

Li Li Pang

UBD School of Business and Economics, Universiti Brunei Darussalam
Email: lili.pang@ubd.edu.bn, lili.pang88@gmail.com

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Pang, Li Li

is a lecturer in the field of Public Administration and Public Policy in Universiti Brunei Darussalam. She received her Msc Public Policy from University of Bristol, United Kingdom and PhD in Management from Monash University, Australia. Currently based in UBD School of Business and Economics, she teaches and has research interests in the areas of public administration, public policy and ethics

Leadership and Crisis Communication During Covid-19: The Case of Brunei Darussalam¹

Abstract

National leaders' responses to the Covid-19 pandemic globally have shown that while the definition of leadership is still debatable in academia, in times of crisis, it is easily identifiable and seen. The world has seen different responses by national leaders to curb the spread of the virus, Covid-19, which has claimed more than a million lives, affecting 189 countries worldwide since January 2020. Developed countries' successes in dealing with the pandemic are widely reported by international media, but the successes made by developing countries are not. One such country is Brunei Darussalam, where her success, even regionally in Southeast Asia, was downplayed. This paper is a qualitative case study, highlighting Brunei Darussalam's success in handling the pandemic. Brunei Darussalam began to 'flatten the curve' since March 29, 2020 and there was no local transmission since May 7, 2020. The paper will show how leadership, effective crisis communication together with advances in telecommunication technologies, existing institutional practices, and a supportive public have helped Brunei Darussalam curb the spread of the virus within the country.

Keywords:

Brunei; Covid-19; leadership; crisis communication

Introduction

Coronavirus 2019 (Covid-19) is a deadly infectious virus caused by severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2). The deadly virus was declared a public health emergency of international concern (PHEIC) on January 30, 2020. Officially given its name, Covid-19 on

February 11, 2020, and declared a global pandemic by World Health Organisation (WHO) on March 11, 2020. Before WHO's declaration, several countries have taken actions to close their national borders to stop the virus from spreading. WHO was deemed too slow in responding to the pandemic, which resulted in increasing global infections

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(Buranyi, 2020; Gunia, 2020; Lew, 2020). The spread of the virus challenged governments to act when the virus's origins and potency were still debated and the reliability of the testing kits for the virus was still questioned and unavailable. To date, no vaccine can cure the virus, even though Russia and China claim to have it, but these claims are met with international scepticisms (Chik, 2020; Duo & Khurshudyan, 2020). This paper looks at Brunei Darussalam's (henceforth Brunei) success in 'flattening' the curve when the literature on developing countries' success in controlling the virus is rare. Although Brunei recorded 147 cases with 3 deaths, residents in the country have enjoyed relative freedom of movement within the country as the government did not impose any lockdown.

Covid-19 was first reported in the city of Wuhan, China, a city of eleven million residents. The doctors who initially came across the deadly pneumonia were warned not to spread rumors in December 2019 (E. Wong et al., 2020). Wuhan became the first city in China to be under massive lockdown from January 23, 2020, for 76 days, after its outbreak was linked to a wet market in the city. An estimated 760 million people (Engle, 2020) were eventually in some form of lockdown as more cities were affected. The Chinese government canceled Chinese New Year celebrations and the public was not allowed to leave their apartment; mass surveillance systems and technology were used to ensure compliance and vigorous contact tracing was carried out for those who were infected. Hospitals were also built in record time to treat infected people (Wang et al., 2020). The lockdown eventually helped China contain the virus (Yuan et al., 2020), although the lockdown was initially condemned by international media, calling China's actions draconian and against human rights (Page, 2020). Ten months after the outbreak of the virus, China reopened its economy and allowed citizens to travel across the country and to celebrate the recent Mid-Autumn Festival

holiday on October 1, 2020, while the United States and some European countries were still seeing infections growing as no lockdowns were ordered. Medical officers in Wuhan who initially raised the alarm on the virus and were killed by it were eventually declared as martyrs by the Chinese government in April 2020 (Davidson, 2020; Huaxia, 2020; Zhang, 2020).

