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Initiative



State Responses to COVID-19: a global snapshot at 1 June 2020

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Cite as: Georgeou, N. and Hawksley, C. (eds) 2020.
State Responses to COVID-19: a global snapshot at 1 June 2020,
HADRI/Western Sydney University
<https://doi.org/10.26183/5ed5a2079cabd>

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About HADRI

Western Sydney University's **Humanitarian and Development Research Initiative (HADRI)** has been established with a globally unique approach to pursue research that highlights the complexity of international responses to conflicts and disasters, and the intersections between the multidimensional health, socio-economic and political aspects of complex emergencies.

HADRI aims to conduct research that:

- Bridges the academic and practice aspects of humanitarian response, rehabilitation and development.
- Informs policy decisions of government, international organisations, academics and other stakeholders.
- Ensures synergies, innovation and knowledge sharing and translation through collaboration with HADRI's global partners, and engagement with WSU's undergraduate and postgraduate degrees in Humanitarian and Development Studies (HADS).

HADRI research focuses on the intersections between disaster relief and social and economic development. We explore the practices of government and non-government agencies involved in humanitarian operations, and their development practice. HADRI research addresses the challenges and opportunities associated with disaster preparedness, response and management; public health programs for displaced populations; building the resilience of vulnerable populations; and public health concerns surrounding national and international migration.

HADRI has three intersecting research themes:

- 1.** Disaster Preparedness, Response and Management
- 2.** Migration, Global Health and Development
- 3.** Sustainable Development and Human Security

HADRI's major research activities across these themes focus on:

- Human rights and the Responsibility to Protect (RtoP);
- Food security, food systems and linkages to public health and nutrition;
- Migration, social disadvantage and migrant community health;
- Political economy of conflict;
- Livelihoods, employment and human development;
- Disaster and critical incident perception and preparedness;
- Occupational risk and resilience among humanitarian practitioners;
- Water, Sanitation, and Hygiene (WASH).



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Contents

About HADRI	3	SOUTH ASIA	60
State Responses to COVID-19: Case Studies and Snapshots of Emerging Issues at 1 June 2020	5	BANGLADESH	61
OCEANIA	7	INDIA – A VIEW FROM NORTH-EAST INDIA	63
AUSTRALIA	8	INDIA – A VIEW FROM THE SOUTHWEST: KERALA'S 'BREAK THE CHAIN' CAMPAIGN	65
ISSUES PAPER		NEPAL	67
Responding to Migrant Workers: The Case of Australia	12	ISSUES PAPER	
FRENCH PACIFIC TERRITORIES	14	Return of the Migrant Laborers: Nepal at the Crossroads	70
NEW ZEALAND	18	PAKISTAN	72
ISSUES PAPER		SRI LANKA	74
Pacific Island Countries	20	MIDDLE EAST	76
ISSUES PAPER		IRAN	77
The Value of NGOS in Responding to COVID-19 in the Pacific Islands	22	PALESTINE	79
PAPUA NEW GUINEA	24	TURKEY	81
SOLOMON ISLANDS	26	AFRICA	84
ISSUES PAPER		GHANA	85
Undermining Rule of Law: Samoa's Covid Experience and Constitutional Crisis	28	KENYA	88
SOUTH-EAST ASIA	30	SOUTH AFRICA	90
CAMBODIA	31	EUROPE	92
INDONESIA	34	FRANCE	93
THE PHILIPPINES	36	ISSUES PAPER	
SINGAPORE	38	Sans-Papiers in Switzerland under COVID-19	96
THAILAND	40	GERMANY	98
TIMOR-LESTE	42	GREECE	101
VIETNAM	44	ICELAND	103
ISSUES PAPER		ITALY	105
Human Trafficking and Modern Slavery in a time of COVID-19	46	ISSUES PAPER	
EAST ASIA	49	Migrant Service Providers in Italy	108
ISSUES PAPER		RUSSIA	110
Community Group Buying, Vulnerable Communities and COVID-19 in China	50	SPAIN	112
JAPAN	52	SWEDEN	114
MONGOLIA	54	UNITED KINGDOM	116
REPUBLIC OF KOREA	56	AMERICAS	118
TAIWAN	58	BRAZIL	119
		CANADA	121
		CHILE	123
		CUBA	125
		NICARAGUA	127
		UNITED STATES OF AMERICA	130
		ISSUES PAPER	
		Frontline Heroes Left Behind: American Healthcare Workers During the Era of COVID-19	132

State Responses to COVID-19: Case Studies and Snapshots of Emerging Issues at 1 June 2020

For the first five months of 2020, states across the world have had to confront the challenges of a global pandemic. On 21 January, 2020, the World Health Organization (WHO) issued *Novel Coronavirus (2019-nCoV) Situation Report-1*, which announced to the world the emergence of a new virus. Chinese authorities had informed the WHO of the virus in December 2019, and had given updates into early January. By 3 January there were 44 recorded cases, with those affected developing a form of “pneumonia of unknown etiology”. Attention focused on Wuhan in central China’s Hubei province. By 20 January there were 282 confirmed cases globally, with six deaths in China, while the virus had spread to Thailand, Japan and the Republic of Korea; the WHO situation report detailed early preventative actions taken by all of the above states.¹

At the time of writing (11 June 2020) over 7.3 million² people had contracted the virus known as Severe Acute Respiratory Syndrome-2 Coronavirus (SARS-CoV-2), and had been affected by the disease it causes—“coronavirus disease/COVID-19”³—referred to throughout this volume as “COVID-19”. While over 3.4 million are said to have recovered, over 413,000 people have died as a result of contracting COVID-19.

This collection represents the work of over 70 academic and professional contributors across the world, linked through their research connections to the Humanitarian and Development Research Initiative (HADRI) at Western Sydney University, Australia. The majority of these contributions are case studies—short commentaries on the health, social, political and economic situation in response to COVID-19 at 1 June in 43 states and territories. There are also ten ‘issues papers’ that detail the related effects of COVID-19 on vulnerable groups. These contributions cover issues as diverse as: the role of NGOs in assisting domestic violence survivors in the Pacific Islands; NGO support for undocumented migrant workers in Switzerland and Italy; the perils faced by US health care workers; the plight of non-citizens in Australia; human trafficking and modern slavery; and the return of many hundreds of thousands of workers to Nepal.

The case study format aims to provide insights into how governments have responded to the pandemic as it spread across the globe. Each contribution in this collection discusses the specific ways in which governmental authorities have attempted to deal with the COVID-19 pandemic, including the steps they have taken to slow the spread of infection, and to mitigate the effects on their economies of government imposed restrictions on movement and work. Contributions for case studies are drawn from across the world, and are organised regionally: Oceania, Southeast Asia, East Asia, South Asia, the Middle East, Africa, Europe and the Americas.

The collection also aims to provide the opportunity for readers to compare and contrast the policies adopted by different governments in response to a global pandemic. It is intended to encourage readers to reflect on the diversity of seemingly similar state responses—closing borders, restricting movement and public gatherings, social distancing, testing for COVID-19, self-isolation for those with COVID-19, and hand and respiratory hygiene messages—as well as how these have been implemented, and how populations have responded to these measures.

For example, some governments favoured early intervention, social distancing and restrictions on movement, and in many cases this has led to very promising signs that infection rates may be under control—“flattening the curve”. In other states where governments were slower to act, or have reacted differently, there has been a much more severe loss of life.

A number of contributions highlight the role of technology in managing the pandemic. Taiwan, South Korea and the Indian state of Kerala have emphasized testing and tracing, taking careful note to avoid stigmatisation. Other states such as Australia, Singapore and France have attempted to use mobile phone apps for contact tracing. One issues paper explores communities in China who are using technology to undertake group purchasing, and highlights innovative approaches to managing food security during strict lockdowns, however it also notes modern technologies can be difficult for the elderly to access.

Across the globe the COVID-19 pandemic has caused massive economic damage. Without exception states are facing economic recession, if not depression, as a global economy that has mostly flourished for the past 30-40 years is confronted by closed borders, international travel bans, and a sharp drop in migration and production. Economic stimulus is a common theme in this collection as states jettison market-driven ideology in favour of direct intervention to keep people alive, employed and in their homes. Rescue packages are a common strategy for governments—these are often between 5-10% of Gross Domestic Product (GDP) in the member states of the Organisation for Economic Cooperation and Development (OECD), although Japan stands out with its massive 20% GDP stimulus boost to its economy. Contributions that discuss Iran, Cuba and Russia illustrate the diverse impact of economic sanctions on maintaining health care systems to treat populations.

In assessing the varying responses the contributions collectively raise important questions about whether the type of government, and governance systems, have any relationship to the effectiveness of the response. For example, some states with federal systems have had good success in combatting COVID-19, while others have not. Closer reading would seem to indicate that every federal state is different, and that ‘national’ governments often have little effect on health situations in the individual and predominantly autonomous states. Political devolution in the UK has led to visible disagreement between national and regional executive governments, while the Spanish experience reflects increased ideological polarisation. The case of Vietnam highlights the relevance of state capacity, a crucial factor in the debate on democracy versus authoritarianism, while the limited state capacity and fragile health systems of some Pacific Islands (PNG, Solomon Islands) has not stopped them from doing their utmost to prepare for, or contain, COVID-19.

1 World Health Organization 21 January 2020, ‘*Novel Coronavirus (2019-nCoV) Situation Report-1*’, https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200121-sitrep-1-2019-ncov.pdf?sfvrsn=20a99c10_4

2 In this volume we have relied extensively on the Johns Hopkins University and Medicine Coronavirus Resource Centre: <https://coronavirus.jhu.edu/map.html> For population figures, unless stated, we have used UN estimates for 2020 from: UN Population 2019, ‘Total population’, Both sexes 2020, <https://population.un.org/wpp/Download/Standard/Population/>

3 World Health Organization, no date. ‘Naming the coronavirus disease (COVID-19) and the virus that causes it’, [https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-\(covid-2019\)-and-the-virus-that-causes-it](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it)

Contributions on Chile and Brazil highlight how COVID-19 has exacerbated existing social, economic and constitutional crises, while the contribution on the world's most affected state, the United States of America, explores how a health pandemic has become politicised. The case of Pakistan points to challenges of managing a public health response amidst a discourse of COVID-19 as a conspiracy. An issues paper on Samoa, and contributions from Nicaragua, Sri Lanka, Cambodia and the Philippines, highlight how some states have used the COVID-19 pandemic to limit dissent, or to erode human rights protections.

Community resilience is another feature of many contributions. Turkey, Ghana and Kenya all point to the important role of community cohesion and solidarity in managing the impact of the virus on their populations, while close kinship relations in Pacific Islands enable strong levels of community resilience, coupled with high levels of community self-sufficiency.

As academics we were particularly interested in the effects of COVID-19 on the higher education sector. Social distancing spelt the suspension of face-to-face teaching for universities across the world, and a switch to online learning. The impact of this has been rather varied due to students having uneven access to communications technologies across nations. The closing of borders has been enormously problematic for some universities as it has locked out international students, the source of much of their income. Depending on their reliance on international student fees, some universities are experiencing sudden budget problems and a looming crisis, especially in situations where national governments have so far refused to support the higher education sector.

A note on this volume

This collection was conceptualized in late April, and a publication date planned for mid-June. The six-week publication deadline was frenetic. We thank the contributors to this volume, all of whom showed enormous enthusiasm for the project, and generosity with their time, accepting this complex task—an assessment of 4-5 months of tumultuous social, political and economic history in 1000-1200 words—on top of tight deadlines in their own exceptionally busy work schedules.

The process of interacting with authors across the world, and of compiling this information and analysis, has created an enormous feeling of collegiality through shared engagement in this timely and policy relevant research. As we collectively tried to make sense of our rapidly changing world during this era of pandemic, we can reflect on the words of Sara Ahmed:

Solidarity does not assume that our struggles are the same struggles, or that our pain is the same pain, or that hope is for the same future. Solidarity involves commitment, and work, as well as the recognition that even if we do not have the same feelings, or even the same lives, or the same bodies, we do live on common ground.⁴

As editors we have made every effort to proof-read the text of each entry thoroughly, however contributions were still being received up to and including 8 June. We did not attempt to check every hyperlinked footnote link, nor to standardise the individual footnoting styles of authors. In an admittedly hurried project it is possible that some mistakes are still present, and for that we beg the indulgence of pedants and proof-readers the world over.

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4 S. Ahmed. 2004. *The Cultural Politics of Emotion*. Routledge, New York, p. 184.

OCEANIA



AUSTRALIA

PANIC BUYING, FEDERALISM, UNWILLING KEYNESIANISM AND RECORD STIMULUS

ESTIMATED POPULATION (2020): 25.5 MILLION

COVID-19 statistics at 1 June

TOTAL CASES	7,195
TOTAL RECOVERED	6,618
DEATHS	103

Introduction: Australia's federal system of government has required one federal, six state and two territory governments, and their respective health bureaucracies, to work together to combat the COVID-19 pandemic. The Australian Commonwealth government and Prime Minister Scott Morrison have attempted to coordinate action, although at times various state Premiers have taken the lead on initiating or relaxing measures of economic shutdown and social distancing. While Australia has escaped the worst ravages of COVID-19 seen elsewhere, the early panic buying of toilet paper¹ and pasta demonstrated things could get ugly quickly.

Federalism: Prime Minister Morrison labelled COVID-19 a pandemic on 27 February, two weeks before the World Health Organization (WHO) made the same call on 12 March.² An escalation of cases between 10-17 March led the Federal government to create a new 'National Cabinet' of Commonwealth, state and territory governments to promote a coordinated national response, despite the Australian Constitution providing limited powers for central government action. The National Cabinet has been so successful it will now replace the previous peak body, the Coalition of Australian Governments.³ In the one area where the Commonwealth can have a major impact (economic and fiscal policy), the centre-right Liberal/National coalition government abandoned its neoliberal ideological fixation with balanced budgets, adopted Keynesian stimulus policies and "inaugurated the golden age of entitlement".⁴

COVID-19 in Australia: The first COVID-19 cases occurred on 25 January 2020, with three cases in New South Wales (NSW) and one in Victoria (Vic).⁵ By the end of May over 3,000 confirmed cases were in NSW (most in the state capital, Sydney), while Victoria and Queensland (Qld) each had over 1,000. Over 63% of Australian cases were acquired overseas, with 26% resulting from contact in Australia from a confirmed case.⁶ Social distancing and relatively strict quarantine procedures, coupled with widespread testing (over 650,000 tests by 5 May, of which 1% were positive), have enabled Australian health authorities to 'flatten the curve' with relatively few deaths. Cruise ships presented a

conundrum. A bureaucratic mistake over the *Ruby Princess* allowed 2,700 passengers to disembark in Sydney on 8 March and go to different parts of Australia.⁷ The ship was later linked to over 700 cases of COVID-19 and was quarantined at Port Kembla, just south of Sydney.⁸



Figure 1: Panic buying of toilet paper (12 March, Wollongong NSW) (Charles Hawksley).

Restrictions on movement: Australia commenced restricting immigration on 1 February with a ban on flight arrivals from, and travel to, China. Arrivals from Iran were blocked on 29 February, followed by South Korea on 5 March, and Italy on 11 March. On 13 March all overseas arrivals were required to go into self-isolation for 14 days and Australian citizens were told not to travel overseas. On 19 March Australia closed its borders to all non-citizens and residents, and on 24 March all overseas travel was banned completely. All nationals or residents returning to Australia underwent 14 days of isolation, and for much of April were held in otherwise empty four and five star hotels in capital cities at government expense.

Social distancing: Over two weeks in March (13-27) the number of COVID-19 cases increased tenfold, from 200 to 2,000. Social distancing measures were first announced on 13 March with bans on non-essential gatherings of 500 people or more. After considering playing in front of no crowds, with some reluctance major football codes suspended their seasons.⁹ On 18 March non-essential indoor gatherings were restricted to 100 people. The public was assured schools were still open, especially for parents who worked in essential services (health, police and emergency services) and who had no other care options, yet parents were also asked to keep children at home. Only essential trips were permitted under a staged lockdown process—shopping, medical treatment, emergencies and daily exercise were allowed. While restaurants and cafes were not permitted to have seated customers, they could serve take away food.

1 Tracey Shelton, 'Australians scrap over toilet rolls amidst coronavirus panic buying', Aljazeera, 8 March 2020, <https://www.aljazeera.com/news/2020/03/australians-scrap-toilet-rolls-coronavirus-panic-buying-200308014116516.html>

2 Damien Cave, 'Vanquish the virus', *New York Times*, 24 April, 2020, <https://www.nytimes.com/2020/04/24/world/australia/new-zealand-coronavirus.html>

3 Paul Karp, 'Coag is no more': national cabinet here to stay with focus on post-Covid job creation, *The Guardian*, 29 May 2020, <https://www.theguardian.com/australia-news/2020/may/29/coag-is-no-more-national-cabinet-here-to-stay-with-focus-on-post-covid-job-creation>

4 Richard Croke, 'The Ministry of Pandemics: How the virus revealed our leaders to us', *The Monthly*, May 2020, pp. 19-25 at 21.

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6 Australian Government Department of Health, Coronavirus (COVID-19) current situation and case numbers, 5 May, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers>

7 Anne Davies and Ben Butler, 'Ruby Princess battles begins', *The Guardian* 10 April, <https://www.theguardian.com/business/2020/apr/10/ruby-princess-battle-begins-to-hold-someone-accountable-for-cruise-ship-coronavirus-debacle>

8 Mark Reddie, 'Ruby Princess set to leave' ABC News 21 April, <https://www.abc.net.au/news/2020-04-21/ruby-princess-set-to-leave-crew-coronavirus-fate-unclear/12165714>

9 Rugby League returned from 28 May, with no crowds permitted. Australian Rules Football is set to resume on 11 June, and Rugby sometime in June or July. The A-League ('soccer', which is what most of the world considers 'football') is unlikely to return until at least late June.

Government stimulus: The Australian Federal government collects tax and handles matters of finance and employment. It moved quickly to create payments to those it was putting out of work through the enforcement of social distancing. To mitigate the effects of preventing people working, the federal government embarked on stimulus spending. The first package on 12 March of AUD \$17.6 billion assisted six million welfare recipients with a \$750 cash payment, while small and medium sized businesses received between \$2,000-\$25,000 to pay wages or hire extra staff.¹⁰ On 22 March another \$66bn was announced, providing another \$750 cash grant to welfare recipients, and doubling the amount of money available to the unemployed with new fortnightly payments to those looking for work ('Job Seeker' \$750). Those prohibited from working received 'Job Keeper' (\$1,500 a fortnight), with payments made to employers to pay staff. The Reserve Bank of Australia cut interest rates to 0.25% and guaranteed \$90bn in funding for banks to lend to businesses.¹¹ By the end of April the Australian government had provided around \$194bn in stimulus, a figure almost 40% of the 2019 budget and representing around 9.5% of GDP. A further \$15bn in stimulus has come from the states and territories.¹² In late May, a mistake in costing was revealed—3.5 million Australians (not 6 Million) would receive Job Keeper payments, and \$60bn less than initially proposed would be spent.¹³

The Australian government has also committed \$350 million to the 8bn global fund to seek a vaccine,¹⁴ and hopes that one is discovered sooner rather than later as the economic cost of social isolation to the state is \$4bn per week. The government's COVIDSafe voluntary app for mobile phones had been downloaded by 1 million people by 27 April. The government claimed it requires 10 million (40% of the population) to make COVID-19 monitoring more effective and initially linked further relaxation of social distancing to a higher rate of COVIDSafe downloads.¹⁵ By June the app had not yet been widely adopted, but social distancing rules had relaxed.

Effects on Higher Education: By mid-March universities had moved their teaching online and began to estimate the potential lost revenue from the international student market. The \$40bn gained from international students makes higher education Australia's third largest

export,¹⁶ and for six of Australia's universities (including five of the 'Group of 8'—Sydney, Melbourne, UNSW, Monash and University of Queensland) international student revenue comprised over half of their total revenue.¹⁷ Even after many international students were encouraged to return home, some 90,000 stayed in Australia, many now without employment or any visible means of support—as neither citizens nor residents, they were not eligible for relief payments. The Federal government has actively prevented universities from receiving financial support.¹⁸

Assessment: Australia had time to observe other states in various stages of management and crisis. Initial modelling predicted that a "do nothing" approach would result in around 150,000 dead,¹⁹ and no government was prepared to accept that cost. The Federal government followed science, listened to experts and issued accurate statistics on a daily basis. As in New Zealand, health officials like Chief Medical Officer Dr Brendan Murphy became the face of the crisis, although state premiers also gave daily briefings.

The results have been very successful. Australia recorded its highest daily number of infections in late March and has since 'flattened the curve'. Some states and territories returned to a 'new normal' by the middle of May with NSW and Vic announcing staged returns of one day per week for all students (organized however schools see fit). With just over 100 deaths by 1 June, Australian states and territories have largely moved towards relaxing the strict social distancing measures imposed while attempting to contain any future spike in contagion.

Food and toilet paper supply chains have returned to normal, yet Australia remains effectively isolated. Limited travel between Australia, New Zealand and the South Pacific is now likely,²⁰ but travel restrictions for all other countries prevent tourists, migrant workers, and the lucrative international student market from visiting and contributing to economic recovery.

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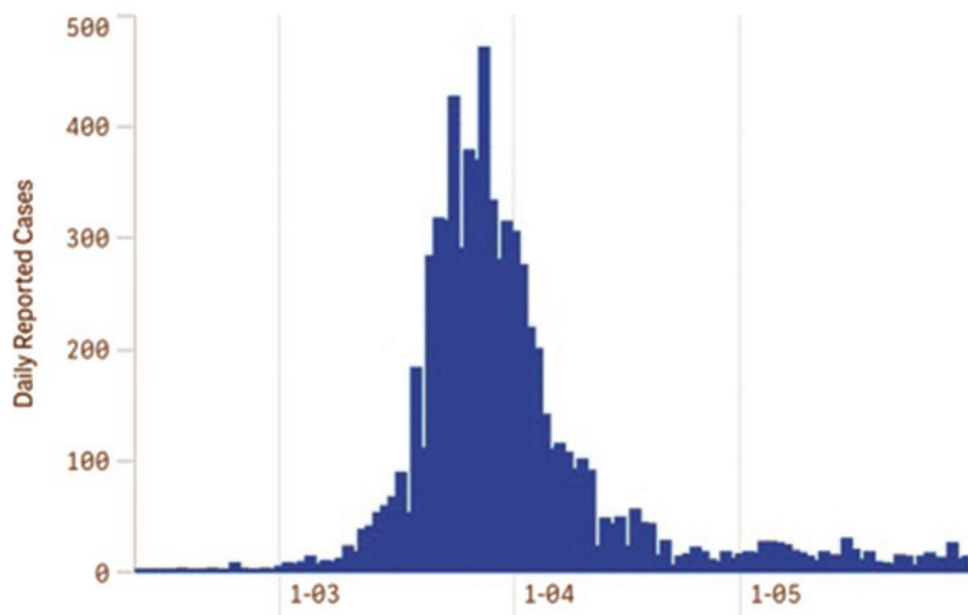
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Figure 2: Daily COVID-19 cases, 22 January to 31 May, 2020²¹

Source: Department of Health, States & Territories Report 31/5/2020



²¹ Australian Government Department of Health, 'Current status' 5 May, <https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>



AUSTRALIA

*Indian
Ocean*

ISSUES PAPER

RESPONDING TO MIGRANT WORKERS: THE CASE OF AUSTRALIA

At the peak of the COVID-19 pandemic in March 2020, as borders began to close and airlines ceased operations, numerous groups of Australians found themselves stranded in countries overseas. At the same time, there were a significant number of non-citizens in Australia including tourists, migrants and students whose situation also became critical. This article considers the specific responses of the Australian government towards migrants on temporary visas. It presents a timeline of how a country that relies heavily on migrant workers to fill essential roles in the labour market, including in the health sector, addressed their needs. It also highlights how temporary migrants are narrowly viewed as a form of convenient labour, with the Acting Minister for Immigration Alan Tudge stating that “Australians and permanent residents must be the Government’s number one focus”.¹ This fails to recognise the vital contribution of migrants to the workforce and as taxpayers.

Australia relies on a large annual migrant intake with 2019-2020 planning levels for permanent places comprising 108,682 places for migrants in the skilled stream, 47,732 in the family stream and 18,750 in the humanitarian stream.² Temporary migration has also increased significantly with the estimate for all short-term skilled workers, working holiday makers, international students and New Zealanders on temporary special category visas at over 1 million persons.³ At the time of the COVID-19 crisis, there were an estimated 2.17 million people in Australia on temporary visas including 565,000 international students, 139,000 temporary skilled workers, 118,000 working holiday makers and 185,000 people on other temporary visas.⁴ The main countries of origin for temporary migrants are India, the United Kingdom, the Philippines and China, with the majority being professionals who are employed in accommodation/food services, health care, information media and technology sector and other services.⁵ This complex visa system is managed by the Department of Home Affairs.

Migrant workers may be in Australia with their spouses and families, who have differential access to public education, Medicare, government-funded legal assistance and many other forms of social security, depending on their visa type. This tiered approach to social benefits filters down to services provided to people rendered unemployed due to COVID-19 restrictions.

As noted above, from the outset of the COVID-19 pandemic, Australian citizens and permanent residents were prioritised for assistance, including through an economic package of support known as JobKeeper.⁶ This overlooked the fact that temporary migrants may not have been able to leave Australia and were not eligible for other forms of social security. Furthermore, temporary visa holders whose visas are tied to specific employers, if they are stood down or have their hours reduced, risk breaching their visa conditions.⁷ Advice from the Acting Minister of Immigration was that:

[V]isa holders who have been laid off due to coronavirus should leave the country in line with existing visa conditions if they are unable to secure a new sponsor. However, should a 4-year visa holder be re-employed after the coronavirus pandemic, their time already spent in Australia will count towards their permanent residency skilled work experience requirements.⁸

While some stop-gaps were put in place such as opportunities to access superannuation, these measures overlooked the fact that temporary migrants faced the same hardships as Australians and permanent residents who had lost their employment. The advice to leave the country could jeopardise people’s chances of returning to Australia where they have ties, as well as possibly long term links, in the communities where they live and work.

In the midst of the response to the COVID-19 pandemic, the Federal Opposition Spokesperson for Immigration and Home Affairs, Kristina Kenneally, questioned restarting the temporary skilled migration programme when borders re-open and restrictions ease. She suggested that temporary migrants take jobs from Australians, are a source of cheap labour that “undercuts wages for Australian workers and takes jobs Australians could do”.⁹ Some have suggested that this ‘go home’ message “trashes Australia’s reputation for the future, deepens the recession and makes recovery more difficult”.¹⁰ There is also little evidence of a direct relationship between temporary migration and wage growth or domestic unemployment.¹¹

1 <https://minister.homeaffairs.gov.au/alantudge/Pages/Coronavirus-and-Temporary-Visa-holders.aspx>

2 <https://www.homeaffairs.gov.au/research-and-statistics/statistics/visa-statistics/live/humanitarian-program> Humanitarian stream figures for 2019-2020 were not available so 2018-2019 figures have been cited. A further 24,566 people claimed asylum onshore in Australia in 2018-2019.

3 <https://theconversation.com/yes-it-is-time-to-rethink-our-immigration-intake-to-put-more-focus-on-families-137783>

4 <https://minister.homeaffairs.gov.au/alantudge/Pages/Coronavirus-and-Temporary-Visa-holders.aspx>

5 <https://www.homeaffairs.gov.au/research-and-stats/files/457-quarterly-report-31122017.pdf>

6 The JobKeeper Payment scheme is a temporary subsidy for businesses significantly affected by coronavirus (COVID-19). Eligible employers, sole traders and other entities can apply to receive \$1,500 per eligible employee per fortnight

7 <https://www.sbs.com.au/news/how-coronavirus-impacts-australia-s-visa-holders-and-where-they-can-get-support>

8 <https://minister.homeaffairs.gov.au/alantudge/Pages/Coronavirus-and-Temporary-Visa-holders.aspx>

9 <https://www.smh.com.au/national/do-we-want-migrants-to-return-in-the-same-numbers-the-answer-is-no-20200501-p54p2q.html>

10 <https://www.eastasiaforum.org/2020/04/19/migration-and-australias-post-covid-19-economic-crunch/>

11 <https://www.abc.net.au/news/2020-06-03/fact-check-migrant-workers-457-temporary-visas/12299180>

At the same time efforts were underway to ensure that migrants received public health messages about COVID-19 in their native languages. Arguably the negative messages from Federal politicians that distanced temporary migrants from the wider population also altered their perceptions of the support they would receive from the Australian government if they had urgent health needs. This could be counterproductive with devastating health consequences, as has been seen in other countries with large cohorts of migrant workers such as Singapore.

There were also some positive gestures made at state and local levels towards temporary migrants such as support schemes for temporary migrants and other groups, including asylum seekers and international students.¹² However this response has been uneven and put in place to fill gaps left by the lack of a comprehensive federal response. As others have observed, “COVID-19 does not discriminate based on visa, residency or citizenship status and nor should our policies responding to it”¹³ The inconsistent messages sent to all people residing in Australia during the COVID-19 pandemic and the lack of support offered to temporary migrants during a time of crisis may have far-reaching impacts into the future. This includes a lack of trust between the government and temporary migrants, disruption to efforts to achieve community cohesion with migrant groups, and a failure to address the health needs of all Australians, whether current or future permanent residents or citizens. Such a short-sighted response reflects a long standing politicisation of immigration and a treatment of temporary migrants as flexible labour.¹⁴

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¹² <https://www.theguardian.com/australia-news/2020/apr/30/victoria-latest-state-to-help-temporary-migrants-excluded-from-federal-coronavirus-support>

¹³ <https://www.smh.com.au/business/workplace/protection-of-temporary-migrants-is-now-a-public-health-issue-20200406-p54hk6.html>

¹⁴ https://www.westernsydney.edu.au/newscentre/news_centre/story_archive/2015/temporary_migrants_are_people,_not_labour

FRENCH PACIFIC TERRITORIES

RAPID CONTAINMENT STRATEGIES HELP PREVENT COVID-19 SPREAD

ESTIMATED POPULATION (2020): 568,500

COVID-19 statistics at 1 June

	NEW CALEDONIA	WALLIS AND FUTUNA	FRENCH POLYNESIA
POPULATION	280,000	11,562	277,000
TOTAL CASES	19	0	60
RECOVERED	19	–	60
DEATHS	0	0	0

Introduction: On 30 January, 2020, the World Health Organisation (WHO) declared COVID-19 a public health international emergency. At the end of May there were almost 6,000,000 confirmed cases and over 367,000 deaths worldwide. The Pacific Islands Countries and Territories (PICTs), home to approximately 12 million people¹ have reported COVID-19 cases in Guam (149), Papua New Guinea (8), French Polynesia (60), Fiji (18), and New Caledonia (19). At the end of May, with the exception of Guam (5 deaths), no PICT had reported a death.² Relatively close neighbours such as Australia and New Zealand have registered 7,185 and 1,154 confirmed cases respectively. These numbers demonstrate the presence of the virus in the region. Despite being relatively isolated, the PICTs are connected to the world through air and maritime travel networks. Air travel represents about 5 million passengers/year from China, Korea, Japan, France, the USA, and Australia mostly travelling to Guam, New Caledonia, Fiji, Vanuatu, and French Polynesia.³ While it is clear that the PICTs are exposed to the COVID-19 global threat, most of them managed to record low numbers of cases. Below we explore measures taken to prevent the spread of COVID-19 in the French Pacific Territories: New Caledonia, French Polynesia and Wallis and Futuna. In these territories, the health care system is modelled on the French metropolitan health system.

New Caledonia: New Caledonia has a culturally diverse population of c.280,000 people living on one main Island (Grande Terre) and four smaller Islands—Lifou, Mare, Ouvéa, and Ile-des-Pins. Approximately 90,000 people live in remote areas while 183,000 (c.67%) live in the capital Nouméa and surrounds. Information about COVID-19 and the measures put in place are made publicly available on the New Caledonia government website.⁴ The New Caledonian government is responsible for the development and implementation of health policy and actions.

Clinical screening of passengers arriving at the (only) international Airport (La Tontouta) around 50km from Nouméa, started on 28 January, and thermal cameras were used from 6 February.⁵ Systematic testing (RT-PCR) for individuals presenting at the *Centre Hospitalier Territorial* (the main hospital located in greater Nouméa) with symptoms (cough, fever) started on 10 February. The first case (a visitor arriving from France) was confirmed on 18 March, eight weeks after the first case was officially reported in China. This eight-week delay seems consistent across the PICTs.⁶ On 19 March the decision was made that all incoming travellers would be subjected to 14 days of isolation. Borders were closed to non-residents on 20 March. Shops, administration, and schools closed on 19 March, and testing sites were organised across the territory.⁷ Full lockdown was implemented on 23 March, as New Caledonia confirmed its seventh case. The total lockdown eased on 19 April after 16 days with no new cases. Schools partially reopened on 20 April with only half of the students attending school (the other half attended the following week). Class time was used to teach the children about how to maintain social distancing and hygiene while in the school. On 4 May, schools reopened to all students. (Figure 1 shows the timeline of government actions and occurrence of new cases for French Polynesia and New Caledonia).

At the end of May a total of 19 cases had been confirmed; the last one was on 3 April, however a returning resident who was still in isolation was tested positive on 31 May. All patients have now recovered, and New Caledonia has no record of any deaths related to COVID-19.⁸ At 1 June borders are still closed to non-residents, and any returning resident needs to spend 21 days in isolation. As at 1 June there were 465 persons (returned residents) in isolation.⁹ Amongst factors that can explain the low spread of the virus in the country, the most important include the early implementation of testing (6,681 tests performed since 18 March),⁷ the immediate closure of borders (right after the first case), and a three-week lockdown that started when just seven cases had been confirmed. Communication about physical distancing and hygiene were widely displayed in public places, shops and explained on radios, and television.¹⁰

Several initiatives have been put in place by the New Caledonian government to support the economy during and after the lockdown.¹¹

- 1 Craig, A. T., Heywood, A. E., & Hall, J. (2020). Risk of COVID-19 importation to the Pacific islands through global air travel. *Epidemiology and Infection*, 148, e71. <http://doi.org/10.1017/S0950268820000710>
- 2 <https://covid19.who.int/> accessed on the 31/05/2020
- 3 Heywood et. Al, 'Risk of COVID-19 importation...' *Epidemiology and Infection*, <http://doi.org/10.1017/S0950268820000710>
- 4 <https://gouv.nc/coronavirus> last accessed on 01/06/2020
- 5 Kerbaj, J., Cazorla, C., De Greslan, T., Serie, M., Gourinat, A.-C., & Marot, B. (2020). COVID-19: The New Caledonia experience. *Clinical Infectious Diseases*. <http://doi.org/10.1093/cid/ciaa600>
- 6 Mei, Y., & Hu, J. (2020). Preparedness is Essential for Western Pacific Islands During the COVID-19 Pandemic. *Disaster Medicine and Public Health Preparedness*, 1–5. <http://doi.org/10.1017/dmp.2020.102>
- 7 Kerbaj, et. al 'COVID-19: The New Caledonia experience'. *Clinical Infectious Diseases*. <http://doi.org/10.1093/cid/ciaa600>
- 8 <https://covid19.who.int/region/wpro/country/nc> last accessed on the 1/06/2020
- 9 <https://gouv.nc/coronavirus> last accessed on the 1/06/2020
- 10 https://gouv.nc/sites/default/files/atoms/files/affiche_gestes_barrieres_a3_pour_internet.pdf
- 11 <https://gouv.nc/sites/default/files/atoms/files/mesures-eco.pdf>

Figure 1. Timeline of government actions and occurrence of new cases for French Polynesia and New Caledonia.

