses and service to the people by providing feedback and reporting grievances through appropriate channels can contribute to good governance and can result to better service to the people.</p> <p>Lastly, simply following health and peace and order protocols can be a significant means to contribute to a safer community.</p>
<p>To raise awareness among the general people is very important particularly to face a pandemic like this. So I believe my first priority should be to make people conscious about the pandemic.</p>
<p>I will try to make people around me get more understanding about disaster and covid-19 distribution that I got the knowledge from the conference.</p>
<p>Over the time of the pandemic, I firmly abided by the pandemic protocols to play the little effort I can to lessen the risk of convicting the virus and spreading further. Though vaccination and its repercussions concern were widely spread and people refrained from getting vaccinated, during such a time I tried to convince my friends and family to get vaccinated and shared the benefits of vaccination. Additionally, I too got vaccinated to contribute to the global collaboration in fighting against the pandemic.</p>
<p>Make sure I wear a face mask whenever I go out, ask people who aren't wearing masks to do so and stop the spread of false information via my own social media accounts.</p>
<p>Start from protect myself first and tell other to be self awareness.</p>
<p>For my idea, I would like to focus on giving more importance to civil society through cooperation and support from local governments because there are still many people waiting for help and the government has not been able to reach them in time.</p>
<p>Promote and educate other people in term of created awareness of the dangers.</p>
<p>Get the vaccine injected if it is possible, that will help us have the protection.</p> <p>And follow the rules, wear masks or the other prevention methods that is good to the community. That is the smaller things I could do for the community.</p>
<p>I must follow the implement public health to protect other people and myself in this moment.</p>
<p>As we are citizens, I think we should wear masks, wash hands frequently and avoid group activities at this moment, also implement public health to reduce the risk of infection.</p>
<p>To convince those people who are reluctant or refuse to do vaccination to take vaccine. Tell them how vaccination can help them, their family and their community.</p>
<p>If I find any suspected covid-19 positive patients did not follow SOPs, I will report to the relevant department. I will take booster dose to further improve the herd immunity.</p>

Q5. How did you feel during the conference?

<p>I am amazed to see great people present the results of their discussions, the extraordinary exchange of ideas that took place at this conference.</p>
<p>Very happy and enthusiastic.</p>
<p>I didn't think I would be able to discuss with new friends from abroad. It was my first experience and I feel very lucky to be involved in it.</p>
<p>I really enjoyed the conference. The conferences gave as a chance to speak up, to think comprehensive and critical and also try to respect and see the problem from different perspective.</p>
<p>I am delighted and proud to gather with great people.</p>
<p>I feel very happy and enthusiastic because I can learn many new things related to covid-19, I also get new friends from various countries with whom I can discuss and exchange ideas.</p>
<p>Because the topic is quite tough and subjective, sometimes I feel hard to fathom all of the information that was given in a short period of time. I enjoyed the conference because I am interested in the topic, but having to sit for hours in front of the laptop alone was a little bit tough for me. It was exciting to hear a lot of opinion and new information from other people from other countries, but I guess having to hear to five or more 15 minutes presentation is something that is hard for me to do and sometimes, I cannot help but to feel overwhelmed. Even so, I think despite feeling exhausted and worn out after the conference, the new knowledge that I gain during the conference did make out for all the hard work.</p>
<p>We had similar idea of vulnerability of each society, every group has different approach and unique idea. Vulnerability is everywhere: our group are proposed vulnerability about gender, elderly, people who are living remote are. However, people in vulnerable situation are existing more and some groups are facing serious situation.</p>
<p>I feel relax and excited at the same time, because of it is deliver in simple manner yet meaningful.</p>
<p>I felt great during the conference. Even though I had struggled for the task we need to present in the conference, but after our presentation, I felt a sense of achievement.</p>
<p>I feel very relax enjoy this conference. The topic is so interesting and everyone I meet in this conference is so kind and cute. They show their opinions positively and that makes me also feel free to share my different opinions with everyone too. Also I feel the meaningful about this conference. That let me know the different situation in every country and what we need to do to make the global environment more better under COVID-19.</p>
<p>Excited and sad at the same time. Excited because, there are good practices in the reports that can be applied in my county. I felt sad because of the common issues our countries face and it is largely attributable to poor government responses.</p>

I was honestly excited because I only have a few knowledge on Gender Inequality and I just really wanted to gain insights and information that would be useful for our organization . I gained a lot of insights as I listen to the discussions. The questions raised during the activity made me uncomfortable for not knowing that much, but, it also made me realized how much more should be learned and why it is important to know more other than the theories and concepts. Learning and understanding more is important because what is happening right now is real and is definitely causing greater inequality and inequity than what we had prior to the Pandemic.