In Southeast Asia, Thailand was the first country outside China to confirm Covid-19 in the country on January 13, 2020. By October 1, 2020, in terms of per 100,000 population, Brunei had the sixth-highest number of Covid-19 cases among the Association of Southeast Asian Nations (ASEAN) countries (Table 1). In terms of absolute numbers, Brunei had ASEAN's third-lowest Covid-19 cases.

Globally, smaller countries recorded a higher number of Covid-19 cases; Bahrain and Qatar saw over 4,600 cases per 100,000 who were infected with the virus (Table 1). Bahrain's and Qatar's high numbers have been attributed to a high number of migrants and the high number of testing done on its population (The Associated Press, 2020). By October 15, 2020, United States, India and Brazil had the highest number of Covid-19 infections globally, with 7.7 million, 7.3 million, and 5.1 million people infected respectively (World Health Organization, 2020c). In all these countries, the leaders have downplayed Covid-19 seriousness and were slow to react. American President Donald Trump refused to wear a mask and said that the United States was well prepared for the virus (Trump got the virus on October 2, 2020); Indian Prime Minister Narendra Modi only announced the country's immediate lockdown on March 24, 2020 despite its first Covid-19 case being reported on January 30, 2020, while Brazil's President Jair Bolsonaro, who caught the virus on July 7 and recovered, championed against wearing a mask and refused to call for social distancing in Brazil (Grint, 2020; Paz, 2020; Pearson & Douglas, 2020).

Table 1.
Coronavirus Pandemic, Total Cases As of October 15, 2020; Top 10 Per 100,000 Population Globally and ASEAN

Country / Global	Total Cases	Per 100,000	Country / ASEAN	Total Cases	Per 100,000
Bahrain	76,954	4,903	Brunei	147	34
Qatar	128,803	4,630	Cambodia	283	2
Andorra	3,190	4,143	Indonesia	349,160	130
Aruba	4,285	4,048	Laos	23	-1
Israel	300,201	3,379	Malaysia	18,128	58
Panama	122,128	2,924	Myanmar	32,351	60
Kuwait	114,015	2,756	Philippines	348,698	327
Peru	856,951	2,679	Singapore	57,892	1,027
Chile	486,496	5,598	Thailand	3,665	5
Brazil	5,169,386	2,468	Vietnam	1,124	1

Source: Adapted from The Coronavirus World Map (The New York Times, 2020)

New Zealand, however, was different. When New Zealand declared that it was free from community transmission on April 27, 2020, international media were fast to react. Prime Minister Jacinda Ardern’s New Zealand was hailed as the model of a successful country containing the spread of the virus (McGuire et al., 2020; World Health Organization, 2020b) and Ardern was crowned ‘world champion Covid-19 crusher’ (Mazey & Richardson, 2020), a ‘masterclass in crisis leadership’ (Wilson, 2020) and ‘most effective leader on the planet’ (Friedman, 2020). Ardern was credited for reacting quickly by closing New Zealand’s border to China on February 3, 2020, and to all foreign nationals by March 20, despite tourism being New Zealand’s main industry. New Zealand reported its first case on February 28, and by March 25, New Zealand raised its alert level to 4 (it was reduced to Level 1 on June 9, 2020). International media and academics credited New Zealand’s success to geography as well as the leadership of Ardern and her communication skills. Geography being New Zealand’s remote location, a small population of five million people and a low level of international connections (Smyth, 2020) while Ardern’s leadership qualities—being a great communicator (she has a degree in communications), allowing daily briefings even at home, giving ample time

for questions and answer session, giving clear answers, expressing empathy (her cabinet agreed to a 20% salary deduction), imposing strict physical distancing, and relying on the country’s strong health care system that allowed mass testing and contact tracing—helped New Zealand ‘beat’ the virus ((World Health Organization, 2020b). Furthermore, New Zealanders, who generally agreed that lockdown was necessary and abided by the social distancing rules, were also credited to New Zealand’s success (Friedman, 2020; Mazey & Richardson, 2020).

