



**COMBATTING COVID-19:
A SOCIAL DEMOCRATIC
RESPONSE**



EDITORIAL

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There is a scene in the novel *The Plague* by French author Albert Camus that would break even the stoutest of hearts.

For nearly six months, a bubonic outbreak had been ravaging the port city of Oran, off the Algerian coast. Though troubled by the death and suffering of the people around him, town physician Dr. Bernard Rieux decided to “steel himself against pity,” believing that it was the only way he could face the “almost unendurable burden of his days.”

But his own deep humanity began to show when a little boy named Philippe contracted the fatal disease. Desperate to save the child's life, Rieux had Philippe inoculated, injecting him with an untested serum that was meant to arrest the spread of the infection...but to no avail.

For an entire day, Rieux stood helplessly at the foot of Philippe's bed, watching in silence as the boy gritted his teeth and tossed his body in utter agony. With every convulsion, Rieux tightened his grip on the bed railing, hoping to stem the tide of grief and anger welling up inside him.

For a moment, the child seemed to grow calmer, even as his “clawlike fingers” continued to pluck at the sides of the bed. Then, without warning, the boy let out a long guttural scream, like a “fierce, indignant protest” that “has sounded through the ages of mankind.”

Horrified by what he was witnessing, Rieux closed his eyes and averted his face. But as he did so, the child suddenly fell silent, his now lifeless body half-buried beneath a pile of tumbled blankets that smelled of stale sweat and dank wool.

Defeated by the plague, Rieux turned to the door and walked out into the yard. Standing beneath the shade of a small tree, Rieux declared in a calm yet unwavering voice that, “until my dying day I shall refuse to love a scheme of things in which children are put to torture.”

Though written nearly 80 years ago, Camus' novel has gained renewed urgency and significance because of the viral pandemic that is now threatening the lives of millions of people, including children. Dubbed by the World Health Organization (WHO) as COVID-19, this deadly disease was first reported in the

Chinese city of Wuhan in December 2019 and has since spread to 215 countries. WHO estimates that as of June 1 of this year, the virus has already infected over six million people and has claimed the lives of more than 370,000 individuals.

Further data reveal that children, between 0 to 17 years old, comprise about 2% of all positive cases. While this number may seem negligible, the United Nations Children's Fund (UNICEF) warns that 1.2 million children below 5 years old could still die within the first 6 months of the pandemic — not from COVID-19, but from other communicable diseases that are no longer given adequate attention by public health officials.

Measles, the UN agency claims, is one stark example. Because of the disruption in routine healthcare delivery, UNICEF believes that 117 children could miss out on their anti-measles vaccine in at least 37 countries. Unfortunately, halting this trend is nearly impossible in the immediate future.

But apart from the health danger that it brings, COVID-19 also has painful economic repercussions that will surely affect working class families in every part of the globe. For Guy Ryder, Director-General of the International Labor Organization (ILO), this means the loss of livelihood for 1.6 billion people in the informal sector, while another 305 million regular employees are forced out of work. And as the global economy slows down, experts foresee that between 40 to 60 million people will be added to the 734 million who are already living in extreme poverty.

Without doubt, the pandemic is affecting people from all walks of life. But it has not, in any way, erased the social divisions and economic injustice that are encoded within the very marrow of capitalism. In fact, even as COVID-19 continues to devastate the lives and livelihood of ordinary folks, the wealthiest 1% still retain control of 50.1% of global wealth. And while authorities constantly remind the public to perform regular handwashing, there are still 2 billion people worldwide who have no access to service facilities, forcing them to use feces-contaminated water.

Catrina Schläger of the Friedrich-Ebert-Stiftung (FES), also pointed out that “this virus is not gender neutral” since women remain largely invisible despite the additional burden that they must now carry, both at work and in the home.

Let there be no mistake! COVID-19 should be viewed primarily as a health emergency. But the pandemic has social and political dimensions that cannot and should not be ignored. Political analyst Marc Saxer said it best:

“Like a spotlight, the corona crisis is illuminating the geopolitical, economic and ideological fault lines of our time.”

If humanity is to overcome this crisis, then a progressive and holistic response has to be devised in order to address all the various aspects of the pandemic. On this question, the proposal of social democrats is crystal clear: workers and all other affected groups must be shielded from the pandemic's economic

fallout through extensive social protection measures. Doing so would require the complete repudiation of neoliberal prescriptions, with massive public investments for the health sector and a renewed regulatory role for the state.

It is in this light that we offer this **special issue** of the *Socdem Asia Quarterly*. Contained in its pages are six articles from leading thinkers and activists that provide grounded analysis on COVID-19, its impact on the region, and the actions that are being undertaken by Asian social democrats to control the spread of the virus.

This is evident in the opening essay of Aung Moe Zaw, chairperson of the Democratic Party for a New Society (DPNS), which examines the COVID-19 Economic Relief Plan (CERP) of the Myanmar government. Inaugurated in April, CERP's overall goal is to “leave no one behind” and to “flatten the curve without flattening the economy.” But as Aung Moe Zaw points out, relief efforts have largely focused on Burman-majority areas, while other ethnic groups — such as the Rakhine, Chin, Kachine and Shan peoples — are almost ignored. To ensure that no one is truly left behind, Aung Moe Zaw sees the need to “address the root causes of poverty and vulnerability in Myanmar,” and by giving workers, farmers and urban poor greater responsibility in CERP's implementation.

Six thousand kilometers to the south, Indonesia is also undertaking efforts to control the disease, with the Jokowi administration allocating an additional US\$27.5 billion to stimulate the economy and improve the health sector. While lauding the government for this decision, Sondang Tarida Tampubolon of Nasdem Party admits that much work still needs to be done to fully overcome the social dislocation caused by COVID-19. Particularly hit are small entrepreneurs and daily wage earners who are the backbone of Indonesia's economy. Hoping to improve the response of the government, Tampubolon shares the policy proposals of Nasdem Party, which are meant to fight the pandemic “in a progressive and comprehensive way.”

Meanwhile, the situation in India remains disconcerting, with 1.3 billion people heavily affected by the three-month long lockdown. According to Sachin Kumar of the Central University of Himachal Pradesh, the central government's initial response to COVID-19 was largely ineffectual since “the country was ill-equipped to conduct disease surveillance and containment.” Their predicament was further worsened by India's “dismal record of expenditure in public healthcare,” which has resulted in “severe lack of testing facilities, ventilators, health professionals, isolation wards and personal protective equipment.”

Ironically, along with the devastation that it is causing, COVID-19 is also changing the political landscape of the sub-continent. Kumar writes that, “in a country where elections are fought along the fault lines of caste and religion, the availability of universal healthcare may (eventually) assume center stage.” In fact, positive changes are now occurring at the state level, with various sub-national governments investing heavily on healthcare reform.

One good example is the “Kerala model” which, according to senior scholar S. Irudaya Rajan, “provides enough lessons for emulation in moving towards a post-COVID world.” Because of the Nipah virus of 2018, Kerala has gained considerable experience in managing a viral outbreak. This has enabled state authorities to anticipate the spread of the virus, prepare its healthcare workers, and impose preventive measures days ahead of the central government in New Delhi. Another advantage that Kerala has is its “strong sense of social citizenship backed by a (long) history of social movements.” As a result, the government was able to mobilize local women's groups to deliver food rations and manufacture face masks, while other civil society organizations conducted various information drives. All these efforts are being undertaken, not only to keep Keralites safe from the virus, but to also cushion the inevitable economic impact of COVID-19.

Similarly, the Malaysian economy is also expected to contract, with approximately 2.4 million in job losses. This has prompted Dr. Kelvin Yii Lee Wuen (a member of parliament from Sarawak) and Fong Ren Ming (of the Democratic Action Party) to raise the issue of universal basic income. Because the health crisis has exposed “the holes in social security” and has “demonstrated the vulnerability of workers in precarious jobs,” the two authors maintain that the idea of universal basic income should be “at the core of a philosophical debate about a post-COVID-19 model.” This idea, Yii and Fong assert, is not farfetched as it seems, since “numerous voices are (now calling) for a universal basic income mechanism,” including Pope Francis and Twitter founder and CEO Jack Dorsey. The authors also look to Spain as a possible model since it has already proposed a basic income scheme, wherein each adult is set to receive at least €462 (US\$500) every month.

Just like their Malaysian counterparts, Filipino activists Sabrina Gacad and Gus Cerdeña also propose a progressive approach in handling the pandemic. Assessing the performance of the Duterte administration with a feminist lens, Gacad and Cerdeña argue that “governance is care work,” since it is meant to facilitate the “wellbeing of people.” In the context of COVID-19, care work involves “care for the people who are infected and those at risk of infection; care for the carriers; and, care for the structurally disenfranchised and those on the cusp of poverty.”

However, the two authors observe that Filipino officials “often mistake ‘law and order’ solutions as real responses to the problem.” This mindset has often led the authorities to arrest people for curfew violations, even as “the promised mass testing remained low and slow,” and with personal protective equipment (PPEs) for health workers in dangerously short supply. This situation, Gacad and Cerdeña explains, is “not unique to the Philippines,” since it is “symptomatic of a global crisis of care due to patriarchal capitalism.” If we are to overcome the virus, the two authors

propose that we must first “break the spread of helplessness on the streets,” so that we can gain the “social power and solidarity” that would compel the government to finally take action.

The case of the Philippines is further examined by Jaye dela Cruz-Bekema of Akbayan Party, who describe Rodrigo Duterte’s response to the pandemic as “militaristic, punitive, and anti-poor.” She points out that the Filipino President is behaving like most authoritarian leaders who, after initially “downplay(ing) the anticipated effects of the virus,” is now peddling the message that “only two options are possible: ironfisted authoritarianism or fatal exposure to the virus with no cure.” Bekema, however, dismisses Duterte’s argument as a false dichotomy, claiming that a “rights-based progressive approach” is still “the best and most durable path out of this global health crisis.”

This issue then ends with Socdem Asia’s official statement on the COVID-19 crisis. The pandemic, the document asserts, “has taken a huge toll on the incomes of working people everywhere,” with the poorest segments of society “bearing the full brunt of this crisis.” Decades of neoliberal policies, the statement also insists, “has resulted in inequality in health services” that has left public health institutions “overworked and underfunded.”

Because the pandemic has exposed the terrible flaws “in our models of healthcare and economy,” Socdem Asia believes that radical changes should now be introduced that would ensure universal healthcare, right to housing and livelihood protection. For the short-term, the Network sees the importance of extending social safety nets to all working class families, as well as the necessity of providing emergency cash transfers to the poor. At the same time, Socdem Asia maintains that “a global response is necessary,” since “this crisis warrants greater international solidarity (and) not less.”

And that idea of international solidarity is abundantly clear in this issue of the **Quarterly**. While each article is written with a unique voice and

perspective, all our authors nonetheless share the same concern for suffering humanity and the same passionate commitment to social justice. And it is that same concern and commitment that once compelled Camus to write:

“I have no idea what’s awaiting me, or what will happen when all this ends. For the moment I know this; there are sick people and they need curing.”



Socdem Asia Quarterly is published by the Network for Social Democracy in Asia (Socdem Asia) to share perspectives and analyses from leading social democrats from across the Asian region and the rest of the world.

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CAN MYANMAR IMPLEMENT A POLICY OF “LEAVING NO-ONE BEHIND”?

By: Aung Moe Zaw

Introduction: Developments in Myanmar

Myanmar's COVID-19 Economic Relief Plan (CERP) released on April 27, 2020 is guided by the principle of leaving no one behind and the goal of flattening the curve without flattening the economy. If the plan can be implemented to achieve this, it will be truly applaudable.

The government's immediate response to the threat of a virus outbreak have been restricted by the facilities available within the country. Initially, testing capabilities were severely restricted, with test samples being sent to Thailand for the results. It may be due to the lack of testing in the early period that the first case was not confirmed in Myanmar until March 23.

Without confirmed cases, the government seemed constrained to impose any restrictions on the population. But once cases were confirmed, responses started to be announced and implemented. The immediate response included

“CERP details the activities which have already been done, those that are to be immediately implemented, and those that are to be put into place by the end of the year.

quarantining people arriving at airports, closing down of entertainment places and then tea shops, getting messages out to the population about prevention measures, such as handwashing and wearing of face masks, implementing a semi-lockdown with requests for people to stay at home, and a curfew during night time. Then the country itself went into a lockdown with borders closed and all overseas flights in and out of the country cancelled.

As of May 8, 2020,¹ there are 176 confirmed COVID-19 cases in Myanmar, of whom 6 patients have died. The numbers are still low, but so is the testing. To date, only around 10,000 tests in total have been conducted.

CERP (with its 7 goals, 10 strategies, 36 work plans and 76 actions) details the activities which have already been done, those that are to be immediately implemented, and those that are to be put into place by the end of the year. Many of the fiscal stimulus measures and those easing the impact on the private sector had already been started before the release of CERP. Such measures are currently being undertaken, after the national-level body led by the State Councilor was set up to respond to the pandemic. States and Regions are also tackling problems at the local level.