French Polynesia: From 28 January, all incoming travellers from Asia and New Zealand had to present a medical certificate dated less than 15 days and to undergo temperature screening through thermal cameras. The Department of Health monitored travellers from China for COVID-19 symptoms for 14 days following their arrival and recommended isolation at place of residence. On 10 February, a medical certificate dated less than five days was required for all travellers from most Asian countries (this was extended to all travellers on 2 March). Thermal camera use was extended to all international flights arriving in French Polynesia, which has a population of c.277,000.

The first confirmed case was a returning resident who had returned from Paris on 6 March (confirmed on 11 March). Fourteen days of self-isolation was then made mandatory for all incoming travellers. On 12 March, a tourist on a trip to the Tuamotu archipelago was detected as positive. On 17 March, the French Polynesian government banned any gathering of more than 100 people and halved the reception capacity of institutions opened to the public. Schools closed on 18 March, and borders were closed to non-residents. Full lockdown was implemented on 20 March as the territory confirmed its 11th case, with two secondary (contact) cases.¹²

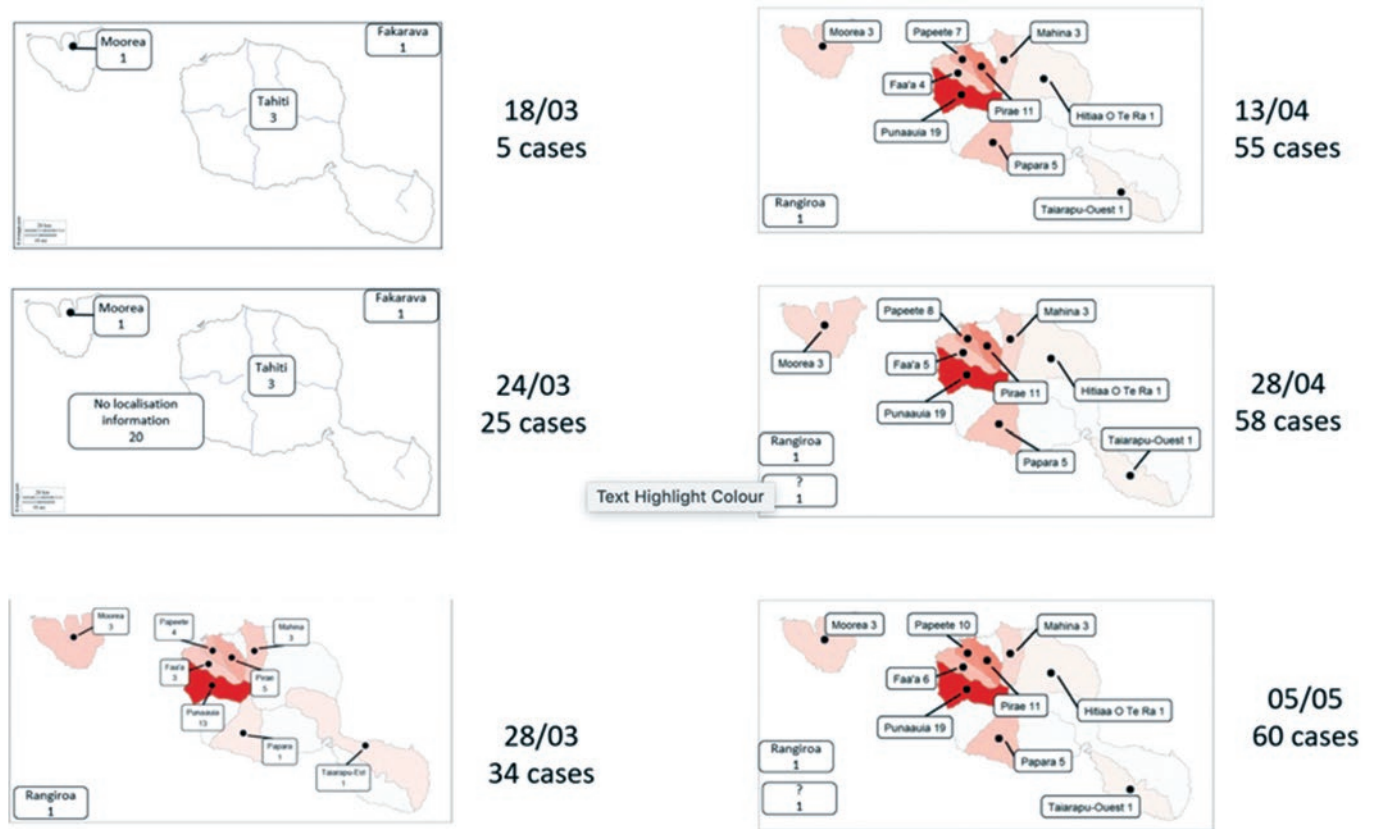
Confinement eased on 20 April for all parts of French Polynesia except for Tahiti, Moorea and Maïao, the most effected islands, which relaxed confinement one week later (27 April). Barrier measures were reinforced in the population, including social distancing and hand washing. Wearing a cloth mask was suggested, but not imposed.¹³ Full deconfinement occurred on 20 May and domestic flights resumed. Borders are still closed to non-residents while any resident entering the country needs to self-isolate for 14 days. Schools reopened on 18 May with a specific protocol allowing for social distancing. This resulted in approximately 20% of children being back in the classroom at the same time.¹⁴

Out of a total of 4,040 tests, 60 cases have been confirmed. The last positive test was detected on 5 May. All patients have now recovered and there are no recorded COVID-19 deaths.

¹² <https://www.presidence.pf/actualites/coronavirus/> last accessed on the 01/06/2020.

¹³ <https://www.presidence.pf/actualites/coronavirus/>

¹⁴ <https://www.presidence.pf/reouverture-des-ecoles-colleges-et-lycees-des-iles-du-vent/> last accessed on the 01/06/2020.

Figure 2. Spread of the virus in the French Polynesian archipelago.¹⁵

Wallis and Futuna: The closest countries to Wallis and Futuna are Fiji to the southwest (280 km from Futuna) and Samoa to the east (370km from Wallis). There is only one international airport, on Wallis, which is some 225km from Futuna. As a French territory, the French state is represented in Wallis and Futuna by an Administrator Superior, who also ensures the 20 member Territorial Assembly exercises local authority. The Territory's population is 11,562 (July 2018 census), two-thirds of whom live in Wallis and one-third in Futuna. Information about COVID-19 and the measures put in place are made publicly available on the Wallis and Futuna government website.¹⁶ From 17 March, all incoming travellers must self-isolate at home for 14 days. The last international flight was allowed in on 16 March, and maritime access has been prohibited, except for container ship and tanker rotations, which are subject to very strict sanitary control. The inter-island air service was stopped on 19 March.

On 17 April, the inter-island aerial connection was re-established because of the non-circulation of the virus on the territory. On 24 April, 14 days self isolation at dedicated locations was put in place for returning residents. This allowed residents to come back home from New Caledonia via air travel (22 passengers isolated in a hotel on 7 May) or by boat (passengers self-isolated on the *Laperouse*, a cruise boat that departed Nouméa on 8 May). All passengers were tested at the end of the quarantine. On 20 May, incoming travellers were required to have performed a screening test (PCR) within 72 hours of flight, and to have it confirmed negative. To date, there has been no COVID-19 case confirmed on Wallis and Futuna.

Assessment: While the actions taken to contain the spread of the COVID-19 virus have been very effective, the French Pacific Territories are not self-sufficient and lockdown measures, as well as border closures are not sustainable. Across the French territories, home schooling was in place through online teaching, but students are now expected to attend school and face-to-face teaching. Financial packages have been established to support the economy, at least in the short term. In both New Caledonia¹⁷ and French Polynesia,¹⁸ it is estimated that the loss in economic activity will lead to a 3% GDP decrease.

15 <https://www.presidence.pf/actualites/coronavirus/> last accessed on the 01/06/2020

16 <http://www.wallis-et-futuna.gouv.fr> last accessed on the 01/06/2020

17 <https://www.cerom-outremer.fr/nouvelle-caledonie/publications/etudes-cerom/les-impacts-economiques-du-covid-19-en-nouvelle-caledonie.html> last accessed on the 01/06/2020.

18 <https://www.cerom-outremer.fr/cerom/actualites/communique-de-presse-covid-19-et-activite-economique-en-polynesie-francaise.html> last accessed on the 01/06/2020.

As measures ease, governments will have to be very vigilant and strictly maintain and reinforce social distancing and hygiene measures, as well as conducting systematic testing of people presenting with symptoms, followed by 14-21 day isolation periods for confirmed cases. Whether testing and isolation can be done at home to prevent contagions and facilitate isolation requires further discussion. For more remote areas it may be possible for surveillance systems to check on people's health during isolation—through telephone calls, text messaging, digital platforms, or in person by COVID-19 trained health care workers. This option should be investigated.

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NEW ZEALAND

“GO HARD AND GO EARLY”

ESTIMATED POPULATION (2020): 4.822 MILLION

COVID-19 statistics at 1 June

TOTAL CASES	1,504
TOTAL RECOVERED	1,481
DEATHS	22

Introduction: On 19 March 2020 the Prime Minister of Aotearoa New Zealand, Jacinda Ardern, told the nation that, for the first time in its history, it is closing its borders.¹ Four days later, she announced the country would enter a state of emergency and move into full lockdown at midnight 25 March.² Two months later, New Zealand is emerging from lockdown and heading towards an uncertain future. No-one is in any doubt that – socially, politically and economically – things are going to be difficult. There remains the risk, too, that a second wave of COVID-19 will send New Zealand back into lockdown. Nonetheless, at the end of May 2020 there is a quiet sense of satisfaction and pride amongst New Zealanders at having weathered the first phase of the pandemic in reasonable shape. At the end of May, 1,504 people had been infected with the virus, of whom 22 had died and 1,474 had recovered. There were only eight cases of the virus, and none of them were in hospital. There are, of course, other ways of assessing the nature and scale of the destruction wrought by the pandemic. All the same, at an immediate human level, thus far we have fared better than most. In this contribution I would like to reflect on some of the possible reasons why this might be so.

Strategy and leadership: Very early on the New Zealand government took a crucial decision. Rather than seeking to ‘flatten the curve’, New Zealand’s response would be to ‘stamp out and eliminate’ the virus.³ Competent leadership – political, administrative and scientific – has been critical to the public articulation and delivery of that strategy. For many, the enduring images of the weeks spent under lockdown will be of the Prime Minister (PM), Jacinda Ardern.⁴ The PM’s press conferences – held daily at 1.00 p.m. and usually featuring the Director-General of Health, Dr Ashley Bloomfield – became mandatory viewing. Her regular Facebook live appearances also attracted significant attention. In those and other forums Ardern provided ‘a masterclass’ in political leadership at a time of crisis.⁵

Words have been central to this. Ardern’s language has been clear and crisp: ‘go hard and go early’; the ‘team of five million’; ‘stay home and save lives’; ‘stick in your bubble’. The rhetoric has helped New Zealanders make sense of what is going on: we ‘get’ what the PM means and have, by and large, risen to the occasion.

A different form of leadership has also been central to New Zealand’s response. The Director-General of the Ministry of Health, Dr. Ashley Bloomfield, became something of a pop culture phenomenon. Driving the Ashley Bloomfield homages – the music videos, online fan groups, tea-towels and so on – is a deep-seated public appreciation of Bloomfield’s reassuring grasp of policy detail at a time of profound uncertainty.

Capacity, competence and transparency: Ardern and Bloomfield have been centre stage, but public servants have played an important (and to some extent underacknowledged) role in what has occurred. New Zealand has a professional rather than a political public service. Along with a tacit consensus amongst political parties not to politicise the virus, this means that the pandemic has been approached as an evidential rather than an ideological challenge.

Early on the government established the Officials’ Committee for Domestic and External Security Coordination, chaired by the chief executive of the Department of Prime Minister and Cabinet, to provide strategic direction to the whole-of-government response to COVID-19.⁶ It also appointed an All of Government Controller, John Ombler, whose briefing paper to the select committee established to maintain parliamentary oversight of executive action (see below) set out the structure and operational methods of those arrangements.⁷

The 11-member parliamentary select committee to whom Ombler delivered that briefing has also been an integral feature of New Zealand’s institutional reaction to the virus. The Epidemic Response Committee, which drew members from all parliamentary parties (and had an opposition majority), was established on 25 March and met 24 times between 31 March and its disestablishment on 26 May.⁸ It was chaired by the then-leader of the opposition, Simon Bridges, and during Alert level 4, during which period Parliament was adjourned, was the primary constitutional means through which the Ardern administration was held to public account.⁹

1 Returning permanent residents and citizens were exempt from the order.

2 Key dates on the timeline in New Zealand include: 24th January (the Ministry of Health sets up a COVID-19 monitoring team); 27th January (a national security system is established; Ministry of Health staff being meeting flights from China); 28th January (a national health crisis centre is established); 3rd February (restrictions on travellers from or transiting through mainland China are imposed); 28th February (the first case of COVID-19 in New Zealand is reported); 1st March (self-isolation required of arrivals from Italy and South Korea); 10th March (All of Government Controller appointed); 14th March (all arrivals in New Zealand required to self-isolate); 19th March (New Zealand closes its borders); 21st March (the PM announces the four-level alert system); 25th March (New Zealand enters full lockdown and a state of emergency is declared); 29th March (the first COVID-19 related death occurs); 31st March (Epidemic Select Committee begins sitting); 28th April (New Zealanders leave alert level 4 and enter alert level 3); 14th May (the state of emergency ends and the country enters alert level 2). A more detailed timeline can be found at: <https://shorthand.radionz.co.nz/coronavirus-timeline/>

3 Ombler, J. 2020. Written briefing to the Epidemic Response Committee (see: https://www.parliament.nz/resource/en-NZ/52SCEP_EVI_96420_EP18/1b89a81ce848cbeb471631b68c878304e70b3dc2). The statutory powers to do so lie with the Director-General of Health under the Health Act and the Epidemic Preparedness Act, and with the Director of Civil Defence and Emergency Management under the Civil Defence Emergency Management Act.

4 <https://www.bbc.com/news/world-asia-52344299>

5 Wilson, S. 2020. ‘Three reasons why Jacinda Ardern’s coronavirus response has been a masterclass in crisis leadership’, *The Conversation* (<https://theconversation.com/three-reasons-why-jacinda-arderns-coronavirus-response-has-been-a-masterclass-in-crisis-leadership-135541>)

6 New Zealand is prone to disasters such as earthquakes. The physical distribution of the public service leadership across different sites during the weeks of lockdown was designed with the possibility of ‘a concurrent national security event, such as a major earthquake’ in mind (Ombler 2020, p. 2).

7 See Appendix A of Ombler (2020).

8 Zoom footage and Hansard transcripts of each meeting, as well as lists of submitters, can be viewed here: <https://www.parliament.nz/en/pb/sc/scl/epidemic-response/news-archive/watch-public-meetings-of-the-epidemic-response-committee/>

9 Democratic oversight has been a feature of the New Zealand case. The extent to which the government’s response to the pandemic has been consistent with the powers vested in the Director-General Health and the Director of Civil Defence and Emergency Management is currently in question (see: <https://ukconstitutionallaw.org/2020/04/27/andrew-geddis-and-claudia-geiringer-is-new-zealands-COVID-19-lockdown-lawful/>). Relatedly, Parliament’s Finance and Expenditure select committee has begun an inquiry into the operation of the COVID-19 Public Health Response Act 2020, which was passed under urgency in May 2020 and which sets out the legal framework for Alert level 2.

After many decades of public sector reform, New Zealand has significant levels of devolution, for example, the Ministry of Health is the lead agency on the public health response to COVID-19, but regional District Health Boards have significant operational autonomy. For New Zealand it appears the relationship between institutional design and the performance of these mid-range machinery of government arrangements is an important factor when dealing with pandemic.

The return of big government: By the end of March the government had already allocated NZ\$12.1 billion (the equivalent of 4% of GDP) to a raft of initiatives, including wage subsidies for workers, additional income support for families, increases in public health funding, a six-month deferred mortgage scheme for affected home-owners, rent freezes and a ban on terminations of tenancies and evictions (other than in exceptional circumstances), and a Business Finance Guarantee and other business tax measures.¹⁰ This year's Budget, delivered by Finance Minister Grant Robertson on 14 May, contained a further NZ\$50 billion dollars in spending, including additional support for business, trades training, environmental initiatives and public housing.

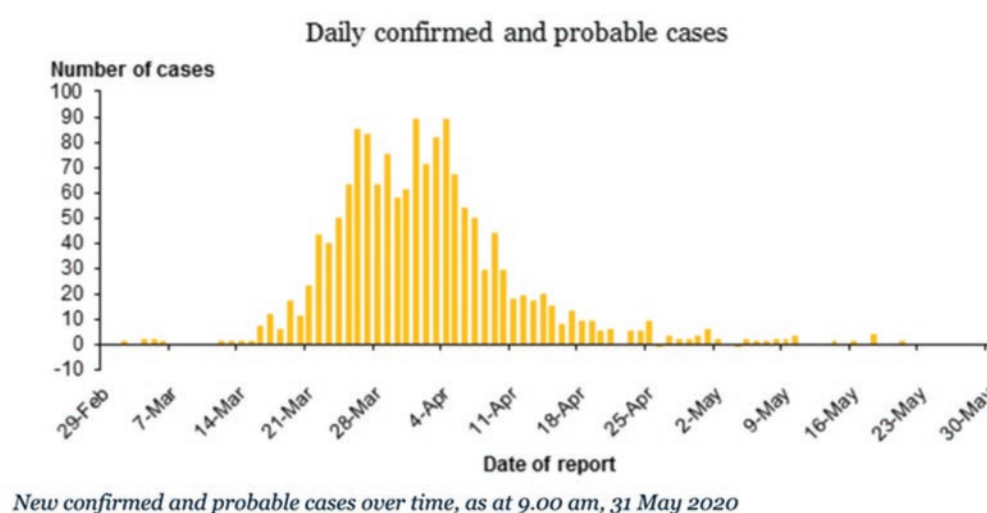
Big government has not come at the expense of business/government relations. Rob Fyfe, former CEO of Air New Zealand, was appointed by the government to work alongside the then Police Commissioner and to liaise between the public and private sectors, and for at least part of the period of lockdown CEOs of a number of large businesses met daily with ministers and/or officials. BusinessNZ, the lead business lobby, embedded one of its staff in the Ministry of Business Innovation and Employment while the Ministry placed one of its own officials in BusinessNZ, and individual companies worked with officials in the development of the government's WhatsApp COVID-19 channel and on its digital tracing app.

Assessment—"Let's not get carried away": Not everything has gone well in New Zealand. There has been conflict over the provision of Personal Protective Equipment, some mixed messaging, and media complaints of difficulty in gaining access to government ministers (other than the PM). Fortunately the public health system has not been stretched to capacity as reports from health practitioners shortly after New Zealand entered alert level 2 drew attention to the damage created by long-standing underinvestment in the public health system.¹¹ That said, throughout the pandemic New Zealanders have been treated as adults by authorities and have, by and large, responded accordingly. Through the better part of alert levels 4 and 3 reported levels of trust in the government's action were at historic highs (as was the personal popularity of the PM). In a poll reported on 8 April, 88% of respondents indicated that they trusted Ardern's administration to take the right decisions regarding COVID-19.¹² As memories of lockdown fade and the challenge of rebuilding a nation sets in, the polls will change. But for a time, at least, in a small nation at the bottom of the South Pacific, a pandemic that wrought havoc in people's lives the world over strengthened citizens' trust in the institutions and actors of democracy.

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Figure 1: New Zealand confirmed and probable cases 31 May 2020



Source: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-current-situation/covid-19-current-cases#summary>

¹⁰ Ombler 2020, p. 2.

¹¹ <https://www.rnz.co.nz/news/COVID-19>

¹² https://static.colmarbrunton.co.nz/wp-content/uploads/2019/05/CB-COVID-Times_8-April-2020.pdf

ISSUES PAPER

PACIFIC ISLAND COUNTRIES

DECISIVE ACTION, EXPERT ADVICE AND SOCIAL CAPITAL*

Samoa, Tonga, Fiji and New Zealand were still recovering from the 2019 measles outbreak when COVID-19 arrived. The measles outbreak alerted Pacific leaders to the perils of epidemics in the region. Experiences with measles testing, nation-wide vaccinations and contact tracing became valuable skills during the COVID-19 response. In both instances, decisive and determined leadership by national frontline agencies became critical in containment efforts.

Pacific Island Countries (PICs) were not spared the consequences of the COVID-19 pandemic. Nevertheless, decisive, determined and collaborative leadership bolstered by geography and social capital proved indispensable in PIC governments' responses to COVID-19. Pacific island leaders demonstrated confident and determined leadership, despite having inadequate resources to fight the invisible enemy. What can the rest of the world learn from PICs and their responses?

HOW DID PICs REACT?

Firstly, Pacific leaders verified and willingly accepted world expert advice and acted immediately, although some felt PICs should have closed their borders even earlier. The islands' vulnerability to external exposure and natural shocks made it necessary for political leaders to be firm. The Marshall Islands declared a State of Emergency (SOE) on 7 February, restricting air and sea travel, well before the World Health Organisation (WHO) declared COVID-19 a pandemic on 11 March 2020.¹ On 24 February, Samoa imposed compulsory screening of passengers at all ports arriving from or transitioning through China, Hong Kong, Macau, Japan, Singapore, Thailand, South Korea and Italy to self-quarantine. Passengers were asked to quarantine for 14 days in the country they were travelling from, before proceeding to Samoa, and to bring a medical certificate confirming virus-free status.

Other PICs reacted to reports of increased COVID-19 fatalities in Asia and Europe. The first confirmed case in the region was a Tahitian representative in the French National Assembly,² which led to border closures on 7 March 2020. Fiji declared a mandatory 14-day quarantine and stricter border controls for air and sea travellers on 19 March. Lautoka city, where Fiji's first case was confirmed,³ initiated lockdown from midnight that same day. This was followed by the lockdown of the capital Suva two weeks later, with tighter enforcement of social distancing, imposition of a 8pm-5am national curfew, and a stop to

inter-island sea and air travel. Tonga declared a SOE on 20 March,⁴ followed by Solomon Islands on 27 March. These states had similar restrictions, and followed WHO advisories on hand washing and social distancing. Pacific Islands leaders responded to expert advice in unison and acted decisively to control the spread of the virus by shutting down national borders.

GEOGRAPHIC ISOLATION

With the exception of Papua New Guinea (PNG), all PICs have international maritime borders, which has been a great bonus to their containment efforts. Travel restrictions and the closure of public amenities and institutions contributed to restraining the spread of COVID-19. Contact tracing and isolation were also successful in Fiji, which by the end of May had recorded 18 confirmed cases. Their isolation and contact tracing processes were effective, and authorities managed to identify five sources of infection. Close contacts of infected individuals were quarantined, tested, and when confirmed to have COVID-19, isolated and treated.

POLITICAL LEADERSHIP

Leaders in PICs agree that this is a fight they cannot afford to lose. A visible feature of the Pacific leadership response to COVID-19 was the ability to implement decisions with conviction, confident that a particular course of action was the best, given the possible options and circumstances. To make matters worse, Tropical Cyclone Harold ravaged Solomon Islands, Vanuatu, Fiji and Tonga at the peak of the COVID-19 alarm, pushing leaders' resilience further. Despite the dire need for international relief and support following Tropical Cyclone Harold, Vanuatu and Tonga's borders remain closed in an effort to prevent a coronavirus disaster.

The capacity of leaders in respective PICs to collaborate, despite disagreements on exact approaches,⁵ demonstrated good leadership in volatile situations. Tonga collaborated with stakeholders such as its Reserve Bank to develop a \$US25.5 million economic and social stimulus package,⁶ as did Samoa (\$US23 m),⁷ Fiji (\$US400m),⁸ Vanuatu (\$US32m),⁹ Tuvalu (\$US7.07m),¹⁰ and Solomon Islands (\$37.5m).¹¹ Some economic packages include suspension of loan repayments, relief support to laid-off workers, free repatriation¹² to home villages, additional support to sponsored and private students, and for nationals stranded overseas, and other important services.

1 *An earlier version of this paper appeared in DLProgram's blog on 18 May 2020. This version has been updated by the author with details of stimulus packages and is republished with the author's permission. For the original version please see: <https://www.dlprog.org/opinions/pacific-islands-leadership-responses-and-lessons-from-the-covid-19-pandemic> <https://www.rnz.co.nz/international/pacific-news/409150/marshall-islands-bans-overseas-govt-travel-over-coronavirus>

2 <https://www.rnz.co.nz/international/pacific-news/411544/tahiti-parliamentarian-is-pacific-s-first-coronavirus-case>

3 <https://www.fiji.gov.fj/Media-Centre/Speeches/PM-BAINIMARAMA%E2%80%99S-STATEMENT-ON-THE-FIRST-COVID-19-C>

4 <https://www.rnz.co.nz/international/pacific-news/412240/tonga-and-samoa-declare-states-of-emergency-because-of-covid-19>

5 <https://www.fijivillage.com/news/We-support-some-of-the-measures-in-the-COVID-19-response-budget-however-its-a-disappointing-and-dishonest-budget--Prof-Prasad-f5x4r8/>

6 <https://consumer.southpacificislands.travel/tonga-announces-covid-19-stimulus-package/>

7 <https://www.rnz.co.nz/international/pacific-news/413644/samoa-parliament-debates-us23m-covid-19-budget>

8 <https://www.rnz.co.nz/international/pacific-news/412772/covid-19-fiji-govt-unveils-us400m-stimulus-package>

9 <https://www.rnz.co.nz/international/pacific-news/413128/vanuatu-s-salwai-announces-covid-19-stimulus-package>

10 https://www.unescap.org/sites/default/files/Tuvalu_COVID%20Policy%20Responses.pdf

11 <https://www.rnz.co.nz/international/pacific-news/415630/solomons-stimulus-package-to-be-worth-us37-point-5m>

12 <https://www.solomontimes.com/news/mp-repatriate-electors-as-measures-against-covid19-heightens/9663>

In terms of capacity, countries like Fiji and PNG quickly revamped their molecular labs, while others, including Solomon Islands relied on Australian labs – until China, Australia, and New Zealand established a Solomon Islands COVID-19 testing laboratory. Leadership in PICs recognised the grave danger posed by COVID-19 and acted decisively based on expert advice.

COMMUNITY RESILIENCE

Decisive, determined and collaborative political leadership aided by social cohesion and social capital through Melanesian, Micronesian and Polynesian social systems—the *wantok* system,¹³ *Fa'a Samoa*, *Faka Tonga*, and other networks across Oceania—mitigated potential livelihood disasters during the pandemic. Such informal networks exist both globally and within PICs, showing the benefit of family and relational support during crises. Importantly, outside of major cities and towns, many people in PICs are supported by local customary land tenures; they grow, and often sell, their own foods, which can be a strong basis for successfully operating sustainable businesses and generating funds. During the COVID-19 lockdown, those who suddenly became unemployed returned to their local communities; with support from relatives, they continue to sustain themselves and their families. There may however be tensions in accompanying such long-term repatriation in some instances.

WHAT CAN THE WORLD LEARN FROM PACIFIC LEADERSHIP?

While small and usually marginal to global affairs, the experience of PICs with COVID-19 demonstrates important lessons:

1. Decisive, determined and collaborative leadership is essential in pandemics and disasters.
2. Expert technical advice must be sought, verified and acted upon in unison by the entire global community in future pandemics.
3. Leadership in PICs during COVID-19 was effective because of collaboration and clear communication between leaders at the national level and in other public institutions; the private sector; civil society organisations, and local communities.
4. Pacific leaders must treasure, strengthen and utilize informal social capital and safety nets that protect and sustain Pacific island families in times of distress. Developmental leadership must recognize such forms of socio-economic and cultural capital and endeavour to strengthen them for the future.

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¹³ [https://www.in-formality.com/wiki/index.php?title=Wantoks_and_Kastom_\(Solomon_Islands_and_Melanesia\)](https://www.in-formality.com/wiki/index.php?title=Wantoks_and_Kastom_(Solomon_Islands_and_Melanesia))

ISSUES PAPER

THE VALUE OF NGOS IN RESPONDING TO COVID-19 IN THE PACIFIC ISLANDS

Early in the spread of the COVID-19 pandemic, Pacific Islands countries closed their borders to contain a virus that would cripple already fragile health systems if an outbreak occurred.¹ This was a sensible approach, but like all COVID-19 responses, it has had unintended consequences and flow on effects to a range of other health services. One essential service that has had to rapidly adapt to this changing landscape is sexual and reproductive health (SRH) services. While government health facilities provide these services, they are also provided by non-government organisations such as local family planning associations.

SRH services are critical in an emergency. There is evidence from previous crises that clearly demonstrate that women, adolescent girls, and marginalised populations are at a higher risk during such times, especially from domestic and family violence.²

Sexual and reproductive health and rights (SRHR) encompasses all matters related to puberty, relationships, sexuality, sexual health, fertility and birth.³

WORKING IN THE PACIFIC

Many health organisations in the Pacific are already stretched for capacity. A recent United Nations evaluation of the reproductive, maternal, newborn, child and adolescent health workforce in the Pacific highlighted that the region continues to have a low number of trained staff to perform these services.⁴

Further, the Pacific is the highest aid-dependent region in the world,⁵ with neighbours Australia and New Zealand being the major donors to many Pacific countries. With respect to Australia's aid program there is bipartisan support for a Pacific focus, however aid remains an underfunded part of the foreign policy toolkit.⁶ Given the tight fiscal environment that will result from COVID-19 stimulus, the Australian aid budget is likely to shrink even further over the coming years.

Against this backdrop, it was incredible to see family planning organisations on the ground in many Pacific countries using innovative means to ensure access to SRH, particularly contraception services, were able to continue. As a long-time partner to many of these organisations, Family Planning Australia was proud to work with the Australian Department of Foreign Affairs and Trade (DFAT) to pivot existing funds intended to be used for ongoing Family Planning

Australia projects, towards assisting in-country family planning organisations to respond to and recover from the effects of the COVID-19 isolation measures.

The essential role of Australian NGOs cannot be understated, as they continue to provide development assistance to the Pacific during this time, in concert with local implementing partner organisations. In the case of Family Planning Australia, we provide technical assistance while partner in-country family planning organisations implement the program of work.⁷

FIJI CASE STUDY

Fiji is one of only a handful of countries in the Pacific to record any COVID-19 cases.⁸ Like most countries in the Pacific, Fiji has a high need for SRH services. This need is exacerbated by the fact that parts of the country went into lockdown (in part due to COVID-19, but also due to Cyclone Harold which hit in early April 2020),⁹ significantly increasing the need for contraceptive services,¹⁰ but also referral services for domestic and family violence.¹¹

In this context, Family Planning Australia provided a small grant from its DFAT funding to support the Reproductive and Family Health Association of Fiji (RFHAF) to ensure it could continue providing services in a safe manner. The funds were used to purchase contraceptive items, invest in a social media campaign, support outreach services, and print educational materials on handwashing and other COVID-19 messaging.

As a result of these small changes, RFHAF was able to increase access to services, including to new clients such as sex workers and LGBTIQ clients, who had never accessed SRH clinics previously. The social media campaign was held using a TikTok challenge and directly contributed to a dramatic increase in adolescent girls visiting clinics, including accessing contraception, pregnancy tests and pre-abortion counselling and services.

DEVELOPING CAPACITY BEYOND A CRISIS

While it has been gratifying to see how a direct cash investment into local NGOs in the Pacific can yield such positive results, this is not a sustainable model of development. There are a number of lessons to be learned for Pacific countries, and while these lessons are not new, crises inevitably become an opportunity for reflection.

- 1 Alexandre Dayant and Jonathan Pryke. "Anticipating Covid-19 in the Pacific." *Lowy Interpreter*. March 16, 2020. Accessed 18 May 2020. <https://www.lowyinstitute.org/the-interpreter/anticipating-covid-19-pacific>
- 2 Joht Singh Chandan, Julie Taylor, Caroline Bradbury-Jones, Krishnarajah Nirantharakumar, Eddie Kane, Siddhartha Bandyopadhyay. "COVID-19: a public health approach to manage domestic violence is needed." *The Lancet*. May 8, 2020. [https://doi.org/10.1016/S2468-2667\(20\)30112-2](https://doi.org/10.1016/S2468-2667(20)30112-2)
- 3 Family Planning NSW. "Sexual and Reproductive Health and Rights and the Sustainable Development Goals: Priorities for Australia and the Pacific 2020". *FPNSW*. 2020.
- 4 UNFPA, WHO, Pacific Community, UNICEF. "State of the Pacific's Reproductive, Maternal, Newborn, Child and Adolescent Health Workforce." 2020.
- 5 Matthew Dornan and Jonathan Pryke. "Foreign Aid to the Pacific: Trends and Developments in the Twenty-First Century". *Asia and the Pacific Policy Studies*. July 18, 2017. <https://doi.org/10.1002/app5.185>
- 6 Jonathan Pryke. "Development – the missing link in Australia's foreign policy". *Lowy Interpreter*. March 6, 2017. Accessed 18 May 2020. <https://www.lowyinstitute.org/the-interpreter/development-missing-link-australia-s-foreign-policy>
- 7 Family Planning NSW, 'International', www.fpnsw.org.au/international
- 8 Pacific Community. "COVID-19 : Pacific Community Updates". May 12 2020. Accessed 18 May 2020 <https://www.spc.int/updates/blog/2020/05/covid-19-pacific-community-updates>
- 9 Elisabeth Du Parc and Nacanieli Bolo Spieth. "Tropical Cyclone Harold and COVID-19: a double blow to the Pacific Islands". *ReliefWeb*. April 24 2020. Accessed 18 May 2020 <https://reliefweb.int/report/fiji/tropical-cyclone-harold-and-covid-19-double-blow-pacific-islands>
- 10 Taylor Riley, Elizabeth Sully, Zara Ahmed, Ann Biddlecom. "Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health in Low- and Middle-Income Countries" *Guttman Institute Journal on International Perspectives on Sexual and Reproductive Health Vol 46 pages 73-76*. April 16 2020. <https://www.guttman.org/journals/ipsrh/2020/04/estimates-potential-impact-covid-19-pandemic-sexual-and-reproductive-health>
- 11 *Ibid*.

Firstly, the role of SRH in a crisis remains essential, and while most clinics operating in the Pacific were deemed essential, governments continue to be unable or unwilling to provide funding to ensure community level service providers are able to continue during a crisis.

Secondly, the Australian aid paradigm is concerning due to a lack of resources to truly build the capacity for the Pacific to respond without the need of development assistance. While aid should not be the answer to how countries respond in an emergency, there needs to be a recognition that the Pacific will remain a highly aid-dependent region for the foreseeable future and planning for future crises should occur with this in mind.

Finally, the important role of Australian NGOs in being able to provide aid to the Pacific during a crisis when other delivery mechanisms might not be available is a key lesson that can be applied to future contingency planning and funding models. During crises, funding to Australian NGOs who are working with partners in the Pacific should be protected from cuts, given their capacity to provide this immediate cost-effective response. DFAT's Australian NGO Cooperation Program reported that over 60% of development projects pivoted to COVID-19 response and recovery within six weeks of Australia closing its borders.¹² No other part of the Australian aid program is more responsive.

CONCLUSION

The Pacific fortunately remains largely unaffected by COVID-19 due to quick actions from governments in the region. There remains however, a need to recognise the essential nature of SRH services in an emergency, and to correctly fund these. Further, it is clear that NGOs on the ground in Pacific countries are best placed to provide these services and are currently finding innovative ways to deliver services to the most marginalised in circumstances where more complex responses are more difficult than usual. It is easy to look for high profile wins in a crisis, but it is often the initiatives happening on the ground out of sight that produce the biggest impacts.