Despite unexpected new cases discovered on August 11 and October 17, 2020, Ardern’s leadership qualities were credited for winning her second term in office, a landslide win of 47% of the votes since New Zealand implemented a proportional voting system in 1996 (Menon, 2020). While the virus has mutated (Callaway, 2020; Kupferschmidt, 2020; Schraer, 2020) and the mortality rate of those who contracted the virus seem to have reduced, cases are still expected to spike during the winter season of 2020 in the Northern Hemisphere, the race to find vaccine by global pharmaceutical consortium continues.

Leadership and Crisis Communication

During the pandemic, the world was not only fighting a pandemic, but it was also

fighting ‘infodemic,’ where facts and inaccurate information was spreading faster than the virus. Covid-19 pandemic is the first pandemic in history where *‘technology and social media are being used on a massive scale to keep people safe, informed, produced and connected’* (The Lancet Infectious Diseases, 2020; World Health Organization, 2020a). It was important to leaders to make sure that correct facts were received and presented to citizens, as people normally turn to their government for leadership, protection, and guidance in times of crisis (Liu et al., 2020; Mazey & Richardson, 2020).

According to (Friedman, 2020), *“The coronavirus pandemic may be the largest test of political leadership the world has ever witnessed.”* Indeed, global citizens judge the success and failures of their country’s leadership by their respond to sudden, unexpected, and large-scale crises. Tourish (2020) noted,

Mainstream leadership theories are of little help, since an environment of radical uncertainty means that leaders have less information, expertise and resources to guide them than is often assumed. (p.261)

The editorial board of the New York Times (Editorial Board, 2020) noted that while *‘leadership maybe hard to define, but in times of crisis, it is easy to identify,’* as crises, in this case a pandemic, tested leadership and communication skills and the abilities of political leaders globally (McGuire et al., 2020). The political inaction and denial seen by the responses made by American

President Trump, Brazil’s President Bolsonaro and Britain’s Prime Minister Boris Johnson (who also caught the virus on March 27, 2020) or India’s Prime Minister Modi, where the latter was labeled as ‘the most dangerous contemporary commander’ (Grint, 2020:318), has killed and endangered their citizens due to their policy choices and actions. To date, over 1 million people have died due to the virus.

Borrowing Canton’s (2013) simple definition of a leader to mean someone ‘who guides or directs a group to achieve a common goal,’ leaders are responsible to keep citizens safe, and they are expected to minimize the impact of a crisis, improve crisis management capacity and coordinate crisis management effort (Liu et al., 2020). Liu et al. (2020) highlighted five competencies of a leader to have in crisis management: crisis perceptiveness, humility, flexibility, presence, and cooperation (Table 2). Woodward (2020) contends that effective leadership in crisis communications needs to acknowledge the problem or issue, express empathy, and explain actions; provide clear, credible (factual and transparent) and consistent (communicate frequently) messages to the public by providing updates; and make the messages meaningful. Core messages must be short, accessible, and interactive.

Ardern recognized and understood the virus’s threat, and New Zealand was one of the first few countries to stop flights from China and

Table 2.
Effective Crisis Leaders’ Competencies

Characteristics	Description
Crisis Perceptiveness and Sense-Making	Recognize a crisis is occurring; early recognition; look ahead and believe in the warning signs
Presence	Seen and heard; vital for their emotional appeal and moral authority
Clear and Factual Messages	Provide clear, credible (factual), transparent and consistent messages
Humility	Be humble and honest
Flexibility	Change based on circumstances
Cooperation	Facilitate common messages among organizations; everyone on the same page

Source: Adapted from Liu et al., (2020); Woodward, (2020)

to quarantine those who came back from China. Ardern gave daily updates to assure her people that their leader was present, in charge, and communicating with them with the latest updates and government policies to contain the spread of the virus, through televised and social media mediums. Leaders must show their presence to assure the public, and Ardern is generally known as a leader who 'shows up in a crisis' (Tomkins, 2020, p. 333). Together with her top medical advisor, Dr. Ashley Bloomfield, Ardern gave similar messages to the people, in contrast to Trump who used his social media to condemn his medical advisor, Dr. Anthony Fauci (Helmore, 2020; Reimann, 2020).