¹ This was reported by the Ministry of Health and Sports (MOHS) on its official Facebook page.

Among the immediate actions were those related to the setting up of quarantine centers. Approximately 60,000 migrants had crossed the border

from Thailand to Myanmar at the end of March. The migrants had rushed to the border, worried about the situation in Thailand, fearful they would get

locked down in Thailand because of the emergency decree, without jobs or income, and wanting to be with their families during the important Water Festival period. This was followed a few weeks later by a large number of migrants returning from China.

As migrants were health-screened and sent home, communities around Myanmar having heard that Thailand and China had more cases of COVID-19 than Myanmar, feared that the migrants might bring the virus. Many communities set up their own quarantine centers. To better ensure health standards at the quarantine centers, the General Administration Department was tasked with setting up community quarantine facilities in government buildings, usually schools. Over 8,000 quarantine centers are currently set up and the period of quarantine has been extended to 21 days in the facility followed by 7 days of home quarantine.

One of CERPs action plans relates to job creation for returned migrants through the implementation of labor-intensive community infrastructure projects. However, the plan does not take into account the vast majority of migrants, of whom there are at least 2 million in Thailand and 500,000 in Malaysia, who will probably not return home but will attempt to sit it out; waiting to start work again. To be able to do this, they need support, not only from the governments of destination, but also from the Myanmar government. Arranging quarantine and support for migrants to return would be much more costly and challenging than supporting the migrants to stay put until their jobs start again after the crisis.

Workers in Myanmar have also been affected by the global economic situation and by the impact of the national shutdown. In Myanmar, it has been reported that around 100,000 workers have lost their jobs while the numbers of workers who have been forced to work part-time is ten times higher.² These numbers do not include workers who lost their jobs in the informal sector.



Image: www.iom.int

“Workers in Myanmar have also been affected by the global economic situation and by the impact of the national shutdown.

² See <https://ispmyanmarspecialseries.com/>.



Image: www.irrawaddy.com

“In Myanmar, nearly one-third of the population live below the poverty line.

The relief available to those in the informal sector, like migrants, are jobs in labor-intensive community infrastructure projects; while workers who have already contributed to the social security system will get extended healthcare benefits for one year from the date of unemployment. However, the number of workers who are members of the social security fund is, in reality, only a small proportion of the entire Myanmar workforce.

“Obviously, construction workers are not included,” reported labor activist Thet Thet Aung. “Moreover, it does not cover all workers who work in various factories of the country, although more

workers have recently become SSB beneficiaries.”³

Working conditions and the rights of workers to organize in the factories are an ongoing cause for concern, with at least eight strikes taking place between December to early April. In some cases, solutions through negotiations with the employers and labor officials were found⁴ but in others, worker-activists were sued by the authorities by allegedly violating the emergency decree on natural disaster (COVID-19). It is not only important that these workers are not left behind, but it is equally important that they are included in the planning and decisions about their jobs and their future.

In Myanmar, nearly one-third of the population live below the poverty line.⁵ The vast majority of workers are in the informal sector; whether it be teashops, restaurants, domestic workers, trishaw drivers and so many other unrecognized workforces. Farmers and agricultural workers are two of the most important sectors in the country. Most vulnerable people have limited resources to survive for months on end without the remittances from their migrant relatives, whether they have migrated internally or internationally, and without support in the off-season months and assistance to diversify their incomes.

³ Phone Interview with labor rights activist Thet Thet Aung on May 10, 2020 (11:00am).

⁴ This is based on the documentation made by the Democratic Party for a New Society (DPNS).

⁵ See www.adb.org/countries/myanmar/poverty.

With no social safety nets, the economic impact of the pandemic may be devastating. These communities need prioritizing. The pandemic shines the spotlight on the areas of Myanmar that are most in need and have high degrees of inequality. Addressing this now, though late, may avert this current crisis and help eliminate the precariousness of people's livelihood. The fruit of their labor, our daily food, is a stable market. It is also a global market in which Myanmar could develop itself as a major player. Assisting the farmers through this crisis will not only ensure that we are all fed and that the farmers are valued, but it will also guarantee that those working in the agricultural sector will never be behind again but will be leading up front.

Currently, under CERP, the needs of workers are addressed somewhat skimpily under Goal 4, "Easing the Impact on Households" through the provision of in-kind food transfers and emergency rations through community-based food banks and associations. While these measures, if implemented quickly and continuously, may help these populations through the COVID-19 crisis, they do little to change the long term outlook for workers in agriculture and the informal sector, leaving these workers vulnerable to future crises.

Armed Conflict

The third action under Goal 4 refers to the delivery of cash transfers to the most vulnerable and at-risk populations, including internally displaced persons (IDPs). The Myanmar government needs to respond urgently to the needs of IDPs, who are forced to relocate due to conflict as well as dealing with the health pandemic.

For example, the death toll from the ongoing armed conflict in Arakan state is far higher than from COVID-19. Between Dec 1, 2019 to April 15, 2020, 336 people have been killed, 406 wounded, 43 arrested and 163,789 displaced. Indeed, there has been an escalation of fighting since the COVID-19 outbreak as armies take advantage of the attention being diverted to the



Image: www.theguardian.com

“With no social safety nets, the economic impact of the pandemic may be devastating.”

pandemic and the increased restrictions on freedom of movement and with it, even less media coverage and outside witnesses.

On April 21, the whole country was shocked to hear that a vehicle of the World Health Organization (WHO) carrying COVID-19 samples was shot at by a group of armed men in northern Arakan state. One of the staff members died and another was injured. United Nations (UN) Secretary-General António Guterres had already appealed for a global ceasefire amid the COVID-19 pandemic on March 23, 2020, and

on April 1, 18 ambassadors of foreign missions to Myanmar (including the European Union) echoed the Secretary-General's call for an end to armed conflict between the Myanmar military and non-state armed organizations, urging both sides to focus on “protecting the most vulnerable communities from the devastating impacts of COVID-19.”⁶

On May 9, *Tatmadaw* (Myanmar armed forces) responded to the appeal of the UN and concerned countries by making an announcement of a temporary ceasefire from May 10 to August 31,

⁶ Cited in *The Irrawaddy*, April 2, 2020.

2020. However, this announcement of the ceasefire clearly mentioned that it excludes the territories where unlawful organizations operate.⁷ We thus have to assume that until today, armed clashes are still going on between the military and the various armed groups. Dealing with a pandemic is a huge responsibility and burden for any country. But dealing with a pandemic and multiple areas of conflict is an almost impossible task. When people are displaced because of armed conflict, COVID-19 prevention will not be their first concern.

Will the government provide security for the marginalized in our society?

I have witnessed the government's actions in providing emergency food supplies to vulnerable households in Yangon and in ethnic Burman-dominated areas, as outlined in Goal 4 mentioned above. but I also hope to see such relief assistance to populations in conflict areas, particularly in Arakan state, Chin state, Kachin state and Shan state. These conflict areas are not small areas. Two-thirds of our country belong to the ethnic nationalities. In every ethnic area, civil war has been there for nearly seven decades.

The areas in Arakan and Chin states where the civil war has been intensifying are the poorest areas in our country. The population in those areas suffer, not only from the ravages civil war, but also from the pandemic, as well as the economic and social impact of the COVID-19 prevention measures. The most recent announcement of the Myanmar military apparently excludes these territories from the ceasefire.

Is it possible for the people living in conflict areas to receive equal treatment from the government? Is it logistically possible for such measures to be taken?

Without an immediate ceasefire, it will not be possible to fight together against the pandemic. Even if cash and in-kind transfers are provided, they may bring a moment of relief, but they will not bring stability or security.

What will be the post-pandemic situation in Myanmar?

Unless we develop CERP to have a bigger and longer-term vision, it will not be able to address the social inequality and armed conflict that exist today in Myanmar. It will not bring stability to the lives of people in conflict areas or to farmers and the urban poor. It is a good foundation and there are opportunities, but it must be a living document which allows for greater participation in its development. For example, the creation of jobs through

community infrastructure projects will surely be more successful if the communities themselves make the decisions on what they are and how they are run.

The Institute of Strategy and Policy (ISP)-Myanmar has expressed concern that CERP gives little consideration to the country's poor majority.⁸ I would like to encourage the Myanmar government and the business community to consider supporting the livestock and agriculture sectors for the long-term economy of the country. This consideration will help workers who have recently returned home from cities and from abroad. Doing so will ensure the sustainability of our country's economy. I found similar views expressed by economists and businesspeople in Myanmar.⁹

“Unless we develop CERP to have a bigger and longer-term vision, it will not be able to address the social inequality and armed conflict that exist today in Myanmar.”

Image: www.worldpoliticsreview.com



⁷ Cited in *Narinjara News*, May 10, 2020.

⁸ See <https://ispmyanmarspecialseries.com/>.

⁹ However, economists noted that sectors such as agriculture and livestock affect long-term food security.

“Myanmar is an agricultural country, so we should support these sectors to be prepared for a recovery in foreign demand,” said garments business owner U Tun Tun. “The most viable sectors in Myanmar are agriculture and livestock, which are important because they are essential for the masses,” said U Nay Lin Zin, secretary of the Shwe Lin Pan Industrial Zone. “Although this sector is just 30 percent of the country's GDP, it employs 70 percent of the population, so if we prioritize this sector, we can continue to support the country's economy” (Source: *Myanmar Times*, May 4, 2020).

Conclusion: “We must tackle structural problems in our society”

Achieving social justice should be at the heart of all policies aimed at fighting COVID-19, and should be practiced in the immediate responses. The core message should be strongly supported. At the same time, the details and implementation of the work-plan must ensure that no one is left behind not only during this current crisis, but even after that. We must also attempt to address the root causes of poverty and vulnerability in Myanmar.

One of the vital factors that hinders the achievement of the plans and goals of CERP is the country's internal politics and ongoing civil war. We need to stop this civil war immediately and

unconditionally. The plan can only be successfully implemented nationwide if there is a nationwide ceasefire. Without such a ceasefire, the communities affected by conflict will also be severely affected by COVID-19 and will be without support or assistance. We all need to work hand in hand in battling this pandemic. Hence, we must build trust among ourselves as preparation to face the challenges of COVID-19 and the post-pandemic era.

In order to implement the concept of leaving no one behind, workers, including the informal sector, need to take a more central position in the plan. At the same time, my suggestion is to further develop CERP so that it can have a bigger and braver vision of the future to transform the lives of farmers and the urban poor.

Therefore, I like to stress the following three structural points, apart from my recommendations above, as moving towards an environment to implement the sound vision of “no one left behind now and ever again” in beating this pandemic, and being able to build a new political environment to face the challenges ahead.

1. We need to stop the civil war immediately and unconditionally in Myanmar.
2. We need to fight the pandemic by working hand in hand with all communities including international and regional ones.
3. We need to build up our strength politically, economically and socially during this battle in order to face the forthcoming challenges of a post-COVID-19 period.

“No one must be left behind not only during this current crisis, but even after that.”

Image: www.newindianexpress.com



INDONESIA AND NASDEM PARTY'S FIGHT AGAINST COVID-19

By: Sondang Tarida Tampubolon

From the data that we can see on the website of the World Health Organization (WHO), many countries have experienced a sharp increase in COVID-19 cases. Fear, panic, anxiety, and uncertainty haunt every citizen. COVID-19 does not recognize national, religious, ethnic and racial boundaries. Everyone is equally in danger of being infected.

Like most countries, Indonesia is also affected by the COVID-19 pandemic. Though the country was largely unprepared to deal with the pandemic, the issue has not been politicized, since all are focused on handling COVID-19. Every Indonesian is sharing in the burden to combat the disease, and all want to get rid of the pandemic immediately. People want to be able to celebrate Easter Sunday in Church and not online, or to pray together during the fasting month (Taraweh)¹ in the mosque during Ramadan. All want to be able to celebrate Eid al-Fitr with family members, hugging and shaking hands.

“Every Indonesian is sharing in the burden to combat the disease, and all want to get rid of the pandemic immediately.”

Image: partainasdem.id



¹ Taraweh is the additional nightly prayer performed by Muslims during Ramadan — *the editor*.

Government Action

The Indonesian government is also exerting all efforts to develop the best strategy for handling the COVID-19 pandemic. One measure that has been adopted is the implementation of Large-Scale Social Restrictions or PSBB (*Pembatasan Sosial Berskala Besar*), which limits certain activities of residents in areas suspected of being infected with COVID-19. This is outlined in Government Regulation (PP) Number 21 Year 2020 and Presidential Decree (Keppres) Number 11 Year 2020 signed by Indonesian President Joko Widodo (Jokowi) on March 31, 2020. The purpose of the PSBB is to have a common vision and strategy from the central and regional governments in dealing with COVID-19.

PSBB does not completely limit all community activities, but it only applies to certain activities in areas suspected of being infected with COVID-19, to prevent the possible spread of the disease. Restricted activities cover schools and workplaces, as well as religious gatherings in places of worship. There are also restrictions on socio-cultural activities, on modes of transportation, and other activities specifically related to security and defense aspects. The operating hours of traditional markets and modern (retail) markets are also regulated, which are only allowed to remain open until midnight. Flights to and from red zone countries have also been stopped.