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¹² Australian Department of Foreign Affairs and Trade. "ANCP Pivot Projects for COVID-19". May 14 2020

PAPUA NEW GUINEA

PLANNING AND PREPARING TO PREVENT PANDEMIC

ESTIMATED POPULATION (2020): 8.9 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	8
TOTAL RECOVERED	8
DEATHS	0

Introduction: As the only country in the South Pacific to share a land border with a neighbouring country, Papua New Guinea (PNG) is more vulnerable to cross-border infections of COVID-19 than other countries in the region. PNG's vulnerability is all the greater when the impact of the pandemic on its neighbour, Indonesia (with 25,773 cases, 7,015 recoveries, and 1,578 deaths by late May 2020)—and the bordering Papua Province, in particular (with 658 confirmed cases, 68 recoveries and 62 deaths)—are taken into account.¹ It is, however, difficult to be confident of the likely implications of such assessments given the length and relative openness of PNG's international borders, where international agreements with the Australian, Indonesian and Solomon Islands governments allow members of local communities to cross neighbouring borders in order to participate in traditional activities.²

COVID-19 in PNG: The first professionally determined case of COVID-19 in PNG was a person who flew in from overseas (and was sent on to Australia in order to limit the possibility of his being a source of local infection). Lack of familiarity with the infectious character of the virus might help to explain the way in which would-be passengers crowded up against each other at Jacksons Airport, Port Moresby, as they prepared to leave for Australia as the likely appearance of COVID-19 in PNG loomed. The total number of recorded cases of infection at the end of May was eight: six were mild and were reported to have recovered; two were moderate, and admitted to hospital, including the person who was subsequently repatriated to Australia. Western Province, which borders Torres Strait and the southern region of Indonesian Papua, was home to three of the cases.³

Constitutional Framework: The *Constitution of the Independent State of Papua New Guinea* provides a strong legal framework for two sets of rights – the rights of all persons in the country, and citizens' special rights. Rather unusually for a national constitution, both sets of rights have been presciently framed to make specific provision for health-related issues. Freedom of assembly and association is everyone's right (s47), while freedom of movement is a citizens' right, which includes the right to enter and leave the country, and to reside where they choose in PNG (s52(1)). The only circumstances in which a person can be deprived of his / her liberty include 'the purpose of preventing the introduction of a disease or a suspected disease... or for normal purposes of quarantine' (s42(1)(f)).

The National Executive Council (NEC) has the power to declare a state of emergency in a number of specified circumstances, including

'outbreak of ... infectious disease' (s226, "emergency", (b)). Such a declaration can be revoked if the NEC or the National Parliament so decides (s229). The National Parliament may pass laws to give effect to a state of emergency, which cannot alter the right to freedom of assembly and association (s233(4)(b)).

Government measures: It is in the context just outlined that a national state of emergency was declared on 22 March 2020. The National Parliament endorsed the declaration—initially for two weeks, before reconvening to extend the state of emergency for a further two months.

Management of the emergency involved screening persons at points of entry by air or sea in Port Moresby, with citizens and permanent residents of PNG required to quarantine for 14 days at their own cost at a designated hotel; other entrants were required to do the same. Foreign diplomats had to self-quarantine at an appropriate residence, or risk being declared *persona non grata*.

Travel between provinces was restricted, which made it difficult for people—and sometimes prevented—travelling from home in one province to work, conduct business or even to shop in another. In East New Britain Province (where there are two certified cases of COVID-19 infection), the Controller ordered the Province to be locked down; public transport was closed over Easter.

As restrictions on domestic flights under the state of emergency were eased, the two provinces bordering Indonesian Papua—Western and Sandaun—were excluded. Meanwhile the World Health Organization (WHO) assisted the Department of Health in training staff and persons attached to non-government organizations participating in management of preparations for a COVID-19 pandemic in Port Moresby.

International Support: On 7 April, a virtual meeting of the 18-member Pacific Islands Forum (PIF) drew on the *Biketawa Declaration* of 2000, in which leaders had endorsed broadening the definition of 'security', when they agreed to the Pacific Humanitarian Pathway, through which PIF members and other regional and global organisations agreed to expedite medical assistance, customs clearance of medical supplies, and formal clearance of charter flights and commercial shipping delivering medical supplies, equipment and personnel to countries in the region.⁴

The Australian Government has provided funding, personal protective equipment (PPE), and other supplies to assist both in managing actual cases and in preventing the spread of COVID-19. The People's Republic of China has sent disposable clothing and gloves. A Chinese businessman, Jack Ma, has donated 90,000 surgical masks and 7,200 protective suits through the Pacific Humanitarian Pathway.

Preventing Further Infections: Well over 80% of PNG's population of more than 8 million live in rural settlements, many of which are not linked by road or other means of motorised transport to neighbouring communities or urban centres. Working amid more than 800 indigenous languages and three official *linguae francae* (English, Tok Pisin, and Hiri Motu), officials cannot be confident that efforts to communicate with local communities will be productive. The circumstances in which

1 www.thejakartapost.com/news/2020/03/23/indonesias-latest-covid-19-figures.html

2 The environment on the land border with Indonesia makes cross-border movements difficult to monitor, let alone to control; and relations and movements across Papua New Guinea's maritime boundaries can include members of communities well beyond the immediate border area—for example, the traditional shell-money trade in exchange for food, or, nowadays, money, between communities in the Langalanga Lagoon, Malaita, Solomon Islands, and Buka, north of the main Bougainville island, Papua New Guinea.

3 /Downloads/PNGSR19PCOVID-19(2020-05-03)%20(3).pdf

4 <https://www.forumsec.org/pacific-islands-forum-foreign-ministers-agree-to-establish-a-pacific-humanitarian-pathway-on-covid-19/>

members of many rural communities and urban settlements live mean that social distancing in order to avoid spreading COVID-19 is not a real option. Land, housing, and access to markets, whether for buying or selling local produce or imports, can be crowded as are transport options (roads, buses, boats).

The *Papua New Guinea Preparedness and Response Plan*, prepared by the Department of Health, is 'a live document' – which is intended to be updated as the situation evolves. It had achieved its 17th edition by March 2020. The *Report* identifies and points the way forward in addressing key challenges posed by COVID-19. The Plan is designed to proceed in four phases: Alert; Containment; Mitigation; and then Recovery and Review. It addresses such vital issues as training staff engaged in protecting and promoting public health, securing appropriate equipment and other support, as well as promoting public awareness and co-operation in preventing the further spread of COVID-19.

Efforts to ensure wider public understanding and co-operation in addressing the diverse challenges posed by the pandemic have included active engagement with churches, which are encouraged to resume services suspended during the state of emergency.

Art and Politics: In Madang, a group of young people led by Robert Bonasi, known locally as 'Madang Art Magic' (MAM) – and named online as the 'Madang Art Maniacs'⁵ – have been receiving support from a local business and foundation, as they paint richly coloured posters, with messages in Tok Pisin (See Figure 1), to promote public awareness of action required for people in the Province to protect themselves from COVID-19. Other posters sponsored by political leaders (See Figure 2) can appear to be motivated, at least in part, by political considerations.

Returning to normal: On 21 April, the State of Emergency Controller announced what he termed 'the new normal'.⁶ Universities and schools that had been closed were to reopen. Public servants whose usual activities were suspended were directed to return to work. The University of PNG, where academic staff had been preparing courses online, resumed by rescheduling classes and re-arranging large classes into smaller groups of students. By 1 May, some 30,473 passengers had been screened on arrival at Jacksons International Airport, Port Moresby; 7,507 had been identified as 'persons of interest' who were being monitored.

Assessment: The Constitution and implementation arrangements mean that, despite sharing a land border with an afflicted area of a neighbouring country, PNG has, arguably, been better prepared—at least, legally—to address the diverse challenges of COVID-19 than some other countries. The government's development co-operation partners, international organisations with relevant responsibilities and resources, and non-government organisations continue to provide support. The outcome to date is that the spread of COVID-19 to and in PNG has been limited and appears to have halted.

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Figure 1: One of number of posters prepared by MAM under sponsorship by the Melanesian Foundation and the Madang Resort Hotel. Translated from Tok Pisin, the poster reads: 'Corona Virus; Wash Hands with Soap'



Figure 2: A poster apparently issued under the authority of the Governor of Madang Province, Hon. Peter Yama, to warn people of COVID-19.⁷



5 <https://www.facebook.com/pages/category/Art/Madang-Art-Maniacs-MAM-106644267497707/>

6 See Note 3 above.

7 The author would like to express sincere appreciation to Sir Peter Barter for providing photographs of the posters.

SOLOMON ISLANDS

PREVENTION IS BETTER THAN CURE

ESTIMATED POPULATION (2020): 687,000

COVID-19 statistics at 1 June 2020

TOTAL CASES	0
TOTAL RECOVERED	0
DEATHS	0

Introduction: Solomon Islands remains COVID-19 free at the time of writing. COVID-19 testing equipment donated by the People's Republic of China (PRC) tested three samples at the National Referral Hospital in Honiara, the nation's capital, in the first week of June and the results were negative. Given that neighbouring Papua New Guinea (PNG) now has confirmed cases of COVID-19, it is a major concern to Solomon Islands. Recognising the traditional connections and relationships on the Solomon Islands-Papua New Guinea Border, particularly in family ties and trade, the border is regarded as a potential high-risk area of possible COVID-19 importation into the country. Thus, Solomon Islands Government (SIG) has stepped up border security and surveillance as a preventative measure to ensure the lives, safety and security of communities living on the border, and across Solomon Islands, is protected.

COVID-19 in Solomon Islands: Even though there has not been a positive case in Solomon Islands, sadly the country recorded 27 deaths when people fled from Honiara in fear of the virus. These people were on board the *MV Taemarehu* drowned in the early hours of 4 April in rough seas as a result of Cyclone Harold. The ship was transporting Honiara residents seeking refuge from COVID-19. A survivor lost his wife, three sons, and brother. This was a deeply shocking tragedy for the country. Those who lost their lives were innocent Solomon Islanders simply escaping the likely breakout of COVID-19 in Honiara.¹

Restrictions on movement: According to the Solomon Islands National Situational Report,² the Government remains tough in implementing strict measures to prevent the importation and potential spread of COVID-19 within its borders to protect its people. All overseas passenger flights are currently on hold while essential cargo flights occur on a needs basis to support COVID-19 operations. Seaports Honiara and Noro continue to operate with strict measures in place at points of entry. The declaration of a State of Public Emergency on 25 March 2020 still exists, and has been extended an additional four months, now ending 25 July.³ Measures put in place to limit mass gatherings including the closure of schools, mainly in Honiara city and Guadalcanal province, temporary halt on recreational activities, scaling down of non-essential public government services and repatriation

of city dwellers to home provinces, are still enforced.² Restriction of movement for small crafts along the Solomon-PNG border and night curfews in Honiara are part of the stringent measures. The National Disaster Operation Centre (N-DOC) Sector Committees planning is ongoing, implementing their operations based on the Preparedness and Response Plan that is informed by SIG's COVID-19 graded response structure for case scenarios. The case scenarios specify actions to be taken for zero up to five confirmed cases of COVID-19. N-DOC Sector Committees consist of Health, Camp Management (for managing of Quarantine Sites), Infrastructure, Livelihood, Protection and Education. Similar planning processes now cover Honiara City, as well as Guadalcanal, Central, Choiseul and Western Provinces. Guadalcanal Province shares a common land boundary with Honiara city, with both having many interdependencies of basic services and commercial activities. Provincial planning processes on COVID-19 Preparedness and Response also aim to address these issues.

Curfew and lockdown: As part of the Government preparedness a curfew and a lockdown were undertaken. The curfew was conducted on the night of 10 April from 8pm to Saturday 11 April morning (5am) and activated again that evening (8pm) until 5am Sunday 12 April. The penalty for breaching this order was \$10,000 (c.US\$1200 /AUD\$1720) or five years imprisonment, or both. There were 63 individuals who were charged for breaching the curfew order.⁴

The lockdown was enforced from 6pm on Wednesday 20 May to 6am Friday 22 May 2020. The lockdown was only for Honiara—between Alligator Creek in the east and Poha River in the west. Many citizens criticized the lockdown. Their argument was premised on the fact that the country still had not recorded a positive case; hence there was no need for a lockdown.

The Government, however maintained its stand and reiterated that the reason behind the lockdown is to test our capability and preparedness plans.⁵ Like the curfew, on the first night of the lockdown (20 May), 22 individuals breached the lockdown order.⁶ Amidst the growing publicity of the curfew and lockdown on the main stream media and social media, the main excuse given by those who were arrested was they did not know about the curfew and the lockdown.

Social distancing: Social distancing has been introduced as part of the State of Emergency (SOE) conditions on mass gathering. Therefore, within the SOE zone all pubs and night clubs were closed. However, it is obvious that in the Central Market there is no practice of social distancing. Churches are allowed to hold their programs as normal. Schools in Honiara resume on 25 May; for most schools, given the high enrolment, practicing social distancing is a challenge. A familiar defying social distancing activity in most residential areas is the game of ludo.⁷

1 Transform Aqorau COVID-19 and Solomon Islands: the first casualties and possible ramifications <https://devpolicy.org/covid-19-and-solomon-islands-the-first-casualties-and-possible-ramifications-20200409/>

2 National Situational Report 05, 21 April 2020.

3 http://www.xinhuanet.com/english/2020-04/09/c_138961225.htm

4 63 Arrested for Breaching Curfew <https://www.solomontimes.com/news/63-arrested-for-breaching-curfew/9718>

5 SPM Clarifies Why Lockdown is Necessary <https://www.solomontimes.com/news/spm-clarifies-why-lockdown-is-necessary/9847>

6 22 Arrested For Breaching Lockdown Order <https://www.solomontimes.com/news/22-arrested-for-breaching-lockdown-order/9857>

7 See Photo of ludo players in Transform Aqorau <https://devpolicy.org/covid-19-and-solomon-islands-the-first-casualties-and-possible-ramifications-20200409/>

Figure 1: Solomon Islands airport arrival lounge 16 February (Nichole Georgeou).



Government stimulus: Solomon Islands Prime Minister, Manasseh Sogovare, has instituted a USD \$37.5 million economic stimulus package.

The package was initiated purposely in response to the negative impacts of the COVID-19 pandemic on Solomon Islands' economy and society.

The package is divided into five parts:

- Soft Measures (dealing with the crisis)
- Immediate Recovery 1 (investing in productive and resource sectors)
- Immediate Recovery 2 (equity injection into public and public/private companies)
- Medium Term Support (focus on support to stimulate and build the capacity of the economy to develop and grow)
- Medium to Long-term Measures (donor funded development projects).⁸

The key features of the package are a five year tax holiday for tourism operators in the country, loan holidays and USD \$8.5 million worth of subsidies for copra and cocoa export products. There is also USD \$9.1 million in grants and concessional loans for large private companies to go along with equity injection into public and public/private companies, and the ramping up of donor funded infrastructure projects in the country with an emphasis on employing local workers. According to the Prime Minister, funding for the Economic Stimulus Package was sourced through the Government bonds and overseas concessional loans, as well as direct budgetary support from aid donors.

Effects on Higher Education: The effects of COVID-19 are being felt by the country's higher education sector. Firstly, education institutions were closed in compliance with the SOE's no mass gathering provision. At Solomon Islands National University (SINU), students were sent home. During that time there was no continuity in learning. Online learning was supposed to be the option, but it was ruled out as an overall strategy on account of the very weak IT infrastructure in the country. Most schools in Honiara resumed classes on 25 May 2020, with accompanying social distancing challenges. SINU followed suit and resumed classes on 2 June 2020, with around 40% attendance. This may be attributed to two factors (1) students were unable to return given the transport difficulties, (2) some students may not turn up at all for fear of the virus. The academic calendar of the university has also been severely affected. Later starts for semester 2 will mean a much shorter break between the two academic years.

Assessment: Solomon Islands has so far avoided COVID-19, but it now has many systems in place should infection occur. At a social level the lockdowns have created problems—many organizations have either laid off their workers or put them on reduced pay. The betel nut markets and the roadside markets were closed. For many, such informal income is the only means of survival. The influx of people back to villages is also putting pressure on the capacity of villages to support subsistence livelihoods. On the larger economic scale, the Central Bank of Solomon Islands is anticipating a recession, with tourism, air transport and some government services, all affected, and commodity exports dropping, with declining domestic demand affecting wholesale retail, manufacturing and utilities.⁹ Despite escaping COVID-19 to date, Solomon Islands is bracing for a severe once-in-a-generation economic shock.

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⁸ Details of Solomon Islands economic package revealed by PM <https://www.rnz.co.nz/international/pacific-news/415823/details-of-solomon-islands-economic-package-revealed-by-pm>

⁹ Impact of COVID - 19 and potentials for recovery in the SI Economy <https://www.solomonchamber.com.sb/news-reports/posts/2020/may/impact-of-covid-19-and-potentials-for-recovery-in-the-si-economy/>

ISSUES PAPER

UNDERMINING RULE OF LAW: SAMOA'S COVID EXPERIENCE AND CONSTITUTIONAL CRISIS

On 20 March 2020, Samoa's Prime Minister Tuilaepa Sailele Malielegaoi, declared a State of Emergency and shut down the island state to contain the COVID-19 threat. The strategy has been a success in terms of health policy as Samoa has remained COVID-19 free. However, essential democratic institutions such as an independent judiciary, rule of law and fundamental human rights have come under significant threat while basic freedoms have been suspended during the pandemic.

Three days prior to the SOE declaration, the Prime Minister introduced into Parliament the Constitution Amendment Bill 2020, Judicature Bill 2020 and Lands and Titles Bill 2020. This suite of legislative changes came as a surprise to the legal profession, after the bills were prepared by government lawyers without the usual mandated public consultation. The lack of transparency has been roundly criticised by the judiciary and senior lawyers, with the judiciary given only six days' notice to comment on the major overhaul of the judicial branch of government.¹

The changes would reshape Samoa's court system and give the executive branch of government unprecedented power to control the appointment and dismissal of senior judges. At present, judges can only be removed by a two-thirds majority vote in Parliament on grounds of misbehaviour or mental impairment. The constitutional changes would empower the Judicial Services Commission, a body controlled by the executive, to dismiss judges without grounds or due process. This would fundamentally undermine the judiciary's role as an independent check on abuses of power and destroy the carefully calibrated relationship between the arms of government.

The amendments would significantly alter Samoa's democratic institutions by creating a second judicial arm of government. The specialised Land and Titles Court (LTC) would be elevated into a separate judiciary, parallel to the Supreme Court. There would be no apex court to resolve differences between the courts, creating significant uncertainty and conflict. Principles of common law and equity, which guide judicial decision-making across the Commonwealth, would no longer have any application in the LTC. Instead, the LTC would have an enlarged jurisdiction with "supreme authority" over Samoan customary matters and application of customary law.

The LTC is a specialised court with jurisdiction over Samoan customary land and *matai* (chiefly) titles, as well as review of village *fono* (chiefly councils) decisions. LTC matters are presided over by lay judges who are well-versed in Samoan customs. The LTC system currently has its own appeal court, however, the Supreme Court exercises supervisory jurisdiction for breaches of fundamental human rights. To date, the Supreme Court has been asked to review LTC matters largely concerned with freedom of religion and the right to a fair hearing. These rights have been enshrined in Samoa's Constitution since independence in 1962 and were reaffirmed by Samoa's accession to the International Covenant on Civil and Political Rights in 2008.

Of serious concern are the changes that would remove fundamental human rights from LTC matters by eliminating the Supreme Court's supervisory jurisdiction. Instead, the LTC would be guided by "communal rights". This concept is left undefined but appears to mean collective decisions of village *fono* (unelected chiefly councils), rather than rights *per se*.² Without the Supreme Court supervisory jurisdiction, village *fono* decision-making power would be unconstrained by human rights protections. The Supreme Court has previously ruled that *fono* decisions authorising banishment, beatings or house burnings, claimed to be made on behalf of the community, have violated fundamental rights.³

Issues of land ownership, chiefly titles and village governance are deeply cultural and frequently contentious across many Pacific nations. Samoa is no exception. Changes to traditional land rules are far-reaching, as over 80% of land in Samoa is customary land. All Samoan extended families exercise collective responsibility for their land and chiefly titles as their *measina* (precious inheritance).

The Samoan community has for many years levelled criticism at the LTC's competence and judicial conduct. A 2016 Parliamentary inquiry undertook a lengthy consultative process and recommended various changes to the operation of the court. Importantly, these changes specifically recommended that the Supreme Court's supervisory jurisdiction should be retained and reforms should focus on resourcing and capacity improvements within the LTC.

The bills therefore came as a surprise to the senior judiciary and legal fraternity, as they go well beyond the 2016 recommendations. In September 2019, Cabinet tasked the Samoa Law Reform Commission to review the recognition of Samoan custom within the Constitution and establishment of the LTC as an autonomous court.⁴ Work on these changes was conducted by public officials without the usual consultation mandated by government policy. It was also conducted at a time when Samoa was afflicted by the measles epidemic that ultimately killed 83 people before it was contained in December 2019.

The bills were referred to a Parliamentary Committee immediately after their introduction. This Committee was established as a Special Committee whose hearings are confidential, rather than an open Parliamentary Committee process. As a result, media has been excluded from all the Committee hearings. Critically, a number of senior public servants and community leaders have been unable to attend the Committee's hearings as they were overseas when Samoa's borders shut due to COVID-19 restrictions. The bills are also being considered at a time when the key constitutional posts of Chief Justice and Attorney General are vacant.

In the absence of any substantive Parliamentary opposition, the Samoa Law Society has led local opposition to the bills. An extensive public education campaign run by the Law Society across traditional and social media has been further supported by various community leaders and academics both on island and in diaspora communities.

International scrutiny of the bills has been noteworthy. Legal professional bodies in the region, including the New Zealand Law

1 <https://samoaglobalnews.com/97635-2/> (including text of judiciary's leaked letter to Samoa Law Reform Commission) and <https://www.rnz.co.nz/international/pacific-news/414336/samoa-govt-pushes-major-change-under-cloak-of-covid-19-law-society>.

2 See the Explanatory Memorandum to the Constitution Amendment Bill 2020.

3 For example *Tuivaiti v Faamalaga* [1980] WSSC 2, *Lafaialii v Attorney General* [2003] WSSC 8, *Tutuala v Punitia* [2012] WSSC 107.

4 <http://www.samoalawreform.gov.ws/wp-content/uploads/2020/04/1.-Final-Fetuunai-Muniao-Lipoti-o-Suesuega-Galuega-Faaitino-1-English....pdf>

Society⁵ and Law Council of Australia,⁶ were first to comment and offer statements in support of the Samoan judiciary and lawyers. This was followed by an intervention from the International Bar Association's Human Rights Institute,⁷ which condemned the bills and called on the government to withdraw them. Further concerns have been voiced by the Bar Council of England and Wales,⁸ LAWASIA,⁹ Amnesty International¹⁰ and the Commonwealth Lawyers Association.¹¹

Most significantly, the UN Special Rapporteur on the independence of judges and lawyers wrote an open letter to the Samoan Government on 26 May 2020,¹² raising significant concerns about the impact of the bills on the independence of the judiciary, separation of powers and human rights. The Special Rapporteur's intervention carries particular weight, given it is made by an office of internationally acknowledged independence and expertise. It also commences a process of monitoring and reporting with the UN human rights framework.

From a human rights perspective, the voices of dissent have included that of the Samoa Ombudsman's Office and National Human Rights Institution. In its submission to the Committee,¹³ the Ombudsman's Office debunked the false dichotomy promoted by the bills' proponents between individual and communal rights and the notion that these are incompatible concepts. The submission further emphasises that these are not foreign ideas, but are very much part of traditional Samoan values of respect and mutual recognition of individual dignity.

The political response to criticism of the bills has been largely couched in racial terms. The Prime Minister has criticised the Supreme Court judges for their *palagi* (white person) thinking and described opponents of the changes as being not sufficiently Samoan.¹⁴ Traditional leaders have been forced to strongly defend their forebears after the Prime Minister's public statements that Samoa's founding fathers did not understand the Constitution and its notions of *palagi* individual rights.¹⁵ At a time when the entire community is struggling with the impact of the COVID-19 pandemic, these identity politics have fanned racial resentments and exposed deep social divisions.

Samoa has frequently been praised for its good governance, stability and leadership in the Pacific. It has avoided the pitfalls of other nations that have succumbed to ethnic conflict (Solomon Islands) and authoritarian leadership (Fiji, Tonga). Under the long-term rule of the Human Rights Protection Party (HRPP), Samoa has frequently been lauded for its political stability and reforms. It has grown in stature as a regional and international player through its advocacy for climate

change and sustainable development issues, such as those embraced by small island developing states in the UN SAMOA Pathway (2014).¹⁶ Its UN leadership role was recently highlighted when it hosted the meeting of the Committee on the Rights of the Child, the first time this high-level group has met outside Geneva.

However, at a domestic level, Samoa's democratic institutions have gone through a gradual process of quiet modification. Critics have noted the long-term deconstruction of Samoan democracy and accumulation of power in the executive, and more particularly Cabinet. This has been achieved via changes to electoral and parliamentary laws, weakening of independent institutions such as Chief Auditor, and the appointment of senior politicians' family members to key public sector roles.¹⁷

The ruling HRPP is in a strong position, holding all but two of the 50 seats in Parliament. There is no indication that it will not remain in power following the next general election scheduled for April 2021. There is no electoral imperative driving the introduction of the three bills at this time. It is difficult to avoid a conclusion that the intention of the constitutional changes is to bring the judiciary under control of the executive, while the country is distracted by the pandemic and nationalist sentiments.

Liberal democratic values in Samoa will be diminished if the bills proceed unchanged and remove the independence of the judiciary, undermine the separation of powers and weaken the rule of law. With increasingly authoritarian leadership and rhetoric that prioritises "communal rights" over fundamental human rights, Samoa's leadership appears to be moving away from its traditional western partners and becoming more closely aligned with newer partners such as China.

Traditional western donor partners and multilateral institutions have come to Samoa's aid following the collapse of the tourism sector and economic downturn caused by the pandemic. Australia's aid pivot following COVID-19,¹⁸ alongside its Pacific Step-up, promises a renewed emphasis on stability in the region, including advocating for human rights and improving law and justice within a rules-based order. It remains to be seen how Samoa responds to international scrutiny of its constitutional changes, and whether it will step back from the more extreme reforms in order to address human rights and rule of law issues.

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5 <https://www.lawsociety.org.nz/news-and-communications/latest-news/news/samoan-lawyers-warning-on-rule-of-rule-if-new-laws-are-passed> and <https://www.lawsociety.org.nz/news-and-communications/latest-news/news/serious-concerns-raised-about-constitutional-law-changes-in-samoa>

6 <https://www.lawcouncil.asn.au/media/media-releases/proposed-constitutional-amendments-in-samoa-concerning>

7 <https://www.ibanet.org/Article/NewDetail.aspx?ArticleUId=bb5ffd28-869e-4235-90d6-b2a1ded8052a>

8 <https://www.barcouncil.org.uk/uploads/assets/96df516c-2a8b-473a-9e604828alf02040/Statement-of-the-Bar-Council-on-Recent-Legislative-Proposals-in-Samoa-impacting-the-Rule-of-Law-004.pdf>

9 <https://lawasia.asn.au/sites/default/files/2020-06/LAWASIA%20Statement%20of%20Concern%20-%20Samoa%2C%201%20June%202020.pdf>

10 <https://www.amnesty.org/en/documents/asa45/2474/2020/en/>

11 https://www.commonwealthlawyers.com/wp-content/uploads/2020/05/200527-Commonwealth-Lawyers-Association-Samoa-Statement-final.pdf?utm_medium=email&utm_campaign=Samoa%20Statement&utm_content=Samoa%20Statement+CID_d84898a98da90fda087144751f34e5b9&utm_source=ThinkMailer&utm_term=here

12 https://www.ohchr.org/Documents/Issues/Judiciary/Communications/OL_WSM_26_05_2020.pdf

13 <https://ombudsman.gov.ws/wp-content/uploads/2020/05/Submission-final.pdf>. See also https://ombudsman.gov.ws/wp-content/uploads/2019/01/2015_State-of-Human-Rights-Report-General_English.pdf

14 <https://www.samoaoobserver.ws/category/samoa/62059>

15 <https://www.samoaoobserver.ws/category/samoa/62406> and <https://www.samoaoobserver.ws/category/samoa/62672>

16 <https://sustainabledevelopment.un.org/samoapathway.html>

17 Afamasaga Toleafoa, "One Party State The Samoan Experience" in David Hegarty and Darrell Tryon (eds), *Politics Development and Security in Oceania*, ANU ePress, 2013 at <http://press-files.anu.edu.au/downloads/press/p223711/pdf/ch05.pdf>

18 <https://www.dfat.gov.au/publications/aid/partnerships-recovery-australias-covid-19-development-response>



SOUTH- EAST ASIA

CAMBODIA

EMERGENCY LAWS RAISE CONCERNS ABOUT HUMAN RIGHTS

ESTIMATED POPULATION (2020): 16.719 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	125
TOTAL RECOVERED	123
DEATHS	0

Introduction: Cambodia, officially known as the Kingdom of Cambodia, is a constitutional monarchy with King Norodom Sihamoni as the head of state, and a government led by the Prime Minister, an office currently held by Hun Sen of the Cambodian People's Party (CPP). Legislative powers are shared between the executive government and the bicameral Parliament, consisting of the National Assembly (the lower house) and the Senate (the upper house). The Constitution affirms Cambodia is a multi-party liberal democracy.¹

Cambodia has experienced very few confirmed cases of COVID-19. Despite the low infection rate, the government has passed state of emergency legislation under Article 22 of the Constitution, suspended foreign visas, closed all private and public educational institutions, cancelled Khmer New Year (the major national holiday) and allocated more resources to the health sector. Concerns have been raised as to the extent of the government's powers, including restrictions on freedom of assembly, increased surveillance and intensifying public and social media control.

COVID-19 in Cambodia: According to the 2019 Global Health Security Index, Cambodia ranked 89th out of 195 countries globally, and ninth out of 11 countries in the Southeast Asian region, in preparedness for infectious diseases.² The first case of COVID-19 infection was confirmed on 27 January 2020 in the coastal town of Sihanoukville.³ The majority of reported cases have been either foreign nationals or Cambodians returning from abroad. The number of detected infection cases spiked in mid-March.⁴ Reportedly, the testing capacity of the *Institut Pasteur*

du Cambodge and National Institute of Public Health is around 600 tests per day,⁵ with 15,830 tests being carried out between January and 21st May.⁶

In early April, the World Bank announced a US\$20 million credit from the International Development Association for the *Cambodia COVID-19 Emergency Response Project* to strengthen the preparedness and response to infectious diseases,⁷ including supporting the Ministry of Health's Rapid Response Teams across the country and establishing emergency operation centres in the provinces.⁸

Government Response: On 18 March, the government established the National Committee for Combating COVID-19 (the Committee), comprising representatives of various ministries, including the military, police and gendarmery, as well as governors of all cities and provinces.⁹ The key functions of the Committee have been to set up a national policy on combating the pandemic and to manage the political, economic and social impact of the pandemic. The term of the Committee, headed by the Prime Minister, is indefinite; it will exist for as long as its work is deemed necessary.

On 10 April, the government introduced the *Law on the Management of the Nation in a State of Emergency* (the Emergency Law), which was passed unanimously by the National Assembly and the Senate,¹⁰ and promulgated by the King on 29 April,¹¹ but, at the time of writing, was still not declared. Under the Emergency Law (Articles 7 to 9), those intentionally disregarding emergency measures could face punishment from one month to a year in jail, with up to 10 years for obstructing an emergency response when it leads to a significant risk to national security and public order, as well as fines of up to 10 million Riels (app. US\$2,500), or up to 1 billion Riels (app. US\$250,000) for a legal person.

Following the advice from the Committee, gradual restrictions have been introduced on the operation of public and private businesses. On 17 March, the government ordered nationwide bans on KTVs (karaoke bars), nightclubs, cinemas and museums in response to an increase in cases of COVID-19 infections,¹² followed by further bans on concerts¹³ and certain religious gatherings.¹⁴ From 1 April, the closing order on casinos was issued,¹⁵ and further restrictions were introduced on

1 Constitution of the Kingdom of Cambodia 1993, Preamble, <https://pressocm.gov.kh/en/archives/9539>

2 Global Health Security Index, 2019, <https://www.ghsindex.org/>

3 *Channel News Asia*, 'Cambodia confirms first case of Wuhan virus: Health minister', 27 Jan 2020, <https://www.channelnewsasia.com/news/asia/wuhan-virus-cambodia-confirms-first-case-china-health-minister-12358724>

4 *Fresh News Asia*, 'Cambodia Confirms 12 New Cases of Covid-19, Tallying to 24', 17 Mar 2020, <http://m.en.freshnewsasia.com/index.php/en/17329-2020-03-17-03-00-11.html>

5 Kong Met and Ananth Baliga, *VOA Cambodia*, 'Takeo Health Centers Focus on Travel Histories; Disregarding 'Normal Flu' Cases', 24 Apr 2020, <https://www.voacambodia.com/a/takeo-health-centers-focus-on-travel-histories-disregarding-normal-flu-cases/5389811.html>

6 For most recent data see Ministry of Health, Communicable Disease Control Department, <http://www.cdcmoh.gov.kh/479-update-on-covid-19>

7 The World Bank, Cambodia COVID-19 Emergency Responses Project, n.d., <https://projects.worldbank.org/en/projects-operations/project-detail/P173815>

8 The World Bank, Press Release: 'World Bank Approves \$20 Million for Cambodia's COVID-19 Response', 2 Apr 2020, <https://www.worldbank.org/en/news/press-release/2020/04/02/world-bank-approves-20-million-for-cambodias-covid-19-coronavirus-response>

9 Xinhua, 'Cambodia sets national committee to combat COVID-19', 18 Mar 2020, http://www.china.org.cn/world/Off_the_Wire/2020-03/18/content_75830861.htm

10 Passed under the Royal Decree N.S./R.K.M No. 0420/018, 29 April 2020; unofficial translation by the International Centre for Non-for-profit Law: <https://www.icnl.org/covid19tracker/covid19uploads/Cambodia%20-%20Unofficial%20ENG%20translation%20-%20State%20of%20Emergency%20Law.pdf>; see also <https://thediplomat.com/2020/04/cambodias-covid-19-response-in-the-headlines-with-new-state-of-emergency/>

11 Sun Narin, *VOA Cambodia*, 'Cambodia's Controversial State of Emergency Draft Signed into Law', 30 Apr 2020, <https://www.voacambodia.com/a/cambodia-s-controversial-state-of-emergency-draft-signed-into-law/5398771.html>

12 *Fresh News Asia*, 'Cambodian Government Closes KTVs and Cinemas Nationwide to Fight Covid-19', 17 Mar 2020, <http://m.en.freshnewsasia.com/index.php/en/localnews/17335-2020-03-17-06-28-25.html>

13 *Fresh News Asia*, 'Cambodian Government Bans Concerts Nationwide to Fight Covid-19', 17 Mar 2020, <http://m.en.freshnewsasia.com/index.php/en/localnews/17344-2020-03-17-14-44-23.html>

14 *Cambodia News English*, 'Health Ministry Stops Religious Gatherings', 17 Mar 2020, <https://cne.wtf/2020/03/17/health-ministry-stops-religious-gatherings/>

15 *Khmer Times*, 'All casinos to be temporarily shut on April 1 amid COVID-19 pandemic', 30 Mar 2020, <https://www.khmertimeskh.com/707543/all-casinos-to-be-temporarily-shut-on-april-1-amid-covid-19-pandemic/>

massage bars, spas and beauty parlours.¹⁶ To ensure food security, in early April, Cambodia issued a temporary ban on the export of paddy and white rice,¹⁷ and fish.¹⁸

In response to the plight of the tens of thousands of Cambodian garment workers employed in global supply chains, those made redundant due to their factory suspending its operations have been guaranteed a salary of US\$70 a month (with a US\$40 contribution made by the government and the rest met by the employee's factory), initially for two months, which covers 37% of the monthly minimum wage in the sector.¹⁹ The government also promised the public and private sectors be reimbursed "at the appropriate time" for expenses incurred due to the cancellation of the national holiday for the additional working days.²⁰

Restrictions on Movement: Cambodia introduced restrictions and limitations on international and domestic travel in response to the outbreak. On 18 March, the Ministry of Foreign Affairs announced the closure of Cambodia's border with Vietnam, with the exception of diplomats and official passport holders, but the restriction came into effect on 20 March to avoid the requirement of a quarantine for Cambodians wishing to return from Vietnam.²¹ On 23 March, the Thai-Cambodian border closed, initially for 14 days.²² From 30 March, Cambodia imposed foreign travel restrictions on all foreigners, which are still largely in force at the time of writing.²³ Internal travel between the 24 provinces, as well as between districts outside the capital,

was suspended between 10 and 16 April, with the exception of goods, military and government officials' transportation, and travel by medical and sanitation services.²⁴ The travel ban led to a 'postponement' of the Khmer New Year celebrations (13-16 April),²⁵ which is one of the largest Cambodian holidays. The aim of the travel ban was to curtail public gatherings and prevent factory workers from travelling to the provinces to visit their families, with the government declaring "at this moment, the safest place is the workplace".²⁶

Education: Public and private schools in the Phnom Penh and Siem Reap provinces were closed. On 16 March, the Minister of Education announced a nationwide closure of public and private educational institutions by moving forward the summer vacation. For the purpose of grading in semester 1, schools were recommended to average students' grades received between December 2019 and March 2020.²⁷ As of 15 April, schools and universities have been encouraged to move online,²⁸ with materials for grades 1 to 12 being streamed on the "Krou Cambodia" Facebook page²⁹ and on television. The lack of access to the Internet and mobile devices for many students has highlighted social inequality and impeded access to education, especially for those in rural areas.