The conference was fantastic. though it would have been better if it was face to face!

I felt proud to be representing the country I was assigned to during the conference, and in bringing the concerns of the people and urging a concise resolution among the group belonging to different countries. It was indeed a great experience to share and learn from each other to play a vital role in the global concern.

The conference was very inclusive of various countries, people and genders covering many aspects of Inequality and Inequity for Genders and Vulnerable people which made me feel very interested as the meeting went on.

I feel scare and excited because my English quite not good at all.

I think I feel excited when I listen to other people presenting their country information and I feel I can understand their approach to handle problems and provide knowledge in terms of COVID-19 management.

Actually, I feel a little be frustrated because my members and I spent lot of time to describe our own country's condition. But seldom to compare or have a conversation. I didn't feel I get new friends this time. And, I still appreciated that I worked with them.

I feel it incredible that I have the opportunity to join the meeting with four other countries. Although the communication during the conversation and the wording in the report are not very professional, there is still a lot of space for improvement, but in the end, I am also very satisfied with my performance.

It is a great idea for lecturers and students alike to learn more about situations in countries other than their own and possibly achieve more networking connections.

I feel that I can speak and exchange opinions freely, of course without offence one and one's country. I can definitely feel the warmth.

Q6. What did you like about the conference?

I really liked the discussion that was carried out at this conference and at the end of the session the group presentation was very extraordinary.

What I like most apart from increasing knowledge is honing English language skills.

In this conference, I got a lot of experience that I could get from getting to know people in several countries and understand more about the prevention that has been done by the government related to preventing the spread of the COVID-19 virus.

I got a lot of friend and I has an unforgettable experience to discussion with other in Covid Vulnerability and Inequality.
I like the atmosphere where we can share and talk about the conditions and problems of the covid-19 vaccine in our respective countries and the solutions that have been implemented to overcome them.
I like about the discussion session, where we can meet another people from another country and also with different discipline. In that session, we also have a chance to speak up and tell what our country condition and also compare to another countries.
I like small group discussion.
I am very happy when I listen to friends from other groups presenting the results of their discussions regarding Covid-19 in various countries, another part that I like is during the question and answer session, here I can ask them directly what I don't know about the material they present and they answered my questions very well and easy to understand.
I like the conference mostly because the topic. The topic gender and vulnerability during the pandemic is new for me, so I was really eager to learn something new. Many new keywords were introduced to me during the conference, such as equity, vaccine racism, and nepotism. Furthermore, this conference also acted as a platform for me to think more about vulnerability in the society, so I think it is really useful for me.
By using online tool to having conference, it enables us to meet people who are coming from diverse countries.
The atmosphere of the conference was very lively. The opening game and the singing at the end are interesting.
1, Free. Everyone can share their own opinion even that is so different with others. 2, Relaxed atmosphere. Although we were discussing the still serious issue of the COVID-19, we still focused on a relaxed atmosphere during the discussion and constantly emphasized the importance of smiling and not being too serious during the discussion.
I like that the conference's program enables participants to contribute free-flowing ideas. It is not rigid and people can think out of the box. No opinion is seen as not worth mentioning, especially during breakout groups and sessions in the period between the first and second conference.
I like that participants were composed of students coming from different Universities from different countries. It provided varied perspectives and new insights on Covid 19 and vaccination roll-out in their own country. Having different perspectives and insghts contributed to a very fruitful discussion and therefore provided new learning for me. Also, the opportunity of having new acquaintances from other countries makes the conference more exciting and fun.
The sharing of knowledge and working with people from different countries was an amazing experience.
The conference can gain the cooperation from 5 countries which have different covid-19 distribution and access that can exchange the advantages and disadvantages.
The idea of group formation and interacting with different nationalities was an efficient way to learn better and comprehend in-depth on the issue.