The terms “work from home” and “learn from home” are now phrases familiar in Indonesian society, and impact the way we use the internet because all our communications now use applications that require online connection. Meetings during the PSBB period are now done through apps such as Zoom and Google Hangouts.

To better handle the COVID-19 pandemic, the National Disaster Management Agency (BNPB) was given the task of promoting the importance of social distancing, physical distancing and the use of personal protective equipment (PPEs). It then appointed a special spokesperson to keep the public properly informed and combat the spread of fake news.



Image: media.npr.org

“Steps have also been taken to address the economic problems brought about by the COVID-19 pandemic.

Steps have also been taken to address the economic problems brought about by the COVID-19 pandemic, in the form of an additional Rp405.1 trillion (US\$27.5 billion) to the 2020 National Budget (APBN). The said sum is being used as follows:

1. Rp75 trillion (US\$5 billion) has been allocated to address the safety needs of health workers, especially the purchase of PPEs and medical devices such as test kits, reagents, ventilators, hand sanitizers, and others. The budget is also being used to upgrade 132 hospitals to become referral hospitals for COVID-19 patients., as well as the conversion of the Kemayoran Athletes Village² into a field hospital with a 3,000-bed capacity. Incentives will be given to doctors, nurses and hospital staff (specialist incentives of Rp15 million or US\$1,020.00 a month, general practitioners of Rp10 million or US\$679.80 a month, nurses of Rp7.5
2. Rp110 trillion (US\$7.4 billion) has been added to the social protection budget which will then be channeled to identified programs, such as the Family Hope Program (PKH), Food Packages, Work Card, to reduced electricity tariffs.
3. Rp70.1 trillion (US\$4.7 billion) has also been allocated as tax incentives and People's Business Credit (KUR) for micro, small and medium enterprises (UMKM). The government is also offering a 6-month payment delays in principal and interest for all KUR schemes affected by COVID-19.

million or US\$509.85 a month, and other medical personnel of Rp5 million or US\$339.90 or month). Compensation of Rp300 million (US\$20,394.28) will be for medical personnel deaths and handling other health problems.

² Kemayoran Athletes Village was originally constructed to accommodate the participants of the 2018 Asian Games — *the editor*.

4. Rp150 trillion (US\$10.1 billion) has been allocated to finance the national economic recovery program, including credit restructuring, as well as guarantees and financing of the business sector, especially UMKM.

5. The government has also imposed a number of policies on the non-fiscal sector to ensure the availability of essential goods, including industrial raw materials. Some of these policies are the simplification of limited export restrictions, and the acceleration of export-import process services through the national logistics ecosystem.

6. The maximum limit of the APBN deficit has now been revised to above 3%. Relaxation of the maximum budget deficit limit is imposed in 2020, 2021 and 2022.

7. The government has also issued a new monetary policy with Bank Indonesia and the Financial Services Authority in the form of granting relief and/or postponement of credit or leasing payments up to Rp10 billion (US\$679,809.65), including for UMKM and informal workers, for a maximum of 1 year providing relief and/or postponement of credit or leasing payments without ceiling limit, according to the debtor's ability to pay and agreed with the bank or leasing agency.

Challenges for Indonesia

The most important challenge facing Indonesia is the scarcity and uneven distribution of PPEs. This occurs because the government is not ready to deal with the COVID-19 pandemic, which is exacerbated by hoarding.

At same time, many people (especially casual daily laborers) who do not have enough money, have decided to return to their hometowns, causing new problems in their areas. This is seen in the increasing number of areas exposed to COVID 19. This is one formidable challenge for the government to think about.

Country	Total Confirmed Cases					Death
	April 3, 2020	April 4, 2020	April 5, 2020	April 6, 2020	April 7, 2020	Death as of April 7, 2020
Indonesia	1790	1986	2092	2273	2491	209
Australia	5224	5454	5635	5744	5844	42
China	82802	82875	82930	83005	83071	3340
Germany	73522	85778	91714	95391	99225	1607
India	1965	2301	2902	4067	4067	109
Italy	110574	119827	124632	128948	132547	16525
Japan	2617	2920	3271	3654	3906	80
Malaysia	3116	3333	3483	3662	3793	62
Mongolia	14	14	14	14	15	-
Myanmar	16	20	20	21	21	1
Philippines	2633	3018	3094	3246	3660	163
South Korea	10062	10156	10237	10284	10331	192
Thailand	1875	1978	2067	2169	2220	26
Timor Leste	1	1	1	1	1	-
United States	213600	241702	273808	307318	333811	9559

For small and medium enterprises, it is almost impossible to do work from home, especially factories and those involved in crop production and flour processing. In Indonesia, factories are still mostly done by human labor.

The tourism sector and its supporting businesses, which were previously one of the country's largest revenues sectors, has now collapsed. Many tourism entrepreneurs have been forced to lay off their employees and add to Indonesia's number of unemployed people.

“All members of the House of Representatives from the Nasdem Party faction have deducted 50% of their salary to help the government handle the COVID-19 pandemic.”

Image: /OfficialNasDem



Nasdem Response

The regional head, who is a Nasdem Party cadre, conducts a coordination policy and an extension of the central policy with adjustments depending on the red zone of the COVID-19 pandemic. At the same time, Nasdem Chairperson Surya Paloh has issued clear instructions to all party members to take to the field every day to spray disinfectants, and distribute face masks and hand sanitizers. All members of the House of Representatives from the Nasdem Party faction have deducted 50% of their salary to help the government handle the COVID-19 pandemic.

The Party's Central Executive Board also has called on the central government to take strategic, swift and appropriate steps to ensure the country's readiness in facing the peak of COVID-19 which, according to experts, will mostly likely begin by the end of April 2020. To do so, Nasdem Party has issued the following proposals:

1. Place the safety of all the people of Indonesia as the highest law (*salus populi suprema lex esto*³), the top priority and the rationale of all actions designed to stop the COVID-19 pandemic through the following steps:
 - 1.1. Prepare the national hospital room capacity, including the building of a special COVID-19 emergency hospital.
 - 1.2. Ensure the sufficiency of PPEs for medical personnel.
 - 1.3. Provide incentive allowances for medical personnel who are involved in handling the COVID-19 pandemic.
 - 1.4. Prepare a worst-case scenario if the pandemic lasts longer than predicted, either in terms of health system resiliency, food security, and socioeconomic resilience.
2. Suspend construction projects, both physical infrastructure and the procurement of goods and services at both central and regional levels, postpone national activities such as the National Sports Week, and defer plans for the new national capital.
3. Reallocate the budget by focusing on the resources that the country would need to face COVID-19:
 - 3.1. Issue a Government Regulation instead of a law to change the State Budget deficit from 3% to at least 7% to 10% to anticipate a pandemic emergency. This is important so that it becomes the next move for the government to manage the budget. It is an important measure that should be adopted during this pandemic in order to fully optimize the State Budget.

³ *Salus populi suprema lex esto* is a phrase from Roman writer Cicero which literally means, "The welfare of the people should be the supreme law" — the editor.

3.2. Reallocate parts of the central and regional expenditure budget (related to meetings, official travel, and others) amounting to Rp900 trillion (US\$61.1 billion).

3.3. Discontinue the use of the Special Allocation Fund for physical development and non-health or non-food procurement.

3.4. Ensure the reallocation of the Over Time Budget Financing for the Year amounting to Rp270 trillion (US\$18.3 billion).

3.5. Immediately divert Rp419.2 trillion (US\$28.4 billions) in Infrastructure Funds.

3.6. Circumvent the national emergency budget reserves through careful use of the Indonesian Deposit Insurance Corporation (LPS) fund amounting to Rp150 trillion (US\$10.1 billion). State foreign exchange reserves amounting to US\$13.5 billion or equivalent to Rp200 trillion can be utilized by Bank Indonesia by buying back new Government Securities issued by the government.

3.7. The last option is to accept the bailout prepared by the World Bank to help COVID-19 affected countries.

4. Prepare swift steps for national economic recovery.

4.1. Provide financial incentives for affected workers on pre-employment cards.

4.2. Provide fiscal stimulus in maintaining company cash flow to minimize the impact of economic decline, and lessen the number of companies going bankrupt.

4.3. Continue the discussion on proposed laws and legal measures that can provide the driving force for investment competitiveness and ensure employment recovery at the fastest possible time once the global economy improves, such as the discussion on the Omnibus Draft Law on Employment Copyright.

5. Strengthen the synergy between the central government and regional governments in the transfer of budget, and on decisions/directives on regional quarantine.

6. Put aside political interests and work together against COVID-19.

7. Prepare Direct Cash Assistance for people below the poverty line that is focused on the red zone areas of COVID-19.

Every country in the world must see that the COVID-19 pandemic is not only a national problem but a global

problem. Cooperation between countries is needed. Information exchange, especially in handling COVID-19 patients, is needed. World leaders must have a shared mindset for the pandemic to end. The transportation of humanitarian aid and the delivery of PPEs must be facilitated. If in the future, there are still countries that face the COVID-19 pandemic, then it must be considered that this pandemic is not yet over. Indonesia, with the full support of the Nasdem Party, is dedicated in fighting this pandemic in a progressive and comprehensive way.

“Every country in the world must see that the COVID-19 pandemic is not only a national problem but a global problem.”

Image: s1.reutersmedia.net



INDIA'S RESPONSE TO COVID-19: **PROMPT YET PIECEMEAL, EXPANSIVE YET EXCLUSIONARY**

By: Sachin Kumar

A deadly pandemic like COVID-19 warrants a coordinated, humanitarian response since it has not just far-reaching epidemiological ramifications, but social, economic and psychological consequences as well. Managing a pandemic becomes more challenging in the context of India which is home to one-fifth of humanity. It has a dismal record of expenditure in public healthcare. Also, it has a complex administrative structure which has a dubious track record of faltering badly at ensuring last mile connectivity.

Government Response

When the first case was reported in India on January 30, 2020, the country was caught off guard. The country was ill-equipped to conduct disease surveillance and containment, and an

effective communications strategy with the public-at-large was not in place. However, the day China announced the outbreak, Indian authorities sprang into action. Before the World Health Organization (WHO) declared it an emergency, India had already started thermal screening of international passengers. Symptomatic passengers were taken to isolation wards and others were advised to observe home quarantine for a stipulated number of days.

However, mere screening of symptomatic passengers was flawed because it let slip those who were infected but were asymptomatic. The screening continued despite the availability of knowledge with the Indian Council of Medical Research that early and widespread community

testing was the key to flatten the curve.¹ This omission proved fatal and footprints of the virus got spread across the country.

A series of screening, contact tracing, tracking, and testing began at various sensitive locations. By the middle of March a number of steps had been taken by the central as well as state governments: a containment plan was in place involving nearly 20 ministries along with all the provincial governments, and tasks were assigned to ensure uninterrupted supply of essentials; advisories for social distancing were issued; relevant legal instruments were invoked; requisite funds were mobilized to ramp up the healthcare system; help lines were instituted; and, an economic response task force was constituted.

¹ Pulla, Priyanka (2020). "ICMR Study Suggests Its Testing Strategy was Flawed, Airport Screening a Mess." *The Wire*. February 28. Retrieved from://science.thewire.in/health/coronavirus-testing-icmr-testing-strategy-covid-19-diagnostic-kits-community-transmission/.

While these steps were being taken, the healthcare system was finding it difficult to cope up due to severe lack of testing facilities, ventilators, health professionals, isolation wards and personal protective equipment. While the government was patting its back for the low rate of infection, it was not willing to acknowledge that India had not been conducting enough tests. Over a short period of time the number of labs increased, collection centers multiplied exponentially, yet given the enormity of the situation, these developments can best be termed as 'too little, too late'.

Lockdown

Then as the ultimate containment strategy, complete lockdown for three

weeks was announced on March 24. While few questioned its necessity, most of the observers objected to the high-handed way in which it was implemented. The decision was abrupt, done without proper preparation, lacked forethought and a coherent plan.

For millions of Indians, it came as a bolt from the blue, especially for the migrants. The cities they had built abandoned them within a few hours and as a consequence, one of the most unprecedented reverse migrations was attempted. Millions of them set out on foot to cover hundreds of miles — hungry and thirsty, bruised and battered, anxious and traumatized.

Those who reached their destinations were not welcomed and were ostracized. Those who were stopped on the way had to face hunger, hardships, humiliation and harassment. Authorities simply forgot that their exodus was not an act of defiance but a desperate attempt to survive.

Governments, both central and state, did take a number of frantic steps, ranging from direct transfer of cash, free ration through public distribution system, and running of community kitchens and shelter homes. However, as a number of reports² illustrate, these steps have been grossly inadequate since seven essential securities ILO³ talks about went for a toss in a jiffy.

“While the government was patting its back for the low rate of infection, it was not willing to acknowledge that India had not been conducting enough tests.