Assessment: Cambodia has a very small number of reported cases, and the government has linked cases of COVID-19 exclusively to foreigners and Cambodians returning from abroad, thus effectively dismissing claims of community transmission.³⁰

16 *The Star*, 'Cambodia closes massage parlours, health spas to curb virus', 7 Apr 2020, <https://www.thestar.com.my/news/regional/2020/04/07/cambodia-closes-massage-parlours-health-spas-to-curb-virus>

17 *Reuters*, 'Cambodia to ban some rice exports April 5 due to coronavirus', 30 Mar 2020, <https://www.reuters.com/article/us-health-coronavirus-cambodia-rice/cambodia-to-ban-some-rice-exports-april-5-due-to-coronavirus-idUSKBN21HIE6>

18 Hin Pisei, *The Phnom Penh Post*, 'Gov't bans fish exports', 5 Apr 2020, https://www.phnompenhpost.com/business/govt-bans-fish-exports?__cf_chl_jschl_tk__=8305c6bcb4fe085927bc08088ed9658636febd86a-1589422581-0-AflAXN1HicUdHoHg_uMoHGc96YX0AbjHHw8eVYU_yzFT3iLhQ6D2gbKfucEEkft6U3xOV_7Hzh_COf3_6sKRVJx41FiOGkmL0mtqZq2nu0up6k4WFejEYrsIkAQTYf4-tMfhf4Zz4ywBDFHemQjCHdsMiAtdsRfDQ_0BEpKjHIKic8fsTfqPGshSnti3UQ_Gn5rdMK1FMY-ykKUOUAFOPN7z95_xrQTXWz2pbhOzXDHUq8saalNO3V5tK69CVSaESJo6AyE6EPrtVGD5I9lfxgdQshqBt93T3d-ETHcX_LVWnfOabpKp98U5PEPmQ

19 *The Cambodia Daily*, 'Promised Pay for Suspended Garment Workers Reduced, New Year Postponed', 8 Apr 2020, <https://english.cambodiadaily.com/health/promised-pay-for-suspended-garment-workers-reduced-new-year-postponed-162470/>

20 Cited in Phoung Vantha, *Cambodianess*, 'The Cambodian authorities are urging the private and public sector to work on Khmer New Year', 9 Apr 2020, <https://cambodianess.com/article/garment-and-other-workers-going-on-holiday-must-get-into-quarantine-when-they-return>

21 *Fresh News Asia*, 'Cambodia Announces to Suspend Crossing Borders with Vietnam', 19 Mar 2020, <http://m.en.freshnewsasia.com/index.php/en/localnews/17363-2020-03-19-02-35-10.html>

22 Malis Tum, 'Cambodian Migrant Workers Rush Back As Thai Border Closed', 24 Mar 2020, <https://www.voacambodia.com/a/cambodian-migrant-workers-rush-back-as-thai-border-closed-/5342686.html>

23 *Koh Santepheap Media*, 'Cambodia lifted the ban and allowed six foreigners to come to Cambodia', 20 May 2020, https://kohsantepheapdaily.com.kh/article/1086303.html?fbclid=IwAR27Nn2_p54rbHsYyq_hIMqcpmAlVeQKNvovHl4NZa9QyZJHSq9rQKcFxo0

24 Sun Narin, *VOA Cambodia*, 'Gov't Bans Travel Between Provinces for One Week; Cites Factory Workers' Plans to Travel for Holidays', 9 Apr 2020, <https://www.voacambodia.com/a/govt-bans-travel-between-provinces-for-one-week-cites-factory-workers-plans-to-travel-for-holidays/5365932.html>

25 Notification No. 012/20 on Postponement of Khmer New Year Holiday 2020; *The Star*, 'Cambodia closes massage parlours, health spas to curb virus', 7 Apr 2020, <https://www.thestar.com.my/news/regional/2020/04/07/cambodia-closes-massage-parlours-health-spas-to-curb-virus>

26 Prime Minister Hun Sen, cited in Taing Rinith, *Khmer Times*, 'Khmer New Year holiday cancelled to curb virus spread', 8 Apr 2020, <https://www.khmertimeskh.com/710769/khmer-new-year-holiday-cancelled-to-curb-virus-spread/>

27 Sok Khemara and Sun Narin, *VOA Cambodia*, 'Cambodia Announces Nationwide School Closures as COVID Response Ramps Up', 16 Mar 2020, <https://www.voacambodia.com/a/cambodia-announces-nationwide-school-closures-covid-response-ramps-up-/5330402.html>

28 Malis Tum, *VOA Cambodia*, 'Education Ministry Pushes for Online Classes, as School Closures Extended', 23 Apr 2020, <https://www.voacambodia.com/a/education-ministry-pushes-for-online-classes-as-school-closures-extended/5388208.html>

29 Krou Cambodia, 'ORE Cambodia', n.d., https://www.facebook.com/krou.moeys.gov.kh/?__tn__=%2Cd%2CP-R&eid=ARABsnj_Zl55EZQ_OT-5J47XD-bluy5sCb4_9v-DZdYwEVv7Fbsj5hP_H2-lrrZ579byDpmu3SUEbINZ

30 <https://www.voacambodia.com/a/takeo-health-centers-focus-on-travel-histories-disregarding-normal-flu-cases/5389811.html>

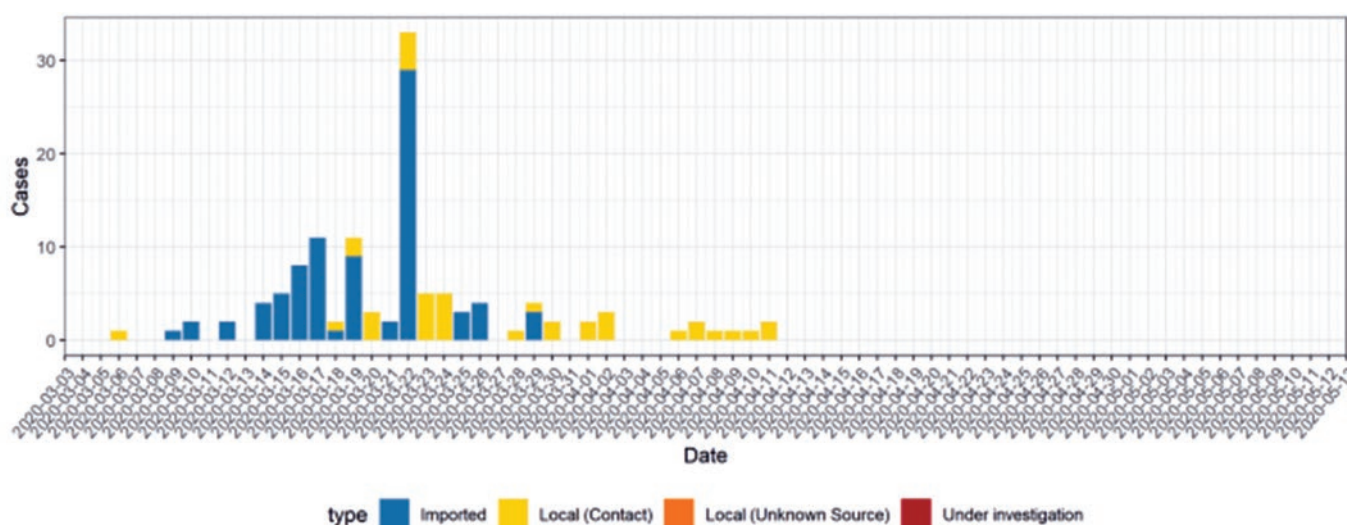
The draft of the Emergency Law was widely criticised, including by the International Commission of Jurists who warned the Bill violated the “basic rule of law principles and human rights”,³¹ yet it passed without amendments. A number of civil liberty groups and organisations in Cambodia have raised concerns over the human rights implications of the government’s response to the pandemic, in particular in relation to the heavy-handling of restrictions on freedom of assembly, speech and the escalation of attacks on press freedom,³² all of which had already been significantly constrained prior to the outbreak of the COVID-19 pandemic.

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Figure 1: Confirmed and probable cases of COVID-19 by acquisition status and date of positive test, beginning 03 March 2020



Source: Ministry of Health, Communicable Disease Control Department, Daily Surveillance Report (No. 57), 13 May 2020.³³

³¹ International Commission of Jurists, ‘Cambodia: State of Emergency bill violates the rule of law’, 8 Apr 2020, <https://www.icj.org/cambodia-state-of-emergency-bill-violates-the-rule-of-law/>

³² See, e.g., Human Rights Watch, ‘Cambodia: COVID-19 Clampdown on Free Speech’, 24 Mar 2020 <https://www.hrw.org/news/2020/03/24/cambodia-covid-19-clampdown-free-speech>; Reporters Sans Frontières, ‘Cambodia: Hun Sen uses Covid-19 crisis to tighten his grip’, 9 Apr 2020, <https://rsf.org/en/news/cambodia-hun-sen-uses-covid-19-crisis-tighten-his-grip>; Amnesty International, ‘Global: Crackdown on journalists weakens efforts to tackle COVID-19’, 1 May 2020, <https://www.amnesty.org/en/latest/news/2020/05/global-crackdown-on-journalists-weakens-efforts-to-tackle-covid19/>

³³ Communicable Disease Control Department, Daily Surveillance Report (No. 57), 13 May 2020, <http://www.cdcmoh.gov.kh/resource-documents/daily-surveillance-reports>

INDONESIA

A DIFFICULT CHOICE BETWEEN PUBLIC HEALTH CONCERNS AND A BLEEDING ECONOMY

ESTIMATED POPULATION (2020): 273.5 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	26,940
TOTAL RECOVERED	7,637
DEATHS	1,641

Introduction: Indonesia's polarised society is a direct result of growing right-wing (Islamist-transnationalist) populism in opposition to the current administration of President Joko Widodo who won the last two elections on a pluralistic-nationalist platform, but with narrow margins. This polarisation at the societal level has weakened the country's overall response to COVID-19. The central government's influence over sub-national governments has also been largely weakened by decentralisation. For example, Anis Baswedan, the chief political opponent of President Joko Widodo in the Islamist camp, has been dubbed as 'the Cuomo of Jakarta,' while other governors in Java are political allies of the President.

The outbreak: In Indonesia, the first two confirmed cases found in the national capital greater Jakarta area were officially reported on 2 March 2020, nine days before the World Health Organisation (WHO) declared COVID-19 as a global pandemic. A month later, on 2 April, the confirmed cases reached 1,790, with 113 new cases, 170 deaths and 112 recoveries. By 9 April, the pandemic had spread to all 34 provinces in the country as Gorontalo confirmed its first case. Three provinces in the country's most populous and densely populated island Java (Jakarta, East Java, and West Java) are the worst-hit. As at 1 June, the country has reported 26,940 cases, the second highest in Southeast Asia, behind Singapore. These numbers are seen as grossly underestimated due to a low testing rate (around 1,141 tests per million), making it one of the worst testing rates in the world. The rate in Indonesia is even lower than in Cambodia (1,188 tests per million).

In terms of the number of deaths, Indonesia so far ranks fifth in Asia with 1,641 deaths.² The COVID-19 death rate (per one million population) in Indonesia is 6, on par with India (4), Pakistan (7) and Bangladesh (4). The figure is far lower than Turkey (54) and Iran (92). While the death rates in Indonesia and other populous developing countries have been criticised for their underestimation, even multiplying the figure by three times, as recently suggested by Bloomberg,³ the figure will still be much lower than that of Turkey, let alone when compared with advanced economies. This, of course, cannot be attributed to government policies; one has to look elsewhere.

Slow to act: Indonesia has been largely assessed to be late in recognising and responding to the pandemic, as well as downplaying the threat. When the virus hit hard in China, South Korea and Iran in January and February 2020, Indonesia claimed zero cases, despite being surrounded by infected countries such as Malaysia, Singapore, the

Philippines, and Australia. The zero case claim was criticised by experts who noted the lack of testing.⁴

Ignoring the threat and warnings from the WHO, Indonesia instead prepared initiatives to attract foreign tourists, which was against international practices of limiting, rather than encouraging, further mobility. The health minister recommended Indonesians simply eat healthily, relax and pray. It was also suggested that warmer weather was not hospitable to the virus, thus Indonesia had a good chance of avoiding it. The central government was also widely criticised for its lack of transparency regarding information related to COVID-19. In early March, the President Joko Widodo admitted that the government had deliberately concealed certain information on the handling of COVID-19 as an attempt to reduce panic among the general public.

Soon after the first two confirmed cases, Jakartans rushed to panic-buy food supplies, masks, hand sanitizers, etc. The price of surgical face masks soared to over six times their original retail value. Some experts advised imposing strict lockdowns, however the government moved cautiously considering the economy and public health concerns in such a large and diverse country of 270 million people.

Indonesia's relatively weak health system, especially in the capital city and pandemic epicentre, soon came under pressure. Early on Indonesia experienced a lack of critical medical supplies such as personal protective equipment (PPE), ventilators, intensive care beds and surgical face masks. This has resulted in a relatively high COVID-19 death rate (death as percentage of confirmed cases) and infections among medical personnel.

The response: On 13 March, the government designated 132 treatment facilities across the country and on 18 March, an additional 227 hospitals were provisioned to cover more patients. The government also established the COVID-19 Response Acceleration Task Force. In Jakarta, the government converted the Kemayoran Athletes Village (once housing for athletes at the 2018 Asian Games), as a makeshift COVID-19 hospital with an initial capacity of 2,500 to 3,000 patients. The makeshift hospital is equipped with medication, personal protective equipment, a high-speed telecommunication network, isolation rooms, observation rooms, laboratories, radiology rooms, and intensive care units.

In early March, the Indonesian government enacted an emergency plan to build a 1000-bed specialist hospital on Galang Island in Riau Islands Province, specifically in anticipation of a virus outbreak among returning migrant workers. The construction of the hospital was completed in just four weeks and it officially opened as a 360-bed facility on 7 April.

In early April, the central government enacted regulations to pave the way for large-scale social restrictions (*pembatasan sosial berskala besar* - 'PSBB'). Within a week, Jakarta became the first region to implement PSBB to contain the spread of COVID-19. This was followed by three other regions (West Java, Gorontalo and West Sumatra) implementing PSBB at the provincial level. In addition to 58 districts (sub-provincial units) within these four provinces, only 27 other districts have applied the social restrictions, even though the virus had spread to 406 regencies and municipalities in all 34 provinces.⁵

1 <https://www.smh.com.au/world/asia/not-allowed-to-do-testing-governor-says-jakarta-was-tracking-COVID-19-cases-in-jakarta-in-january-20200507-p54qnh.html>

2 <https://www.worldometers.info/coronavirus/#countries> <accessed on 30 May 2020>.

3 <https://www.bloomberg.com/news/articles/2020-05-29/virus-deaths-may-be-three-times-the-official-tally-in-indonesia>

4 <https://foreignpolicy.com/2020/02/19/indonesia-coronavirus-screening-may-miss-virus-carriers/> and <https://www.theguardian.com/world/2020/feb/14/indonesia-coronavirus-academic-harvard-marc-lipsitch>

5 <https://www.thejakartapost.com/news/2020/05/28/50-days-of-indonesias-partial-lockdown-is-it-enough-for-the-new-normal.html?src=mostviewed&pg=news/2020/03/23/indonesias-latest-COVID-19-figures.html>

Indonesia adopted work from home, physical distancing and public hygiene policies as well as the banning of public gatherings. Another key nationwide policy was banning the Idul Fitri *mudik*, where around 20 million Indonesians were expected to travel (for social and recreational reasons) from urban centres to their home towns/villages to celebrate the end of the fasting month of Ramadan during the third week of May. However, the government allowed those who fell jobless in urban centres to seek refuge in their villages.

The impact: The economy has been badly affected and the tourism sector was the first casualty. In March, overall tourist numbers fell by 64%; Chinese tourist numbers fell by 97%. Foreign tourist arrivals to Bali fell by 93% in April, where tourism accounts for 60% of the island's regional gross domestic product (RGDP).

Indonesia's central bank reduced interest rates, and the central government launched a comprehensive fiscal stimulus totalling IDR 436.1 trillion (US\$28.14 billion), equivalent to 2.5% of the country's GDP, for healthcare spending, social safety nets and business recovery programs focusing on manufacturing and tourism. However, the Ministry of Finance has voiced concerns that the stimulus may be insufficient to prevent economic meltdown caused by the pandemic in an economy where around 60% of its workforce engage in the informal sector.

In the 1st quarter of 2020 Indonesia's economic growth stood at 2.97%, the lowest in two decades. The Finance Ministry predicted that economic growth in the 2nd quarter could drop to 0.3% or even minus 2.6%, but in the 3rd quarter it might recover to 1.5 to 2.8%.⁶

The Jakarta based SMERU Research Institute estimates that, according to the mildest scenario, the pandemic will push 1.3 million more people into poverty. According to the worst scenario, 8.5 million more people will become poor, meaning that Indonesia's progress in reducing poverty over the last decade would be wiped out.⁷ Overall, workers in the informal sector relying on daily income to survive are the most vulnerable, requiring social assistance.

Hoping that the economy will bounce back in the 3rd quarter, the government has started easing the social restrictions by introducing a 'new normal' in early June. The new normal is return to work with physical distancing, mask wearing, hand-washing and other necessary measures. This policy, in particular, has been criticised as the infection curve has not yet been flattened.

Assessment: As a lower middle income developing country, Indonesia suffers from the problem of state capacity. While other countries' experiences may provide lessons, policies must be home-grown, and designed considering a country's specific circumstances: public health issues, economy, demography and socio-cultural factors. Navigating these variables will always be tricky and there are no easy and straightforward choices.

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Figure 1: Ubud, Gianyar, Bali, Indonesia. Photo by Eduardus Pradipto on Unsplash



6 <https://www.cnbcindonesia.com/market/20200416084301-17-152274/COVID-19-berkepanjangan-sri-mulyani-khawatir-ri-bisa-resesi>

7 <https://www.smeru.or.id/en/content/impact-COVID-19-outbreak-poverty-estimation-indonesia>

THE PHILIPPINES

MANAGING PANDEMIC WITH COUNTER-INSURGENCY TACTICS

ESTIMATED POPULATION (2020): 109.5 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	21,895
TOTAL RECOVERED	4,530
DEATHS	1,003

Introduction: The Philippines was largely unprepared for the challenge posed by COVID-19. A country plagued by natural disasters, it has a tendency to seek less-than-vigilant foreign donors when confronted by catastrophes, a ploy which was not going to work this time. In circumstances where the Duterte regime has used its electoral success to weaken the framework of governance, including the constitution itself, the state struggled ineptly with this latest national emergency. Early observers warned that the Philippines was at risk because of its proximity to China, but a number of other countries are in the same position. The Philippines suffered because the Duterte administration did not act expeditiously enough. The pandemic arrived after three years of a notorious War on Drugs that had already killed perhaps 30,000 citizens across the archipelago. The regime has also been stifling dissent; constitutional safeguards are being swept aside. A UN report has recently drawn attention to the lack of due process protections and the dangers for abuse inherent in the administration's anti-coronavirus campaign.¹ In mid-2020, a highly contentious anti-terrorism law was adopted, further limiting civil liberties. Critics have asserted that the Duterte clique is using the COVID-19 crisis to conceal its own regressive agenda. Certainly, the militarization of the anti-virus campaign has rendered irrelevant the imposition of martial law.

COVID-19 in the Philippines: The Philippine Department of Health (DOH) reported the first case of COVID-19 on 30 January, 2020, when a Chinese woman from Wuhan was diagnosed in Manila. On 1 February, the Philippines became the first country outside of China to record a virus-related death. President Duterte (widely known by the initials PRRD) initially refused to impose migration controls for fear of offending President Xi of China and losing high-stakes Chinese gamblers from the mainland. A health emergency was not declared until 9 March. A few days later, the COVID-19 Code Alert was raised to Red Sublevel 2, but by then many Chinese tourists had entered the country, and local transmission had begun as well.

Slow off the mark, the Philippines has subsequently adopted a suppression strategy based upon various forms of quarantine, curfews, checkpoints, lockdowns, and physical distancing. Compliance is enforced with draconian penalties, including beatings and detention. House arrest has been imposed on minors and Seniors (citizens over 60). Observers have suggested that social controls introduced in the Philippines are among the most stringent in the world. They are being applied with appalling rigor, which has seen soldiers assigned to the highways and street thugs acting as officially endorsed vigilantes.

Quezon City has *disiplina* (discipline) units patrolling neighborhoods in swank SUVs. Most towns and cities have resorted to brutal enforcement procedures.

Restrictions on movement: On 25 March, Congress passed the *Bayanihan to Heal as One Act*, giving the president special powers. It is being extended until the end of September, but the arbitrary, extralegal nature of PRRD's rule makes the granting of extra powers appear rather superfluous.² The government eventually introduced a series of community quarantines with varying degrees of severity. The imposition of social distancing in wretched, overcrowded squatter settlements was insensitive and vengeful. Along with general and specific forms of quarantine, police and army enforcers instituted 48-hour lockdowns in slum areas in order to intimidate communities and seize so-called trouble-makers.³

Government support: Hunger is endemic in the Philippines; the pandemic has made things much worse. The situation was already listed as serious on the Global Hunger Index. At least a third of children have some degree of stunting and malnutrition. As the Philippines effectively closed down in March, the risk of an apocalyptic disaster was high. The administration's efforts were concentrated through the Social Amelioration Program (SAP) of the Department of Social Welfare and Development (DSWD). Distribution of cash and foodstuffs has proceeded via the *barangays* (villages) in two tranches. The process was unwieldy, but also became quickly mired in allegations of corruption and mismanagement. Political rivalries have been especially prevalent. Tensions between PRRD and his daughter Mayor Sara, for example, have kept the city of Davao enmeshed in its own incestuous predicament. The persistence of politics has led to major disputes between Malacañang and various mayors and LGUs, each accusing the other of perfidy and malfeasance, all prolonging the misery of constituents.

Meanwhile, a particular challenge is posed by the vast number of Filipinos who live or work overseas, including so-called 'OFWs' or 'OCWs'.⁴ This expatriate workforce provides the largest source of income for the Philippines—an amount in excess of US\$33 billion in 2019—and the destitute administration is anxious to restore this remittance flow. Official estimates put the number of OFWs in excess of two million; migrant groups believe more than ten million Filipinos are working abroad. Whatever the figures, thousands of OFWs in distress need repatriation.

A second group comprises seafarers, many aboard cruise ships, including the *Ruby Princess*, which fared so badly in Australian waters. Such crews are usually between 50 and 80 percent Filipino on these vessels. Manila Bay quickly filled with a pariah fleet and the government was confronted by desperate human cargoes. Under duress, the authorities sent potentially infected Filipinos back to their provinces.

Effects on Higher Education Sector: Many colleges and universities are quite wealthy, but most are not; they will probably survive because they were asset poor at the outset. University of the Philippines (UP) and others have already devised many programs which will make a contribution to the general fight against the contagion. UP maintains an

1 A/HRC/44/22. UN Human Rights Council. Report of the United Nations High Commissioner for Human Rights on the situation of human rights in the Philippines, June 4, 2020. <https://www.ohchr.org/Documents/Countries/PH/Philippines-HCR44-AEV.pdf>

2 Congress of the Philippines. *Bayanihan-to-Heal-as-One-Act-RA-11469: An Act Declaring the Existence of a National Emergency Arising from the Coronavirus Disease 2019 (COVID_19) Situation and a National Policy in Connection Therewith.* pdf

3 For background, see Peter Kreuzer, "If They Resist, Kill Them All": Police Vigilantism in the Philippines", PRIF Report No.142, Frankfurt, Germany, 2017.

4 'Overseas Filipino Workers' or 'Overseas Contract Workers'.

effective Pandemic Response Team which circulates information not always forthcoming from government departments. The nation provides doctors and nurses (and priests) as well as engineers, teachers, and domestics to the world; it is most unlikely that this production line will be broken.

Assessment: The key to understanding the COVID-19 problem in the Philippines is the fact that the Duterte regime based its harsh quarantine arrangements on the counter-insurgency template being used to fight a long-standing struggle against the feudal state and its monied, land-owning supporters.⁵ The theme is purveyed in a message alleging two contagions – communism and coronavirus. The peak agency for supervising the government's National Action Plan (NAP) is the Interagency Task Force (IATF) on Emerging Infectious Diseases. It builds upon the National Task Force to End Local Communist Armed Conflict (NTF-ELCAC) and the leadership overlaps—primarily a cabal of retired generals infamous for their human rights abuses. Those in power regard the coronavirus as part of a larger threat. The military even circulated an image depicting progressive NGOs as “the real virus”.⁶

The quarantine in all its variations has been extremely punitive. From the rantings of President Duterte, who threatened to shoot trouble-makers, to many officious *barangay* and LGU workers, Filipinos were exposed to great hostility during a crisis which was confusing, frightening, and seemingly open-ended. Millions of people have no clear way forward. Family networking which provides some relief to the desperately poor is helping to make up for shortfalls in the SAP and other schemes, but most communities remain in dire need.

Despite surveys showing that the Stay Home message was well received and readily obeyed, the regime did nothing to enlist cooperation from a concerned citizenry. Slogans like “We Heal as One” contradict a pattern of enforcement which has left communities ill-informed and frightened. Health experts point to a number of factors which are critical to winning the battle against COVID-19, including prompt and reliable testing, contact tracing, and constant augmenting of resources. The Philippines is not doing well in these areas. Instead, the health emergency has been treated as part of a counter-insurgency operation. People become as frightened of officialdom's authoritarian response as they are of the pandemic itself. Vulnerable citizens are willing to cooperate, but without ever being consulted on the matter they have been co-opted into a massive anti-coronavirus offensive underwritten by democratic backsliding and state terror.

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Figure 1: A truck of relief goods from the local government of Cavite. Photo by Lance Lozano on Unsplash.



⁵ Securitization has been at the core of the Duterte's management style. For a context, see Ralf Emmers, “Securitization” in Allan Collins (editor), *Contemporary Security Studies* (Oxford: OUP, 2016), pages 168-181.

⁶ <https://www.facebook.com/303rdbbrigade.philarmy/posts/903439520101515>

SINGAPORE

MANAGING PANDEMIC IN A CITY-STATE

ESTIMATED POPULATION (2020): 5.85 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	34,884
TOTAL RECOVERED	21,699
DEATHS	23

Introduction: The Republic of Singapore is a city-state. With an area of 722.5 square kilometres and a population of 5.85 million, Singapore is one of the world's densest cities; it now has over 8,000 people per square kilometre.¹ The Cabinet of Singapore is the executive branch of the Singapore Government, consisting of 16 ministries and headed by a Prime Minister.

Singapore media first reported a cluster of 'severe pneumonia' cases in Wuhan, Hubei Province, China, on 31 December 2019. All inbound travellers from Wuhan would have their temperatures taken at Changi Airport from 3 January 2020, extended to all travellers from China from 22 January. The Ministry of Health (MOH) announced on 22 January that anyone returning from China should be quarantined for 14 days. Furthermore, anyone who was hospitalised in China for 14 days for any 'acute respiratory infection' had to be quarantined in a hospital in Singapore. A multi-ministry task force on tackling the virus was also organised.

COVID-19 in Singapore: The first confirmed COVID-19 case was reported on 23 January when a 66-year-old man from Wuhan warded in Singapore General Hospital tested positive for the virus. Contact tracing was organised immediately, and the government announced that temperature screenings would be conducted at all sea and land checkpoints into Singapore. The government announced on 27 January that children and staff of pre-schools had to take a mandatory 14-day leave of absence if they had travelled to China. Singaporeans were also advised against making any non-essential travel to Hubei Province.

On the same day, the office administering the Protection from Online Falsehoods and Manipulation Act (POFMA) issued its first 'correction notice' on the virus to Singapore Press Holdings Magazines, which had claimed a man from Wuhan had died in Singapore.² On 29 January 2020, the government announced that all travellers who had recently been to Hubei Province, or with passports issued in that province, would not be allowed to enter or transit in Singapore. On 31 January, the government began evacuating citizens, with 92 Singaporeans leaving Wuhan.

Four face masks per household were distributed by the government on 1 February, with the advice to wear them only when unwell and visiting a doctor. The first major cluster was reported on 4 February when four cases linked to Yong Thai Hong Medical Hall, a Chinese medical institution that served mainly Chinese tourists, was discovered. The Disease Outbreak Response System Condition (DORSCON) was raised from yellow to orange on 7 February as more cases were reported of people who had no links with previous cases or travel to China.³ There were reports of panic buying in supermarkets as consumers grabbed rice, instant noodles and toilet paper, before the government gave assurances that there was enough stock of goods.

Restrictions on movement: From 17 February, anyone given a 'stay home notice' (SHN) could not leave home for 14 days from the date of issue. On 26 February, a couple from China was charged for not complying with their SHN and lying to MOH officials about their whereabouts.⁴ Permanent residents who breached their SHN could lose their status and be barred from re-entering Singapore. On 18 March, Singaporeans were advised to defer all international travel. Singaporean students abroad were urged to return home.

Social distancing: Social distancing measures were first announced on 13 March. All cultural, sports and entertainment events with more than 250 people had to be cancelled or deferred. Eating outlets and shops had to limit the number of patrons and keep them one metre apart in queues. The use of self-checkouts was encouraged.⁵ The contact tracing app, TraceTogether, a joint effort by the MOH and the Government Technology Agency of Singapore, was launched on 20 March.

On 21 March, Singapore reported its first two deaths from the virus. Three days later, all entertainment venues, religious buildings, malls, museums, tourist attractions and tuition centres were ordered to be closed. New clusters were reported in late March, mainly from dormitories of foreign workers. On 3 April, Prime Minister Lee Hsien Loong announced that there would be a lockdown – what he called a 'circuit breaker' – in Singapore from 7 April to 4 May. Only essential services remained open. All schools were closed as students continued their studies online. Face masks had to be worn when people left home for essential needs such as grocery shopping. Anyone caught not complying with the regulations would be fined S\$300 (AUD \$308). Anyone caught organising gatherings could be fined up to S\$10,000 (AUD \$10,286). About 3,100 enforcement officers (mainly drawn from the civil service) patrolled the city-state issuing fines to those who did not comply with the regulations. As the number of new cases continued to increase, Prime Minister Lee announced on 21 April that the lockdown would be extended until 1 June.

1 Author calculation based on 2020 population estimate. The 2018 figure was 7,804 per square kilometre. Department of Statistics, Singapore. *Singapore in Figures 2019*. <https://www.singstat.gov.sg/-/media/files/publications/reference/sif2019.pdf> (accessed 1 June 2020).

2 'POFMA Office issues correction notice to SPH Magazines over HardwareZone Forum post on Wuhan virus', <https://www.channelnewsasia.com/news/singapore/wuhan-virus-moh-gan-kim-yong-instructs-pofma-issue-correction-12352752>, 27 January 2020 (accessed 1 June 2020). The POFMA was passed by Parliament in May 2019 to counter fake news or misinformation.

3 DORSCON was introduced during the Severe Acute Respiratory Syndrome (SARS) epidemic in 2003. There were 238 cases and 33 deaths in Singapore from SARS.

4 'China couple charged under Infectious Diseases Act for obstructing COVID-19 containment work', *Channel News Asia*, <https://www.channelnewsasia.com/news/singapore/covid19-coronavirus-china-couple-charged-infectious-diseases-act-12480170>, 28 February 2020 (accessed 1 June 2020).

5 'Measures for safe distancing rolled out at retail, F&B sectors to prevent COVID-19 spread', *Channel News Asia*, <https://www.channelnewsasia.com/news/singapore/covid19-safe-distancing-recommendations-retail-restaurants-12560568>, 20 March 2020 (accessed 1 June 2020).

Government stimulus: Singapore introduced four stimulus packages. The 'Unity Budget' in February will cost the government S\$6.4 billion as funds were set aside for households to meet expenses, aid for businesses and workers, and for the healthcare sector. The 'Resilience Budget' introduced in March had S\$48.4 billion in funds drawn from the country's reserves to cover wages for local workers. In April, the 'Solidarity Budget' was announced with another S\$5.1 billion injected into the economy to protect jobs. The 'Fortitude Budget' of S\$3.8 billion was announced on 26 May where individual households would be given S\$100. Food and beverage outlets and retail businesses could receive up to S\$10,000 in support to make the switch to online or contactless orders. Affected workers would have opportunities through new jobs and training programs.⁶

Effects on Higher Education: The academic year in Singapore universities run from August to May. From January 2020, temperatures were taken twice a day and recorded. Students were not allowed to attend classes if they had not had their temperatures taken. Once the lockdown was announced, all lessons in Singapore universities were taught online. In Nanyang Technological University at the time of writing, students and staff have to use the SafeEntry app which will record their identities whenever they enter buildings on campus. In Singapore Management University, lessons had been shifted online by March. Academics there had been trained in online teaching for more than seven years, hence there was no difficulty shifting 1,000 courses online within 12 hours.⁷

Assessment: In the beginning, Singapore reacted very quickly to the potential danger of the COVID-19 virus. With the first reported cases from Wuhan, the government announced the quarantine of visitors from Hubei province and formed a task force to deal with the potential spread of the virus. These measures were taken well before the World Health Organisation called the spread of the virus a pandemic. The government had taken the right measures to meet the increasing financial needs of individual households, protect businesses and jobs, and stop the spread of misinformation. Unfortunately, even as the number of local transmissions decreased, new cases were discovered among the foreign workers. The MOH had completely missed checking them, leading to criticisms of the living conditions of foreign workers,⁸ and for treating them as a separate group from Singapore citizens and permanent residents.⁹

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Figure 1: Empty food hall, Singapore. Photo by D J on Unsplash.