In Grint (2020, p. 318) noted that *"if leadership is partly about making people face up to unfortunate truths... then we need leadership that embodies this."* A leader must be shown to be competent, composed, and clear in their messages. Leaders who give clear, honest, objective, and transparent communication, empathy, humility (Craig & Amernic, 2020; Renn & Levine, 1991) and alignment of science and politics were exemplified by Ardern as well as German Chancellor Angela Merkel, while Trump and Bolsonaro were seen as leaders who are "shambolic, self-serving and sometimes deliberately misleading" (The Lancet Infectious Diseases, 2020, p. 875). Facebook and Twitter had to block Trump's social media posts after claiming Covid-19 was less lethal than the flu after he spent three days in the hospital for the virus; earlier, he had suggested injecting with disinfectant would help stop the virus (British Broadcasting News, 2020). A leader must have one common answer and not multiple answers to not confuse the population and to avoid stereotyping (Liu et al., 2020), which was what Trump had done, calling the virus the Chinese virus, which led to ethnic East Asian migrants in their adopted countries facing hate crimes (Gover et al., 2020; Yan et al., 2020)

This paper focuses on crisis communication rather than risk communication. According to

Goerlandt, et al. (2020), risk communication refers to interaction on information about events yet to happen, in contrast to crisis or emergency communications, which focus on providing information on events that have already occurred or are ongoing. The authors argued that crisis communication is focused on when and how information is to be given to affected people during an on-going disaster, while risk communication is focused on stakeholders' processes in preparedness in planning for natural or technological disasters. Since Covid-19 is already a 'disaster' that has happened, this research looks at how the government of Brunei has managed the crisis. There were two articles in print that highlighted Brunei's success with the pandemic (Hayat, 2020; J. Wong et al., 2020); however, this paper will offer newer perspectives due to new information provided seven months after the virus arrived on Brunei's shores.

Methods

This research is a qualitative, descriptive, and documentary case study research. It uses secondary data from newspaper sources, journal articles, and official social media updates from the Ministry of Health (MoH), Prime Minister's Office (PMO), Ministry of Home Affairs (MoHA), and Ministry of Finance and Economy (MoFE). A few of the press conference videos uploaded during the height of the pandemic in Brunei were securitized. Video interviews with the Minister of Health (Progresif, 2020) and together with the Minister of Finance and Economy II on September 7, 2020 (Radio Television Brunei, 2020) provides further insights to Brunei's success in fighting Covid-19 in the country. Documentary research is equally important in social sciences, not only due to the accessibility of rich data but also the only way to research the topic due to time constraints or when access to particular subjects or individuals is not possible (Tight, 2019). This is true for this research, because it took place

when Covid-19 restrictions were still in place at the time of the writing. As this research focused on documents released by the government, its credibility and authenticity (Ahmed, 2010; Monageng Mogalakwe, 2009) are not questioned as this research focused on governmental action in handling a pandemic.

Arguably, more Bruneians were in tune with the news conference when it was held every day when Brunei's first case was announced on March 9. It was also the first time that Bruneians were given daily updates by cabinet ministers on an ongoing health crisis. The updates were shared widely in Brunei via What's App, Instagram and Telegram. Brunei is reported to have one of the world's highest social media usage; therefore, information could be sent and spread quickly and cheaply in a short time. This research uses the updates provided by MOH's press release, which provides more accurate information on the number of confirmed Covid-19 cases in Brunei and not international data resources provided, such as Our World in Data (University of Oxford, 2020), which has discrepancies due to different time zones hence necessary corrections made on the data can take time. To date, Brunei's last local Covid-19 transmission case (case no. 141) was reported on May 7, 2020, and the last imported case (case no. 147) was detected on October 14, 2020. By October 15, 2020, Brunei had tested 63,896 people in the country, nearly 14% of her total population.