Image: assets.nst.com.my



²Jan Sahas (2020). *Voices of the Invisible Citizens: A Rapid Assessment on the Impact of COVID-19 Lockdown on Internal Migrant Workers (Recommendations for the State, Industry and Philanthropies)*. New Delhi. See also https://covid19socialsecurity.files.wordpress.com/2020/04/swanreport_final.pdf.

³ILO. (2002). *Decent Work and the Informal Economy*, Report VI, International Labour Conference, 90th Session, Geneva: Author.

Immediate Effect

Apparently, steps taken to rein in the pandemic seem to have worked so far since the recovery rate has improved, the doubling rate has come down, and states and districts have started declaring themselves pandemic-free one after another. However, these measures have serious socioeconomic consequences. Let us look at some of these fallouts starting from the health sector.

Owing to hospitals' preoccupation with the pandemic and mobility restrictions due to the lockdown, access of millions of patients to routine and even emergency services stands severely compromised. Children, women, elderly and persons with disability are the worst affected groups.

On the other hand, due to job loss and other uncertainties, mental health issues such as fear, anxiety, depression and trauma are commonly experienced. India is not equipped to deal with mental health problems because of dismal public investment and the laughably small number of professionals. Neglect of mental health issues is known to cause morbidity and loss of productivity.

Economies are bleeding the world over, including India, which is likely to face, as a recent KPMG report⁴ phrases it, "demand, supply and liquidity shocks." In these circumstances, the three major contributors to GDP — private consumption, investment and external trade, are going to be affected adversely. In the worst case scenario, India's growth is likely to fall below 3%.

Perhaps the most nagging concern pertains to the labor market. An estimated 1.2 billion people lost their jobs in the first two weeks of the lockdown, which means nearly one-third of all households could be facing a livelihood crisis. Most of these job losses are likely to be in micro, small and medium enterprises (MSMEs) and in the informal sector impacting persons from socially and ethnically disadvantaged communities.



Image: thefederal.com

“An estimated 1.2 billion people lost their jobs in the first two weeks of lockdown, which means nearly one third of all households could be facing a livelihood crisis.

The exodus of migrant workers has put the burden on villages where they have returned, adding to the rural distress which has pushed them out earlier. Their absence from their workplaces would mean lack of labor needed when the economy comes back on the rails.

Social Impact

At the societal level, two contradictory trends can be discerned. On the one

hand, people have come together at local levels, individually or through informal groups, religious congregations, and voluntary organizations to ameliorate the conditions of the worst affected people. They are running community kitchens, making and distributing masks and sanitizers, contributing to funds, providing dry rations and working as volunteers with state officials.

⁴ KPMG (2020). *Potential Impact of COVID-19 on the Indian Economy*. Chennai.

⁵ Yadav, Yogendra (2020). "India Lost More Jobs due to Coronavirus Lockdown than US did during Depression." *The Print*. April 8. Retrieved from: <https://theprint.in/opinion/india-lost-more-jobs-due-to-coronavirus-lockdown-than-us-did-during-depression/397693/>.



Image: images.newindianexpress.com

“In a country where elections are fought along the fault lines of caste and religion, the availability of universal healthcare may assume center stage.

On the other hand, people are attacking and stigmatizing health workers, reverse migrants and infected persons. The most alarming concern has been the vilification of minority groups on the pretext that the virus is being spread across the country by people who attended a religious gathering of *Tablighi Jamaat*⁶ in Delhi. Rumor factories coined the dubious narrative of bio-jihad or Corona-jihad with such gusto that this incident became an excuse to threaten and ostracize already alienated and marginalized Muslims.

Socioeconomic consequences are likely to shape the Indian political scene as well. At the systems level, the role of the state got accentuated which should serve as a pointer for refraining from privatizing essential services. The extremely active and crucial role played by the provinces and their leaders who worked in tandem with the central government has strengthened the roots

of federalism. In a country where elections are fought along the fault lines of caste and religion, the availability of universal healthcare may assume center stage. The revival of the economy and reclaiming the trust of citizens post-COVID-19 will shape the legacies of the current parties and their leaders. Hopefully, rhetoric may get replaced by realpolitik.

The pandemic has taken its toll on education and training activities across the country since institutions were closed much before complete lockdown was announced. E-learning has been initiated enthusiastically at different levels, which is likely to give impetus to digitalization in education. However, it must be borne in mind that technology adoption does not happen overnight and is dependent on the availability of requisite infrastructure and skills. A hurried implementation is proving to be counterproductive. Theoretically, ICT

tools are expected to democratize education, but in practice, these are likely to be used by the privileged only. Disruption in skill training will impact the availability of trained workforce in the future.

In a context where “normal times” have been difficult for women, disasters such as COVID-19 affect them more adversely which gets exacerbated due to gender blind policies. Due to the closure of schools and hospitals, unpaid care responsibilities have now multiplied. For professional women who are expected to work from home, these burdens get amplified. Women in the informal sector such as domestic workers, street vendors, home-based workers, waste pickers, construction workers and other daily wage earners and piece workers are facing financial hardships due to job loss, decreased income and ineligibility for paid leaves or other social security benefits.

⁶ *Tablighi Jamaat* (Society of Preachers) is an Islamic missionary movement founded in 1926 — *the editor*.

On the health front, the pandemic has made access to reproductive and sexual health services difficult. Uncertainties engender family discords, mental health issues and in abusive families, gender-based violence. Grassroots health workers are not trained on handling disclosures pertaining to gender-based violence. At the same time, concerns of healthcare sector

workers, which is largely dominated by women, remains unaddressed. Unavailability of gender segregated data also limits advocacy efforts. None of the schemes introduced and implemented take a gender sensitive approach. Moreover, in the entire process of pandemic management, women are grossly under-represented in leadership positions.

“The pandemic has made access to reproductive and sexual health services difficult.

Image: www.thehindubusinessline.com



Weak Communication

Communication is the key to effective pandemic response. In the case of India's response, communication with the people faltered on many accounts. It was erroneously assumed that similar messages would be relevant for all. Targeted communications, taking into account gender, age, disability, education level, and economic status would have been more effective. Not doing this is symptomatic of the state's preoccupation with the middle class and general disconnect with the masses.

To illustrate, in a country where the availability of clean water and soap is a luxury for many, asking people to use hand sanitizer is insulting. Advising people to do Yoga and learn new recipe is just insensitive, even callous. Non-communication with the worst affected people also led to trust deficit. For example, no road map for stranded workers was ever shared in public broadcasts.

Positive Action

At provincial level, a number of unique initiatives have been taken up. Kerala engaged in aggressive testing, created a contagion route map, engaged professionals to understand behaviors of migrants and tailored measures as per their psychographics, started multilingual helpline, ensured that community kitchens serve food of the home state to the inmates, set up counselling centers, launched an app to curb fake news, and developed a network for awareness and education. Odisha engaged private hospitals, announced monetary incentive of persons coming from abroad to declare themselves on a government portal, and galvanized self-help groups for making protective gears and running community kitchens. Uttar Pradesh quickly established 10 testing centers and ensured the availability of food through online platforms. Tamil Nadu did quick hiring of healthcare workers. Himachal Pradesh initiated a mobile outpatient department (OPD) for patients who were not able to visit hospitals due to mobility restrictions.

“Other than developing resilience against any pathogen in the future, we also need to deal with the other pathogens of inequality, discrimination and parochialism.

India is also contributing towards building regional and global capacities through the South Asian Association for Regional Cooperation (SAARC) and G-20. Indian Prime Minister Narendra Modi proposed setting up an emergency fund and pledged a contribution of US\$10 million which was reciprocated by SAARC members. Besides dispatching essential medicines, testing equipment, and protective gears, India has offered to run an online training capsule for emergency response teams and share disease surveillance software with neighbors.

Conclusion

India is gaining ground on a daily basis. Wrongs are being righted and course corrections are being made. Within a few months, India may declare itself pandemic free and then the process of building back would start.

Other than developing capacities of systems and communities for developing resilience against any pathogen in the future, we also need to deal with the other pathogens of inequality, discrimination and parochialism. Getting inoculated against these viruses would enhance the country's preparedness for future disasters in a real sense.

Iron hands need to be replaced by empathic governance, the regulatory and punitive mindset should be replaced by an inclusive and supportive perspective ensuring that citizen's participation in agenda-setting and execution goes beyond tokenism. Addressing trust deficits would address democracy deficits that would make us future ready for a harmonious, safe and healthy existence.



Image: storage.googleapis.com

KERALA'S EXPERIENCE WITH COVID-19: WHAT LESSONS TO LEARN?

By: S. Irudaya Rajan

With over 3.4 million cases worldwide and claiming over 240,000 deaths as of May 1, 2020, the SARS-CoV-2 virus is one of the toughest adversaries the world has faced yet. It has already reached every nook and corner of the world and with no vaccine to cure the disease. The destruction created by the virus is bound to witness a rise in the coming months.

COVID-19 presents us with a humanitarian crisis in every aspect of it. It really does test the immunity, not only of individual human bodies, but also our institutions to handle a crisis of such degree. It essentially forces us to introspect and attend to those aspects of our own lives that will not be the same when this crisis is over. The impact that the crisis has caused on the global economy is unprecedented. With human activity coming to a screeching halt owing to the complete lockdown, the economic losses are grave with every sector of the economy being affected due to their interdependence. The world is facing a multi-layered crisis with a health shock, fall in demand and a rise in commodity prices.

“COVID-19 presents us with a humanitarian crisis in every aspect of it.”

Image: [resize.indiatvnews.com](https://www.resize.indiatvnews.com)





Image: i.guim.co.uk

“The Kerala government's response to the crisis has presented the world with valuable lessons not only in governance of the present situation but also one that could revise the state's role as a welfare provider.

The on-going 40-day lockdown in India — just extended for two more weeks as announced on May 1, 2020 — harsher than anywhere, was approved by scientists as essential for the containment of the virus given the weak capacity of the public healthcare system. Though the lockdown has been effective in containment, it has, on the other hand, pushed the already poor into starvation.

On the economic front, with reduced demand affecting retail units, the impact of the virus will be transferred onto the production units leading to job losses and considerable reduction in overall economic activity. The

International Monetary Fund (IMF) at the time of writing this article has projected a GDP growth rate of 1.9% down from 4.8% predicted in January 2020. In addition, the economic loss owing to the 21-day lockdown is estimated to be around US\$116 billion according to some reports, which is expected to increase much more due to its extension. In addition, the lockdown has rendered millions of migrant workers jobless and homeless with the complete halt of domestic transportation facilities, forcing some to walk hundreds of miles towards their homes in order to escape penury and starvation at their destinations.

On the other hand, while the government has mandated that agriculture be an essential activity to ensure food production, many farmers are left with no labor to harvest the crops as they have packed their bags and made their way home. While the lockdown may have led to a lesser than normal level of transmission, cases are still increasing everyday leading to serious questions about how to exactly open up the country with minimum loss to the economy and people's lives.

The complete lockdown also meant that the states had to comply entirely with maintaining it. However, given that health is a state subject in India, the states have autonomy to follow their own measures in tackling this crisis. It is here where the case of certain states needs to be highlighted — starting with the example of Kerala.

Kerala, with its high population density and the tremendous international mobility of its citizens and global connections, was the first region to record cases of COVID-19 in India, through the return of three medical students from Wuhan, China. According to the Kerala Migration Survey 2018, Kerala has registered about 3 million migrants from Kerala (both internal and international) as against 3 million of migrants to Kerala — who I call replacement migrants.

While those cases were contained early on, the state started seeing a spike in cases in early March and reported the largest number of cases in the country throughout the month. Since then, a variety of measures have been put in place — from efficient contact tracing and isolation/quarantine of suspected cases, to spreading awareness of the unfolding crisis with regular and transparent communication to the public. The present government's response to the crisis has presented the world with valuable lessons not only in governance of the present situation but also one that could revise the state's role as a welfare provider.

Kerala's long experience with international migration has led to the cognizance of the virus spreading to its shores. As the State Minister of Health K.K. Shailaja mentioned, the presence of Keralite students in Wuhan meant the government knew it was a matter of

time before it spread to Kerala.¹ As such, the state started preparing well in advance, in January itself, for when that eventuality occurred. The experiences of dealing with the deadlier Nipah virus in 2018² and the subsequent massive floods in Kerala meant that protocols to deal with this issue were already in place by the time the first cases arrived on January 28.

Later, it became the fourth state to announce a complete lockdown even before the central government on March 23, but was the only state to simultaneously announce a US\$2.7 billion relief package for residents and businesses (which is, incidentally, higher than the \$1.98 billion relief package announced by the central government).

At the same time, Kerala's robust and highly decentralized healthcare system has proven to be efficient in supplying vital support by identifying patients, as well as providing affordable and accessible healthcare to people in need. For its residents, the state government has begun providing food kits full of essential supplies for ration cardholders, as well as free ration at ration shops for Aadhar card holders,³ thus providing relief especially to the vulnerable sections of society.