6 'Jobs a key part of 4th coronavirus support package, President gives in-principle support to draw on reserves', *The Straits Times*, <https://www.straitstimes.com/singapore/health/coronavirus-president-halimah-yacob-gives-in-principle-support-to-draw-on-reserves>, 25 May 2020 (accessed 1 June 2020).

7 Richard R Smith, 'A Dispatch from Singapore', *Inside Higher Ed*, <https://www.insidehighered.com/views/2020/03/10/how-universities-singapore-which-previously-dealt-sars-epidemic-are-handling>, 10 March 2020 (accessed 1 June 2020).

8 Sallie Yea, 'This is Why Singapore's Coronavirus Cases are Growing: A Look Inside the Dismal Living Conditions of Migrant Workers', *The Conversation*, <https://theconversation.com/this-is-why-singapores-coronavirus-cases-are-growing-a-look-inside-the-dismal-living-conditions-of-migrant-workers-136959>, 30 April 2020 (accessed 2 June 2020).

9 'Clean city-state' image of Singapore shows double-standards in its treatment of migrants in times of COVID-19', *Global Voices*, <https://globalvoices.org/2020/04/26/clean-city-state-image-of-singapore-shows-double-standards-in-its-treatment-of-migrants-in-times-of-covid-19/>, 26 April 2020 (accessed 2 June 2020).

THAILAND

SWIFT ACTION LIMITS PANDEMIC

ESTIMATED POPULATION (2020): 69.8 MILLION

COVID-19 statistics at 1 June 2020

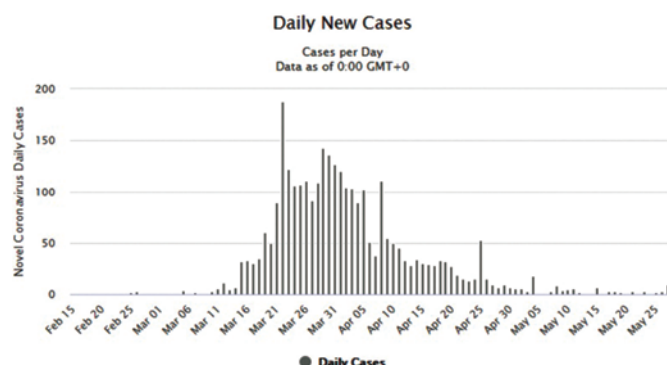
TOTAL CASES	3,082
TOTAL RECOVERED	2,965
DEATHS	57

Introduction: On 13 January, 2020, Thailand recorded the first case of COVID-19 outside of China,¹ but even before then the Thai government had moved to strengthen its management capacity for preventing and controlling the COVID-19 outbreak. With the collaboration of airlines, direct-flight passengers from Wuhan, China to Thailand underwent preliminary screening to detect signs or symptoms of viral pneumonia before boarding, as well as after landing, in order to prevent any imported outbreak of COVID-19 into Thailand.² Thailand's national authorities, led by the Department of Disease Control (DDC) in the Ministry of Public Health (MOPH), have been closely monitoring the COVID-19 situation, promptly executing a surveillance protocol for preventing an outbreak inside the country since a number of confirmed cases have unknown sources. Thailand has integrated the public and private sectors over the last five months by setting policies and intensive measures for dealing with the pandemic. The Emergency Operation Center (EOC) was established once the spread was identified, and immediately moved to Level 2 alert.³ The number of active infected cases in Thailand is moving towards zero, largely due to authorities taking the pandemic threat seriously and acting accordingly.

COVID-19 IN THAILAND

Of the first 18 Thai cases, 17 were Chinese patients who had travelled to Thailand, and there was one Thai who had travelled to China. By the end of January, the 19th case broke this pattern as there was no record of travel to China, but the patient was suspected of having contact with Chinese tourists in Thailand.⁴ The largest escalation rate of the new cases was from mid-March to mid-April with a peak on 22 March (188 new cases). Authorities were very concerned that COVID-19 would spread during the *Songkran* Festival, 13 – 14 April, (the Thai New Year national holiday), but due to the preventive measures enacted by the government, the number of new cases has decreased rapidly during and after that time.⁵

Figure 1: Daily New Cases in Thailand



Source: <https://www.worldometers.info/coronavirus/country/thailand/>

Preventive legal measures: After the WHO confirmed human-to-human transmission on 22 January 2020,⁶ Thailand scaled up the Emergency Operation Center from Level 2 to Level 3 to enhance surveillance in all high exposure places—hospitals, public health centers, airports, and tourist attractions. In addition, the Minister of Public Health announced COVID-19 as the 14th most dangerous communicable disease under the Communicable Diseases Act, B.E. 2558 (2015), enforced since 1 March, 2020.⁷

Most of the confirmed cases in Thailand are either from foreigners or Thai people who returned from high outbreak areas, especially China, so the Minister of Public Health declared four areas as 'Disease Infected Zones of dangerous communicable disease outside the Kingdom of Thailand' namely: (1) the Republic of Korea; (2) the People's Republic of China, including Macau and Hong Kong Special Administrative Regions; (3) the Italian Republic; and (4) the Islamic Republic of Iran. This declaration has been enforced since 6 March, 2020.⁸ The announcements allow local health authorities to order confirmed or suspected persons to be checked, clinically tested, isolated, quarantined or controlled for observation at designated areas for a designated period of time, unless approved by the disease control officers.⁹ On 22 April five more areas were added: (5) Malaysia; (6) Kingdom of Cambodia; (7) Lao People's Democratic Republic; (8) Republic of Indonesia; and (9) Republic of the Union of Myanmar.¹⁰ On 17 March the government advised avoiding travel to Disease Infected Zones. Venues where there are mass gatherings and activities were temporarily closed and suspended.¹¹ Mask and protective equipment stockpiling led to

1 The first COVID-19 confirmed case in Thailand was a Chinese tourist from Wuhan, China announced on 13 January 2020. 'WHO Timeline – COVID-19', <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

2 Department of Disease Control, Thailand Novel Coronavirus 2019 Pneumonia Situation Report (TH), 10 January 2020. <https://ddc.moph.go.th/viralpneumonia/file/situation/situation-no7-100163.pdf>

3 Department of Disease Control, Thailand Novel Coronavirus 2019 Pneumonia Situation Report (EN), 14 January 2020. <https://ddc.moph.go.th/viralpneumonia/eng/file/situation/situation-no11-140163.pdf>

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many people, especially poor people and medical practitioners, being vulnerable to infection.

On 26 March the government issued the Declaration of an Emergency Situation in all areas of the Kingdom of Thailand (No.1)¹² with the following measures:

1. Prohibition of entering risky areas with ongoing local transmission
2. Closure of risky areas of infection
3. Country lockdown
4. Prohibition of stockpiling
5. Prohibition of assembly
6. Prohibition of dissemination of fake news and rumors of COVID-19 outbreak
7. Precautionary measures
8. Measures for people with special needs
9. Measures for leaving the Kingdom
10. Measures for maintaining order
11. Measures for disease prevention
12. Policy of some venues opening with permission
13. Recommendation for travelling to other provinces
14. Recommendation for organizing permitted activities
15. Penalty and enforcement.

To maintain order and control of the COVID-19 outbreak the Declaration above has been periodically adjusted and relaxed, based on the appropriateness and convenience of people's lives, society, and economy, and the evaluation of the situation by the government. The latest variant was announced on 17 May, 2020. Most people are still subject to curfew (10:00 pm – 04:00 am), with social distancing when outside. Restaurants and food centers remain open but people are to still keep social distancing while eating. Teaching or organizing training and examinations in schools or educational institutes is still prohibited, but school buildings may be used for helping and supporting orphans, needy or vulnerable children as accommodation, at a governor's initiative. Department stores and shopping malls can open partially, as can restaurants, hair salons, and supermarkets. Movie theaters, water parks, massage and spa shops are still closed. The partial lockdown has meant many people have lost their jobs. Many people now have no money, but only around 3 million out of an estimated 20 million needy have received help from the government.¹³

Risk Communication: Since the early days of the COVID-19 outbreak authorities have issued updates and instructions in Thai, English,¹⁴ Chinese, and languages of neighbouring states, covering self-prevention, observation, self-quarantine at home, recommendations for business and workplaces, recommendations for meetings, seminars and other mass gathering, and instruction for working from home, etc.¹⁵ It has updated the situation daily.¹⁶

Assessment: While Thailand was the first COVID-19 case outside of China it has so far not been as badly affected as many states where the pandemic arrived much later. It is likely that swift government action, restrictions on movement and consistent messaging in different languages, have all helped to flatten the curve in Thailand.

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Figure 1: "Pattaya cafe closed due to coronavirus."

Photo by Kseniia Ilinykh on Unsplash



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TIMOR-LESTE

A BUSINESS PERSPECTIVE

ESTIMATED POPULATION (2020): 1.318 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	24
TOTAL RECOVERED	24
DEATHS	0

Introduction: Timor-Leste is a democratic republic with a unicameral parliamentary system. Its 65 member parliament is elected through a party list proportional voting system that treats the entire voting population (including some outside the state) as one electorate. The May 2018 election returned a majority coalition government for the *Aliança Mudança ba Progresso* (AMP— Change for Progress Alliance), however for the past three years parliament has been unable to agree on the national budget, leaving no funds for essential work such as the provision of food, services, security, or infrastructure.

Given that the previous budget paralysis remains unresolved, it is reassuring that the government was able to approve COVID-19 assistance packages with such speed. In response to COVID-19, Timor-Leste chose to strike a 'precarious balance'¹ between protecting people's health and saving the economy. The response began with border closures from 19 January. The first case appeared on 14 March,² followed by a declaration of a state of emergency on 28 March, and an economic stimulus package, approved on 20 April. Timor-Leste has also set up a COVID-19 response committee chaired by the Prime Minister Taur Matan Ruak, and the state has received international help on containment and financial assistance strategies. The Australian Aid program has redirected its aid budget to Timor-Leste, and in collaboration with Timor-Leste Government and the Menzies School of Health Research, has provided urgent assistance with the supply of essential services and items such as testing kits and masks. It has also set up a fully-operational testing lab in Dili.³ Timor-Leste has also received various assistance in the form of medical supplies, financial assistance, and medical personnel from the EU,⁴ and a variety of countries including the USA,⁵ China,⁶ and Cuba⁷ to help fight COVID-19.

COVID-19 in Timor-Leste: On the 16 April, the Prime Minister announced a target of zero COVID-19 deaths. The Integrated Crisis Management Center's worst-case scenario model was infection of 390,000 cases (30% of population), of which 156,000 would be mild, 58,000 serious, 19,500 requiring ventilation, and 17,000 deaths (3% of population).⁸

The state of emergency declaration ensured the necessary legal means were in place to intervene quickly to prevent an outbreak and combat the spread of COVID-19.⁹ It includes restricted movement, surveillance, compulsory 14-day quarantine for those possibly exposed, practising good hygiene, and social distancing.¹⁰ Restrictions imposed have resulted in increased unemployment, and business bankruptcies.¹¹ Gatherings of more than five people are prohibited, and as of 27 May the state of emergency has been extended for a further 30 days,¹² a decision former President and Prime Minister José Ramos-Horta disagrees with given there is no evidence of community transmission, and no new cases.

Restrictions on movement: On 19 January isolation posts were established at borders into Timor-Leste for suspected cases. On 29 January, funds were approved for the acquisition of equipment and clothing, and to set up safe diagnostic and processing spaces.¹³

An initial concern was that the virus would enter Timor-Leste via Timorese returning from Hubei in China, so on 8 February, restrictions were imposed on returning travellers. This was followed, on 11 March, with a ban on all persons entering Timor-Leste who had visited China, Iran, Italy, and South Korea.¹⁴ The state of emergency signalled the closure of all borders.

As of 23 March, all face-to-face school activities were suspended in favour of distance learning.¹⁵ Despite distance learning, some of our employees expressed concerns about their children's education because they lacked home schooling resources.

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- 3 COVID-19 Newsletters: A message from Australia's Ambassador to Timor-Leste, Peter Roberts, 24 April and 22 May 2020, <https://timorleste.embassy.gov.au/dili/news.html>
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Social distancing: The government ordered self-isolation social distancing rules to avoid the spread of COVID-19. Businesses created posters detailing these requirements.

It was noted that social distancing measures would mean a 'significant' reduction of employees at workplaces,¹⁶ given that all but essential services were closed. Those not under mandatory isolation, and not required to go to work, were asked to isolate at home.¹⁷

Government stimulus: The 20 April government stimulus of US\$150 million for an initial three-month period¹⁸, is estimated to be ten per cent of GDP.¹⁹ It will be funded in part by an extraordinary transfer of US\$100 million from the country's Petroleum Fund.²⁰ The International Labour Organisation gave a US\$748,000 grant to finance the costs of implementing support to Timorese households.²¹

Projections for 2020 estimated an average household income loss of US\$170–\$670, which could push vulnerable citizens into poverty and food deficit.²² Given that 41% of the population already lives under the poverty line²³ this would be disastrous. To counter this, the relief package ensures a monthly basic income to over 214,000 households for three months, and pays 60% of wages for employees who may be quarantined or staying at home. The employer will pay the remaining 40%.²⁴

Other measures include the purchase of a three-month supply of rice from Vietnam, ensuring the continuation of a Dili–Darwin flight three times a week for emergency medical links, and securing transport for essential supplies to communities. Electricity bills will be subsidised and water, social security contributions, and rent on state-owned properties will be waived. Also included are credit programs and loans for importers of essential goods.²⁵

The ease of delivering the financial assistance package will vary across the country. A large number of people, particularly in Dili and remote districts have internet access and bank accounts. War Veterans in districts across the country already line up to receive welfare payments, so financial delivery infrastructure is in place in many areas; however, remote areas are more difficult to manage.

The three-year budget paralysis has led to a slow and weak economy, however, in the country's favour is a small population and low GDP, meaning simple initiatives go a long way to providing economic protection. Another strength is the Petroleum Fund, valued at US\$17.7 billion in December 2019,²⁶ but which has dropped by an estimated US\$1.8 billion since COVID-19.²⁷

Effects on business: My business, East Timor Trading Group, employs 300 staff across Timor-Leste and is divided into distribution, retail, and hospitality arms, which meant that we faced the results of COVID-19 early and much of our business disappeared virtually overnight. When the state of emergency was declared, we shut down our hotel, restaurants, and other retail outlets. We temporarily laid off 200 employees and arranged to supply food to them. Nearly all staff were sent on annual leave until we learned more about the government's plans. At 30 May, a group of key staff is in place to keep the basic operations running, and some aspects of the business are gradually reopening.

Employers have two payment options: to pay and claim reimbursement from the government; or to have the government pay directly into an employee's bank account. We received the first stimulus documentation (for April and May) on 11 May, and submitted it to the government for processing for each employee. To avoid staff suffering, we will pay full wage and later claim the 60% subsidy, which we have been informed will be reimbursed in July. As a large employer, we can cater for this gap, but many smaller businesses would undoubtedly find the lengthy payment time difficult to carry.

Our employees have expressed concern about their situations, but they support the government's decisions and accept that a community effort is required to stop the spread of COVID-19. Some have noted that while the government is doing 'everything possible', it does suffer from a lack of resources.

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VIETNAM

WINNING THE WAR AGAINST AN INVISIBLE ENEMY

ESTIMATED POPULATION (2020): 97.3 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	328
TOTAL RECOVERED	279
DEATHS	0

Introduction: Vietnam, a lower middle-income country,¹ is the 15th most populous country in the world with roughly 100 million people. It has a land border spanning 1,444 kilometres with China, where the novel coronavirus SARS-CoV-2 originated. Yet, it is one of the most successful countries in the world in containing COVID-19. According to its Ministry of Health (MoH), as of 3 June, there were 328 confirmed cases of COVID-19, with zero deaths.²

Decisive early action: Having experienced the SARS1 and avian flu epidemics, Vietnam acted early and pro-actively. When only 27 COVID-19 cases were detected in Wuhan City in mid-December 2019, MoH issued prevention guidelines, including close monitoring of border areas.³ On 30 January, the day the WHO declared the outbreak to be a Public Health Emergency of International Concern, Vietnam established a National Steering Committee on Epidemic Prevention, when it had only six confirmed cases.

When China officially recorded the first COVID-19 death on 11 January, Vietnam tightened its health checks at all borders and airports. Anyone with symptoms, such as cough, fever, chest pain or breathing difficulties, was quickly isolated for testing, and strictly monitored at medical facilities, while recent contacts are traced for follow up action.

Vietnam was the first country after China to seal off a large residential area.⁴ It imposed a 21-day quarantine on 13 February in parts of Vinh Phuc province, north of Hanoi, where more than 10,000 people live. Other tough measures followed, including closing schools, rationing surgical masks, cancelling some flights, and restricting entry to most foreigners, ahead of and sometimes against the WHO's recommendations.⁵ They have been imposed unevenly, as needed, rather than as blanket, across-the-board measures. The government has asked all citizens to make online health declarations.

Affordable effective testing: Employing the experience of SARS1, Vietnam focused on targeted testing and aggressive contact tracing, instead of mass testing, which was key to wealthier South Korea's response. It involves isolating the infected, and tracking their 'primary' (direct) and 'secondary' (next-level indirect) contacts in order to trace and test those more likely to be infected.⁶ Still, this meant testing a large number of suspected cases for every new patient. As of 30 April, Vietnam had conducted 261,004 tests and put tens of thousands of people in isolation.⁷

Vietnam developed a fast, efficient and affordable test kit, which uses a WHO-approved technique, within a month in January.⁸ It provides results in 80 minutes with a 90% accuracy, 5 percentage points higher than the Korean quick test kits that Vietnam initially imported. In March, Vietnam began marketing its test-kit abroad at a cost ranging €16-24.⁹

Containing the second wave: Tourists and returning Vietnamese nationals brought the disease back and the country entered a second wave of 41 new cases of infections in early March.¹⁰ The government immediately ordered quarantine; those who arrived after 8 March are required to undergo medical evaluation. Two communes were put under lockdown on 9 March after a British tourist with the virus visited them.

After more than a dozen people, linked to Bach Mai Hospital in Hanoi, tested positive, authorities traced contacts, advised more than 10,000 people who were at the hospital since 12 March to get tested, and locked down a nearby rural hamlet for 14 days.

On 21 March authorities began imposing a 14-day quarantine on all foreign arrivals and the establishments they visited. On 31 March, it imposed a national isolation and a quasi-quarantine order.¹¹ Restaurants, cafes, shops, and businesses catering to the public were shut down and street vendors were told to stay home. The country reopened for business and the quasi-lockdown came to an end on 23 April.

Solidarity and mobilisation: The Prime Minister described Vietnam's efforts to contain the virus as the "spring general offensive of 2020",¹² referring to the crucial 1968 Tet Offensive by 'Viet Cong' guerrillas. Doctors and nurses are referred to as "soldiers", and the National Steering Committee for COVID-19 Prevention and Control was nicknamed the "General Headquarters"—a reference back to a military body in existence until 1975.

1 With a per capita income of around US\$2,739 (in 2019), Vietnam is one of the poorest nations in Southeast Asia. Its GDP per capita is about half of the Philippines, less than half of Indonesia, 30 times less than Australia, and 29 times less than the United States.

2 One death, seemed from COVID-19, was recorded as caused by liver failure due to the patient's advanced liver dysfunction and a series of negative COVID-19 tests premortem. <https://www.vietnam-briefing.com/news/vietnam-business-operations-and-the-coronavirus-updates.html/> (accessed on 3 June 2020).

3 <https://e.vnexpress.net/news/news/who-lauds-vietnam-response-to-covid-19-epidemic-4055918.html> (accessed on 3 June 2020).

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5 Vietnam issued policies, such as a series of international travel bans and the compulsory wearing of face masks. In late January, the WHO was advising against international traffic restrictions and face masks for the general public, changing face mask recommendation on 6 June. (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>, accessed on 6 June 2020).

6 Testing and contact tracing is based on a four-level principle: confirmed Covid-19 patients and their direct contacts (level 1: isolation and treatment in hospitals); close contacts with level 1 (level 2: quarantine facilities); close contacts with level 2 (level 3: self-quarantine at home); and lockdown of the neighbourhood/village/town where the patient lives (level 4).

7 Vietnam has tested nearly 800 people for each new confirmed case, the highest ratio in the world, according to Reuters data. <https://www.theguardian.com/commentisfree/2020/may/01/testing-vietnam-contained-coronavirus> (accessed on 3 June 2020).

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10 <https://www.stimson.org/2020/vietnams-evolving-strategy-for-surviving-covid-19/> (accessed on 3 June 2020).

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The war-time analogy was not confined to the rhetoric only. The military was mobilised to coordinate the supply of food, transport and accommodation to quarantine thousands of Vietnamese returning home from outbreak zones such as the UK. Almost every sector, including aviation, healthcare and food production, has been mobilised as during the war. Medical students, retired doctors and nurses have been mobilised to fight the outbreak together.

Citizens were encouraged through social media, text messages and TV broadcasts to donate to the fund-raising campaign, launched on 19 March, to buy medical and protective equipment for doctors, nurses, police and soldiers in close contact with patients, and for those quarantined. By 5 April, more than 2.1 million appeals were texted and a considerable sum raised.¹³

Vietnam's response has earned a high level of trust among its citizens. About 62% of Vietnamese surveyed, in the single largest global public opinion study on COVID-19, think the government is doing 'right', compared to the global average of around 40%.¹⁴

Exceptional transparency: Vietnam did not shy away from broadcasting the seriousness of COVID-19. The MoH's online portal immediately publicises each new case with details including location, mode of infection and action taken. Information is also broadcast by television and via social media, including texts to all handphones.

Concerned about stigmatisation, Vietnam refers to infected persons by their case numbers. When local businesses were reportedly ostracising foreigners, the prime minister spoke out against such discrimination.¹⁵ Exceptionally, the communist government published the identity and itinerary of a prominent party figure who had tested positive.¹⁶

Effective communication: Instead of communicating in a rigid militaristic style, the government has been creative. It teamed up with two famous pop singers to produce an educational song about the virus, commissioned artists to create posters, and used young, influential figures to broadcast positive messages to those under mandatory quarantine.¹⁷

Different ministries jointly developed an 'app', reputedly very easy to use, allowing users to: submit health and travel information to get tested; know 'hotspots' where new cases have recently been detected; and get up-to-date information regarding 'best practices' in Vietnam and the world. The government made it clear that it wanted to protect Vietnam's reputation as "a safe country".

State capability: The influential World Economic Forum,¹⁸ and *Financial Times*¹⁹ as well as the Australian Strategic Policy Institute²⁰ laud Vietnam as a low cost COVID-19 success story to be emulated by countries with limited resources. While some key features of Vietnam's response are similar to other much lauded East Asian responses, discussion often centred around authoritarianism versus democracy. However, this misses the key element, the importance of state capability. Despite limited resources, access to healthcare has grown rapidly, with 90% of Vietnamese citizens insured today.²¹ With improved governance, demands for hospital bribes have dropped to a 10-year low. The government has been able to provide mass quarantine, COVID-19 tests and associated hospitalisation largely free of charge. This increased the willingness to comply with extensive contact tracing and strict quarantine measures. Improved central-local policy coordination has also helped in implementing Vietnam's pandemic containment measures.

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20 It noted, "Vietnam's experience demonstrates how, by focusing on early risk assessment, effective communication and government-citizen cooperation, an under-resourced country with a precarious healthcare system can manage the pandemic. In facing an indefinite unknown, decisive leadership, accurate information and community solidarity empower people to protect themselves—and each other." <https://www.aspistrategist.org.au/vietnams-low-cost-covid-19-strategy/> (accessed on 3 June 2020).

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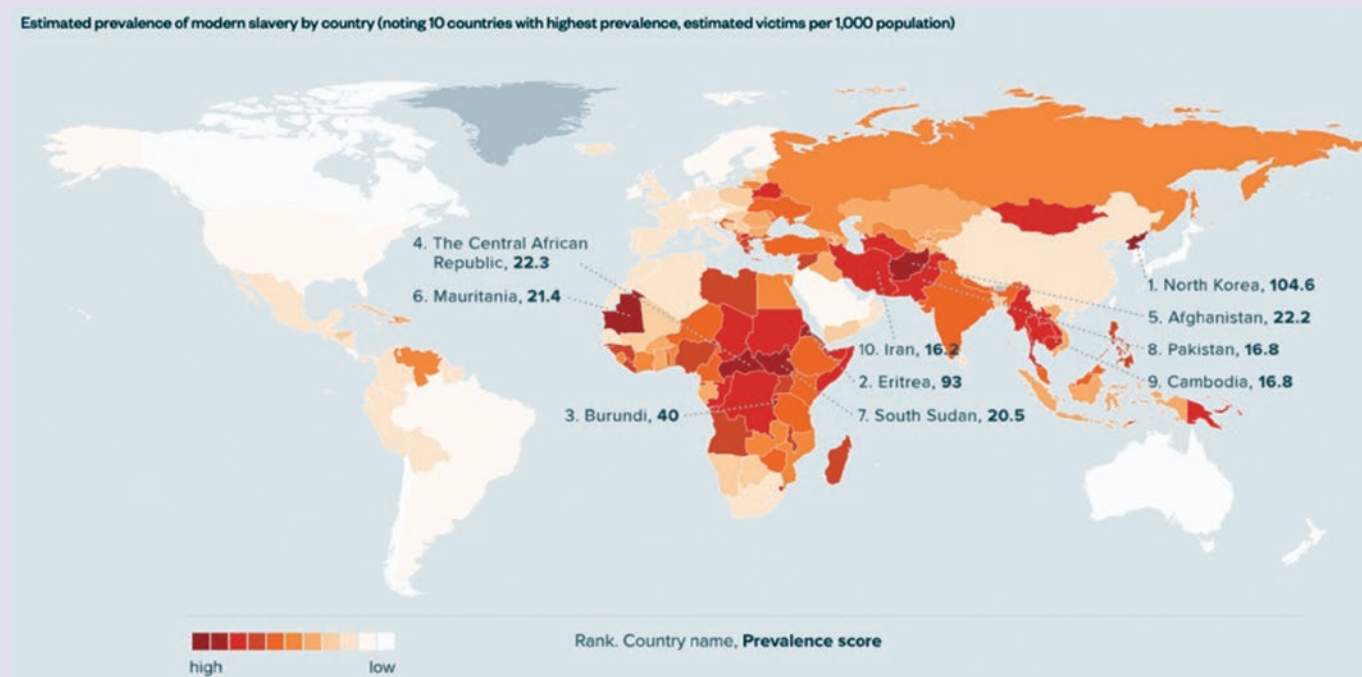
ISSUES PAPER

HUMAN TRAFFICKING AND MODERN SLAVERY IN A TIME OF COVID-19

INTRODUCTION

According to the most recent estimates by the International Labour Organization (ILO), the Walk Free Foundation, and the International Organisation for Migration there were over 40 million victims of modern slavery worldwide in 2016, including some 64% of those in forced labour (24.9 million in total) being in the private economy.¹

Figure 1



Source: Walk Free Global Slavery Index²

Following the outbreak of the COVID-19 pandemic, the ILO estimates that around 25 million jobs might be lost worldwide, pushing many more people into unemployment or under-employment.³ Scarcity of work, precarious conditions of work, as well as a surge in demand for certain products (such as personal protective equipment/PPE) or services (such as personal and health care), along with falling supply, will cause human trafficking and modern slavery indicators to thrive. During the COVID-19 pandemic, and following it, groups and sectors that have historically been at high risk of exploitation will be exposed to increased vulnerability, with many more facing greater risk of human trafficking and modern slavery.

CHALLENGES TO ANTI-HUMAN TRAFFICKING AND MODERN SLAVERY RESPONSES

Modern slavery covers a range of practices of extreme exploitation, ranging from human trafficking, forced labour, debt bondage (or bonded labour or debt slavery) to forced marriage and trafficking in human organs. There is no globally agreed on definition of 'modern slavery', like there is for 'human trafficking',⁴ but some states have introduced domestic regulatory frameworks pertaining to due diligence in the context of business operations⁵ and modern slavery legislation focusing on supply chains.⁶ These initiatives build on the global corporate social responsibility framework.⁷

There are, therefore, already mechanisms in place to prevent and mitigate the impacts of the COVID-19 pandemic, including (domestic and international) legal obligations on states to identify victims of human trafficking and modern slavery, as well as provide them with assistance and

1 'Global estimates of modern slavery: Forced labour and forced marriage', 2017, https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_575479.pdf

2 <https://www.globalslaveryindex.org/2018/findings/global-findings/>

3 'Almost 25 million jobs could be lost worldwide as a result of COVID-19, says ILO', 18 Mar 2020, https://www.ilo.org/global/about-the-ilo/newsroom/news/WCMS_738742/lang-en/index.htm.

4 The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime (2000), entry into force 25 Dec 2003, Article 3.

5 See: in France, the *Duty of Vigilance Act 2017*; in the Netherlands, the *Child Labour Due Diligence Law 2019*.

6 See: in the state of California (USA), the *Transparency in Supply Chains Act 2010*; in the UK, the *Modern Slavery Act 2015*; and Australia's Commonwealth *Modern Slavery Act 2018*.

7 In particular under the UN Global Compact, *The Ten Principles of the UN Global Compact*, <https://www.unglobalcompact.org/AboutTheGC/TheTenPrinciples/index.html>; United Nations, *Guiding Principles on Business and Human Rights: Implementing the United Nations "Protect, Respect and Remedy" Framework*, 2011, https://www.ohchr.org/Documents/Publications/GuidingPrinciplesBusinessHR_EN.pdf; Organization for Economic Cooperation and Development (OECD), *Guidelines for Multinational Enterprises*, 2011; ILO Tripartite Declaration on Multinational Enterprises and Social Policy ([1977] 2017; 5th Ed), https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/---multi/documents/publication/wcms_094386.pdf

protection, which continue to remain in place in times of emergency. Acknowledging current competing national priorities, anti-trafficking and anti-modern slavery efforts need to be strengthened to account for increased desperation caused by rising unemployment; likely escalation in (intergenerational) debt leading to debt bondage; forced or excessive overtime; and long-term health crisis, including due to failing to disclose illness for fear of job loss. These conditions will be exploited by unscrupulous employers and recruitment agents, as well as traffickers and organised crime, for financial gain.

In response to the COVID-19 pandemic, states have introduced a number of preventive measures, including closing borders, imposing quarantines, limiting freedom of movement and assembly, which might be justifiable in response to the health emergency, but it also makes access to the most vulnerable by support organisations and enforcement agencies more difficult. As highlighted by the Council of Europe Group of Experts on Action against Trafficking in Human Beings (GRETA): “[a]t the mercy of their traffickers and exploiters, many victims are invisible, and the risks that they remain undetected and unprotected are heightened as attention and resources are geared towards curbing the spread of COVID-19”.⁸ Frontline emergency services are currently stretched to accommodate pandemic-related responses, which leaves many vulnerable people without access to healthcare, shelters and other support services,⁹ as well as donors turning their attention elsewhere. Also, businesses might experience difficulties in accessing information and conducting their risk assessments of their supply chains.

Some countries have established national committees, often comprising the public and private sectors, to advise governments on the social and economic impacts of the pandemic.¹⁰ These mechanisms’ main focus remains on driving economic recovery, but it should not be done at the expense of the most vulnerable, whether at the national or global level. Therefore, these fora need to ensure that national strategies and policies take no steps on reversing “the promotion of sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all,”¹¹ and that additional efforts are taken to protect those who are most vulnerable to human trafficking and modern slavery. The existing international and regional initiative, including the Principles to Guide Government Action to Combat Human Trafficking in Global Supply Chains,¹² and programmes, such as the Bali Process on People Smuggling, Trafficking in Persons and Related Transnational

Crime in the Asia-Pacific region,¹³ should continue to aim to eradicate slavery from the global economy and facilitate inter-governmental cooperation to end these transnational crimes, including in public and private supply chains. The current emergency pandemic situation has made these issues particularly pressing.

VULNERABLE GROUPS AND THOSE MOST AT RISK

Certain industries, such as agriculture, construction, manufacturing or fishing, have historically been at high risk of modern slavery practices throughout their operations and supply chains. The ILO estimates that there are 450 million workers in global supply chains, and unknown numbers in domestic supply chains.¹⁴ Exacerbated by current circumstances, those at high risk of human trafficking and modern slavery are those employed in supply chains in the Global South, migrants and women. The key reasons for their heightened vulnerability are:

- In response to many international buyers cancelling or delaying their orders and refusing to pay for materials already purchased by the suppliers,¹⁵ workers in supply chains, such as those in Bangladesh or Cambodia,¹⁶ have been most adversely affected. Consequently, workers in global supply chains will be exposed to additional pressures caused by disruptions to global business operations, which will increase the risk of exploitative working conditions and modern slavery.
- As the high-risk sectors are those that are predominantly high-labour intensive, often with limited or no workers’ protections in place, international migrants are particularly targeted and, hence, vulnerable to human trafficking and modern slavery. Recognising the heightened vulnerability of migrants, the Global Compact for Safe, Orderly and Regular Migration, in Objective 10, calls for specific measures to prevent, combat and eradicate human trafficking in the context of international migration.¹⁷ Achieving these commitments, however, is at risk of being protracted or side-tracked in the current circumstances.
- Globally, women tend to do most of the low-paid, casual work and most often work in the ‘grey’ (or informal) economy. As these sectors have been hit most, women will be most impacted, which will further widen the pay, job security and, more generally, gender equality gap. It can be suspected that, due to financial desperation, uptake in sex services will increase, as well as sex trafficking. Women (and girls) already comprise the majority of victims of modern slavery¹⁸ and human trafficking, especially sex trafficking.¹⁹

8 ‘In time of emergency the rights and safety of trafficking victims must be respected and protected’, 2 Apr 2020, p. 1, <https://rm.coe.int/greta-statement-covid19-en/16809e126a>

9 See, eg, La Strada Statement on Coronavirus (2020), <http://lastradainternational.org/dynamic/images/3351-LSI%20statement%20-%20Impact%20of%20COVID-19%20on%20the%20protection%20of%20rights%20of%20trafficked%20and%20exploited%20persons.pdf>

10 For example, in Australia see National COVID-19 Coordination Commission, <https://www.pm.gov.au/media/national-covid-19-coordination-commission>

11 The UN’s 2030 Agenda for Sustainable Development, Goal 8, <https://sustainabledevelopment.un.org/?menu=1300>

12 US Department of State, Office to Monitor and Combat Trafficking in Persons, 2018, <https://www.state.gov/principles-to-guide-government-action-to-combat-human-trafficking-in-global-supply-chains/>

13 See <https://www.baliprocess.net>

14 ‘Integrated Strategy on Fundamental Principles and Rights at Work 2017-2023’, 24 Feb 2019, https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---ipec/documents/publication/wcms_648801.pdf

15 See ‘COVID-19 Action Tracker’, monitoring industry responses, government actions and workers’ demands during the COVID-19 pandemic, <https://covid19.business-humanrights.org/en/tracker/>

16 See, eg, Center for Global Workers’ Rights and Worker Rights Consortium, ‘Abandoned? The impact of covid-19 on workers and businesses at the bottom of global garment supply chains’, 27 Mar 2020, <https://www.workersrights.org/wp-content/uploads/2020/03/Abandoned-Penn-State-WRC-Report-March-27-2020-1.pdf>; *Khmer Times*, ‘GMAC appeals to stakeholders to join hands to tackle manufacturing woes caused by Coronavirus’, 25 Mar 2020, <https://www.khmertimeskh.com/705603/gmac-appeals-to-stakeholders-to-join-hands-to-tackle-manufacturing-woes-caused-by-coronavirus/>

17 For more information see <https://www.iom.int/global-compact-migration>

18 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_575479.pdf

19 UNODC, ‘Global report on trafficking in persons’, 2018, https://www.unodc.org/documents/data-and-analysis/glotip/2018/GLOTiP_2018_BOOK_web_small.pdf

CONCLUSIONS

Global responses to COVID-19 have focused predominantly on the health aspects of the pandemic, which is understandable in the circumstances. However, the emerging economic crisis will exacerbate poverty, including working poverty, and casualisation of employment, which will hit hardest those that historically have been marginalised, in addition to increasing the vulnerability of many more people to human trafficking and modern slavery.