Results and Discussion

Brunei Darussalam's Success in Controlling Covid-19

Small Country; Good Health Care System

Brunei is the smallest country in Southeast Asia in terms of population size at 459,500 people, and over 20% of the population are expatriates (Department of Economic Planning and Statistics, 2020). Brunei is well-known as an oil-rich monarchy where its citizens have enjoyed social

welfare benefits in terms of free health care, free education, subsidized housing, fuel and utilities (Thambipillai & Pang, 2020). Brunei is ranked 43rd out of 189 countries in United Nation's 2019 Human Development Index, considered as having a high human development (United Nations Development Programme, 2019); therefore, it was alarming when the 2019 Global Health Security Index published in October 2019 by the Nuclear Threat Initiative, John Hopkins Centre for Health Security and The Economist Intelligence Unit, which aimed to spur '*measurable changes in national health security and improve international capability to address one of the world's most omnipresent risks: infectious disease outbreaks that can lead to international epidemics and pandemics*' (Global Health Security, 2019), ranked Brunei's health care system the lowest amongst ASEAN countries. Brunei had an index score of 32.6 and ranked 128th out of 195 positions globally in that report (Table 3).

Table 3.
2019 Global Health Security Index: ASEAN

Country	Index	Country	Index
Thailand	73.2	Philippines	47.6
Malaysia	62.2	Myanmar	43.4
Singapore	58.7	Laos	43.1
Indonesia	56.6	Cambodia	39.2
Vietnam	49.1	Brunei	32.6

Source: Global Health Security (2019)

Brunei was ranked very low for its emergency preparedness, response planning, and execution of its response plans. New Zealand was also ranked 'poorly' at 35th position with an index of 54.0 (Mazey & Richardson, 2020) when compared to the United States and the United Kingdom, which scored first and second positions respectively with an index of 83.5 and 77.9.

However, the lowest-ranked ASEAN member country managed to flatten the curve at a relatively short time and controlled the outbreak with various public policy instruments that proved

to be effective. The highest number of recorded Covid-19 cases in Brunei was 13 on March 12, 2020, and the last local transmissions were detected on May 7, 2020 (case no. 140 and no. 141). The next six cases were all imported cases, from returning citizens from affected countries (Figure 1). Any inbound citizens were quarantined and isolated for two weeks, away from the public.

The success of Brunei in managing its Covid-19 cases shows that the GHS ranking needs re-evaluation. Furthermore, the Brunei government and the MoH were already prepared for Covid-19's inevitable arrival into Brunei, as Bruneians, expatriates and tourists were traveling in and out of the country. The fact that the Bruneian authorities were able to detect its first Covid-19 case on March 9 from a male citizen who returned after attending a massive religious congregation (*tabligh*) in Masjid Petaling, Kuala Lumpur, Malaysia, between February 27 and March 33, 2020, a congregation which was participated by an estimated 16,000 people from 25 countries; and where Malaysian MoH admitted that they were not aware of the event happening (Ahmad, 2020; Palasamy, 2020) shows Brunei authorities preparedness in dealing with the virus from spreading to the public.

Being a member of the WHO benefitted Brunei. The Minister of Health, Dr. Isham Hj Jaafar, credited WHO's International Health Regulation's evaluation on Brunei, conducted from October 28 to November 1st, 2019, in helping Brunei improved her pandemic response (Mohamad, 2020; Progresif, 2020; Radio Television Brunei, 2020). The Ministry acted and improved on the evaluations and recommendations made by WHO, and according to the minister, helped the country 'tremendously' in the fight against Covid-19 (Kon, 2020a).

Leadership and Crisis Communication

Brunei is fortunate that the Sultan of Brunei strongly supported the initiatives done by the

MoH to control the spread of the virus. Test kits were bought by the Ministry when it was evident that the virus was spreading (Kon, 2020b). When the virus was detected in Brunei, the Sultan consented to mosque closures as well as canceling national events such as His Majesty's Birthday celebrations, Israk Miraj, Hari Raya Aidilfitri, Hari Raya Aidiladha, Royal Brunei Armed Forces Day, Teacher's Day as well as Civil Service Day celebrations. The Legislative Council session was also cut short in March 2020 due to rising cases globally and the new National Virology Reference Laboratory was built and was in operation within two weeks, to increase the number of tests to be conducted within the country (Kon, 2020c; Othman, 2020a). The Temburong Bridge, which was renamed Sultan Omar Ali Saifuddin Bridge in July 2020, was also opened to the public in March 2020, to link citizens from the geographically detached district from the three other districts, without going through the East Malaysian district of Limbang, Sarawak. Temburong district remained Brunei's only district that was free of Covid-19 infection.