The government has also, presciently, started delivering cooked mid-day meals for children who are dependent on it for daily nourishment, but cannot avail of it due to the closure of schools, which used to provide it. These meals are being provided by women's self-help groups, which are promoted through the government's famous *Kudumbashree Programme*⁴ since the late 1990s, and have also been at the forefront of widespread voluntary efforts such as the manufacture of face masks, delivery of essential products

“Kerala's robust and highly decentralized healthcare system has proven to be efficient in supplying vital support by identifying patients, as well as providing affordable and accessible healthcare to people in need.”

Image: img.mensxp.com



¹ *The Straits Times* (2020). “Coronavirus: Kerala's Investments in Public Health Pay Off.” April 18. Accessed at: <https://www.straitstimes.com/asia/south-asia/keralas-investments-in-public-health-pay-off>.

² The Nipah viral infection characterized by fever, headache and drowsiness, that could lead to coma. A Nipah virus outbreak began in Kerala in May 2018, which killed 21 people. The outbreak was declared officially over on June 10, 2018 — *the editor*.

³ The Aadhaar card is a unique one-time government-issued identity card that is assigned to all Indian residents. The card has been widely used in targeted distribution of various welfare schemes, as it is used to identify the targeted population.

⁴ *Kudumbashree*, which means “prosperity of the family in Malayalam language, is the poverty eradication and women empowerment program of the Kerala state government — *the editor*.”

and sensitization drives for health and hygiene practices. The government has also made it a point to hold daily press conferences to provide the public with updates and plans for the future.

In addition to this, the capacity of the local governments to mobilize state actors and civil society partners to coordinate efforts at the village, *panchayat*⁵ and municipality levels has made the pivotal difference in the identification of cases, contact tracing, containment efforts and in addressing the needs of migrant workers. There has been extensive use of technology such as GPS data from phones and the

clever use of social media to achieve these challenging tasks. The Break the Chain campaign⁶ of the state government has emphasized personal hygiene and social distancing measures to keep infection rates as low as possible. Further, Kerala became the first state in the country to introduce walk-in testing kiosks to ensure mass testing.

Kerala has also handled the issue of stranded migrant workers with particular care. On April 9, 2020, in a response to the Supreme Court-led public interest litigation, the central government revealed that of the 630,000 migrants housed in

government-run shelter homes throughout the country, about half of them were in Kerala alone. In fact, 65 percent of the total number of government-run shelter homes in the country are being run by Kerala itself.⁷ The migrant workers, termed as “guest workers” by the state, are provided with food and shelter during the lockdown. This has, to a large extent, abated the migrant crisis in the state.

Also, in a first for the country, the state promulgated the Epidemic Diseases Ordinance 2020 on March 27, in order “to unify and consolidate laws relating to the regulation and prevention of epidemic diseases.”⁸

“Kerala has handled the issue of stranded migrant workers with particular care.

Image: thewire.in



⁵ *Panchayat* is system of local self-government in India — *the editor*.

⁶ The Break the Chain campaign is a mass handwashing campaign by the Kerala state government that began on March 15, 2020 — *the editor*.

⁷ *The Wire* (2020). “Kerala Govt Running 65% of Shelter Camps for Migrants After Lockdown: Centre to SC.” April 9. Accessed at: <https://thewire.in/law/kerala-centre-supreme-court-lockdown-migrant-labourers-shelter>.

⁸ Mandhani, Apoorva (2020). “Kerala Promulgates Covid-19 Ordinance to Restrict Duration of Essential Services.” *The Print*. March 29. Accessed at: <https://theprint.in/india/governance/kerala-promulgates-covid-19-ordinance-to-restrict-duration-of-essential-services/390629/>.



Image: images.newindianexpress.com

Kerala has a strong sense of social citizenship backed by a history of social movements. The state's governance model is led by the motive of decentralized planning with an emphasis on rights-based welfare along with strong institutional capacity. All these, combined with timely public action and the best public healthcare system in the country has aided in flattening the curve. With the COVID-19 pandemic being seen as an indicator of the fallout of globalization and neoliberal policies, the “Kerala model” provides enough lessons for emulation in moving towards a post-COVID world.

However, while Kerala and other states have adhered to the national lockdown imposed by the central government till April 15 and deliberated along with the Centre for its extension to May 3, there has been some tension between states

and the central government on how to proceed with the lockdown. For example, Kerala had announced plans of enacting a staggered opening up of its economy after April 20 according to zones depending on the severity of cases. Districts were divided into separate zones depending on the severity of the spread, and those with low reports of cases over the past weeks were slated to open up, with certain regulations. However, this move brought censure from the central authorities and Kerala had to retract most of its plans of opening up. Instances such as this indicate that the Center and states have not quite been on the same page in dealing with the crisis — something that will need to improve if we are to overcome this catastrophe with minimum damage to lives and livelihoods.

“Kerala has a strong sense of social citizenship backed by a history of social movements.”

PROGRESSIVE APPROACHES IN ADDRESSING THE COVID-19 PANDEMIC: THE MALAYSIA MODEL

By: Kelvin Yii Lee Wuen and Fong Ren Ming

(Editor's Note: This article is a condensed version of a much longer paper, which has been uploaded to the Socdem Asia website, www.socdemasia.com.)

COVID-19 in Malaysia was first reported on January 25, 2020, when it was detected on tourists from China arriving via Singapore following the outbreak in Hubei, China. Reported cases for January and February remained relatively low and largely confined to imported cases, until localized clusters emerged in March; the largest cluster was linked to a Tablighi Jamaat religious gathering held in Sri Petaling, Kuala Lumpur in late February and early March, leading to massive spikes in local cases and an exportation of cases to neighboring countries.

After that, the number of cases increased exponentially and within weeks we recorded the largest cumulative number of confirmed COVID-19 infections in Southeast Asia, breaching over the 2,000-mark in active cases by the end of March from fewer than 30 at the start of the month. By March 16, there were positive cases in every state and federal territory in the country.

As of April 19, 2020, the country has reported a total of 5,389 confirmed cases, 3,197 recoveries and 89 deaths. Accelerated testing reveals a comparatively low case fatality rate (1.65% as of 19 April 2020) than in the Philippines and Indonesia, but remains moderately more severe than in Thailand, Singapore and Brunei.

An Exit Strategy and the New Normal

We believe we need to face it, that without a vaccine, life will not return to the normal that we know. Even with encouraging news of vaccine developments coming from all around the world, even the most optimistic foresee that it will be at least another 12 to 18 months away. This is due to the

“The government plays an important role in communicating with the public as they steer Malaysia towards a new normal.

complicated nature of the virus, including the possibility of mutations and multiple strains of the coronavirus in different demographics. There have been reports of different strains affecting those in Malaysia and other ASEAN countries, Europe and the United States.

This means that the world will need to prepare for the “new normal” and adapt our behavior to what it actually means. This new normal may be progressive and cultural-context sensitive, but it must not compromise or leave out the necessary and important precautions.

That is why the government plays an important role in communicating with the public as they steer Malaysia towards a new normal. The current

Movement Control Order (MCO), or restriction orders is of course ideal on a health perspective to fight COVID-19, but they are not tenable or sustainable in a medium run, and certainly not in the long run.

For the past few days, the daily health reports have been somewhat encouraging, but a relapse is one major mistake away and the reality is, the weakest link in the chain can undo all the good work with a blink of an eye. We have seen examples from Singapore and Japan on how easily one can flip from virus hero to cautionary tale.

On the economic side, the World Bank has revised their projection from previous limited optimism for Malaysia especially as oil prices plummet. It is estimated that every drop of a single US dollar equals a loss of RM300 million a week for the government. Small and medium enterprises (SMEs) have already raised concerns and many are turning in their white flags. The one-off payments from the economic stimulus package will wear off eventually as the economic realities will start to bite. That is why an exit strategy is imperative.

The battle against COVID-19 is not merely a public health issue. At this scale, there is no doubt that it is a national security concern that has a deep impact on our society and economy. That is why a whole-of-government and whole-of-society approach is needed to deal with this holistically.

This can be done through the 3Cs:

1. Controlling the epidemic.
2. Communicating with the public.
3. Containing the impact of the disease.



Image: www.scmp.com

“The battle against COVID-19 is not merely a public health issue. That is why a whole-of-government and whole-of-society approach is needed to deal with this holistically.”

Controlling the Epidemic

Healthcare

On the health side, the pandemic has amplified the systemic lack of investment in public goods, particularly our healthcare system. As the number of cases climb, healthcare systems in many countries are under intense strain, as we have witnessed not just in our case, but also in the case of Italy, Iran and France where doctors were forced to make the impossible decision to “choose” their patients.

That is why it is imperative that the government increase the national healthcare spending, not just to deal with the current pandemic, but also the other pandemics to come as well as the silver tsunami (aging population) that is to come. The World Health Organization (WHO) has always recommended for a country like Malaysia to spend up to 7% of their GDP on healthcare. For 2020, the Ministry of Health has been allocated RM30.6 billion (US\$7 billion), which is about 2% of GDP, whereas OECD countries spent an average of 8.8% of GDP on health budget in 2017.

“The pandemic has amplified the systemic lack of investment in public goods, particularly our healthcare system.

Malaysia has 1.98 beds per 1,000 residents, below the average of developed nations at 2.5 beds per 1,000 residents. Meanwhile, many of our medical personnel are underpaid, overworked and underappreciated.

On the short term, such increase in spending is needed to increase the health capacity including ICUs, ventilators, PPEs and even increase our human resource. Our frontliners must be properly protected to keep them motivated and most importantly safe.

Incentives should be given by the government to promote local production and reduce import dependency on such medical essentials especially when producing countries are limiting exports to preserve their own domestic consumption.

Our testing capacity should also be increased not just in quantity, but also the speed of results, in order to test and isolate effectively to allow certain movements and work. Accurate Antigen Rapid Test Kits (RTK) should be mass produced and used alongside a proper network and special workforce to trace, contact and test new cases on the spot, and isolate immediately.

In Malaysia, there are more than 80% of COVID-19 patients that are asymptomatic or have mild symptoms. That is why contact tracing and mass testing is so important so that they can be isolated and warded for monitoring to make sure they do not infect others and do not deteriorate themselves.

This is important especially when we lift the MCO, as naturally there will be a spike in cases, but how we handle and contain it will determine whether there will be a wave of a secondary infection. Learning from the Singapore story, we must also intensify mass testing among marginalized groups including migrant workers, legal and illegal. The government cannot ignore any longer the presence of some 5 to 6 million undocumented migrants, on top of the 1.76 million documented foreign workers and 178,990 registered refugees and asylum seekers in Malaysia as of 2019.

These are people who do not just have generally appalling living and work conditions, but also in many instances no healthcare coverage nor access to healthcare facilities in this country. Many are afraid to seek treatment in fear of the authorities. This of course complicates proper monitoring or tracking the whereabouts and the health conditions of these people.

Due to these factors, they are basically a timebomb for the spread of any infectious disease. Thus, the government must be pro-active and acknowledge that this is not just a humanitarian problem, but also a security issue for the country. Border control must remain even after the MCO is lifted. More than 180 countries have COVID-19 positive cases, so border control must be strengthened to control the risk of imported cases.

On top of that, the government also needs to consider the impact towards the patients of other diseases besides COVID-19, including cancer and other non-communicable diseases (NCDs) who had to delay their treatment or appointments due to the MCO. Some cancer patients were already struggling to come to terms with the delay in their treatments. Many patients with diabetes and kidney ailments may have already missed their appointments and are not getting their regular supply of medicine.

Image: apicms.thestar.com.my



This of course may result in an increase of the rate of hospital admissions due to complications of such diseases that will not only put additional pressure on the hospitals, but in worst case scenarios, increase mortality for patients of such conditions. We do not want the morbidity or mortality rate of other diseases to go up amidst the COVID-19 outbreak. That is why more detailed and supportive policies to ensure the different spheres of people that are most affected by this get the needed support and help.

A “unified medical network” consisting of the public and private sectors can be considered, where COVID-19 cases are focused and prioritized in major public hospitals while other secondary hospitals and even private hospitals can be designated as “clean hospitals” to treat patients of other conditions.

Mental Health

Apart from the physical aspects of the disease, patients and even PUIs (persons under investigation) also suffer from the mental stress and stigma it brings. Due to the “infectious nature” of the disease, people tend to throw blame, accusations and even spread unverified information on social media about the patient and their family out of fear.

This compound on to the mental stress patients suffer due to concerns over their own health, and in many instances “spreader’s guilt,” which is the guilt they suffer if they spread the disease to another person. This is amplified if the one they infected eventually pass away. Another form of guilt experienced is what is known as “survivor’s guilt,” which we often see among war veterans. This is when the person they spread to dies from the disease, but they survived.

So mental health support is very important as we move forward and heal as a nation. Psychological First Aid (PFA) or mental health and psychosocial support (MHPSS) is very important moving forward since this can help patients and even family members deal with grief, pain and loss. Psychiatrists, clinical psychologists and



Image: apicms.thestar.com.my

“Mental health support is very important as we move forward and heal as a nation.

counsellors must be mobilized into a unified network to deal with the increase of cases, as well as provide targeted psychotherapy to those in need.