Emergency situations, including global pandemics, must be part of the regulatory framework and overall preparedness in combating human trafficking and modern slavery, wherever these practices occur and whoever they affect, paying particular attention to the most vulnerable groups and at-risk sectors. Thus, state and international responses must ensure that human trafficking and modern slavery are not allowed to flourish to meet the demand caused by national emergency responses, or due to lax regulation. Strengthening, rather than weakening, regulatory frameworks and practices is necessary to ensure that the most vulnerable do not carry the greatest burden of the economic and social revival during and post COVID-19.

On a positive note, lessons learned from dealing with the effects of COVID-19 on business operations and employment practices might prove instructive in preparing for challenges brought about by climate change and environmental degradation.

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EAST ASIA

A stylized map of East Asia and Southeast Asia, rendered in various shades of blue and purple. The map shows the outlines of major landmasses and islands, with small white dots indicating capital cities or significant locations. The text 'EAST ASIA' is prominently displayed in the upper left quadrant in a large, bold, white sans-serif font. The background is a deep blue, and the overall aesthetic is modern and minimalist.

ISSUES PAPER

COMMUNITY GROUP BUYING, VULNERABLE COMMUNITIES AND COVID-19 IN CHINA

The COVID-19 pandemic has impacted on almost all facets of daily life. In particular the pandemic has disrupted normal patterns of production, distribution and consumption. This paper proposes to examine how residents in urban China have adapted to the Chinese government's order to 'stay at home'. One of the challenges facing urban residents has been how to acquire daily necessities in ways that minimise social contact and other associated COVID-19 risk-related activities. In response, this paper focuses on the dynamics of digital technology-enabled social e-commerce at a community level as a critical socio-technical tool that ensured access to daily necessities for not only the technically engaged, but also for the disadvantaged. The 'community group buying' model, mediated by digital technologies, anchored a form of solidaristic civil organisation that turned social capital-based networks into 'useful timber' in pandemic conditions.

From 11 February 2020, Wuhan went into an unprecedented lockdown (*yiqing fangkong*) to prevent the spread of COVID-19. All of the residential districts (*zhuzhai xiaoqu*) in the city of eleven million people had to go into isolation or quarantine. During this time acquisition of all essential items for daily living had to adapt to the circumstances of 'closed management' (*fengbi guanli*). Every item had to pass through a system of registration, group purchasing (*tuangou*) and/or purchasing on behalf of others (*paotui daimai*).¹

Foreign media and commentators have suggested – and some debate remains about the initial period of possible hesitation – that once the decision to take action was made that it was the great capacity of the party, government and sanctioned social institutions (trade unions, women's federation, youth league, etc) that mobilised to effectively suppress the spread of the virus. That is no doubt true (although similar results have been achieved in countries with very different political cultures). But what often is overlooked is that ordinary people on the ground also displayed great agency in responding to the crisis.

As we hope to demonstrate in this paper, people volunteered in their local communities to undertake the required work to make sure that no vulnerable people were left behind. According to the Chinese government and scholarly community the 'vulnerable population' (*kunnan qunti*) includes the severely handicapped, people with chronic illnesses, the elderly, and people on low incomes. Many of these people are recipients of 'basic welfare' (*dibao*). The basic welfare monthly support in 2019 Wuhan was 780 yuan for urban residents and 685 for rural residents (all within the jurisdiction of the Wuhan municipal government).² The vulnerable population also includes people outside the *dibao* system (which only applies to registered local residents) such as migrant workers and homeless persons. The lockdown could put more restrictions on vulnerable people. It is not only that vulnerable people have less possibility of getting enough money to support their livelihoods, but also that they are generally exposed to a higher risk of securing necessary daily consumption goods.

As we are seeing with the responses to the pandemic throughout the world, the pattern seems to be to utilise technologies and social resources that were already in place, or just beginning to emerge. The pandemic has presented the opportunity for those technologies and social resources to be used in innovative ways. In the case of urban residents one of the most important tools at their disposal has been the ability to purchase products online and have them delivered to their homes, offices or other venues within a short period of time. Indeed the development of e-commerce in China has already made substantial headway over the last decade and has greatly influenced both production and consumption throughout China. It is reported that the transaction of China's e-commerce reached 31.63 trillion yuan (4.58 trillion U.S. dollars) in 2018, increasing by 8.5% on a year-by-year basis.³

The rapid development of e-commerce has boosted more innovative e-commerce models in China. Social commerce – an e-commerce model driven by social network(s) – has emerged with consumers placing more trust in recommendations from friends and family.⁴ To cater to consumers who have low community mobility, are looking for cost-effectiveness, and are familiar with mobile payment, community group buying – a social commerce model of group purchases by community residents – has been booming in recent years. Community group buying (*shequ tuangou*) generally involves the self-organisation of residents (often curated by so-called community group leaders) into a 'community buying group' (*shequ tuangouqun*) which uses its leverage in terms of the number of purchasers to negotiate price and other features with suppliers whether they be wholesalers or retailers. A Hunan provincial government description of this form of commercial exchange described it as one in which:

The retailer taking the residential district (*xiaoqu*) as the basic unit (*danwei*) finds a group leader (*tuangzhang*). The group leader creates the group purchasing WeChat group. The group leader promotes products in the group. The consumers [in the group] use WeChat to make orders. The following day the retailer sends the ordered products to the residential district of the group leader. The consumers go to the group leader to collect their items.⁵

This particular form of social commerce has developed very rapidly in China in recent years. It has been fuelled by a desire among consumers within a trustworthy social network to connect directly to the production side of the distribution chain so as to ensure good quality at a favourable price. According to a 2019 EO Intelligence report,⁶ the community group buying model originated in Changsha, Hunan Province in 2016. This model was quickly duplicated in other cities, particularly second and third-tier cities, throughout China. As of March 2019 there are in total an estimated 131 community group buying-focused platforms in China. While group buying has mainly focused on the fresh food category that has lower online sales penetration, product categories in demand have expanded into live fish, cosmetics and services such as household cleaning.

1 <https://gongyi.ifeng.com/c/7uXOYXGYweO>

2 <http://wh.bendibao.com/live/2019726/101174.shtml>

3 <http://www.dsb.cn/105872.html>

4 Chu, F. (2019). E-commerce lessons from China: How group buying pays off, available at: <https://www.smartbrief.com/original/2019/04/e-commerce-lessons-china-how-group-buying-pays-off>

5 http://www.hunan.gov.cn/topic/fkxgzbd/kjqmtbd/202004/t20200430_12016767.html

6 EO Intelligence (2019). 2019 China Social E-commerce Ecology Interpretation Research Report, Available at: <https://www.iyiou.com/intelligence/report629.html>, accessed on 3 March 2020.

Hence, at the time of the outbreak and lockdown many residential communities (*xiaoqu*) already had established specific 'community buying groups' (*shequ tuangouqun*). Residents in Wuhan, and across China, mobilised these networks for the purpose of ensuring daily supply during the lockdown. However, it seems that at times the existing system of distribution that relied on couriers – the unsung heroes of China's logistic economy – was unable to cope with the sudden and dramatic increase in demand. Hence volunteers⁷ in the residential districts took it upon themselves – with approval and coordination with local resident committees and relevant government and social institutions – to organise the group purchasing and then drive to the physical location (with approvals for using a vehicle for this purpose) and bring it back to the community, whereupon each member would be notified and come down to collect their items.⁸

The residential communities organised different 'community buying groups' based on different needs. For instance, a group would be formed that catered for nursing mothers. Another might focus on medical needs among the community such as prescription medicine. One community reported that more than twelve groups were formed with each group having more than sixty members which covered most of the 600 households in that community. The group purchasing platform was also used to collect funds to support those in the community on low incomes (*dibao*).⁹

At the onset of the lockdown the demand for community purchasing sky-rocketed due to the closure of the 'wet markets' (a space that many foreigners, especially those used to shopping in 'supermarkets', still do not comprehend). It was reported, for instance, in Changsha, that Xingshang Youxuan (兴盛优选) (a community group buying platform) saw its sales increase by 300 percent and new customers/groups increased fourfold. Fresh fruit and vegetables sold out in half a day.¹⁰

In response to calls from the central government for residents to stay at home and to carry out physical distancing, provincial and municipal authorities across China began to issue guidelines (*tongzhi*) to deal with the sudden increase in online purchasing.¹¹ Among other things, these guidelines specifically encourage retailers, couriers and residents to use community purchasing. Other than promoting social commerce, these guidelines also issued warnings to retailers about hoarding goods in short supply and engaging in price gouging.

As was to be the case in other countries, it quickly became evident that in the early stages of the lockdown the elderly were exposed as a vulnerable population. Many elderly people do not know how to effectively use the new technology, especially the various apps which are a feature of smart phones. Reports recount elderly people coming out to see what goods have been delivered (via group buying) on a particular day and being very disappointed that they were not part of the system of distribution.¹² Volunteers, working with local government,

began to identify these vulnerable people and find ways for them to be incorporated into the system of 'community purchasing'.¹³

The efforts of the local community and volunteers have been recognised by Chinese experts in social welfare as an important part of the COVID-19 response. In addition to calling for improved management and coordination of government agencies, and of mobilising more effectively the charity sector and volunteers, Zheng Gongcheng (President, China Association for Social Security Research)¹⁴ called for mobilising the agency of local communities: "During the time of the pandemic relying solely on external forces to provide support is not enough ... We should guide the community to autonomously and responsibly develop group purchasing, maintain communications, and so on, so as to timely discover and deal with problems".¹⁵

Hence during this time of crisis, community group purchasing emerged as a socio-technical solution to the challenges of isolation and physical distancing. In China this approach was facilitated by the strong presence in the local community of government agencies, especially residential committees (*juweihui*) and volunteers. How this form of commodity purchase and distribution will evolve in the context of the 'new normal' deserves considered attention.

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7 http://hbwh.wenming.cn/wmcj/wmjd/202003/t20200308_6336171.html

8 <https://gongyi.ifeng.com/c/7uXOYXGYweO>

9 <https://gongyi.ifeng.com/c/7uXOYXGYweO>

10 http://www.hn.xinhuanet.com/Business/2020-04/29/c_1125920852.htm

11 http://swt.hunan.gov.cn/swt/hnswt/tzgg/202002/t20200211_260834417843844864.html

12 <https://www.jianshu.com/p/10ee47e3d7b7>

13 https://k.sina.cn/article_2797392924_a6bcd41c04000oqeo.html?from=news&subch=onews

14 中国社会保障协会会长、中国人民大学教授郑功成。

15 Other reports in the Chinese media note the establishment of 'micro-stores' (*weidian*). This involved the local community (most likely the residential committee or *juweihui*) using group purchasing to acquire basic staples such as rice, cooking oil, salt, and so on, which was then made available for purchase to vulnerable members of the community. https://www.gmw.cn/xueshu/2020-02/29/content_33606164.htm

JAPAN

MUCH DEBT, FEW DEATHS AND A HUGE STIMULUS PACKAGE

ESTIMATED POPULATION (2020): 126.4 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	16,752
TOTAL RECOVERED	14,459
DEATHS	898

Introduction: Japan has been in the international spotlight due to the postponement of the 2020 Tokyo Olympic and Paralympic games. The decision by the International Olympic Committee (IOC) to delay the games by 12 months highlighted the global spread of COVID-19, and has been devastating for Japan. Billions of dollars had been spent on infrastructure in preparation for the Olympics, designed to showcase Japan as an attractive tourist destination and a vibrant economy. The combination of the postponement and the subsequent global economic downturn due to COVID-19 has resulted in a deeper recession and further economic malaise for an economy already struggling to bounce back after a 20 year downturn. In response, the Abe-led government has embarked on an unprecedented stimulus spending spree despite already having the developed world's biggest public debt (more than twice the size of the economy).¹

Japan's handling of the virus and, in particular, the low rate of testing for COVID-19 for a major country has also attracted global attention. The policy of limited testing and to focus on clusters, is contrary to standard practises in other countries which are promoting mass testing. Currently only 24,000 people per day are being tested in Japan and only half of the available testing equipment has been used.² The Prime Minister, Shinzo Abe announced on 25 May that the State of Emergency that came into effect on 6 April was to be lifted after six weeks. Abe stated that infection cases had dropped dramatically, and the government was allowing for an easing of restrictions and promotion of much needed economic growth.³

COVID-19 in Japan: Japan has fared remarkably well so far despite being a major tourist destination—400,000 tourists from China visited Japan over December 2019 to January 2020, and 14.7% (18.48 million) of the Japanese population is aged 75 and over.⁴ The number of deaths is relatively low and COVID-19 clusters have been limited to Tokyo, Kanagawa, Saitama, Chiba, Osaka, Hyogo, and Fukuoka prefectures.

The low rate of infection has been explained by high levels of hygiene, the practise of using masks when suffering from a cold or flu, a low rate of obesity and a tradition of limited touching (Japanese do not shake hands and rarely hold hands or hug in public). Medical experts in South Australia are currently studying a link between a compulsory

tuberculosis (TB) inoculation for babies in Japan and a greater resistance to the virus.⁵

The low level of testing and a policy of focusing on clusters means that it is highly likely that the rate of infection is much higher than what is recorded. There is also the likelihood that a large number of asymptomatic cases have not yet been detected. Given that such a large proportion of the population is aged 75 or older, the potential for a major disaster remains feasible with a second or third wave of the virus.

Government response: The government's response to COVID-19 has been mixed. Prime Minister Shinzo Abe acted decisively to close schools in late February but was slow to communicate effectively the importance of social distancing and staying home as preventive measures. Less straight forward and confusing to many was the decision on 1 April to distribute two reusable cloth masks per household. The initiative was met with ridicule due to the ¥20 billion bill (AUD \$ 276 million) linked to the initiative and the lack of financial handouts to support struggling households already equipped with masks.⁶ Two days later and perhaps as a result of the derision over supplying masks, Abe announced a one-off payment of ¥300,000 (AUD \$4,100) to assist households suffering hardship who meet the relevant criteria. The support is estimated to reach 20% of Japanese households, leaving many households waiting for help.⁷

Tokyo Governor Yuriko Koike on the other hand has offered strong, clear and decisive leadership. As global awareness of the virus became apparent in March, Koike stepped up her public engagements to encourage Tokyoites to avoid a New York type emergency by working from home, avoiding crowded spaces and practising social distancing.⁸ Koike has also called for the hiring and retraining of former medical workers in order to support the city's medical system. Main department stores and chain stores have followed her lead and voluntarily closed on the weekends. Koike also strongly advocated for the Japanese government to use its powers to declare a 'state of emergency'.⁹ Her proactive stance has gained her strong approval ratings in Tokyo where locals expressed concern that Tokyo needs to be prepared before COVID-19 cases spiral out of control.

Restriction on movements and social distancing: A State of Emergency began on 6 April and was lifted on 25 May. People were encouraged to stay at home (no penalties for not doing so) and limit themselves to going out for exercise and essential services. Theatres and restaurants were closed (takeout services only) and public events were postponed or cancelled as part of measures to reduce person-to-person contact. Overall Japanese have been compliant with these requests although there were limited powers of enforcement. In Tokyo the number of commuters reduced to 60% of the normal peak time traffic. Department stores and entertainment areas voluntarily reduced hours. Since mid-March, people have avoided crowded areas and have

1 <https://www.bloomberg.com/news/articles/2020-05-27/japan-to-unveil-another-1-trillion-in-stimulus-document-shows>

2 https://www.nytimes.com/2020/05/29/world/asia/japan-coronavirus.html?campaign_id=2&emc=edit_th_200530&instance_id=18769&nl=todaysheadlines®_id=66715370&segment_id=29637&user_id=2b7f24ed0e03ccf17cd125223f194d41

3 <https://www.japantimes.co.jp/news/2020/05/25/national/japan-lifts-state-of-emergency-coronavirus/#.XtS6yxMzbRY>

4 <https://www.japantimes.co.jp/news/2018/03/20/national/first-time-half-japans-elderly-now-aged-75-older/#.XtS8oBMzbRY>

5 <https://www.abc.net.au/news/2020-04-11/trial-to-test-if-tuberculosis-vaccine-boosts-covid-19-immunity/12142230>

6 <https://www.bloomberg.com/news/articles/2020-04-02/from-abenomics-to-abenomask-japan-mask-plan-meets-with-derision>

7 <https://mainichi.jp/english/articles/20200403/p2g/00m/0na/037000c>

8 <https://www.japantimes.co.jp/news/2020/04/04/business/lockdown-japan-stores-shutting-down-voluntarily/#.Xolhs2PV7mQ>

9 https://news.tbs.co.jp/newseye/tbs_newseye3948593.html

followed social distancing guidelines. Since the lifting of the State of Emergency, a gradual easing of restrictions has begun and events such as concerts with a cap of 100 people, gradually increasing to 1,000, 5,000 and then 50% percent capacity.¹⁰ Nonetheless, people in larger cities are relying more on telecommunications and avoiding public transport and crowded areas as much as possible.

Government stimulus: There have been three major stimulus packages designed to reinvigorate the weakening Japanese economy already in a deep recession. On 28 March Abe announced a ¥56 trillion yen (AUD \$776 bn) economic stimulus package. This was followed-up with an additional ¥108 trillion yen (AUD \$1.491 trillion) on 6 April¹¹ and an even larger stimulus package of ¥117 trillion (AUS \$1.65 trillion) on 27 May.¹² The total value of these packages represents 21.1% of Japanese GDP.¹³ These monies are designed to offer financial help to struggling companies, save jobs, provide additional health care assistance and support for local economies. Japan's debt ratio is now up to 56.5%, which is one of the highest in the world, and offers a grim outlook as the country attempts to repay outstanding debt for the foreseeable future.

Effects on Higher Education: COVID-19 has presented new challenges to the Higher Education sector in Japan. Universities delayed the beginning of the new year academic from 1 April until early May and all classes were taught online. The new mode of delivery has presented enormous challenges for teaching, and additional burdens on academic staff and students alike who are used to more traditional/conventional teaching methodologies. For students, the greatest burden has been the loss of part-time income. Students are eligible to receive a one-off ¥100,000 (AUD \$1,378) handout. Many universities are also offering their own financial support for students facing financial hardship. Notably overseas students, many of whom are struggling to survive without part-time jobs, are also eligible to receive the ¥100,000 handout and hardship funds.¹⁴

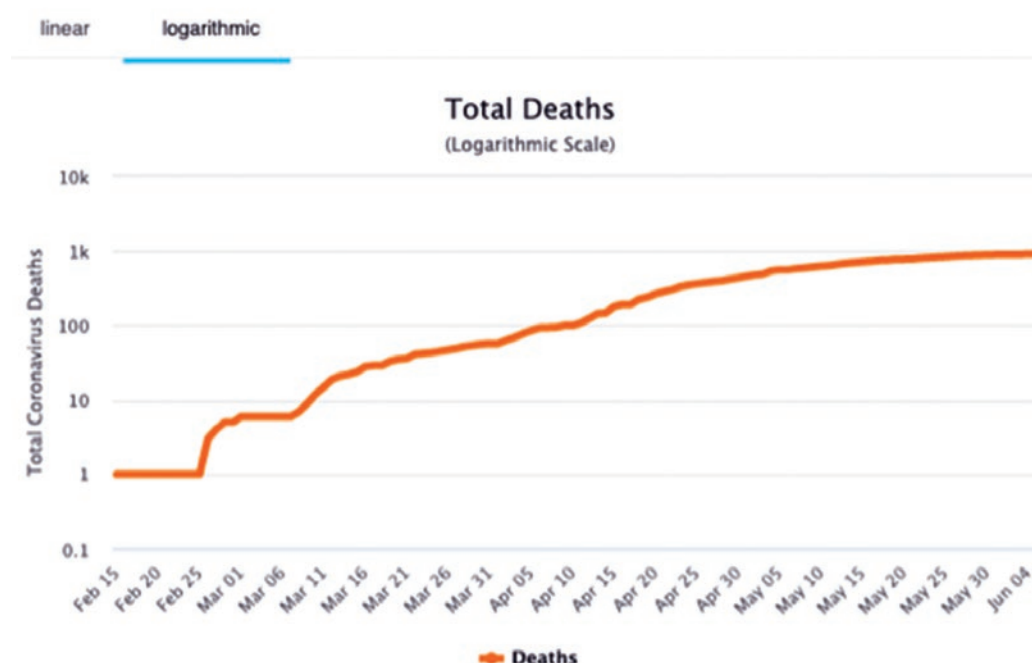
Assessment: After a slow start, Abe has taken steps to combat the virus and further support the economy through the State of Emergency laws and massive stimulus packages. Japan has an excellent healthcare system and has the most hospital beds per capita among OECD countries. Given that a large portion of the population is aged 75 or over however, the spread of COVID-19 could have a devastating impact. It is imperative that Abe continues to take action now to prevent a potential disaster from unfolding in Japan. A follow-up lockdown or partial lockdown of Tokyo and Osaka and associated tighter controls might yet be required in the near future.

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Figure 1: Total COVID-19 deaths in Japan (logarithmic)¹⁵



¹⁰ <https://www.japantimes.co.jp/news/2020/05/25/national/japan-lifts-state-of-emergency-coronavirus/#.XtTAIhMzbRY>

¹¹ <https://news.yahoo.co.jp/pickup/6356357>

¹² <https://www.bloomberg.com/news/articles/2020-05-27/japan-to-unveil-another-1-trillion-in-stimulus-document-shows>

¹³ <https://www.statista.com/statistics/1107572/covid-19-value-g20-stimulus-packages-share-gdp/>

¹⁴ <https://www.japantimes.co.jp/opinion/2020/04/30/editorials/extend-support-foreign-students-japan/#.XtTB-BMzbRY>

¹⁵ <https://www.worldometers.info/coronavirus/country/japan/>. Excellent graphs on the impact of COVID-19 on individual prefectures in Japan can be obtained from: <https://toyokeizai.net/sp/visual/tko/covid19/en.html>

MONGOLIA

PRO-ACTIVE MEASURES, AWARENESS CAMPAIGNS AND TRUST-BUILDING

ESTIMATED POPULATION (2020): 3.27 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	185
TOTAL RECOVERED	44
DEATHS	0

Introduction: Mongolia has achieved a considerable success in containing the global pandemic. As of 1 June, 2020, the total number of confirmed coronavirus infections in Mongolia had reached 185. Among them, 44 people have recovered while 141, including five children between the ages of 8 and 16, are undergoing treatment; others are under medical supervision.¹ All these cases have been imported, either by foreigners or Mongolian citizens who have returned home from abroad. There have been no reports of community transmission.

Decisive early actions: Soon after the initial cases of the coronavirus in China, the Mongolian government made addressing the pandemic an immediate priority. It quickly announced various preventive measures to control the outbreak. Following the World Health Organization (WHO)'s 22 January recommendation to Member States to consider containment measures, such as social distancing, the Mongolian Government put together the State Emergency Commission in support of the Ministry of Health. The Commission will coordinate Mongolia's preventive efforts, as well as strengthening the preparedness of its health systems to respond to the COVID-19 outbreak.

At a joint conference on 22 January with the WHO, the Ministry of Health warned people against unnecessary travel, and specifically not to travel to the region where the outbreak began. The Ministry also highlighted the risk of coronavirus transmission via the air and between humans.² The Health Ministry also informed the Ministries of Foreign Affairs, Environment and Tourism and Specialized Inspection Agency and the General Authority for Border Protection about the risk and precautionary measures it had put in place. The WHO Representative in Mongolia noted at the press conference that the WHO is working with the Health Ministry to take all the steps to prevent the spread of the deadly virus to Mongolia.

IMPLEMENTING PREVENTIVE MEASURES

Mongolia closed its border with China temporarily on 27 January, and subsequently with Russia. All international flights and passenger trains were suspended, as was vehicle traffic into the country. All educational institutions were shut down on the same day, and the closure has been further extended for the rest of the academic year. TV and Internet classes are now being conducted until June.

In February, the Government made a decision to cancel the national holiday *Tsagaan Sar*, the Mongolian lunar New Year, which helped restrict movement within the country and enforce self-isolation. The decision was broadly supported by the public. Popular winter events and festivals usually held in March were also cancelled.

The State Emergency Commission decided to close various businesses and public activities, including entertainment centres and cinemas, training centres, gyms as well as other sports and cultural activities, and restaurants were also subject to restricted trading.³

The use of face masks in the capital city Ulaanbaatar's public places is now mandatory, including in government offices, banks, buses, markets and shops, and it has been enforced. After facing a shortage of disposable masks, the government set standards for cotton masks, allowing seamstresses around the country to sew masks and supply them to pharmacies. The Government also undertook measures to procure essential protective supplies, examining health facilities, markets, and cleaning up the capital city.

First case of COVID-19 in Mongolia: The first confirmed case of COVID-19 in Mongolia was a French national who tested positive on 10 March after arriving in the capital Ulaanbaatar via a flight from Russia. Authorities quarantined the Dornogobi *aimag* (province) where he travelled on business and shut down all trains, cars, and public transport. Mongolia went into partial lockdown, shutting a range of shops. It involved decontamination of 9.2 million square meters, across 6,000 locations, and the decontamination of some places twice. Quick measures were taken to contain the man and the people he was in contact with, placing them under quarantine and medical observation.⁴

Awareness and screening campaign: The Ministry of Health also announced at the 22 January joint press conference with the WHO that they had begun screening people. The government also rolled out a massive public awareness programme about virus risk, transmission and precautionary measures. The Ministry of Health and the National Center for Communicable Diseases held daily press briefings on COVID-19 related issues and sent text messages to mobile users to remind the public of the importance of wearing face-masks, frequent hand washing, good hygiene, as well as observing social/physical distancing. The nationwide public campaign "Let's wear face masks" was run until 31 May.⁵

As of 24 March, Mongolia has been in a state of "heightened awareness", but unlike many states it has not been in a state of national emergency. By that date, 2,034 people were under quarantine, however the number is expected to increase as Mongolians return from other countries.⁶ Even with zero community transmission, Mongolia has not let down its guard. Although it needed no lockdown, it simulated a lockdown, conducting a drill involving 150,000 citizens and 3,500 officials on 7 May.⁷

1 Daily Covid-19 briefing by the Ministry of Health, 1 June, 2020.

2 <https://www.montsame.mn/en/read/213636>, accessed on 5/06/2020

3 Daily Covid-19 briefing by the Ministry of Health, March 28, 2020

4 Daily Covid-19 briefing by the Ministry of Health, 10 March, 2020

5 consul.mn. Press Release on the decisions taken by the State Emergency Commission. Consular Department of the Ministry of Foreign Affairs of Mongolia, 22 April, 2020

6 Bolor Lkhaajav, "Mongolia's Small-country strategy for containing Covid-19". *The Diplomat*. March 28, 2020

7 Indi Samarajiva, op cit

Orderly return: The Mongolian Government has taken measures to repatriate its citizens on limited charter flights from countries such as China, Germany, South Korea, Japan, Turkey, Russia and India.⁸ All returning citizens, including flight crews, upon arrival were immediately placed under mandatory quarantine for 14 days. This was further extended to 21 days at isolation centres, and all arrivals have had multiple coronavirus tests. They are also advised to self-isolate at home for an additional 14 days. These safety measures have enabled the government to manage imported cases and prevent local transmission.

Between 28 January and the end of May, the Mongolian Government repatriated 9,068 citizens from 30 countries, including 3,488 people by air and 5,580 people through border checkpoints. The Consular Department of the Ministry of Foreign Affairs reported that 10,583 Mongolian nationals stranded in countries across the world due to the pandemic border restrictions have expressed an interest in returning home. More recently the State Emergency Commission approved a schedule to bring back around 2,000 citizens in June by charter flights.⁹ Bringing Mongolians safely home has been a tremendous trust building exercise. Mongolians are assured the government cares about them. The President himself went into quarantine to display its importance in a public health communication exercise after returning from a visit to China.

Assessment: Given its very low population density of 2 people per km², one may think that the achievement of Mongolia, a country of 3.2 million people, in preventing community transmission is not so significant. However, Mongolia's capital Ulaanbaatar has an urban population of 1.5 million people (307 people per km²). That is quite enough for COVID-19 community transmission.¹⁰ Several factors make Mongolia vulnerable to the COVID-19 pandemic: a weak health care system; proximity to China; close ties to South Korea, which had one of the largest outbreaks outside of China, and which is also home to a significant number of Mongolian migrant workers.¹¹ Among the factors that have contributed to Mongolia's success are: early pro-active action, orderly implementation, intensity of awareness campaign and screening and testing as well as building public trust. Mongolia's early and pro-active response to the COVID-19 and effective preventive measures have helped control the outbreak. It offers valuable lessons for vulnerable communities and countries to cope with the immediate impacts of the ongoing pandemic.

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8 consul.mn. Briefing by the Consular Department of the Ministry of Foreign Affairs of Mongolia. 12 May, 2020

9 consul.mn. Briefing by the Consular Department of the Ministry of Foreign Affairs of Mongolia. 29 May, 2020

10 Indi Samarajiva, "COVID Underdogs: Mongolia, The best COVID-19 response in the world", 18 May, 2020 <https://medium.com/@indica/covid-underdogs-mongolia-3b0c162427c2>, accessed 5/06/2020. One of the worst hit cities of the world, Bergamo, has a similar population density (400 per km²). Yet it became Italy's Covid-19 epicentre.

11 Gendengarjaa Baigalmaa. Lessons from Mongolia's COVID-19 containment strategy. Stanford University Freeman Spogli Institute for International Studies. Blog/May 19, 2020.

REPUBLIC OF KOREA

TRACING, BUT NO LOCKDOWNS, YIELDS GOOD RESULTS

ESTIMATED POPULATION (2020): 51.269 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	11,503
TOTAL RECOVERED	10,422
DEATHS	271

Introduction: The Republic of Korea (ROK or South Korea) is an important and unique location for the development of effective responses to the COVID-19 pandemic, given its rigorous approach to virus testing and contact tracing to limit the spread of the disease. At this point ROK has been relatively successful in containing the virus without implementing mandatory, community-wide containment or lockdown measures. The lessons learned from the Middle East respiratory syndrome outbreak in 2015¹ has enabled the government to take action to improve infection prevention and control in a systematic and strategic way. From this experience, a Korean perspective on the coronavirus pandemic is emerging, and it contributes to developing a variety of policy responses both for and from governments around the world.

COVID-19 in South Korea: With a population of over 51 million people, South Korea was one of the early countries to be affected by the coronavirus outbreak after the first case was confirmed on 20 January 2020. At the early stage of the epidemic, the number of virus cases slowly increased for three to four weeks and then accelerated exponentially through a few clusters of COVID-19 infection in Daegu, the nation's fourth-largest city. After a one-month surge in cases, the number of patients dropped sharply; newly confirmed infections have steadily remained at under 50 per day nationwide since the end of March 2020. As of 30 May 2020, the total number of confirmed cases is 11,441 (including 269 deaths), of which 10,398 cases have been discharged from hospital or care facility/home isolation.²

According to data from the Korea Centers for Disease Control & Prevention, the main sources of virus transmission included the massive infection among congregation members of a large megachurch in Daegu with 46.5% (n = 5,212) of total confirmed cases. More than one-third of COVID-19 cases (34.0%, n = 3,810) stemmed from a range of clusters such as hospitals, residential care facilities, clubs, gyms, call centres and churches. Beside these, 10.8% (n = 1,214) of infection cases were related to those who contracted the virus overseas, while 8.7% (n = 970) were under further investigation to identify the route of disease transmission.

As of 23 May, 2020, the median age of infected patients was 43.5 years old, ranging from 27 days to 104 years old. The infection rate of coronavirus was the highest among people in their 20s with 27.8% of total confirmed cases, followed by patients in their 50s (17.8%), 40s (13.2%) and 60s (12.3%). By gender, women (58.6%, n = 6,555) have

had higher exposure than men (41.4%, n = 4,651) to infection with the virus while more deaths from the disease have occurred among male patients. The mortality rate of coronavirus in this nation is relatively low (2.37%, 266 deaths as of 23 May, 2020) with the highest rate among older people in their 80s (26.3%), followed by those people in their 70s.³

Tracing rather than locking down: It was through epidemiological investigations and quarantine of contacts that South Korea has been successful in containing the coronavirus transmission in a relatively short period. The government has taken decisive action to detect the virus by conducting large-scale diagnostic testing and aggressive contact tracing using technology, and other resources. More than 600 health screening stations, equipped to collect samples on site, were established and these operate not only to prevent health workers and those people being tested from contracting the virus, but also to increase people's access to a convenient, safe and fast testing service. Through actively operating this expansive testing system, the Korean government had tested more than 902,000 people as at 30 May, 2020, with a maximum testing capacity of approximately 20,000 people per day across the nation.⁴

Mass testing for the coronavirus has paved the way for the nation's intervention in detecting those people infected with the virus, and then tracing suspected contacts to limit its transmission in a rapid and transparent manner. This testing-based approach has also allowed the government to implement responsive policies concerning patient isolation and treatment, quarantine measures and other interventions, all without locking down entire cities or areas. Currently, strict social distancing measures put in place for about four months have been lifted to 'distancing in daily life', where restrictions are placed only on persons or places known to have been exposed to coronavirus.

Impacts of the COVID-19 outbreak: The outbreak of COVID-19 has already affected the whole nation and citizens' lives, however some impacts remain unknown or are poorly understood at this stage. It has created a diverse and complex range of new challenges and/or has amplified existing problems for individuals, families, communities and wider society. Mental health issues including widespread psychological and emotional distress have been aggravated, particularly during the peak of the outbreak. The spread of coronavirus has often triggered stigmatisation and victim-blaming of those people infected with the disease, and further led to a significant level of political conflict among different social and regional groups. Issues associated with human rights have also been at the forefront of political arguments, particularly over implementing social distancing and contact tracing measures during the period of the coronavirus outbreak.

Education has been greatly affected by the outbreak as schools and universities were closed for more than eight weeks, and the long-term consequences of this educational vacuum on students and their academic performance are not fully known at this point. The nation's economy has also suffered significantly throughout the COVID-19 outbreak. There has been insecurity of jobs and wages for many Korean workers across many industries as more than two million people

1 See for examples H.-J. Park & B. J. Lee (2016). 'The role of social work for foreign residents in an epidemic: The MERS crisis in the Republic of Korea', *Social Work in Public Health*, 31(7), 656-664, DOI:10.1080/19371918.2016.116035
 2 Ministry of Health and Welfare. (n.d.). Coronavirus Disease-19, Republic of Korea. Retrieved from <http://ncov.mohw.go.kr/en>
 3 Korea Centers for Disease Control & Prevention. (2020). *Weekly report on the COVID-19 situation in the Republic of Korea (As of May 23, 2020)*. Retrieved from <https://www.cdc.go.kr>
 4 Ministry of Health and Welfare. (n.d.). Coronavirus Disease-19, Republic of Korea. Retrieved from <http://ncov.mohw.go.kr/en>

remained unemployed between January and April 2020. The nation's hospitality and tourism industries were particularly hit hard by the spread of the disease due to travel bans and social distancing measures.

Assessment: At the end of May 2020, South Korea has not yet achieved complete containment of COVID-19 as subsequent relapses are still occurring across the nation. It seems to be too early to conclude which factors specifically have contributed to the nation's effective response to the coronavirus outbreak. By itself, South Korea's success does not bring the COVID-19 pandemic under control as coronavirus has swept across the world. In addition, recovery from the pandemic is another matter; having been able to deal with the virus well, does not guarantee a return to a 'pre-COVID-19' world. The substantial economic and social impacts deriving from the pandemic will test the nation's capacity to recover from the crisis and transform its new path in a 'post-COVID-19' world.