I like when I got friends from many countries because I can improve my English skills.
I can meet new people from different nations and it always makes me feel excited and interested in them because we all have our own context and background. So everything in the conference is very useful for me to understand all of us. And this brings my new friends to me. I would like to say thank you for this conference that made me meet her/him. And I like it!
It is very interesting and joyful, other members are very friendly so I am very happy with it.
This pros of the conference are quick, teachers and students are willing to speak out, and the meeting didn't take too long in a day.
This event gave me the opportunity to use English to communicate with students from different countries. Because each country has its own accent, it sounds a bit difficult. This also make me know that my English skills need to be more refined.
Everyone is friendly than I though, and our group member do the great job so I can trust them totally.
It connected people far away from each other with educational background to discuss the needs of the world, this would be difficult or not have been possible without the use of internet.
Learn a lot of things, know that how important equality is in our society Knowing the conditions of other countries, which is great as sometimes we only focus on our country instead of taking care of others.
The program has given full freedom to the students to manage their work and time (between 13 Nov and 4 Dec), which is a good opportunity/training for them to learn how to work independently and how to be a good teammate as the same time.
I glad to know some new friends from different countries.
I like the atmosphere where all lecturers/facilitators will listen and respond to students in a fair and polite way, both parties are respectful to each other. Attendees were also participating the conversation actively; it did give me the courage to speak out.

Q7. What did you dislike about the conference?

I haven't found anything I didn't like about this conference.
Group friends are a little passive during the discussion session.
In the conference that was held, it was very good and I gained more knowledge from the conference that was held.
I think, over all I like it. But in the other hands, I dislike about how the group present the result. I think its to short to present and discuss about it. The question for the group discussion also I think a build several perspectives, so it needs to be clear.
The question and answer session was too short, although it was allowed to ask questions through the chat room, I was not satisfied because I did not have a direct dialogue with the presenter or other group members.
Not being able to have discussions with other groups or other people.

The thing that kept on bothering me during the conference is the time management. Both of the conference ended much late than the actual prediction, so it took a toll on me because after attending the first conference, I hoped that the second conference will end on time. However, it still ended later than the predicted time and I felt a little bit uneasy about that.

It would be better to communicate face to face offline.

The linkage of the groups should be enhanced during the preparation of the meeting in small groups; each group should not be a separate individual, discussing its own topic. This way even if the topic is repeated it cannot be determined before the meeting officially starts.

This way, even if the topic is repeated, it will not be determined before the meeting starts.

Finally, it is possible to make good friends from different countries, not only in your own group, and to hear more different voices and ideas.

One minor difficulty was having the same schedule for discussions outside the conference days. Since we belong to different time zones it is quite hard to get common times to have a group meeting.

The workshop part of the conference is quite difficult since everyone had to meet again several times. It is difficult to reconvene considering that each group has at least five countries with different time zones. Usually the most convenient time is at night which is not ideal because people were already tired and had little energy to participate with the discussion. Also, some were not responsive to group chat possibly because they don't have a regular access to internet connections.

We have less time to discuss and understand the case.

I felt the time assigned to discuss was not enough, especially since the event was held virtually.

I dislike myself because I feel afraid and excited when most of student are from master degree.

In my opinion, I think silence is something I don't like. Sometimes, after we split up in the group before presenting information from our group. Sometimes we don't know what to say and what to do next. I'm not very good at this kind of atmosphere. However, it happens infrequently and I have tried to adapt and learn in these conditions through this conference .

Time zone is the one of them because different of timing make me confused when I am going to discuss with my group and the another ones is limiting of time because the content is interesting but we didn't have much time.

The two section was separate a little bit too long, it takes around one month from first meeting to the second meeting.

We have no certain time to meet everyone. It's hard to schedule in private.

The spread-out conference and group discussions were less stressful but productivity could have been increased if the conference were held in a concentrated 2 days conference.

Q8. If we do it again, what should we change? What should we keep the same?