On top of that, economic struggles will also take a toll on the mental health of citizens especially during this tough period. Why is it important? Studies have shown that mental health affects work productivity. There is also an economic cost to mental illness that stems from workers’ reduced productivity. If we want to recover economically from the impact of the virus, we will need optimum productivity from our citizens, and that

is why mental health support on top of physical health preservation must come hand in hand as we heal as a nation.

Communicating with the Public

The Health Ministry must prepare proper guidelines for the running of industries, schools, sporting facilities, government services, private sector, service industries and others post-MCO which will include all the necessary precautions, health screenings, and social distancing. Major events with mass crowds including sport, entertainment, and even religious events should be heavily limited and regulated.



Image: www.straitstimes.com

“It is only with the right information delivered concisely and quickly can the public help fight this epidemic.”

This must be properly and clearly communicated by the government to the people as they prepare for the “new normal.” As a whole-of-society approach is needed, the best way is clear, speedy and transparent communication, since it is only with the right information delivered concisely and quickly, can the public help fight this epidemic.

The government should also communicate its plans on how to reopen the economy. Industries must be briefed on the precautions to be taken so that employees can continue to work in a safe environment as the economy slowly opens to ensure that the companies remain competitive.

The government plays an important role in communicating this new norm to the public to give reassurance and

build confidence and compliance as they steer Malaysia towards a new normal.

Containing the Impact of the Disease

Economy

This pandemic has also exposed the vulnerabilities of our economy, as we witness several sectors such as tourism, hospitality, aviation and retail sectors, as well as the export markets being hit badly by the crisis. Building resilience in these sectors and diversifying the economy is therefore paramount.

From a public health point of view, the extension of the MCO may be needed in order to flatten the curve. But it will have a hard impact on the economy —

affecting employers, SMEs, daily paid workers and service providers.

Small businesses will risk collapse with possible loss of jobs as their cash reserves run dry making their business unsustainable. The highest risk for fixed-wage earners will be whether their employers/companies will be able to sustain employment or take the route of cutting jobs to save costs.

For daily wage earners, especially drivers and construction workers, a full two months without income is a nightmare. The EPF (Employees' Provident Fund) withdrawal announcement by the government will not mean much to them, because many among the poor do not have an EPF account to sustain themselves to begin with.

Employment

Our major concern during this economic season is employment. The Malaysian Institute of Economic Research (MIER) has projected that Malaysia may suffer about 2.4 million job losses due to the impact of COVID-19. This is about 13% to 14% of the total workforce. Some are predicting up to 4 million.

In order to take care of the labor force, especially during this difficult time, we must incentivize employers, especially the SMEs, which provide huge chunks of employment in our market today. Employment is important to make sure our domestic market remains vibrant and give the public the chance to put food on the table. A rise in unemployment may give rise to unwanted social effects as well.

In Malaysia, under the economic stimulus plan, there was an introduction of wage subsidies on condition of retaining of employment, interest free loans for SMEs, and also waiver for some government amenities. In countries like Singapore, they have implemented specific measures to different sectors including helping employers to pay 25% to 75% of their workers' wages; unemployed workers will get S\$800 (US\$576) per month for three months and self-employed citizens will receive S\$1,000 (US\$720) for nine months. This comprehensive wage subsidy was also implemented in countries such as Canada and New Zealand to help control the unemployment rate.

However, the economic stimulus package can only fill the gap on the short-term. For the medium and long term, the different industries must seriously consider how to enhance their sectors with future growth potential, including the knowledge based economy and high value manufacturing (such as the E&E and green industries) as well as the technology sector such as automation, artificial intelligence (AI), internet of things (IoT), robotics, cybersecurity, etc., that will help us to break our middle income trap and grow our economy sustainably.

A revamping of the employment policies is also needed to prioritize the hiring of local workers and reduce the dependence on foreign labor. While foreign workers should be treated with dignity and be sent home properly, employment needs to be prioritized for locals and government should come up with incentives and policies to attract Malaysians to these jobs once filled by foreign labor.

During the 1997/1998 financial crisis, about 800,000 foreign workers were sent back to their countries and locals were encouraged to fill up the jobs that were left behind. Because of such a policy, only 40,000 Malaysians were retrenched during that period.



Image: cdn.i-scmp.com

“Malaysia may suffer about 2.4 million job losses due to the impact of COVID-19. This is about 13%-14% of the total workforce.

While the crisis persists, the poor and underprivileged often suffer the most. It is also a stress test for our social protection systems on its ability to support and sustain those who lost their incomes because of the crisis. Moving forward, our social protection system must be enhanced to ensure that it can provide a strong social safety net for vulnerable groups in tested times like this. In Malaysia, the Employment Insurance Scheme (EIS), introduced in 2017, will now have to jump into action to support workers who face retrenchment or wage cuts.

Dealing with the “New Poor”

Most if not all support system or direct cash aid are targeted to the poor of a country, as their information is already in the government's welfare database.

However, the impact of the virus is far reaching and will probably create a new category. This “New Poor” are generally self-employed workers, especially those in the gig economy, service industry workers, food and beverage (F&B), tourism, etc., who used to earn adequate income and thus do not qualify to apply for welfare.

However, due to the disruptions and impact of the virus, many have lost their income and are now unable to work. They are also not covered under EIS, or even under the welfare plan and will require the necessary support.

This gives us the opportunity to address their issues and give them the support needed. It also allows us to collect data especially on those involved in the informal industry or gig economy. As we help them through incentives, we can also find ways to better regulate this informal industry to provide better social security for them.

Reskilling, upskilling and cross-skilling should be promoted to help them innovate and adapt to the new norm. Such training should also be widely provided for those that went into unemployment to help them get back on their feet progressively.

“Our social protection system must be enhanced to ensure that it can provide a strong social safety net for vulnerable groups.”

Image: apicms.thestar.com.my



The Universal Basic Income Debate

Hit hard by the COVID-19 pandemic, Spain is the first European country to lay the foundation for universal income. The health crisis has also reopened the debate about living wage or unconditional living allowance in France and elsewhere.

Numerous voices are calling for a universal basic income mechanism. Twitter chief executive Jack Dorsey announced a donation of US\$1 billion to help manage the pandemic and the post-lockdown period by establishing “universal basic income.” In Germany, the designer Tonia Merz started a petition that gained more than 460,000 signatures and was sent to the Bundestag. In the UK, 170 members of parliament called for unconditional aid for all for the duration of the COVID-19 crisis, but Finance Minister Rishi Sunak dismissed the idea.

Even in an open letter circulated on Easter Sunday, Pope Francis wrote in favor of a universal basic wage to “honor the essential and noble work” of low-income workers. “Street vendors, scrap merchants, stall-keepers, small farmers, construction workers, garment workers, and various caregivers” are “totally invisible in the system,” said the head of the Catholic Church.

What is obvious is this health crisis has demonstrated the vulnerability of workers in precarious jobs and those in the informal sector. There are holes in social security, and we want to make sure there is a proper security base for everyone.

A “Universal Basic Income” should be at the core of a philosophical debate about a post-COVID-19 model to make sure gaps are properly addressed and no one gets left behind in all countries.

“A “Universal Basic Income” should be at the core of a philosophical debate about a post-COVID-19 model to make sure gaps are properly addressed and no one gets left behind in all countries.

Image: media.worldnomads.com



Conclusion

This is going to be a marathon, not a sprint. So, as we take steps to ensure that the health side of things are properly controlled, there must be a holistic approach as this is not just merely a health crisis, but a far reaching economic, political and even social crisis.

What happens in each country may affect us as our borders slowly open and that is why efforts to curb the virus cannot be done exclusive of one another, nor can we work in silos. Information sharing should be promoted as we learn from each others' strengths and mistakes.

On the economic front, we would need to identify the steps and initiatives which will boost short-term and mid-term economic development, as well as inculcate confidence in people and investors in order to revitalize our nation's economy.

The best way is through proper management of the pandemic as the example of South Korea shows, where investors flocked back in and their stock market bounced back harder due to investors' confidence on its handling of the virus.

The public's behavior will also need to be altered. Life will not be the same, social distancing will continue to be a norm probably even up to 2021 until a vaccine is discovered. That is also dependent whether the general public will be given the vaccine or not or will it be only for a selective few. That is why, the principle of universal healthcare coverage must be heavily promoted. The disease does not discriminate based on religion, race or class; we must also make sure that treatment does not either.

But as we look to the challenges that we are going to be face, it is not to discourage us, but to look for purpose and for proper planning. We all need to know where we are headed so that we can plan and act in the present.

“This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning.”

– Winston Churchill

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COVID-19 AND THE CHALLENGE TO CARE: FEMINIST NOTES FROM THE PHILIPPINES

By: Sabrina Gacad with Gus Cerdeña

“Governance is
care work.”

Containing and surviving the COVID-19 pandemic reminds us that governance is care work. The task is fairly straightforward: care for the people who are infected and those at risk of infection; care for the carriers; and, care for the structurally disenfranchised and those on the cusp of poverty, including daily wage earners, gig economy workers, and micro and small enterprise owners. Care must also be provided even to those who are relatively economically secure; the people's vulnerabilities are not limited to public health, or social and economic welfare, our emotional and psychological well-being have been compromised by the uncertainty this pandemic has created and the economy that it has brought to a grinding halt.



Image: www.asiaone.com



Image: sa.kapamilya.com

“Care work refers to the labor that facilitates the well-being of people.

Care work refers to the labor that facilitates the well-being of people. This implies a relationship of dependence between the cared-for and their carer, often viewed as acts of altruism or love of the latter, involving some expenditure of energy or emotions, and cash transfers (Folbre 2014), and seen as emanating from a woman's being (Williams 2001). This also refers to social reproduction, or the creation and maintenance of bonds and relationships that make social cooperation in our communities and societies possible (Fraser 2016).

As its first systemic response to the COVID-19 pandemic — citing the need for quarantine to “protect the people” — Philippine president Rodrigo Duterte on March 12 ordered a “community quarantine” (essentially a soft lockdown) of the entire Metro Manila region (16 cities and one municipality;

population: 13 million) from March 15 to April 14. Confusion and mad scramble ensued due to unclear rules and the suspension of all forms of transport to and from the region. Due to problems in its initial implementation, an “enhanced community quarantine” (ECQ) was announced, which was practically a stricter lockdown of the entire Luzon island (population: 63 million).

Ten days after the lockdown was enforced, Duterte asked the legislature for emergency powers that would allow him to freely reallocate the national budget from discontinued government projects to spend on social safety nets and support for public health frontline services, among others. The law — Republic Act 11469 or the “*Bayanihan To Heal As One*” Act — included provisions for cash grants to health workers, and cash aid to 18 million low-income households.

While all these social amelioration provisions were commendable on paper, digital rights groups were quick to raise the alarm over a surreptitiously-added provision on penalizing individuals “creating, perpetrating, or spreading false information regarding the COVID-19 crisis on social media and other platforms” (Section 6(f) of RA 11469).¹ The National Union of Journalists of the Philippines (NUJP), among others, pointed out that this inserted provision threatens freedom of expression and of the press, and argued that it “seeks to punish people for an offense that, legally, does not even exist.” To critics, this provision yet again highlights the bias to instill control and order even as the urgent grant of emergency powers was premised on tackling a widespread demand for care.

¹ See <https://www.officialgazette.gov.ph/downloads/2020/03mar/20200324-RA-11469-RRD.pdf>.



Image: assets.rappler.com

As the Luzon lockdown approached the end of its fourth week, public criticism mainly via online platforms have heightened, demanding for a clear and transparent discussion of any national strategy to address the public health and social aspects of the COVID-19 crisis. Many also wished for a detailed accounting of the much-touted 300 billion (US\$5.9 billion) package for the Social Amelioration Program (SAP) the President had promised to poor families whose work and subsistence are affected by the ECQ.

Such criticisms come from a heightened sense of insecurity about income and food provisions as the ECQ entered its first month, and then extended until the end of April. While details of the funding and distribution of the SAP remained opaque, what was made clear by a Philippine National Police report is that, by April 1, over 17,000 people have been arrested across the country for ECQ-related offenses (“curfew violations or disobedience”).

In an unprecedented national emergency like COVID-19, governments often mistake “law and order” solutions as real responses to the problem. While ECQ goals were commendable from a public health/epidemiological standpoint, the demand for care was also clear: how does government design measures to catch people who are left with no work, no income, and no choice but to depend on local or national government support for their basic needs, even as they strain to abide by the shared objective of the quarantine. Left on their own, the poor and the near-poor struggle with the only two fatal choices they seem to be offered: imminent hunger or the virus. As families waited for answers in midnight broadcasts of pre-recorded presidential talk, all they got were hollow assurances that help is on the way, and that they should “endure the long delays.”

“In an unprecedented national emergency like COVID-19, governments often mistake “law and order” solutions as real responses to the problem.