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TAIWAN

EARLY DETECTION AND RIGOROUS MONITORING FLATTEN THE CURVE

ESTIMATED POPULATION (2020): 23,591,920 (APRIL, 2020)¹

COVID-19 statistics at 1 June 2020

TOTAL CASES	443
TOTAL RECOVERED	427
DEATHS	7

Introduction: On 31 December, 2019, Taiwan was informed of mystery pneumonia cases in Wuhan, China. A response team was set up on 2 January, 2020 to respond to this mystery pneumonia epidemic. The operational structure of prevention and control of COVID-19 in Taiwan was briefly introduced as follows. On 20 January, 2020, level 3 of the Central Epidemic Command Center (CECC) was established to integrate the resources of the administration, the academic, medical, and private sectors to fight against the 2019 novel coronavirus (COVID-19). Dr. Jih-Haw Chou, the Director-General of the Taiwan Centers for Disease Control (Taiwan CDC) served as the commander.

On 23 January, level 2 of the CECC was established due to the fact that the first case of COVID-19 was confirmed in Taiwan on January 21, 2020. Dr. Shih-Chung Chen, the Minister of Health and Welfare served as the commander to coordinate and mobilize resources from a cross-ministry perspective, including the Ministries of Interior, Transportation, Foreign Affairs, Economics, Labor, Education, Environment, etc. as well as private stakeholders to fight against COVID-19. On 27 February, level 1 of the CECC was established as the global epidemic situation was getting worse. Dr. Shih-Chung Chen, the Minister of Health and Welfare was appointed by the Premier as the commander to coordinate and mobilize resources from across ministries and private stakeholders to fight against COVID-19.²

Regarding the related legislation in Taiwan, the Communicable Disease Control Act was stipulated in Taiwan to prevent and control infectious diseases. Furthermore, if any infectious diseases cause great impacts on national security, social economy and human health or impose a heavy burden on our healthcare system, the Enforcement Rules of Disaster Prevention and Protection Act can apply to the above-mentioned affairs and related matters. According to the Communicable Disease Control Act, Taiwan CDC classified COVID-19 as a Category 5 communicable disease on 15 January, to strengthen surveillance and containment of COVID-19. This was helpful in urging the public and medical facilities to pay attention to the disease and take necessary precautionary measures to decrease the risk of transmission. In addition, a Special Act for Prevention, Relief and Revitalization Measures for Severe Pneumonia with Novel Pathogens was adopted on 25 February, to respond to the coming crisis.

COVID-19 in Taiwan: The first COVID-19 case occurred on 21 January 2020, in the southern part of Taiwan. Because of the *Personal Data Protection Act* and to avoid public panic, Taiwan CDC does not provide detailed information of the place where this infected patient resided. On 7 June, 118 confirmed cases (which represented 26.64% of all cases) were in Taipei City (the capital), while New Taipei City had 91 confirmed cases (which represented 20.54%). Around 80% of Taiwanese cases were acquired overseas.³ Taiwan CECC began to implement relevant prevention strategies as soon as it was notified of the cases in China, including surveillance and laboratory diagnosis, border control, control of community transmission, medical system response and preparedness, stockpile and allocation of Personal Protective Equipment (PPE) and other medical supplies, as well as health education and disinformation management.⁴

According to information from Taiwan CDC, the standard diagnostic method is using nucleic acid tests, a molecular biology technique for testing. In order to have specimens tested quickly, they have improved their laboratory diagnosis capacities from 12 laboratories for 520 cases per day to nearly 50 laboratories for around 6,000 cases per day.⁵

Restrictions on movement: In regard to border control, Taiwan implemented onboard quarantine inspection of direct flights from Wuhan, China, and promoted related prevention measures among other travelers from 31 December, 2019 to 23 January, 2020. Since 7 February, arriving passengers from China, Hong Kong and Macao (including those transiting through these areas) have been required to fill out a "Novel Coronavirus Health Declaration and Home Quarantine Notice" and be under home quarantine for 14 days. Since 11 February, all arriving passengers have been required to fill out the novel coronavirus health declaration form. From 19 March, foreign nationals have been prohibited from entering Taiwan, and home quarantine measures have been expanded to include arriving passengers from all countries in response to global epidemic developments.

Monitoring: In collaboration with telecom companies, Taiwan has launched an electronic security monitoring system to identify the location of people in home quarantine or isolation by detecting mobile phone signals connecting to cell towers. If the system detects a person leaving a designated quarantine site, causing the phone signal to move away from the nearest cell tower, the person and the civil affairs bureau worker responsible for the person will receive a notification via SMS. The responsible worker and the police will check the person's location immediately. Violators not following the regulations will be fined or forcibly detained to prevent the possible spread of disease.⁶

Local governments have set up centers for COVID-19 consultation and support services, the measure of daily follow-up calls, as well as standard procedures for related services and assistance to people for transport arrangements, medical care arrangements and household services, including settlement planning for people without a residence, meal delivery, garbage collection and consultation.⁷ Due to the

1 Household Registration Statistics Data Analysis, Total population Both sexes in April, 2020, Department of Household Registration, Ministry of Interior, Taiwan <https://www.ris.gov.tw/app/en/2121?sn=1588909193101>

2 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

3 Taiwan CDC, 'Severe Pneumonia with Novel Pathogens, Indigenous and Imported Nationwide, Week 01/2020 – Week 24, 2020 [Date of Onset 2019/12/29 – 2020/06/13]', https://nidss.cdc.gov.tw/ch/NIDSS_DiseaseMap.aspx?dc=1&dt=5&disease=19CoV

4 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

5 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

6 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

7 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

increased number of individuals under home quarantine, the Tourism Bureau has implemented a subsidy plan for hotels which collaborated with the government to provide rooms for people subject to home quarantine. Each hotel offering rooms for those subject to home quarantine can receive a subsidy of USD \$33.5 per room per day from 1 April to 31 July.

Social distancing: Social distancing measures were announced on 1 April, 2020 to encourage the general public, in phases, to maintain social etiquette and observe social distancing and thereby reduce the risk of community transmission of COVID-19, which continues to spread across the globe. Other related guidelines and recommendations, including those for mass transportation, enterprises, large-scale public gatherings, large commercial sites, community management, and establishment and management of quarantine hotels, were also issued.⁸

Government stimulus: On 2 April, Taiwan's Executive Yuan (the Cabinet) announced a proposal to increase the COVID-19 relief budget from the original USD \$1.97 billion to USD \$34.6 billion. The budget will be spent on epidemic control, industry relief and economic stimulus. Specific measures include postponing tax and mortgages payments or paying them in installments; cash assistance to low- and middle-income households and vulnerable minorities, taxi drivers, plumbers, construction workers, corporate workers in tourism and service industries, and others deeply affected by the epidemic.⁹

On 2 June, Premier Su Tseng-chang and his Cabinet officials called a press conference to announce a "triple stimulus" voucher program that allows people to purchase NT\$3,000 (USD \$100) worth of vouchers for just NT\$1,000. By encouraging spending and stimulating the economy, the program will help Taiwan to turn crisis into opportunity and safely weather the coronavirus pandemic.¹⁰

Effects on Higher Education: In the wake of COVID-19, higher education institutions (HEIs) in Taiwan face many new challenges. COVID-19 threatens public health, but more than that, it threatens our use of public spaces—spaces such as classrooms and libraries. New restrictions on physical distancing, especially for indoor spaces, have presented unprecedented challenges to teaching and learning. Strict lockdowns at several cities and countries worldwide are putting a heavy strain on social relationships, mental health and the global economy.

Assessment: Taiwan's government learned from its 2003 SARS experience and established a public health response mechanism for enabling rapid actions for the next crisis. Well-trained and experienced teams of officials were quick to identify the crisis and mobilized emergency management structures to address the emerging outbreak. Taiwan made good use of its national health insurance database and integrated it with its immigration and customs database to begin the creation of big data for analytics; it generated real-time alerts during a clinical visit based on travel history and clinical symptoms to aid case identification. It also used new technology, including QR code scanning and online reporting of travel history and health symptoms to classify travelers' infection risks based on flight origin and travel history.¹¹

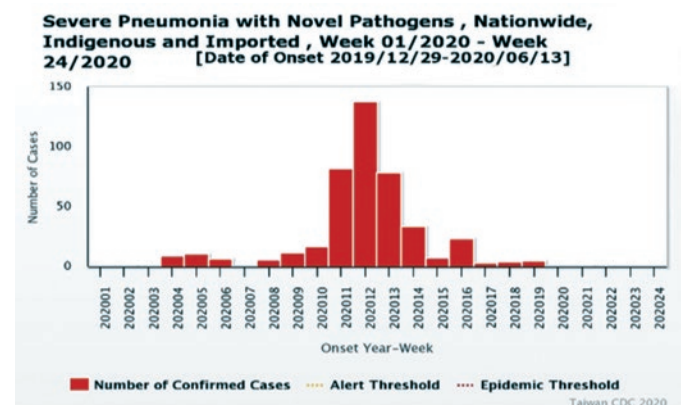
Through early recognition of the crisis, daily briefings to the public, and simple health messaging, the government was able to reassure the public by delivering timely, accurate, and transparent information regarding the evolving epidemic. Taiwan is an example of how a society can respond quickly to a crisis and protect the interests of its citizens. Strong coordination of health resources coupled with rigorous monitoring using technology have enabled Taiwan to successfully keep the spread of COVID-19 within limits. Taiwan has not only 'flattened the curve' of infections, by 7 June it had kept its confirmed cases below 450. Only 0.6% of the 73,359 tests that have been conducted so far have been positive, and there have been just seven deaths.¹²

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Figure 1⁴



8 Taiwan CDC, 'Prevention and Control of COVID-19 in Taiwan', https://www.cdc.gov.tw/En/Category/Page/0vq8rsAob_9HCi5GQ5jH1Q

9 The Executive Yuan's online newsroom, <https://english.ey.gov.tw/Page/5A898E83D438145A>.

10 The Executive Yuan's online newsroom, <https://english.ey.gov.tw/Page/61BF20C3E89B856/07dd64bc-5609-426c-bcb0-9aec3aabcab7>

11 C. Jason Wang, Chun Y. Ng & Robert H. Brook, 3 March, 2020. 'Response to COVID-19 in Taiwan: Big Data Analytics, New Technology, and Proactive Testing', <https://jamanetwork.com/journals/jama/fullarticle/2762689>

12 Taiwan Centers for Disease Control Website, Coronavirus (COVID-19) current situation and case numbers, 7 June, 2020, <https://www.cdc.gov.tw/>



SOUTH ASIA

BANGLADESH

INDECISIVE ACTION LEAVES VULNERABLE POPULATIONS AT RISK

ESTIMATED POPULATION (2020): 164.6 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	46,534
TOTAL RECOVERED	10,597
DEATHS	672

Introduction: On 7 June, Bangladesh recorded its highest official figure of COVID-19 deaths per day, with 2,743 new confirmed cases, after a week of easing lockdown.¹ The country now ranks among the top 20 affected countries with 65,769 confirmed cases within three months of the first detection.² Much of the damage so far may be attributed to the government's apparent lack of decisiveness on the crisis, and downplaying its severity. The non-pharmacological intervention was implemented in the form of a state-ordained 'general holiday', which was withdrawn in late May, much to the dismay of the health experts.

The government has also not been able to demonstrate coordinated and inclusive strategies, including bureaucratic dilly-dally on an indigenously devised test kit.³ The quandary of red-zoning and selective lockdown has only exposed a lack of preparedness and contingency plans to keep the economy and people's livelihoods afloat.

Owing to loss of earnings, impracticality of physical distancing in urban slums, looming job insecurity and rapid contagion of the virus, long-term adversity is expected to be far-reaching. The situation is likely to be exacerbated by a disordered healthcare sector, poverty, miseries of migrant workers, frailties of administration, gendered discrimination and imminent crisis in the world's most populous refugee camp.

Healthcare Sector: The health sector has been in a shambles because of decades of government underinvestment, resulting in low-quality service, paucity of equipment, (e.g. ventilators and intensive care beds) and high out-of-pocket expenditure.⁴ Making matters worse, most hospitals and clinics have opted for treatment refusal without a COVID-19 test certificate. Greatly hindering access to healthcare, especially for the poor, this is causing significant non-COVID deaths.

The severe lapse in testing has led experts to believe that existing cases in the capital city Dhaka may in fact be as high as 750,000 including those left undiagnosed.⁵ Researchers had come forward with a locally manufactured fast-testing kit that still remains in wait for validation from regulatory authorities a month after applying for approval.⁶

Poverty: After the imposition of a general holiday, earnings have plummeted of low income groups, leading to the emergence of the new poor – almost 36 million as estimated by recent studies.⁷ Individuals dwelling in urban slums or low-income settlement areas contribute both to the formal and informal economy of the country, but yet remain deprived of basic necessities such as healthcare, water and sanitation, often for problems as trivial as not having acquired a 'holding' number for identification. Coverage of the social safety net programs is rural centred and there are rising suspicions about the effectiveness of the initiatives.

The Government's USD \$8 billion stimulus package, about 2.5% of GDP, primarily focuses on export-oriented industries, leaving out the most vulnerable sections of society.⁸ Mass scale corruption is also causing significant leakages from the government's relief measures, depriving the vulnerable people.⁹

Migration and Remittance: On average over 400,000 workers migrate every year,¹⁰ contributing greatly to their families, communities and national economy. Bangladesh received around USD \$1.29 billion in remittances in March 2020, the lowest in the past 15 months. Both internal and external migrant workers of Bangladesh are encountering serious social, economic, political, as well as psychological adversities amidst the pandemic. As the destination countries have imposed shutdowns and travel bans, workers who returned to their home countries faced extreme uncertainty. The global economic downturn has placed their job security in peril, hampering future earning potential. Furthermore, they have fallen victim to stigmatisation as being 'virus carriers' and have often been the centre of paranoia for their communities.

1 Institute of Epidemiology, Disease Control and Research (IEDCR). Data retrieved on 07 June 2020

2 Ibid

3 The Dhaka Tribune – Gonoshasthaya: Delays in test kit approval process depriving people of treatment https://www.dhakatribune.com/health/coronavirus/2020/05/11/gonoshasthaya-delays-in-test-kit-approval-process-depriving-people-of-treatment?fbclid=IwAR2PL5hga7Iq-kfoPatlb-tC_1HAKGcYrllz27bvqdy-cTdk3lw6TC-e0c Accessed on 07 June 2020

4 The out-of-pocket health expenditure paid by individuals in Bangladesh is one of the highest (67 percent of the country's total health costs) whereas it's 18 percent in the Maldives, 25 percent in Bhutan, 47 percent in Nepal, 56 percent in Pakistan, and 62 percent in India. The Daily Star. People fork out most Govt report shows healthcare costliest in South Asia <https://www.thedailystar.net/backpage/people-fork-out-most-1465246>. Accessed on 07 June 2020

5 The Economist. Deadly Tide – Infections are rising fast in Bangladesh, India and Pakistan. <https://www.economist.com/asia/2020/06/06/infections-are-rising-fast-in-bangladesh-india-and-pakistan?fbclid=IwAR2aWH4IJS8IBeuC6jeslJLDnJuUZTwnT5Chi6ODI-LfSMXwF0y-wSxYQ>. Accessed on 07 June 2020

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Women: Women are one of the worst-hit groups due to the COVID-19 pandemic. Because of the patriarchal social structure women and children are currently experiencing an increased rate of physical, psychological, financial, legal, and virtual violence. In April in 27 of the 64 districts of Bangladesh, the rate of Violence Against Women (VAW) has increased at an alarming rate.¹¹ Homemakers and caregivers are experiencing more work pressure due to the constant presence of family members. Development practitioners report an escalation in child marriages due to mainly the financial uncertainties and closure of educational institutions.¹²

Ethnic minorities and Rohingya refugees: Emergency medical services are almost non-existent in remote tribal areas, suffering from shortages of trained medical personnel and equipment in the public hospitals. In addition to COVID-19, the simultaneous outbreak of measles has worsened the state of affairs. Moreover, the deteriorating food crisis rings bells of impending starvation in the hill districts.

Bangladesh hosts the Rohingya refugees in makeshift temporary camps in Cox's Bazar. With more than 187,530 households living per square kilometre,¹³ the highest in terms of population density around the globe, physical distancing is nothing short of a myth. Restrictions have been imposed on movement in and out of camps. Non-governmental organisations (NGOs) have curtailed their operations in the area, reducing employment opportunities for refugees. Furthermore, offences such as VAW and human trafficking have aggravated during these times.

Economic Fallout: Performance of real sectors in the Bangladesh economy had already been at risk in the pre-crisis period. Lagging in technology, the agriculture sector faces higher input prices. The lockdown has meant rotting of fresh agricultural produce, incurring a colossal loss to farmers. Growers of Boro rice, the country's largest cereal crop, are forced to sell their rice at a much lower price than the rate fixed by the government. The loss in the agriculture sector is estimated at as much as BDT 560 billion (USD \$ 6.5 bn).¹⁴ The manufacturing sector is virtually a one-sector industry tainted by low productivity, diminishing competitive advantage and a lack of product diversification. Due to global bans, the ready-made garments sector has incurred a loss of around BDT 380 billion (USD \$4.4 bn).¹⁵ The impact of the COVID-19 crisis on the country's exports is visible from the 2019-20 financial year figures, with a 13% decline in the July 2019 to April 2020 period.¹⁶

NGOs and MFIs: NGOs and Microfinance Institutions (MFIs) play significant roles in Bangladesh providing inclusive finance, helping marginalised and low-income people, developing the rural economy and building resilience among poverty-stricken groups during any national crisis. NGOs-MFIs activities, however, are not as visible during this pandemic. The severity of the outbreak seems to have taken them by surprise resulting in a lapse of response. Donor dependency for funding may also have contributed to the lack of response to the pandemic. Furthermore, despite regulatory authorities officially postponing loan repayments due to lockdown, microfinance borrowers in certain areas are being asked to complete the payment of their instalments.

Way forward: COVID-19 has emerged as the harbinger of change in social, economic and political structures. The failure in persuading citizens to follow state directives reveals the lack of a coordinated and inclusive strategy and implementation framework in dealing with the pandemic.¹⁷ It becomes critical to strike a balance between the relative significance of lives and livelihoods, harbouring the social solidarity whilst encouraging the norms of physical distancing.

Key starting points for reform include introducing furlough for employees, negotiations between governments regarding migrant workers, investment on nursing, medical technology and management, creating gender sensitive homes and workplaces, and ensuring participation of disadvantaged groups for better, well-informed strategies and policies.

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INDIA

A VIEW FROM NORTH-EAST INDIA

ESTIMATED POPULATION INDIA (2020): 1.38 BILLION

COVID-19 statistics in India at 1 June

TOTAL CASES	191,041
TOTAL RECOVERED	91,907
DEATHS	5,413

COVID-19 statistics in North-East India at 31 May

TOTAL CASES	1,222
TOTAL RECOVERED	357
DEATHS	5

Introduction: India has the largest number of COVID-19 cases in Asia, surpassing China and more recently Iran. Recent government statistics reported 176,978 COVID-19 cases in India with 5,164 deaths.¹ Despite the high number of cases, the case-fatality rate has been much lower in India (2.9%) when compared with the global average (6.36%).² India's initial response to the pandemic was assertive and confident, imposing one of the strictest lockdowns on 24 March 2020, when the number of confirmed cases was just 500. Oxford University gave India's lockdown the highest rating of 100, far higher than some Western states such as the USA and Australia.³ Despite its quick response, India has witnessed a rapid increase in the number of cases, mainly because of its large population and overcrowded slums and cities.⁴

India's federal system has a national government and 28 state governments, with eight union territories. There are thus several local constraints faced when attempting to respond effectively to such a pandemic and the situation cannot be characterised uniformly. As in other federal systems, state responses have largely determined the management of disease spread. For instance, Kerala was the first state to register a COVID-19 case in India and has been hailed for its prompt response with rapid testing, tracing, quarantine and clear communication.⁵ In comparison, Maharashtra has the highest number of cases in India, and Mumbai, its capital city, accounts for almost 30% of all COVID-19 cases in India. Reasons for this include high population density and overcrowding, which makes social distancing impossible.⁶ North-East India has been the best performing region, with disease incidence below the national average, however to date it has received very little attention.

COVID-19 in North-East India: North-East India is comprised of eight states: Arunachal Pradesh, Assam, Meghalaya, Manipur, Mizoram, Nagaland, Sikkim and Tripura. The region was first exposed to COVID-19 after an American tourist tested positive on 2 March 2020. The tourist came in contact with 400 people, all of whom were traced, quarantined

and tested. Five of the eight North-East Indian states were declared COVID-19 free in early May.⁷ There has however been a recent increase in the number of cases: on 1 May the total number of cases in North-Eastern Indian states was 61; on 3 May this had risen to 286;⁸ by 31 May it was 1,222.⁹



Table 1: Cases in North East India (31 May)

	ACTIVE	RECOVERED	FATALITIES
INDIA (TOTAL)	89,995	86,983	5,164
NORTHEAST INDIA	1222	357	5
ARUNACHAL PRADESH	3	1	0
ASSAM	1018	163	4
MEGHALAYA	14	12	1
MANIPUR	54	8	0
MIZORAM	0	1	0
NAGALAND	36	0	0
SIKKIM	1	0	0
TRIPURA	96	172	0

Government Response: North-East state governments responded proactively and sealed India's international borders with Bangladesh, Bhutan, China, Myanmar and Nepal in early March to prevent the spread of COVID-19. This included an immediate ban on all trade and the movement of any people across bordering countries. All inter-state travel within the North-East region, or from outside the region,

1 Government of India, 31 May 2020 <https://www.mygov.in/covid-19>

2 John Hopkins University and Medicine, Coronavirus Resource Centre, 'Mortality Analyses', 25 May 2020 <https://coronavirus.jhu.edu/data/mortality>

3 University of Oxford, 'Coronavirus Government Response Tracker', 27 May 2020 <https://www.bsg.ox.ac.uk/research/research-projects/coronavirus-government-response-tracker>

4 ABC News, 'India's coronavirus lockdown: The good, the bad and the ugly of Narendra Modi's COVID-19 measures', 16 May 2020, <https://www.abc.net.au/news/2020-05-17/living-under-indias-coronavirus-lockdown-good-bad-ugly/12241654>

5 The Guardian, 'How the Indian state of Kerala flattened the coronavirus curve', 21 April 2020 <https://www.theguardian.com/commentisfree/2020/apr/21/kerala-indian-state-flattened-coronavirus-curve>; see also the entry on Kerala in this volume.

6 Ibid 4

7 Deccan Chronicle, 'North East states lose corona-free tag as Covid-19 comes to haunt region', 26 May 2020 <https://www.deccanchronicle.com/nation/current-affairs/260520/North-East-loses-corona-free-tag-as-covid-19-comes-to-haunt-region.html>

8 The New Indian Express, 'Northeast states witness a spike in COVID-19 case', 17 May 2020 <https://www.newindianexpress.com/nation/2020/may/17/northeast-states-witness-a-spike-in-covid-19-cases-2144573.html>

9 Government of India, 31 May 2020 <https://www.mygov.in/covid-19>

was no longer permitted except for those repatriating.¹⁰ All states within India were further empowered under law when the National government revoked Section 2 of the Epidemic Diseases Act, 1897 on 11 March, a move that allowed state governments to take special measures and formulate regulations to contain the COVID-19 pandemic.¹¹ This was followed by a nation-wide lockdown. The National government further classified the country into three zones where relaxation of restrictions could be allowed accordingly: (i) Red zone—high number of active cases; (ii) Orange zone—fewer cases; and (iii) Green zone—no confirmed cases or new cases in the last 21 days. North-East India comprises 104 districts¹² across its eight states—to date no district has been classified as a red zone, six have been placed in the orange zone, and all others are in the green zone.¹³

Health system: India's health response to COVID-19 has been managed by the public health system. Apart from a few premier medical institutes in Assam and Manipur the North-East region has an underdeveloped public health infrastructure. Quality diagnostics is a persistent concern in smaller district towns, and many institutions lack necessary equipment for critical care such as ventilators. A shortage of skilled manpower further exacerbates the health risks from inadequate infrastructure; for example, there is a 66% shortage of trained nurses and one doctor for 1,800 patients in Assam.¹⁴ Arunachal Pradesh had no ICU facility until recently where the state's first ICU facility (four beds) was inaugurated as a response to fight COVID-19. Nagaland still does not have a testing centre.¹⁵ However, some special medical facilities have been organised for COVID-19 treatment; special isolation wards and testing facilities have opened in designated hospitals in Guwahati and Dibrugarh in Assam, Shillong in Meghalaya, Imphal in Manipur and Agartala in Tripura.¹⁶ Despite poor infrastructure, Assam with the highest COVID-19 cases in the North-East, recently surpassed Kerala in terms of the number of tests conducted.¹⁷

The North-East region is geographically isolated from rest of India and its mountainous topography¹⁸ makes access to health care facilities even more difficult. This inaccessibility seems to have contributed to containing the pandemic. Government officials believe that 'insulation from the outside world, less density of population', in addition to the strict adherence to the national lockdown rules has helped containment.¹⁹

COVID-19 and discrimination: North-East Indians have faced discrimination over many decades in India. They are often considered 'less Indian', or in some instances even a 'foreigner', in their own country. Due to their Asian physical appearance they are sometimes called 'Chinese' or 'Chinky', and they are now being held responsible for the spread of the COVID-19 virus. While the North-East region manages with the COVID-19 outbreak, many North-Eastern people across India, especially in metropolitan cities of Delhi and Bangalore, face racial discrimination. In India, discrimination operates at multiple levels, extending from the individual to the structural—individually mediated racism has been described as the 'tip of the iceberg' from where other forms of racism may be perpetuated by social organizations, or by institutions with built social processes that reinforce the racial hierarchy.²⁰ For instance, a majority of mainstream national media platforms have not covered North-East India's successful response to COVID-19—this information was available only through regional media sources accessible to the local population.

Assessment: As India grapples with an exponential increase in COVID-19 cases, overlapped by challenges of mass internal migrant mobility,²¹ and super cyclone 'Amphan' on its east coast,²² it brings to the fore the fragility of its systemic inefficiencies. North-East India however represents an interesting case of effective disease management. Despite limited resources and health infrastructure, the North-Eastern experience calls for a detailed analysis from which the entire Indian sub-continent can learn.

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16 Observer Research Foundation, 'COVID19: The state of health care facilities in India's North East', 31 March 2020, <https://www.orfonline.org/expert-speak/covid19-the-state-of-health-care-facilities-in-indias-North-East-63889/>

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20 Thongkhohal Haokip (2020): From 'Chinky' to 'Coronavirus': racism against Northeast Indians during the Covid-19 pandemic, *Asian Ethnicity*, DOI: 10.1080/14631369.2020.1763161

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INDIA

A VIEW FROM THE SOUTHWEST: KERALA'S 'BREAK THE CHAIN' CAMPAIGN

ESTIMATED POPULATION INDIA (2020): 1.38 BILLION

COVID-19 statistics in India at 1 June

TOTAL CASES	191,041
TOTAL RECOVERED	91,907
DEATHS	5,413

Kerala COVID-19 statistics at 1 June 1

TOTAL CASES	1,326
TOTAL RECOVERED	690
DEATHS	14

Introduction: The Southwestern Indian State of Kerala is one of India's smallest states with a population of 35 million, almost the same as the US state of California. Kerala is largely agricultural and has modest fiscal resources of its own.² Educated Keralans tend to migrate out of the state, if not abroad, to seek more lucrative employment.

Kerala has become "a model state", showing the rest of India and the world how to handle effectively a dreadful fast spreading pandemic with an inclusive and humane approach.³ Its Left Democratic Front (LDF) Government was among the first to introduce precautionary state-wide measures against the COVID-19 threat, despite central government discrimination that denied Kerala disaster relief funds on specious grounds, even though the state was reporting large numbers of coronavirus cases.⁴

Additionally, thousands of Keralan workers returned from the Middle-East after losing their jobs, placing pressures on social services. In the wake of the nationwide lockdown, thousands of Keralans working inter-state – almost 5% of the state's population – returned to the state, driving a surge in new infections.

Crucial early actions: On 22 January, Kerala started screening passengers in all four of its international airports.⁵ This was crucial given the high movements of people returning from working overseas, making the state more susceptible to virus transmission. The Kerala state health department also moved early to set up a task force for identifying possibly infected persons, and then for testing, mitigation, and treatment. On 26 January it set up a coordinating control room, four days before the first case in the state (and India) was detected and isolated when a medical student returned from Wuhan University.⁶

When there were just 15 confirmed cases across the state it ordered a lockdown, closed schools, banned large gatherings, and advised against

visiting places of worship. It got internet service providers to boost capacity, stepped up production of hand sanitizer and face masks, and set up a mental health help line. It also ensured that the supply of essential commodities, particularly food and medicines, was maintained, and that the vulnerable sections of society were protected, and had food delivered to school children reliant on free meals.⁷

'Break the Chain': From the experience of the *Nipah* virus epidemic of 2018,⁸ the Kerala government immediately realised that the only way to control transmission was to 'break the chain'. Within a day after the first infection was detected, the state settled on a WHO-recommended plan of contact tracing, isolation, and surveillance. Initially the plan relied on consulting patients, mapping their movements for contact tracing, and isolating anyone in the chain with symptoms.

Contact tracing and surveillance began using mobile data when it was found that a family of three, arriving on 27 February from Italy, had skipped voluntary screening for COVID-19 at the airport, and travelled 125 miles (200 km) to their home town. They all later tested COVID-19 positive, but were reluctant to reveal their movements, feeling embarrassed and fearing stigmatisation. By mining data from the family's mobile phones the task force was able to trace around 300 contacts since arriving back in their home town.⁹

The Chief Minister at his daily press briefings explained the rationale of containment measures and assured people that the government was with them. These actions assuaged the public's fears and built enormous trust in the state government. Thus, there was no resistance to 'Break the Chain'—people modified their behaviour by staying in or following precautionary measures. At the end of May there were 139,661 people under home quarantine.¹⁰

The 'Break the Chain' slogan also carries a far-reaching political message—that people's welfare and emancipation depends on various chains that lock them into oppression. This, too, helped galvanise public support for containment measures.

Social mobilisation: The state government invited religious leaders, local bodies and civil society organisations (CSOs) to participate in policy design and implementation, considering its specific socio-economic conditions, including urban slum environments. It refused to use 'social distancing' which has caste and class connotations, instead preferring 'physical distancing'. This carefully crafted political messaging emphasised the state's inclusive approach, people-centric development practises and active soliciting of social solidarity.

The state government mobilised more than 300,000 volunteers to help implement various measures, including delivering food, other essentials

1 <http://dhs.kerala.gov.in/wp-content/uploads/2020/06/Daily-Bulletin-HFWD-English-June-1.pdf>

2 Moreover, state governments in India have limited fiscal rights and resources.

3 <https://www.newframe.com/kerala-is-a-model-state-in-the-covid-19-fight/> (accessed on 1 June 2020) Sonia Faleiro, 'What the world can learn from Kerala', <https://www.technologyreview.com/2020/04/13/999313/kerala-fight-covid-19-india-coronavirus/> (accessed on 1 June 2020)

4 <https://www.businesstoday.in/current/economy-politics/kerala-small-share-in-disaster-relief-fund-is-not-centre-fault-here-is-why/story/400279.html> (accessed on 1 June 2020).

5 <https://bangaloremirror.indiatimes.com/news/india/coronavirus-scare-international-airports-in-kerala-commence-screening-of-passengers/articleshow/73546475.cms> (accessed on 1 June 2020)

6 There is also a close connection between Kerala and Wuhan, which has been a popular destination for Keralites as an educational hub with quality and affordable medical courses. Incidentally, the first three infected cases detected in India are students at a university in Wuhan.

7 Sonia Faleiro, op cit.

8 A brain-damaging virus. Like COVID-19 Nipah is thought to have originated in bats and later transferred to humans.

9 Sonia Faleiro, op cit.

10 <http://dhs.kerala.gov.in/wp-content/uploads/2020/06/Daily-Bulletin-HFWD-English-June-1.pdf>

and physical assistance to those under lockdown.¹¹ It also organised hundreds of community kitchens with the help of CSOs and local level leaders for free meals delivered to the doorsteps, thus protecting people's dignity.¹²

The state government also reached out to CSOs for the 'Break the Chain' awareness campaign, and to numerous micro-enterprises for producing sanitizer and face masks, as well as to disburse interest-free loans worth 200 billion rupees to needy families.¹³

Credible leadership: The Kerala government has set up 18 inter-departmental committees involving all branches of the government, which meet daily to evaluate the situation. The Chief Minister holds daily media briefings to provide updates on those quarantined, tested and hospitalised, protecting privacy to prevent stigmatisation of those infected.

Communication materials use different languages to educate all, including migrants. The LDF Government is thus providing credible leadership on the difficult issues involved, securing strong public participation for its mass campaign of containment.

State capabilities: Since the Kerala state's inception in 1956, successive left-leaning governments have built state capabilities and social solidarity in Kerala. For example, state governments invested heavily in the expansion of public healthcare and education. With almost 100 per cent literacy, Kerala tops Indian states in the Human Development Index (0.78) ranking. Kerala also has the highest accessibility of primary healthcare closest to home.

In 1996 when decentralised governance was adopted following the 73rd and 74th amendments to the Indian Constitution, Kerala, unlike other states, went beyond intent and operationalised people's participation in planning and decision-making regarding local development.¹⁴

These have played a significant role in successfully dealing with pandemics and natural disasters.¹⁵

Kerala's instructive COVID-19 fight: Some key features of Kerala's people centric response,¹⁶ with very limited fiscal resources, are:

- *All-of-government approach:* a range of relevant state government ministries and agencies design measures to improve consistency, coordination and communication, and to avoid confusion.
- *Whole-of-society approach:* wide community consultations, including experts, to find the most locally appropriate modes of limiting infections, along with means to monitor and enforce them.
- *Social mobilisation:* a cross-section of individuals, CSOs and professionals volunteer their services to implement pro-people containment and relief measures.
- *No one left behind:* ensure an adequate supply of essential commodities, particularly food and medicines, especially to protect the most vulnerable sections of society.
- *Transparency & effective communication:* provided essential epidemiological information to understand the threat and related issues, ensure compliance with prescribed precautionary measures, and avoid panic.

Conclusion: Kerala's approach has proven less disruptive, less costly and more effective than others in India. After recording its first COVID-19 case on January 30, its infection and death rates have been kept relatively low with significant efforts in tracing, testing and isolating, helped by social mobilisation and universal access to primary healthcare.

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14 https://www.huffingtonpost.in/entry/kerala-people-centric-health-system-coronavirus_in_5e875d55c5b6a9491835cb9e (accessed on 1 June 2020)

15 Kerala was hit by two devastating floods and the *Nipah* virus outbreak in 2018 and 2019.

16 <https://www.thehindu.com/opinion/lead/devising-a-people-centric-response-to-covid-19/article31176168.ece> (accessed on 1 June 2020)

NEPAL

NEW RESPONSE MECHANISMS AND INEFFECTIVE BORDER CLOSURE

ESTIMATED POPULATION (2020): 29.137 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	1,572
TOTAL RECOVERED	220
DEATHS	8

Introduction: The Federal Democratic Republic of Nepal is a developing landlocked country in South Asia bordered by India to the south, east and west and by China to the north. The 2015 Constitution of Nepal has introduced a three-tier (Federal, province, and local) governmental system. Each tier has the constitutional power to enact laws and mobilize its own resources. To combat the COVID-19 pandemic, Nepal has adopted a plan and program for effective response.