Overall the concept of the event was very good, all students could play a full active role in the conference. but I hope UNESCO can bring in an expert to provide comments from the results of the discussions of each group at the end of the presentation session, so that we can find out our shortcomings and become our improvements in the future.

We must be more compact to discuss, exchange information and find the right solution related to the current global health condition.

From me, this is already very good, and more in-depth regarding the material.

Maybe the time for small discussion in the group outside of the big discussion to be determined in advance. Other things I think are already very good.

More participants from many countries in asia.

I think you should change the method to present the result of group discussion, add more time for that session and try to make an icebreaking that maybe work if the conference is in online method. You should keep the content and the time management. Awesome.

Should changed more participants, hot topics, and various group members and should keep the same spirit and smile.

All was good, it was just my team who were personally not too active to speak.

You have to change the time for presentations and questions and answers, if there are too many participants, the presentation session should be divided into 2 days, for example groups of 1 to 3 presentations on the first day, each given 15 minutes of presentation and 15 minutes of question and answer. Then the next day continued groups 4 to 6, so the discussion session can be longer and participants feel not bored. What must be maintained is the time break or rest time, even though it is considered trivial, but for me it is very important to give rest time to the participants.

Change: If the group format is maintained, guidance from teachers would be appreciated. The time between meetings could be used to promote conversations between people or groups with guidance.

I think the committee should be more punctual on time. The estimated time for the conference to end should be more precise so that the participants will not encounter any difficulties on setting up their schedule for the day. The second conference was estimated to end on 12:30 p.m. but it extended until 2 p.m. so I have to reschedule my life on that particular day.
The thing that should be keep the same is how the participants' voices are being heard during the program. I am thankful for the committee because they gave us the opportunity to speak up before the program officially end. Through that, everyone can give their own opinions and thoughts about the conference and some participants might also state the points that should be improved in the next conference. I think this is a good way of communication between the two parties, which are the committee and the participants.

The schedule of conference worked effectively. By making presentation, having two weeks preparation time is enough to discuss and conclude our discussion. Also, I like style of moderator.

For some universities, the schedule was not so clear, some students they did not know what to do in the conference.

The presentation of each group in the final meeting should be changed from an independent report of individual groups to a collaborative report of linked groups

Reservations. The relaxed atmosphere of the meeting and do not carry the tension of completing the task. Rather, each presentation is done with a desire to learn and a sense of responsibility for international issues.

It was really good that participants came from different universities in different countries. It provided different perspective and insights that contributed to a productive learning experience for everyone. It is nice to learn new things while meeting new acquaintances from different parts of the world. For improvement, it might be better to finish the conference and the workshop in a day or two. This would probably result to better participation as the discussion would be continuous and participants are more focused, It is difficult to do the workshop and group discussion beyond conference time due to technological and time zone barriers.

I think it should be offline and combination and structure need not any change I think.

It is good that we can cooperate with many countries, but next time I expect to have more time to discuss and focus on discussion level much more than slide presentation.

We should have a "Break-Out" room session on zoom with the other groups representing other countries.

Should separate the group of people between bachelor and master degree, and should keep the group of discussion.

As I have mentioned earlier, I would like to recommend ways to avoid a boring atmosphere in the meeting, so maybe add a moderator that can clarify and suggest a course that everyone has to do. And also I quite like discussion. Perhaps the way would be to have the moderator throw some questions from the scope of the topic to allow the group members to have more conversation and discussion.

Maybe not for one month, but two weeks or force us to meet and discuss.

I really want to join it on physical because it will be more funny than it's only a online course.

Perhaps, this event lasted for three weeks, everyone did not have the active discussion as expected. I also knew that the students who participated in the last year had a little more time to respond, but I think one to two weeks is almost the same!

I think the first time we had the meeting can have more time to familiar with each other in the group.

1-2 Ice breaking games could help the students get to know one another better and can help teamwork in the tasks. The group setting idea is a great idea.

I think the ice-breaking can be more interesting.

The assignment was a bit heavy. Maybe instead of presenting, students may speak out their opinion freely.

Q9. If you have other comments, please feel free to write them here.

This conference is a very good event, it will be more fun if you can meet all the participants face to face.

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