When the first case was confirmed in Brunei, the Health Minister, Dr. Isham, a cardiothoracic surgeon who became Brunei's Minister of Health in 2015, began his daily live news coverage of the event. The national television channel, newspapers as well as social media bloggers were invited to ensure the information spread quickly and cascaded down to the whole population. Dr. Isham was sometimes joined by other cabinet ministers such as Minister of Finance and Economy, Minister of Education, Minister of Transport and Info-Communications, or Minister of Religious Affairs depending on the announcements to be made by the public, relevant to their ministries.

The press conferences not only showed the Brunei leaders' presence but also assured the public that the government was aware of the pandemic and the government was ready to keep the people safe from the pandemic. The

ministers gave clear, honest, and factual messages to the public. They were united in their responses to stop the spread of Covid-19. Brunei also experienced a significant number of ‘infodemic’ that was spread through social media; therefore, the press conference was one of the ways that the ministers could advise the public to avoid confusion (Mahmud, 2020a; Radio Television Brunei, 2020). As a respected medical doctor and surgeon, Dr. Isham’s words carried weight, so when medical and health advice was sought during the press conference, he gave his opinion as a doctor and his assurances were welcomed by the public. It was also the first time the ministers gave a live question and answer session, seen on all media platforms, from television to radio and online social media, which is a rare sight in Brunei. In general, the public welcomed the frank discussions and interactions between the invited media and the ministers (“Saranghelang,” 2020), and this reassured Bruneians in general.

All the news conference materials were available in the ministry’s websites and social media accounts, newspapers, and social media accounts of bloggers who were invited to the closed session of the press conference. Infographics were made simple and easily understood by the public. The minister also advised the public not to discriminate against those who were infected with the virus; initial discrimination against ethnic Chinese residents but then moved to the families of the people who attended the *tabligh*, where the majority of Brunei’s Covid-19 cases derived from (Othman, 2020b). The ministers also showed their empathy when they donated to the national Covid-19 Relief Fund ((Kon, 2020d), which was open to the public for donations, and it attracted over B\$14.6 million when the account was closed in August 2020 (Azahari, 2020a). The Brunei government also donated Covid-19 test kits to the Malaysian and Philippines governments while the Brunei government also received medical equipment such as test kits, face masks,

and hand sanitizers from China, Singapore, and Vietnam. Bilateral cooperation among regional countries was strong and close during this crisis, as countries helped each other to overcome it.

The above examples show that the Brunei leaders’ crisis management planning and execution skills have been successful. These skills are those highlighted by Liu et al., 2020 and Woodward (2020), which are also used in Brunei successfully. Brunei in general was never in a ‘panic,’ and the people put their trust in their government and leaders to keep them safe. If keeping safe means shutting down the borders, then that is what it had to do. The ministers also reassured Bruneians that rice and meat supplies in the country were enough, even though Brunei imports a significant amount of food products from outside the country; therefore, there was no need for panic buying. Australia and the United Kingdom reported cases of toilet papers being hoarded (Flanagan, 2020) but in Brunei, reports of alcohol sanitizers and baking products were being sold out during the ‘crisis’; the latter as more people stayed at home and started their cooking and improved their baking skills (Rosli, 2020).

Policies in Place to Curb Covid-19

Having effective leaders with good communication skill is not enough to protect a country from a pandemic; understanding existing institutional infrastructures and norms are important to ensure public compliance. Brunei is fortunate that there was no strict lockdown imposed in the country and the public was still free to travel within the country. All policies implemented, which started in January until March 2020, were aimed at reducing mass gatherings as well as close contact with infected persons (See Table 4). To safeguard the people from any infections, public sector employees were encouraged to work from home, government counters were closed, schools were closed, and restaurants were only allowed to sell take-

aways, to discourage dining in by the public. All sporting facilities and museums were closed, and wedding ceremonies were asked to be postponed. All returning flight passengers underwent two weeks of quarantine and isolation. When schools had to be reopened, online learning became the medium of instruction for both students and teachers. The effects of online teaching have highlighted the concerns on education quality received, child supervision, digital divide, and access discrepancies, in terms of hardware due to lack of personal computers, laptops, or desktops for families to share usage, as well as access to the internet connection (“Exhausted Parent,” 2020; “Saranghelang,” 2020). These areas are important areas of future research.