Three weeks after the grant of emergency powers, the promised mass testing remained low and slow, the distribution of critical personal protective equipment (PPEs) to medical frontlines seems to be jammed at 7% of the promised supply, the cash grant for 18 million families is stuck at 24% of the target, and the Labor Ministry has stopped accepting applications for workers' cash aid due to lack of cash. As these nationally-funded programs got delayed, local governments fend for themselves, devising ways to care for their own constituents. Some localities have seen minor explosions of hunger and discontent that threatened the fragile peace of quarantine — yet this small group of community protesters (that include mothers and grandmothers) were given severe warnings, not food. The root cause: the absence of care.

On paper, the quick passage of the *Bayanihan* Act has been justified as an attempt of a 'caring government' to promptly respond to the basic needs of the vulnerable sectors of society. In its operation, delays have rendered its promise falling short in offering security, comfort, or care to the very groups it has targeted.

The pandemic betrays the country's weak social protection institutions. This weakness is not due to the present administration alone, and is certainly not unique to the Philippines. This is symptomatic of a global crisis of care due to patriarchal capitalism (Folbre 2014; Fraser 2016). As governments shirk from care work, the private sector makes profit from guaranteeing risk, and the exclusive distribution of services to those who can afford it. Worse still, women are expected to perform a disproportionate share of the reproductive work for their families and communities, and this includes the manual and emotional labor required to run a household and raise children (Williams 2001), as well as the labor required to maintain social connections and relations at the level of neighborhoods, communities, and other spaces and iterations of the commons (Fraser 2016).

“The pandemic betrays the country's weak social protection institutions.”

Image: edition.cnn.com



The crisis of care has left millions of Filipino women over-burdened and their families vulnerable, even before the pandemic. The health crisis threatens the lives of healthcare workers, which in the Philippines comprise of about 72% women. If the virus' relentless spread is not tapered, many homes are likely to be left with a sole breadwinner — most probably, a woman. What COVID-19 succeeded in doing is to make us realize that, regardless of privilege or lack thereof, we are all at risk of requiring care and support from others. The pandemic also makes us realize that we need a government that prioritizes care work for its constituents.

Everyone has sprung to action. Local governments have shored up public health capacity and distributed care packages for their constituents. In a show of social power and solidarity, individuals and private organizations have combined talent and resources to meet the population's needs, from PPEs and related material support for health

facilities, to food and support for the basic and psychosocial needs of the frontliners and other vulnerable sectors. There continues to be an outpouring not just of donations, but also of gratitude.

The efforts have been massive, but not all have been provided relief. This is where the reach and resources of government institutions is critical. And for a government that has been given sufficient fiscal powers to stem an unseen killer and to swiftly weave a sturdy net to catch those who might fall in this long waiting game, the most urgent task is to break the spread of helplessness on the streets.

Global reports have linked the COVID-19 pandemic to the growth-driven economic paradigms and the social behaviors they created. Combined with the climate crisis, the Philippines and the world are facing a new normal of frightening levels of risks to individual and community well-being. People and communities have responded with

unprecedented efforts to care for one another. But we need more than that. Leaders in the Philippines and elsewhere must take decisive action to show that social amelioration and care are not uplifting words on paper but concrete observable steps that impact real lives.

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“The crisis of care has left millions of Filipino women over-burdened and their families vulnerable, even before the pandemic.”

Image: sa.kapamilya.com



CARVING A PROGRESSIVE,
RIGHTS-BASED RESPONSE TO COVID-19:
**EMERGING REFLECTIONS
FROM THE PHILIPPINES**

By: Jaye de la Cruz-Bekema

After COVID-19 has finished its trail of devastation, an important part of the post-crisis conversation needs to be on how the virus has enabled and emboldened authoritarian regimes all over the globe. From Hungary's Viktor Orban who used the global public health emergency to allow him to rule by decree indefinitely, to India's Narendra Modi who used the same emergency to further his Islamophobic agenda, strongmen of the world have capitalized on the climate of uncertainty and fear to further entrench themselves and advance their authoritarian agenda.

But an equally important part of the conversation should be on how the pandemic has surfaced doubts on the supposed limitations of democracy and democratic responses in the context of an exponentially-spreading virus, and has made authoritarian leadership, and authoritarian-style responses a reasonable, if not seductive, proposition to many. Verily, successful measures adopted in countries like South Korea

and Taiwan, while involving a packet of interventions that include welfare subsidies and mass testing — include heavy restrictions on the right to movement and privacy. Travel bans and statewide lockdowns, unthinkable just months ago, have become an accepted part of life. Confronted with the visceral images on screen of hospitals strewn with corpses, citizens are quick to accept these incursions on their human rights as necessary in order to stem the threat of the virus.

In large part, many of these measures are indeed necessary, evidence-based, and science-backed. In fragile democracies, however, the line between “necessary” and “draconian” tends to become blurred very quickly. Emergency measures rapidly escalate to emergency *powers* — more specifically, emergency powers concentrated in the hands of one person. In the absence of sufficient democratic guardrails, “flattening the curve” can lead to slippery slopes. Authoritarian leaders purvey the narrative that democracy is

“In the absence of sufficient democratic guardrails, “flattening the curve” can lead to slippery slopes.

a luxury of ordinary virus-free times, and ironfisted authoritarianism with centralized decision-making, rigid curtailment of human rights and militaristic implementation, is the only way to defeat a disease.

This is a narrative that must be contested. Using the example of the Philippines under President Rodrigo Duterte as illustrative example, this paper argues that not only is a rights-based and progressive approach important in and of itself, but that it also presents the best and most durable path out of this global health crisis.

The Philippine Experience with COVID-19 Under Duterte

Coming into this pandemic, President Rodrigo Duterte enjoyed an approval rating of 87% in the last quarter of 2019, shooting up nine percentage points from the previous quarter. He holds a supermajority in the House of Representatives and a clear majority in the Senate. He has at his disposal an untarnished popularity plus the novel coronavirus as feared enemy — political conditions that combine to create a terrified population ready to be shepherded by a leader they intuitively trust.

Like other authoritarian leaders in the early days of the virus's spread, Duterte tried to downplay the anticipated effects of the virus on the country and overstate his government's preparedness. This was even after a Chinese individual who travelled to the Philippines from Wuhan tested positive for COVID-19 on January 30, 2020. On February 10, in his typical colorful language, Duterte called the virus a "son of a bitch idiot" and said he wanted to "slap the idiot." On March 5, the first case of local transmission was confirmed.

As more confirmations came in, and as newspapers started reporting deaths, it became clear that the virus was something that could not be willed away with brash words. On March 9, Duterte formally declared a state of public health emergency in the Philippines and suspended all classes in Metro Manila. On March 12, the president announced a partial lockdown of Metro Manila beginning at midnight of March 15. Domestic land, sea and air travel were suspended. On March 16, with more than 100 COVID-19 confirmations reported, the entire island of Luzon was placed under lockdown, or "enhanced community quarantine." All work, save for essential services, was suspended, a vast majority of businesses was ordered to close down, and mass transportation services were discontinued.



Image: media.philstar.com

“Duterte tried to downplay the anticipated effects of the virus on the country and overstate his government's preparedness.”

On March 23, the Senate and the House of Representatives held separate special sessions to pass a law granting the President emergency powers, consistent with the Philippine Constitution.¹ The bill, certified as urgent, was passed in both chambers of Congress on the same day it was filed

and signed by the President the next day, March 24, as Republic Act 11469 or the *Bayanihan To Heal As One Law*.²

Early versions of the bill leaked to the public granted broad and unfettered powers to the president, including the power to takeover private enterprises

¹ Article VI, Section 23, paragraph 2 of the 1987 Constitution reads: “In times of war or other national emergency, the Congress may, by law, authorize the President for a limited period and subject to such restrictions as it may prescribe, to exercise powers necessary and proper to carry out a declared national policy.”

² The title is a reference to the Tagalog word for 'community action' and a play on the unity slogan of the recently-concluded South East Asian Games hosted by the Philippines.

deemed by him to be necessary to help in COVID response. The final version of the passed law contains a diluted version of the takeover power³ but includes other provisions that were either bewildering in their superfluity, or alarming in their overbreadth. Many of the so-called emergency powers granted to the President under the new law are already powers that can be validly exercised under the existing policy framework.⁴ On the other hand, the law also contains provisions that constitute an unprecedented — and to

many critics, unwarranted — expansion of powers of the Executive. An example of this is the provision that would authorize the President to “allocate cash, funds, investments, including unutilized or unreleased subsidies and transfers, held by any GOCC or any national government agency in order to address the COVID-19 emergency.”⁵ This would allow the President to repurpose around 70% of the National Budget, leaving only allocations for debt servicing and for local governments untouched — in violation of the power

of the purse granted to the legislative branch by the Constitution. To quote Akbayan Senator Risa Hontiveros, the only Senator to have voted “No” to the measure, “it is giving the President a virtual blank check with no checks or balances.”

But equally chillingly, the law also contains provisions to stifle free speech and dissent. A provision, for example, punishes the “creating, perpetrating, or spreading (of) false information regarding the COVID-19 crisis on social media and other platforms,” — a common penal clause from the playbook of authoritarian regimes. The government wasted no time in enforcing this provision. By April 7, the Philippine National Police (PNP) has arrested 32 individuals across the country on charges of spreading “fake news” on COVID-19.

On April 19, a poet and artist was arrested for a tongue-in-cheek post to the effect that Sitio Zapatera, a village in the province of Cebu with a severe outbreak of the virus, was the “epicenter of COVID in the entire solar system.” The Department of Interior and Local Government — instead of calling on police forces to bear down heavily on profiteers and protect supply chains — demands that they track down and arrest more spreaders of fake news. The Philippine National Police vowed that it will be “relentless.”

This ironfisted, brook-no-opposition approach permeates the entire implementation of the government's COVID response. Human Rights Watch called out the Philippine government for the inhumane treatment of those violating quarantine, including locking in dog cages and being made to sit under the harsh midday sun.⁶

“An ironfisted, brook-no-opposition approach permeates the entire implementation of the government's COVID response.”

Image: metro.co.uk



³Section 4(h) of the law reads: “Consistent with Section 17, Article XII of the Constitution, when the public interest so requires, (the President shall) direct the operation of any privately-owned hospitals and medical and health facilities, including passenger vessels and other establishments to house health workers, serve as quarantine areas, quarantine centers, medical relief and aid distribution locations, or other temporary medical facilities; and public transportation to ferry health, emergency and frontline personnel and other persons.”

⁴Examples of these are powers to maintain the prices of essential commodities and prevent hoarding (already provided under the Price Act), to bypass bidding processes in the purchase of emergency supplies (already allowed under the Government Procurement Reform Act), and to implement measures to prevent and suppress further transmission and spread of COVID-19 (already granted under the Mandatory Notification of Infectious Diseases Act).

⁵Section 4(y).

⁶See: <https://www.hrw.org/news/2020/03/26/philippines-curfew-violators-abused>.



Image: news.mb.com.ph

“Early lessons from the Philippines show that not only is a progressive, rights-based path possible, it may be the only durable way forward.”

In one instance, LGBTQ individuals arrested by the police for violating curfew were made to kiss each other, dance and do push-ups on video.⁷ On April 22, a mentally ill man was fatally shot on the street by five policemen, despite entreaties from people in the area that he was a former soldier suffering from post-traumatic stress disorder (PTSD). The grim incident was captured on CCTV, and is generating outrage on social media.

The government could have tried to offset the demoralizing effects of the heavy-handed strategies to keep people in their homes with efficient processes of cash or commodity transfers. Instead, early commitments to provide subsidies of ₱5,000 (US\$100) to ₱8,000 (US\$160) per month to vulnerable households were marred by targeting and bureaucracy issues. Many households were aghast to find out they

could not be given amelioration because they were stricken off the list of the *barangays* (villages) for flimsy or arbitrary reasons.

The Department of Labor has committed to provide a subsidy of ₱5,000 (US\$100) to all workers in the formal economy who lost their income during the quarantine period. The program has stopped after the agency announced it ran out of funds. A laundry shop owner in a Quezon City suburb who has filed applications for cash relief for his laundry staff but has not received a single peso said it best: “without government support, our laundry shop will die and four Filipinos will lose their jobs. COVID got us — just not through respiratory droplets.” In desperation and hunger, a group of urban poor dwellers ran out into the streets to protest the lack of relief goods. In response, President Duterte

announced during his nationwide address that quarantine violators should be “shot dead.”

Is an Alternative Path Possible? Early Reflections from the Philippines

The tone and cadence of the pandemic response framework of this government — militaristic, punitive, and anti-poor — come with little surprise, given its three-year War on Drugs. Similar to its strategy to generate public support for the Drug War, it frames a dichotomy where only two options are possible: ironfisted authoritarianism or fatal exposure to a virus with no cure. But the falseness of this dichotomy must be exposed. Early lessons from the Philippines show that not only is a progressive, rights-based path possible, it may be the only durable way forward. At least three points emerge.

⁷See: <https://www.hrw.org/news/2020/04/08/philippines-uses-humiliation-covid-curfew-punishment>.