To control the spread of the virus, the national borders had to be closed. Brunei had low international tourism traffic, which contributed

to Brunei’s ability to control the spread of the virus. With fewer infected people traveling into the country, there was a lesser chance for infected people to infect the population. Since February 4, 2020, the public was advised not to visit China, and by March 16 the Brunei government prevented all citizens and residents from leaving the country, except under certain circumstances such as for medical care, study, or attending court hearings. Brunei bans all foreign visitors into the country by March 24. Requests to leave the country were subject to the PMO’s approval. This policy continues to this day. These restrictions were able to stop Bruneians, for the first time, from traveling to neighboring cities, such as the East Malaysian city of Miri, to do their shopping. Since the public could not leave the country, the domestic retail market were finally seeing improved sales (Borneo Bulletin, 2020). The government was

Table 4.
Brunei Darussalam’s Covid-19 Responses

Month/Date	No of Covid-19 Cases	Policies Implemented
January	30 th	-
February	4 th	-
March	9 th	1 st Covid-19 Case in Brunei Detected
	11 th	School holidays brought forward by one week
	12 th	Amendments to the Infectious Disease Act (Chapter 204) and its Regulations; Infectious Diseases (Quarantine) (Amendment) Regulations, 2020
	13 th	Israk and Miraj Celebration canceled. All mass gathering such as wedding and sports venue closed
	16 th	All citizens and residents restricted from leaving the country; mosques closed BruHealth Application introduced
	18 th	All cinemas closed; all dining establishment will only serve take-aways
	20 th	All incoming passengers must self-isolate for 14 days
	24 th	No foreign nationals allowed to enter the country
	April	1 st
13 th		\$400 allowance to be given to frontlines (such as doctors, nurses, cleaners and volunteers) who helped the effort to stop Covid-19
May	16 th	De-escalation plans in phases
	21 st	Schools and Higher Education Institutions opens in phases
June-October	15 th Oct	147
		All Covid-19 cases were from returning citizens and residents into the country

Source: Adapted from Prime Minister’s Office, Ministry of Health, Ministry of Education, Borneo Bulletin, various issues

also able to make new policies in preparation for border opening, such as introducing the entry and exit taxes to all regardless of citizens, expatriates, or tourists whenever they enter or leave the country (Kon, 2020e; Mahmud, 2020b).

Instead of manually contact tracing infected people and their families, the government rolled out a new contact tracing application on a smartphone. The BruHealth application was created not only as an application to contact trace those near to infected people but also to assure the public the premises they were entering were safe from visits by infected Covid-19 patients. The application, which was rolled out on May 16, 2020, uses a Chinese artificial intelligence and big data healthcare solution company, Yidu Cloud Technology. The Minister of Finance and Economy, Dr. Amin Liew, explained not only the BruHealth application was for contact tracing but also to allow members of the public to have one source of information for government updates on Covid-19 rather than multiple sources for people to refer to (Azahari, 2020b; Radio Television Brunei, 2020). The minister assured the public that the data in BruHealth would be safe, and the government would monitor the system to ensure their privacy was protected. By June 2020, over 369,600 people had downloaded the app (Kon, 2020f). By September 7, 2020, the government had made it compulsory for all residents to use the application, and failure to scan the code before entering a business and other institutional premises could result in a fine up to B\$10,000. By the end of September 2020, the BruHealth application added new features such as personal health records, online appointments, and future online consultations (Azahari, 2020c). Brunei's digitalization of the healthcare system arrived early due to Covid-19.

To show the seriousness of the government in implementing the above policies, the government has updated and enforced the Infectious Disease Act and Quarantine Order and Self-Isolation Notice. The first restaurant was fined B\$5,000 for violating the no-dining rule in March 2020,

and by October 13, over 574 violations had been recorded and fines issued to premises for not adhering to the MoH directives (Kon, 2020g). Recorded offenses include waitresses not wearing face masks when serving the public and taking temperature control of patrons entering their shops. Seventeen people were also arrested in April 2020 and jailed when they were caught attending a party at a hotel, violating the mass gathering restrictions (Bandial, 2020; Faisal, 2020a; Kon, 2020h). People who intimidated and threatened health workers or volunteers from carrying out their tasks were also arrested (Faisal, 2020b) as well as those who escaped the self-isolation order (Faisal, 2020c). The government reminded the people that these policies had to be enforced to ensure the public adheres to the Ministry's advice as the pandemic was far from over. For example, in Malaysia, the third wave of the virus occurred after the state election in the East Malaysian state of Sabah, a state within Borneo island where Brunei is located; therefore, Brunei must continue to stay vigilant.

Supportive Public, Facilitated with Telecommunication Technologies

It was important for all ministries and the public to support the government's aim to stop Covid-19, highlighting the 'whole of nation approach,' where support from all institutions is essential to keep the country safe. The Chinese government had to stop the Chinese New Year celebration, and in Brunei, March 2020 was the Muslims' fasting month of Ramadhan, and when more positive cases were discovered, it was necessary to stop mass praying in the mosques to avoid possible infections. It was a difficult decision to implement, as Friday is a sacred day for worship for the Muslims; however, because it was a public health safety issue, the mosques were closed for 10 weeks and when opened, social distancing was enforced.

The Bruneian public is to be praised for adhering to the advice given by the MoH and

for social distancing, mask-wearing, improving personal hygiene and being society's 'social police' to 'nudge' the public to behave responsibly. Letters were written to the local newspapers to urge the government to impose the public to adhere to health safety rules and restrictions, to avoid mass infection due to the infectious 'invisible enemy.' When Covid-19 cases dropped after May 7, Brunei started its de-escalation plans, and by May 18, mosques, schools, and other indoor facilities were opened in phases. The public was asked to adhere and continue to observe good personal hygiene despite being able to live a 'normal' life, albeit still unable to travel out of the country. Although a 'green lane' has opened between Singapore and Brunei, restrictions are still in place, where only essentials are allowed. The economic impact of Covid-19 is still being calculated not only in Brunei but also globally.

The advances in information-communication technologies (ICT) have helped the government spread the news more effectively. Brunei, according to We Are Social, (2020), has the world's fourth-highest penetration of social media usage at 94% of the total population, therefore since most people have smartphones, information can be spread easily (Othman, 2020c). The power of social media in helping to keep people safe and informed is acknowledged internationally (World Health Organization, 2020a).

Brunei allowed 100% full dining in restaurants and cafes starting July 22, with mass gatherings of 350 people starting August 17, 2020, and several guidelines have been given out by the MoH to make sure people observe hygiene etiquette and social distancing. Bruneians lifestyles are slowly back to normal, though with caution and not necessarily the 'new normal,' which has been highlighted in the media.

Conclusion

Brunei's success in the handling of Covid-19 not only had to do with national leaders who were well prepared for an imminent event but also with

their effective communication skills during the crisis. Institutional practices that were already in place, such as advice from WHO on the country's preparedness during a health emergency last year, proved that being in international organizations can help countries get professional advice and be ready when a health crisis strikes. The social media-savvy public, as well as the health-conscious public, have helped the government's efforts in ending the community spread of the virus effectively by being the community's 'social police.' To show the government's seriousness in ensuring public safety, various policies and directives were implemented and enforced to ensure compliance. The pandemic is not over, but Brunei has enjoyed relative peace and security, and people are free to move about in the country as no lockdown was declared by the government. Despite being free of local Covid-19 transmission for five months, Brunei has not put down its guard. Restrictions are still in place and the public is still asked to adhere to public health safety habits. Brunei also has the advantage of being a small country with a small population; therefore, with all the factors above, Brunei has successfully overcome Covid-19 in the country.

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