Image: fb/hontiverosrisa

“Political analysts have said that the novel coronavirus has given dictators and despots all over the world an opportunity like no other. But progressives are given an opportunity as well.

Firstly, transparency is not just an essential pillar of democracy and working democratic institutions, it is — as amply demonstrated by the disastrous consequences of China's initial concealment of the novel coronavirus — a vital requirement for disease containment. In the Philippines, Health Secretary Francisco Duque has been under fire for supposedly concealing early confirmed cases of COVID-19. It was a private hospital and a private BPO (business process outsourcing) firm that broke the news of the positive cases, the first involving Filipinos in the Philippines. In early April, a local journalist tweeted that bodies were piling up at a hospital in Quezon City, and hospitals were being ordered to conceal the number of COVID-19 casualties. What has become abundantly clear is that a lack of transparency in governance erodes the trust of people in their government — trust that is critical in a public health emergency where cooperation and extraordinary sacrifice are being asked of citizens.

Secondly, stifling freedom of speech does not just stifle speech, it also stifles good ideas from stakeholder-perspectives that a government — panic-stricken in a period of crisis, paralyzed by groupthink, or blinded by its own political interests — might not have considered. Dissent is not just healthy for democracy; in a period of uncertainty, it is vital for policy. In January, the Duterte government refused to impose any travel bans on arriving passengers from China. Clamor from various sectors, and outrage on social media, forced the President to finally impose a ban, first on Hubei province, and shortly after on the whole of mainland China. Early on, mass testing was not on the menu of options of the Duterte government. Worse, word got out that despite the scarcity of tests, high-ranking VIPs with no symptoms were being given repeated tests. A social media firestorm blew up, and the names of the VIPs leaked on social media. This led to an about-face in policy, with the government committing to allocate funding for aggressive coronavirus testing.

Lastly, at the heart of any progressive response to a pandemic should be a commitment to the delivery of public goods and social protections, in a manner that *leverages on* and *enhances* social solidarity, instead of undermining it. In the context of a pandemic, where the collective effort of the entire community is required to protect all its individual members and the weakest link puts the entire community at risk, social solidarity is a crucial resource to draw from. Evidence from all over the world is rich and persuasive that equitably-distributed social welfare provisions have community-catalyzing effects. Preliminary reports from the ground and anecdotal evidence, however, has shown that the COVID-19 cash transfer program of the Philippine government — fraught with issues of mistargeting, bureaucratic delays, and an overly-narrow coverage that allows too many to fall within the system's cracks — has not helped social solidarity. Rather, it has deepened fragmentations between segments of the population, specifically the resentful low-middle class who are one crisis away from poverty but are not qualified to access cash transfers, and the poorest of the poor. Using welfare provisions to create social cleavages, and then capitalize on them, has been a time-worn strategy of authoritarian regimes worldwide. In a pandemic situation, these cleavages incubate a virus.

Political analysts have said that the novel coronavirus has given dictators and despots all over the world an opportunity like no other. But progressives are given an opportunity as well. The conversation must be shifted from how authoritarian regimes can more speedily address a health crisis, to how the tools of authoritarianism — suppression of dissent, removal of checks and balances — can abet the spread of the virus. A case must be made — today — for universal basic income and true universal health care. The virus has unfurled the disastrous consequences of treating health care as a “club good” instead of a public good. There is no better impetus than this careening cannonball hurtling towards us and revealing the limitations of the status quo.

A SOCIAL DEMOCRATIC AND WELFARE STATE ANTIDOTE TO THE COVID CRISIS

*Socdem Asia Statement on the Corona Crisis
April 6, 2020*

The COVID-19 pandemic exposes the crises of our healthcare system and economic system. Overwhelmed healthcare hospitals and healthcare facilities and the steep decline in economic output reveal a more troubling diagnosis of the global order. Decades of neoliberal policies has resulted in inequality in health services as manifested in privatized healthcare that offer the best medical treatments and services to those who can afford to pay while overworked and underfunded public health institutions cater to the poorer segments of society. For workers in the informal sector, urban poor, peasants, and migrant labor, these public health services are their only recourse. Equally troubling is the lack of social security and safety nets for the majority of the working class which also endangers, not only their health, but also their jobs and income. The existing precariousness of workers in highly contractual and irregular work rebranded as the “gig-economy” has fully materialized. Absent the protection of regular work and pay, union membership and unemployment

“The Network for Social Democracy in Asia joins the international community in extending our sympathies to those whose lives and families have been adversely affected by this pandemic.

benefits, such workers struggle to cope with the burden brought about by this pandemic. While the virus does not discriminate based on class, religion, sex and race, our societies' acceptance and institutionalization of these ensure that the most vulnerable will be the most impacted by the pandemic while the most affluent will survive and flourish.

The Network for Social Democracy in Asia joins the international community in extending our sympathies to those whose lives and families have been adversely affected by this pandemic. We also join the world in paying tribute to all health workers, security personnel and all workers who are working in the

front lines and risking their health to slow the pandemic.

The COVID-19 pandemic has now reached almost all regions of the globe and threatens to overwhelm both the developed and developing countries. As of the end of March, the total persons infected with the virus has reached more than 800,000 and is poised to reach 1,000,000. Despite the dizzying flurry of numbers and statistics, we must not lose sight that it is people who are bearing the full brunt of this crisis. In the immediate, as individuals we must observe the advice provided by the World Health Organization and national health bodies for social distancing, sanitation, and staying at home.

The World Bank in its report, East Asia and the Pacific in the Time of COVID-19, places the region's economic growth declining from 5.9% growth in 2019 to 2.1% for 2020. It also posits that 24 million people could also push 11 million

people into poverty. The International Labor Organization also warns that 25 million jobs could be lost worldwide.

While we give our support to our health workers and other workers in the frontlines of the fight against COVID-19, such support rings hollow without a comprehensive package geared towards equipping our health workers with the necessary tools to care for people without risking their lives. This means ensuring mobilizing all resources available to government including enlisting private industry for the provision of Personal Protective Equipment (PPEs) such as face shields, respirators, face masks, and the like. Similarly, government must act fast to procure life-saving medicine and equipment such as ventilators which are either now in short supply in many countries. Healthcare workers must also be compensated for their work commensurate to the risk they are taking and to the availability of resources. While we push for these protections for our health workers, governments must ensure the public have accessibility to testing. It is only through mass testing that society can be fully appraised of the extent of this pandemic and for governments to have the necessary data to make the proper decisions.

This pandemic has now taken a huge toll on the incomes of working people everywhere. Business, industry, and trade are now practically grounded to a halt. We are now in a global economic crisis (some have argued an economic recession) and we must learn the lessons of the last economic crisis that the inadequate policies that only benefitted a few, many of them responsible for the crisis in the first place, should not be repeated. With the current context, those most at risk are the people in the margins of our economy and society. This puts workers in the informal sector with practically no income for the foreseeable future. Workers from the "gig economy," freelance workers many of them young workers are also in a similar plight. Migrant labor is also at a great risk as cities and urban centers across Asia and the world have opted to take drastic measures such as lockdowns or community quarantines to severely limit social interaction and therefore slow the spread of the virus.



Image: www.nationalgeographic.com

“This pandemic has now taken a huge toll on the incomes of working people everywhere.”

Countries are now in a dilemma of enforcing lockdowns and quarantine measures but at the same time knowing that this means risking the livelihood of the poor and the near poor. As such, it is important for government to enforce emergency cash transfers for the poor and all workers who may have lost their jobs or incomes decreased because of this pandemic. This is necessary to ensure that they have enough to survive through this pandemic. Likewise, government must also explore measures such as freezing of rent and mortgage payments to prevent the erosion of middle class' and small businesses' savings. The bottom line is that people must not be saddled with an added burden of bankruptcy or financial trouble while they are also fighting against this pandemic.

This crisis has exposed huge underlying problems in our systems specifically in our models of healthcare and economy. The turn of the global economic order, especially in the Asian region, towards neoliberal economics is at the center of the causes of why our healthcare systems are straining to provide healthcare for all. Serious discussion must be made in ensuring that reforms are made on our healthcare systems. Universal Healthcare must return to the mainstream of policy discussions.

Likewise, the prevailing economic model must be scrutinized and reformed. Safety nets for our workers should be readily available. This crisis has exposed the reality that behind the high growth economies of the Asian region, many in the workforce are

dangerously vulnerable of sinking into poverty and the poor are at great risk of food insecurity. A more humane economy and strong social welfare programs are necessary safeguards against a future economic crisis.

We are now in the midst of a global health crisis and we know that a global response is necessary. This crisis warrants greater international solidarity not less. When this pandemic finally reaches its peak and countries finally extricate themselves, it will be necessary for these countries to lend their expertise and assistance to those countries who will still be struggling to battle the pandemic. Such international solidarity will also be necessary to salvage industries and workers from the looming economic crisis. The

“This crisis has exposed huge underlying problems in our systems specifically in our models of healthcare and economy.

Image: foreignpolicy.com



inadequacies and failings of our health and economic systems must be resolved with greater cooperation toward public access to needed resources, information, technology and emergency response.

Great health and economic crises such as these must be met with equally great ambitious solutions. Solutions that serve to expand rights and protections, not increase the ranks of the precarious and vulnerable. As mentioned previously, support for our health and other frontline workers, Universal Healthcare, protection for livelihood and right to housing must be ensured. Alongside these, we assert that societies can build resilience to crisis by ensuring the following:

“The inadequacies and failings of our health and economic systems must be resolved with greater cooperation toward public access to needed resources, information, technology and emergency response.

Image: tecake.in



1. Full recognition of Workers' Right to Organize and Unionize – Workers' right to organize is important to defend against abuse. By recognizing and providing the protections for workers to form unions, we ensure that workers are able to collectively bargain for benefits and wages and at the same time exact protections and safety nets which are very much needed as shown by the existing pandemic. Moreover, workers must be given the support needed to form cooperatives. Cooperatives are crucial in not only ensuring accessibility and supply of food and medicine for working class communities, but they also serve as support organizations for communities during times of crisis.

2. Government intervention to ease the burden of loans and easing of mortgages, job guarantees – As mentioned, governments must step in to initiate programs to address the impact of this crisis on businesses and industry specifically in restructuring loans and leases. This time of crisis must also mean people are able to keep their employment and their means of livelihood. Government must intervene to prevent massive unemployment and possible labor rights violations.

3. Guaranteed Living Wage, Loans to Small Business – The world can only extricate itself from this health and economic crisis when workers and small business owners are guaranteed sufficient income to be able to provide for themselves. A guaranteed living wage, especially post-crisis will guarantee an expansion of the middle class and have a knock off effect of stimulating economies. Alongside this, small business owners must be provided with the necessary loans with low interest rates to allow them to revive their livelihoods which have been obliterated by this pandemic.

4. Progressive taxation to sustain welfare programs – The increase in public spending that will be needed to revitalize our health systems and revive shuttered industries and businesses needs sufficient income sources. It is important that those most vulnerable and impacted by the crisis should not be overburdened with taxation. In connection to this, those whose wealth and capital have allowed them to survive and thrive through this crisis should have the social responsibility of taking on more of the responsibility of financing public spending. This is not a matter of charity but a pragmatic approach to address economic realities.

5. Food Security and Right to Food – No person should be subjected to hunger, malnutrition, or food insecurity. This is true with or without a pandemic or health crisis. Governments and stakeholders must be able to stockpile food supplies and guarantee transport of agricultural products to consumers. Fair trade on agricultural and food products must come as a condition while preventing scarcity and protecting small farmers from poverty and hunger.

6. Social Protection Floor – The social security systems must be under public control and must guarantee that people will not fall and be further excluded in times of crisis. Social guarantees should cover the broadest segment to alleviate poverty and protect from further exclusion children, the elderly and the unemployed. A holistic strategy in combatting crises and lessening its apparent impact must be shaped where no one falls behind.

This crisis is also a test to our democracies and liberties. We call on the public to reject draconian measures that are being used as a measure to combat the corona-crisis. We must be vigilant against attempts to use the pandemic towards enacting more draconian measures and eroding rights. Especially in Asia where many authoritarian and populist regimes exist, citizens must close ranks to guarantee that their rights to privacy, information, and to dissent are not stifled. It is in these times that government needs more oversight and accountability not less of it. Corrupt public officials and profiteers will no doubt take advantage of the lack of transparency to consolidate their power and expand their wealth.

It is urgent that heads of governments must exercise the political leadership and the political will needed to fight this pandemic. Leaders must set the example needed in fighting the pandemic and laying down the massive changes in our economies and politics.

Individuals, societies and countries will undoubtedly look back and see the immense historical value of this pandemic and its attendant economic crisis. It is likely that many will recollect and see these past months as marking the beginning or end of a period. It is imperative that social democrats and progressives are able to push for a progressive vision after this crisis. Only a humane and just society and future is our best vaccine against the pandemic of inequality and poverty.

“This crisis is a test to our democracies and liberties. We call on the public to reject draconian measures that are being used as a measure to combat the corona-crisis.

Image: cdn.i-scmp.com



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