COVID-19 in Nepal: Nepal identified its first suspected case on 9 January and sent a blood sample to Hong Kong to be tested. The case was confirmed positive on 23 January. The number of positive cases has slowly increased since. The Nepali government has made several decisions about COVID-19 preparedness and response. On 21 January the border with China was closed, however the border with India—traditionally an open border—stayed open until 1 April.

On 1 March the government formed a high-level coordination committee on the prevention and control of COVID-19. On 31 March, the COVID-19 Crisis Management Centre High-Level Coordination Committee was created, and on 16 April, province level committees were created to coordinate the relief response.

The country went into complete 'lock-down' on 24 March under the Infectious Diseases Act (1964). On 8 May, the government approved the Health Sector Emergency Response Plan: COVID-19 Pandemic (2020). By the end of May over 107,000 people had been tested using Rapid Diagnostic Test (RDT). The Health Emergency Operation Centre (HEOC) reports a further 66,729 were tested using Reverse transcription polymerase chain reaction (RT-PCR).¹ There have been 1,401 positive tests, of which 92% were for men. A further 110,078 people were in quarantine; seven people have died (six men, one woman).

As Figure 1 suggests, COVID-19 cases are now present in most of Nepal's districts. While the number of cases varies, at the time of writing Provinces 2 and 5 have had the most cases (527 each).

Figure 1: COVID-19 Cases of Nepal (by district)



Half of those infected are under 40 years of age—32% of positive cases are between 21-30 years, and 20% of positive cases are between 31-40 years.

Specific measures to prevent infection: The government has also taken action based on its decisions about COVID-19 preparedness and response. On 3 February, it imposed quarantine for Nepali students repatriating from China; on 19 March new protocols were put in place for COVID-19 screening at points of entry; on 13 May, guidelines for COVID-19 case investigation and contact tracing team deployment were established; and on 15 May, interim guidelines were established for permitting private hospitals to test COVID-19 using RDT.

Border closure: Until now, the majority of COVID-19 cases have been in the districts along the Indo-Nepal boarder. Closing the border with India on 1 April was critical as the two countries share an open and porous border across which citizens travel freely for business and work. The government underestimated both the short- and the long-term impacts of border closure. Around 2.8 million Nepali migrant workers are in India. Though the Nepali government discussed² holding these workers in India with its Indian counterpart, this plan did not materialize. Despite the restrictions implemented by both governments, Nepal's closure of its 1,690 km-long border with India did not hold migrant workers for long.

The government's decision to lock down the country also came without sufficient time to prepare. Daily wage laborers in urban areas lost their jobs the day after the lockdown commenced on 10 March, and were trapped without food or money. Pushed to the limit after a couple of days of lockdown, both migrant workers and daily wage laborers started walking the long way home. Millions of migrant workers have lost their jobs and are returning home, which means more mouths to feed, further jeopardizing their families' lives and livelihoods. Left without a job or food, and stranded in a foreign land, they made their way to the border by some means, legal or not, to cross back into Nepal. By this time, COVID-19 had already spread in clusters in India and thus some migrants carried it back into Nepal. It is predicted that remittances will decline by 20%.³ In addition, Nepal has not been able to utilize the two months of lockdown to systematize a response and manage alternative livelihoods.

1 <https://heoc.mohp.gov.np/update-on-novel-corona-virus-covid-19/>

2 On 22 March, 2020, Nepal sealed the border of India and China. Effective April 1st, 2020, Nepal entered into cooperation with India to manage the stranded Nepalis at different border points amid the nationwide lockdown in both countries to fight COVID-19 pandemic http://www.xinhuanet.com/english/2020-04/02/c_138938970.htm,

3 National Accounts Statistic Release, 2019/2020, Central Bureau of Statistics.

Health preparedness and response: Nepal has no universal health coverage. It also missed the opportunity to maximize its public health capacities to uphold appropriate preparedness measures. There were controversies regarding the standards and transparency in the procurement of tools and equipment. The distribution of testing materials was delayed, and coordination among governments and hospitals was inadequate. Isolation wards at the provincial and local levels are sub-standard, and hospitals are under-equipped.⁴ These gaps lowered the degree of health preparedness and hindered the response mechanism. There is an opportunity to strengthen primary and community health systems, manage essential medicines and health commodities, adopt preventative health measures, and integrate surveillance mechanisms into general health systems.⁵

Social and economic response: Nepal's economic growth is expected to decline from the targeted 8.5% to just 2.27% this fiscal year.⁶ Significant reductions in the harvest of wheat and other winter crops are likely.⁷ Almost 89% of the households surveyed claimed that they had experienced a 77% drop in their average monthly incomes, from USD \$120/month prior to lockdown to USD \$27/month now. As a coping strategy, 48.3% of households reported that they had taken a loan, and 28.4% said that they had reduced their food consumption.⁸

As per the Cabinet decision of March 25, 2020, Nepal established a COVID-19 response fund,⁹ developed relief packages,¹⁰ and distributed relief to needy families through a 'one door' policy¹¹ designed to reduce the impact of COVID-19. However, there were several gaps: the selection of families was unfair, the procurement of relief was delayed, relief packages did not include cash, and relief materials were inadequate and substandard.¹²

The government has yet to develop a stimulus package for social and economic recovery. As the government has allocated NPR 90.69 billion for the health sector for the fiscal year (July-June 2020), 32% more money than the previous fiscal year, it should be able to address the COVID-19 impact on the socio-economic front.¹³ There is an opportunity to integrate all fragmented social protection schemes to strengthen socio-economic conditions, and a need to emphasize greater efforts, capacities, and resources to cope with the likely impacts of the COVID-19 pandemic.¹⁴

Coordination mechanisms: Creating new institutions instead of using the National Disaster Risk Reduction and Management Authority (NDRRMA)¹⁵ enhanced additional confusion. The Ministry of Health and

Population (MoHP) is more active than the Ministry of Home Affairs, whose district administrative offices have not been very active in response initiatives. There is an opportunity to strengthen coordination among the tiers of government by following protocols and guidance for effective preparedness and response. For example, some quarantine centers are so poorly run that they themselves are breeding grounds for COVID-19 transmission.

Assessment: The data reveals that the rate of infection is increasing. As of 30 May, 1,401 positive cases had been detected across 53 districts (69%). In its plan, the government announced it would test 2% of the population¹⁶ (580,000 people), which is itself a very low target, but even that will take a couple of months, and by that time, the outbreak may be out of control. The much ignored side is the impact on social and economic wellbeing. From one account, there are already 500,000 unemployed youths. This number will continue to increase as there is big influx of Nepalese migrant workers returning as the global economy has shrunk and many have lost their jobs.

Although Nepal had no prior experience dealing with a pandemic of this scale, its fight against COVID-19 has been successful in that the government is making decisions and taking action. The implementation of those decisions by mobilizing its existing as well as its surge capacity is however lacking clear direction. There is an urgent need to increase the number of people tested as its first priority, as well as to activate the NDRRMA for COVID-19 response and recovery, harmonize the HEOC and the national emergency operation center at all three tiers of government for effective coordination, commission a 'post-pandemic damage and needs assessment' unit to formulate plans and programs for the response and recovery phase, and develop a social security package for COVID-19-affected people to foster economic resilience.

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4 Gautam, Dhruva. Nepal's Readiness and Response to COVID-19: Key Initiatives, Emergency Challenges, and the Way Forward. National Disaster Risk Reduction Centre, Kathmandu, Nepal. Issue 2, 2020. <https://www.preventionweb.net/publications/view/71274>

5 Building Back Better: priorities for Ebola-affected countries. Dhillon and Yates, 2015

6 National Accounts Statistic Release of 2019/2020, Central Bureau of Statistics

7 Nepali Times, April 19, 2020

8 Building Back Better (BBB) from COVID-19: World Vision Policy Brief on Building Back Better from COVID-19. 2020.

NB: The report gives a figure of USD \$1,194 per month, however this is higher than the annual average GDP per capita, and is thus incorrect.

9 'Coronavirus Infection Prevention, Control and Treatment Fund'; worth NPR 500 million as seed money

10 Ready to eat food, rice, oil, salt, vegetables, etc.

11 One door policy is announced on 21 Jan 2020, and endorsed through Health Sector Emergency Response Plan – COVID-19 Pandemic, May 2020

12 Gautam, Dhruva. The COVID-19 Crisis in Nepal: Coping Crackdown Challenges. National Disaster Risk Reduction Centre, Kathmandu, Nepal. Issue 3, 2020. <https://www.alnap.org/help-library/the-covid-19-crisis-in-nepal-coping-crackdown-challenges>

13 Refer <https://tkpo.st/3cjgBrW>

14 <https://www.spotlightnepal.com/2020/05/08/fear-covid-19-overshadowing-climate-induced-disaster-risk-management/>

15 It was established in 17 October 2019 as a particular and dedicated institution for disaster preparedness and response.

16 Prime Minister address to the nation, May 25, 2020 "2% population of Nepal, around 600,000 people will be tested for the coronavirus". <https://english.onlinekhabar.com/nepal-pm-assures-to-test-2-population-for-coronavirus.html>



ASIA

ISSUES PAPER

RETURN OF THE MIGRANT LABORERS: NEPAL AT THE CROSSROADS

INTRODUCTION

Labor migration forms an integral part of Nepal's economy, and remittances contribute more than a quarter of the country's GDP. In 2017/18, Nepal had the fifth highest remittances-to-GDP ratio in the world. In the span of a decade, remittances from abroad have more than tripled, from \$2.54 billion to \$8.79 billion.¹ Such high rates of remittances have contributed to higher levels of education and healthcare at both the household and national levels, and have played a critical role in reducing Nepal's overall poverty rate. This has come as a boon to this historically unstable and disaster-prone country, where remittances have proven to be an essential lifeline and often represent a reliable source of income during a crisis.

According to the Nepal Migration Report 2020 published by the Ministry of Labour, Employment and Social Security, the Department of Foreign Employment has issued over four million labor permits to Nepali workers since 2009.² The government has officially approved 110 destination countries for labor migrants. The top five destinations are Qatar, the UAE, Saudi Arabia, Kuwait, and Malaysia, all states where oil wealth or labor shortages have created opportunities for foreign workers. Nepal's labour migrants send money and bring home acquired skills, but they have also increased their country's resilience. For example, when the 2015 earthquakes struck, foreign remittances quickly increased, cushioning families back home against the financial shock of the disaster. Foreign employment has played an instrumental role in keeping the Nepali economy afloat, but it was always questioned if it could be a sustainable option. Now that the global economy is in a shambles due to the COVID-19 pandemic, hundreds of thousands of Nepalis abroad are likely to lose their jobs and return home, consequently resulting in much reduced flows of remittances.

EFFECTS ON NEPAL'S LABOUR MIGRANTS

Hundreds of thousands of Nepali migrants who are currently working in the Middle East and East Asian countries have been affected by the COVID-19 crisis. These migrants, at other times held as heroes and rescuers of this fragile economy, suddenly find themselves in a precarious position. The government has barred all international flights, keeping job-seekers home and stranding migrant workers in their destination countries, even as work visas expire. On 24 March, the government's **High-Level Coordination Committee for Prevention and Control of COVID-19** called upon Nepalis abroad to remain safely where they were, and appealed to those host countries to protect their health and safety. More recently though, the government has said it is considering repatriating workers stranded in COVID-19 affected countries, weeks after tens of thousands of Nepalis abroad urged authorities to allow them to return home. According to the Minister for Foreign Affairs, who gets to return home in the first phase will be decided by a host of factors such as an individual's living conditions, job and visa status, the situation of their family back home, and how the outbreak pans out in Nepal in the days to come.³

One point worth mentioning here is that the global pandemic has forced the Nepali government to cancel *Visit Nepal 2020*, an ambitious campaign aimed at attracting two million foreign tourists in 2020 to Nepal. The *Visit Nepal 2020* campaign had been expected to inject investment and thousands of new jobs into Nepal; it was to be the flagship campaign that revived Nepal's battered economy, and would assist in fulfilling the government's goal of creating a 'Prosperous Nepal, Happy Nepalis'. However, due to the COVID-19 pandemic, Nepal is now faced with a very different and much harsher reality. Foreign tourists will no longer be arriving for the foreseeable future, at least not in the same volume as in the pre-COVID-19 period. Instead, Nepal stands to potentially see millions of now-unemployed nationals returning home from abroad.

The government now has the responsibility of managing the livelihoods of all these returnees and creating employment opportunities for them. In the budget presented on 28 May at the federal parliament, the Finance Minister unveiled a package of an overall annual budget of NRs 1.47 trillion for the fiscal year 2020/21, which is just a little less than the previous year's budget of NRs 1.53 trillion. This year the government seems to have rightly prioritized the health sector, for which the allocated budget is NRs 90.69 billion, an increase of NRs 68.78 billion on last year's figure. Similarly, around NRs 6 billion has been allocated to combat the COVID-19 pandemic. Under the program, the government will expand the scope of testing, increase quarantine facilities and manage health facilities, medicines and equipment. It also announced free health insurance and increased allowances to health workers involved in the treatment of the virus.

With respect to creating employment for Nepalis, and for the returnee labour migrants in particular, the government has announced a plan of establishing land banks in 300 localities, in collaboration with provincial and local level governments. This program would seek to utilize both available but currently unused land, as well as government-owned land. The land would be leased out to those who wish to do farming and cultivation, for the purpose of which NRs. 500 million has been allocated. Similarly, the government has targeted the creation of at least 200,000 jobs under the Prime Minister Employment Program.⁴

The real test, and the success of all these plans, will no doubt depend on proper implementation and their effectiveness, and building capacities to actually be able to deliver these plans in a just and equitable manner. The immediate concern, however, is of containing the spread of COVID-19 and treating infected people with care and professionalism. The choice may look hard but it does not have to be one between public health and livelihoods. Rather, it should be public health for livelihoods.

COVID-19 has yet again exposed Nepal to its vulnerabilities. Too much dependency on remittances has weakened the inner fabric of the Nepali economy and the society. It is now time for Nepal's policymakers to focus on increasing productivity within Nepal, thereby strengthening the supply chain and creating new livelihood opportunities.

1 <https://moless.gov.np/wp-content/uploads/2020/03/Migration-Report-2020-English.pdf>, p. 92

2 <https://moless.gov.np/wp-content/uploads/2020/03/Migration-Report-2020-English.pdf>, p. 3

3 <https://kathmandupost.com/national/2020/05/05/government-considers-bringing-back-nepali-migrant-workers-from-covid-19-affected-countries>

4 <https://mof.gov.np/en/archive-documents/budget-speech-17.html?lang=>

In this sense, Nepal is fortunate as returnee migrants have most likely acquired new skills and social capital as well. It is time now to create an enabling environment so that these skills and social capital can be used for the development of migrants' own communities. For now though, public health has to be the immediate focus, a sentiment succinctly expressed by the Mayor of Waling Municipality in Syangja District (250 km west of Kathmandu) who said, *"Let's keep growth for next year. For now let us protect our citizens"*.⁵

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5 As reported in Onlinekhabar of May 27, 2020 after news of new COVID-19 cases were reported in the municipality. Several migrants who came from New Delhi to Sunauli near the Nepal India border were rescued upon the initiative of the Mayor.

PAKISTAN

CONFUSED POLICY MEETS CONSPIRACY THEORY

ESTIMATED POPULATION (2020): 220.892 MILLION

COVID-19 statistics at 1 June 2020

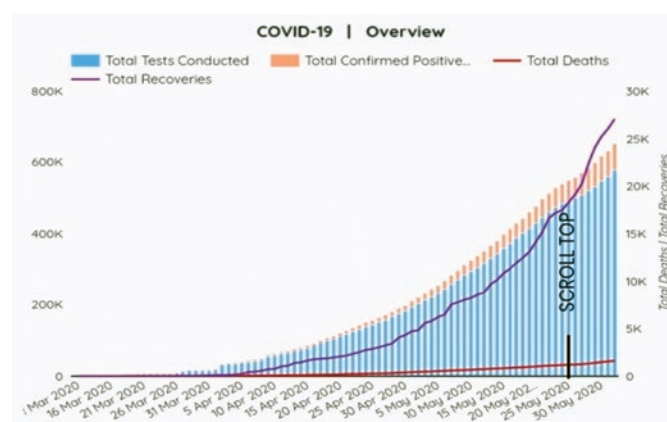
TOTAL CASES	72,460
TOTAL RECOVERED	26,083
DEATHS	1,543

Introduction: Pakistan makes up 2.83% of the world's population and is the 33rd largest country by area. Pakistan is facing serious challenges of militancy and extremism at home and the consequent war on terror has cost the country nearly USD \$120 billion and over 60,000 human lives. The country is already facing serious economic crisis; devaluation, inflation and a low growth rate, and is borrowing loans from international donors. Pakistan's external debt is USD \$ 109,949 million.¹ The health sector is also facing serious challenges as the government has paid less heed to development in the health sector. With meagre spending of only 2% of GDP on health, Pakistan has only around 4,000 ventilators, of which 2,200 are located in public sector hospitals. During the last two days, more than 150 people were put on ventilators across the country.

COVID-19 in Pakistan: Pakistan, despite its close proximity with China on the northern border, remained COVID-19-free until 26 February 2020. The first case was reported when a young man from Karachi was tested positive after returning from Iran, and the first death was reported when Mr. Saadat Khan from Mardan in Khyber Pakhtunkhwa (formerly Northwest Frontier Province), returned from Saudi Arabia and died on 9 March, 2020. Saadat Khan's village was sealed and the first partial lockdown was imposed. Since Khan's death, the disease has spread spreading in Pakistan. According to government sources, at the start of June there were: 26,240 COVID-19 cases in Punjab; 29,647 in Sindh; 10,027 in Khyber Pakhtunkhwa; 4,393 in Balochistan; 711 in Gilgit-Baltistan; 2,589 in Islamabad; and 261 in Azad Jammu and Kashmir. There were 44,834 active cases, and the total number of tests completed was 561,136.²

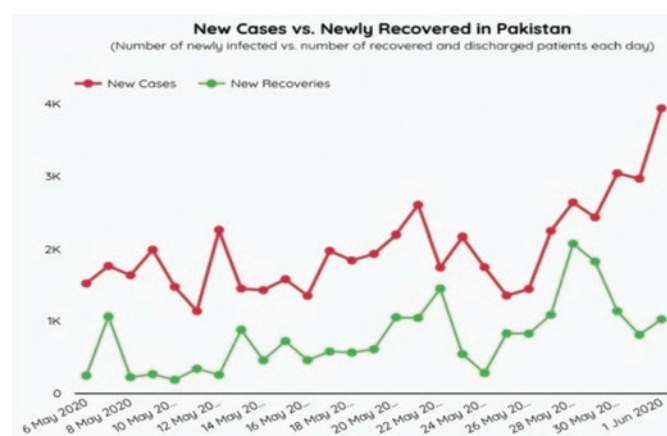
Pakistan is experiencing an increase in the number of COVID-19 cases mounting to 72,460 with a daily increase of about 3,000 in June. Though, Pakistan has made progress in terms of its testing ability (Figure 1), however, the number of cases is also increasing rapidly and the gap between the recovered and new cases is increasing sharply (Figure 2). The number of deaths has also increased sharply.

Figure 1: Total COVID-19 tests (March to May)



Source: Government of Pakistan, <http://covid.gov.pk/stats/pakistan>

Figure 2: New Cases v Newly Recovered Cases in Pakistan (to 1 June)



Source: Government of Pakistan, <http://covid.gov.pk/stats/pakistan>

Restrictions on movement: Sensing the gravity of situation, the provincial governments took the initiative to lock down. From 24 March, Punjab, Sindh and Balochistan observed lockdown until 6-7 April, while Azad Kashmir went a little longer until 13 April. On 25 March, the government banned inter-district and inter-province public transport and also imposed restrictions on intercity transport and public gatherings in the capital territory of Islamabad. Moreover, all national and domestic flights were cancelled. However, the markets, grocers, fruit shops etc were allowed to remain open until 4.00pm. The government was in favor of a partial lockdown which was to be observed five days a week, and a complete lockdown on Saturday and Sunday, however, the Supreme Court of Pakistan set aside the government's partial lockdown decision on 18 May, 2020, saying that, "the country should not be made all together dysfunctional because of the coronavirus". The one week of Eid holidays and the travel of workers to their hometowns will have repercussions, and it may contribute to an increase in the number of COVID-19 patients in rural areas.

Social distancing: Social, political, economic and cultural constraints have always hampered Pakistan's ability to cope with infectious diseases. Religious beliefs, cultural and community limitations and

¹ <https://tradingeconomics.com/pakistan/external-debt#:~:text=External%20Debt%20in%20Pakistan%20averaged,the%20third%20quarter%20of%202004.>

² Government of Pakistan, <http://covid.gov.pk/stats/pakistan>

economic fragility have made Pakistan struggle to deal with COVID-19. Fearing a backlash from the clergymen, the government has not adopted any hard measure such as closing the mosques or cancelling religious festivals. Only congregational prayers on Fridays were restrained, and only in the major cities of the country while the rural areas did not follow any such restrictions. Moreover, just before Eid, the lockdown was lifted and prayers were held in the mosques. In the rural areas, people do not accept the severity of the situation. They consider the pandemic as propaganda of the West and hence do not follow the lockdowns or instructions provided by the government.

Government stimulus: The government of Pakistan has announced a Rs 1.13 trillion³ (USD \$6.8 billion) rescue and stimulus package, including partial funding by the Asian Development Bank and World Bank. An amount of Rs. 50 billion has been set aside to purchase medical equipment. According to official sources, Pakistan's testing capacity has also been enhanced from 30,000 to 280,000 and had reached 561,136 by June 2020. Payment of utility bills has been deferred for three months, and a sum of Rs. 50 billion has been earmarked for government-run utility stores to ensure the constant availability of food and other necessities. To ensure cash flows and to smooth wheat procurement, an amount of Rs. 280 billion has been allocated. The National Disaster Management Authority (NDMA), under the federal authority is also granted some amount to provide logistical support. The government has enhanced its monthly stipend to the five million families under the Benazir Income support program from Rs. 2,000 to Rs. 3,000, and has also announced a basic income scheme to provide an emergency cash transfer of Rs 12,000 to deserving poor families.

To support Small and Medium-sized Enterprises, a separate package of Rs. 100 billion has been announced.⁴ To promote public knowledge and awareness about COVID-19, the government has, in collaboration with the telecommunication industry, sent COVID-19 awareness messages and ringtones to mobile users. Asad Umar, Minister for Planning, Development and Reforms, feared that around 18 million people could lose their jobs in the country due to the ongoing lockdown imposed to prevent the spread COVID-19.⁵ On 16 April, the IMF under its **Rapid Financing Instrument (RFI) scheme** approved a loan of US\$1.4 billion for Pakistan.⁶

Effects on Higher Education: Higher education in Pakistan faced a serious setback in the aftermath of COVID-19 outbreak. On 12 March, all the education institutions were closed. Private sector institutions are facing difficulty in terms of collection of fees and payment of salaries, and the same is the case with public sector universities, which are unable to remain financially stable and meet their financial requirements. While campuses are devoid of students, institutional costs are mounting. Universities around the world are under immense pressure to refund student fees and to continue to pay faculty and staff. In Khyber Pakhtunkhwa, some of the oldest universities like the University of Peshawar and Islamia College Peshawar were facing serious financial problems and had to take grants from provincial governments to meet their financial needs. In Pakistan, almost all education institutions follow the traditional teaching and learning system. During the lockdown, these institutions were asked to turn to online teaching and learning system through Learning Management System (LMS) which presented serious challenges as most of the students belong to areas with almost no internet facility. According to Gallup Pakistan Survey, 84% of the students did not like attending classes online. Over seven out of 10 students did not support the continuation of online education.⁷

The universities are also concerned about new admissions and the renewal of registration as the renewal from enrolments has dried up. The expensive network and licensing of software like zoom, MS team etc. is making students defer admissions. This will have severe financial repercussions for education institutions in Pakistan.

Assessment: A majority of Pakistan's population still denies the existence of COVID-19, viewing it as propaganda, or a strategy of the West against Muslims. As such, the government policy of social distancing and lockdown is being avoided in mosques and also in religious gatherings. In the rural areas the situation is more severe. Policy makers have also been inconsistent as to the nature of the lockdown. They have not adopted any strict policy to ensure social distancing or ban public movement. The government is pursuing a policy of partial lockdown, which so far has not been fruitful. On 1 June, 2020, the government lifted the weekday lockdown, although it will still be observed on Saturday and Sunday. This uncertainty in the behaviour of policy makers has exacerbated the response of the population towards COVID-19.

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3 The Pakistani rupee is abbreviated as PKR or more commonly 'Rs'. At the time of writing Rs165 = US\$ 1.

4 Hina Sheikh, COVID-19: Pakistan's preparations and response, <https://www.theigc.org/blog/covid-19-pakistans-preparations-and-response/>

5 Lockdown may render 18 million jobless in Pakistan, says Asad Umar. The Express Tribune. June 3, 2020. <https://tribune.com.pk/story/2213164/1-pakistans-virus-fatality-rate-much-lower-countries-asad-umar/>

6 Irfan Mehr, Pakistan Covid-19: Rhetoric and Reality. *South Asia Journal*. <http://southasiajournal.net/pakistan-covid-19-rhetoric-and-reality/>

7 Ahmed Umer Sohaib. Online classes: What Survey Says?. *Daily Times*. 3 June, 2020.

SRI LANKA

MILITARISTIC ENFORCEMENT AND ITS EFFECTS ON DISABILITY

SRI LANKA: POPULATION (2020): 21.413 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	1,633
TOTAL RECOVERED	801
DEATHS	11

Introduction: The COVID-19 outbreak hit Sri Lanka six months prior to the official end of the Government's elected term.¹ National Parliament had been dissolved on 3 March 2020 and elections called for 25 April 2020. Sri Lanka's response to COVID-19 is thus entangled with an imminent constitutional crisis as President Gotabaya Rajapaksa has responded to the public health emergency without Parliamentary oversight.² The President imposed an island-wide curfew on 20 March under the Quarantine Ordinance,³ and those caught violating the curfew were arrested.⁴ The curfew was extended on the pretext of containing the spread of the virus, and the planned national parliamentary election of 25 April 2020 was not held within the constitutionally stipulated period of three months of the dissolution of Parliament.⁵ The President has stated that the public health crises caused by the COVID-19 pandemic is unforeseen within the constitution, and that there is no other option but to hold the election as soon as possible. A new date of 20 June 2020 has now been set, which meets the constitutional requirements,⁶ but the management of COVID-19 in Sri Lanka has been a 'doubling of the chaos' through mixing the public health crisis with a constitutional crisis. One effect has been to undermine the political rights of marginalized communities, specifically, persons with disabilities and those living with chronic health conditions and illness.⁷

Militaristic management: The President has approached the COVID-19 pandemic through a majoritarian and militaristic approach, unchecked by political process due to the absence of a functioning Parliament.⁸ Revelations of the ethnicity and religious backgrounds of the majority of persons infected by the virus has aggravated existing racial tensions, increasing the political presence of Islamophobia against the Muslim minority Sri Lankan community that has been rampant across the country since the Easter Sunday Bombings in 2019.⁹ Muslim communities have been actively denied the right to bury, in accordance with their beliefs, those within their communities who have died from COVID-19. Additionally, the local Sri Lankan Muslim community has been openly criticized for its requests to revise the Ministry of Health Guidelines to cremate all bodies.¹⁰ Simultaneously, the President has issued a number of presidential pardons during these periods, including for a prisoner responsible for a massacre of Tamil civilians, heightening long standing ethnic tensions.¹¹ These presidential executive actions during the pandemic have exacerbated the vulnerabilities of ethnic minorities to broader communal violence.

Furthermore, rather than providing support to civilian administration services, the Sri Lanka military is gradually taking over civil administration.¹² Despite minimal protective gear the armed forces have been deployed to track and apprehend individuals testing positive to COVID-19, which has led to a wave of infections within the Sri Lanka Navy.¹³ The militarized national response ignores the necessity for implementing stringent public health protective strategies and reaffirms the marginalization of persons with disabilities as it places them at greater risk of susceptibility to the virus.¹⁴ These actions depict an ableist approach to the handling of the public health measures.

Access to essential services: Since 20 March a curfew has been in place for districts defined as high-risk, while the other districts have been allowed several hours per day to access essential services.¹⁵ The curfew

- 1 Parliament of Sri Lanka, 'Parliament Dissolved' (02.03.2020) <<https://www.parliament.lk/en/news-en/view/1851?category=6>>; Aljazeera, 'Sri Lankan parliament dissolved; elections set for April' (03.03.2020) <<https://www.aljazeera.com/news/2020/03/sri-lankan-parliament-dissolved-elections-set-april-20030219385815.html>>; Shashika Bandara, 'A brief guide to the coronavirus pandemic, its implications and what you can do to help' (18.03.2020) <<https://groundviews.org/2020/03/18/a-brief-guide-to-coronavirus-pandemic-its-implications-and-what-you-can-do-to-help/>>.
- 2 Harim Peris, 'Nominations close and elections postponed amid Covid-19' (24.03.2020) <<https://groundviews.org/2020/03/24/nominations-close-and-elections-postponed-amid-covid-19/>>.
- 3 While the legality of these regulations was questioned, the Magistrate Court of Gampaha upheld them this week in the case B1108/20 (11.05.2020).
- 4 Nancy Chuang, 'Here in Sri Lanka 22000 have been arrested for breaking curfew and police are rewarded for their vigilance' (15.04.2020) <<https://www.telegraph.co.uk/travel/destinations/asia/sri-lanka/articles/a-postcard-from-sri-lanka/>>.
- 5 Therefore, the continuing validity of the Presidential proclamation was challenged before the Supreme Court, Himal Kotelawala, 'Holding elections after June 2 prima facie unconstitutional: expert' <<https://economynext.com/holding-elections-after-june-2-prima-facie-unconstitutional-expert-69657/>>.
- 6 Economynext, 'President says no desire to reconvene previous parliament under any circumstance' (21.04.2020) <<https://economynext.com/president-says-no-desire-to-reconvene-previous-parliament-under-any-circumstance-67356/>>. The Election Commission has set the date for the parliamentary elections to be held on 20th June, 2020. However, a fundamental rights petition has been filed with the Supreme Court arguing that holding such an early election is a violation of voters' rights, Asian Tribune, 'Fundamental Rights petition contests Holding of June 20 Parliamentary Polls' (02.05.2020) <<http://www.asiantribune.com/node/93939>>.
- 7 Health Promotion Bureau, 'COVID19' (2020) <https://www.hpb.health.gov.lk/en/covid-19>.
- 8 Jayadeva Uyangoda, 'A constitutional solution to the impending constitutional crisis' (30.04.2020) <<https://groundviews.org/2020/04/30/a-constitutional-solution-to-the-impending-constitutional-crisis/>>; Meenakshi Ganguly, 'Sri Lanka Uses Pandemic to Curtail Free Expression' (03.04.2020) <<https://www.hrw.org/news/2020/04/03/sri-lanka-uses-pandemic-curtail-free-expression>>.
- 9 Thisaranee Gunasekara, 'The President in the Pandemic' (05.04.2020) <<https://groundviews.org/2020/04/05/the-president-in-the-pandemic/>>.
- 10 Nida Admani, 'The Rights of Minorities under Extraordinary Circumstances' (11.04.2020) <<https://groundviews.org/2020/04/11/the-rights-of-minorities-under-extraordinary-circumstances/>>; Ermiza Tegal and others, 'Dignity in death, as in life: For everyone including Muslims' (11.04.2020) <<https://groundviews.org/2020/04/11/dignity-in-death-as-in-life-for-everyone-including-muslims/>>.
- 11 Ambika Satkunanathan, 'Justice in the Time of a Pandemic' (29.03.2020) <<https://groundviews.org/2020/03/29/justice-in-the-time-of-a-pandemic/>>; Groundviews, 'Pardoning Sunil – A Response' (30.03.2020) <<https://groundviews.org/2020/03/30/pardoning-sunil-a-response/>>.
- 12 Jayadeva Uyangoda (n 8).
- 13 Economynext, 'Sri Lanka scrambles after Navy Coronavirus cluster than fanned out in curfew, Covid-19 count 619' (29.04.2020) <<https://economynext.com/sri-lanka-scrambles-after-navy-coronavirus-cluster-than-fanned-out-in-curfew-covid-19-count-619-68940/>>.
- 14 In a short interview, Ms. Nisha Shariff noted the difficulties of reaching the government officials to obtain assistance. She also spoke of how the community leaders and district level organizations of persons with disabilities are attempting to help each other during this period, highlighting the resilience and solidarity of their community.
- 15 Mahadiya Hamza, 'As Coronavirus curfew lifts Sri Lanka retailers to restrict entry, limit panic buying' (22.03.2020) <<https://economynext.com/as-coronavirus-curfew-lifts-sri-lanka-retailers-to-restrict-entry-limit-panic-buying-61089/>>.

and the resulting limitations on freedom of movement have compelled people to rely on delivery of essential services within their homes.¹⁶ However, the country's online infrastructure to maintain access to food, pharmaceutical and medical care alongside banking and finance was overwhelmed by the sudden skyrocketing of public demand.¹⁷ Regional disparities are significant in both online and essential service infrastructure. Inaccessible built environments in addition to extensive travel restrictions impede mobility to communal and village-based resources for many persons with disability living in rural areas.¹⁸ In this context, women with disabilities face further difficulties in obtaining the provisions necessary to protect their sanitation needs and menstrual hygiene.¹⁹

Access to medicine through online orders and long wait lists during the curfew has also aggravated consequences for persons with disabilities who require prescribed medicine and pharmaceutical products.²⁰ These particular and unique needs have not received government attention to date. Persons with disabilities have to either place themselves at risk of contracting the virus through attending external medical appointments, or somehow endure without these necessary interventions, often resulting in secondary health effects.

Short curfew windows have resulted in extreme congestion in accessing supermarkets, general markets and pharmacies, making persons with disabilities more susceptible to transmission as there are restricted levels of mobility.²¹ Unlike in other countries where dedicated hours are provided to highly vulnerable populations, Sri Lanka has not implemented any specific mechanisms to enable readily available access to essential services to guard against community transmission. The government's latest initiative—allowing persons to go out on different days of the week based on the last digit of their National Identity Card Number—overlooks the fact that the majority of persons with disabilities require mobility assistance and support due to the inaccessible infrastructure and built environment.²² Persons with disabilities have not been able to access these services, and as a result have had to rely on their friends and families for the purchasing of essential goods, products and services.²³

Inability to engage in work: While restrictions on movement to prevent community transmission of COVID-19 has generally affected employment, self-employed persons with disabilities are among the most vulnerable. At the same time the racialization of the public discourse in community transmission, spurred on by majoritarian politics, has led to intersections of disadvantage where gender and

ethnic identity intersect with disability. There are now heightened threats inherent in resuming work within this restricted framework. Even after the curfew is lifted, businesses are unable to function for long hours for safety reasons.²⁴ Persons with disabilities also face restrictions in engaging in their work in a context where transportation means are limited.²⁵

Receipt of aid packages : The government has promised a single cash payment of SLR 5000 (USD \$25) for persons who are earning a low income affected by COVID-19.²⁶ Persons with disabilities are included if they register for the payment, however, this payment is the same as the current disability income payment, and provides no additional assistance. Nor does the coverage of income loss for persons with disability exceed their government monthly disability support payment.²⁷ Lastly, due to disruptions in public administration, and the associated mobility issues that arise, registering and receiving such a payment is in itself inaccessible.

Access to education and information: With the COVID19 outbreak, as elsewhere, education has transferred to online platforms wherever possible. Online distribution of information has also become even more significant, in a context of stringent state policing of mainstream media. However, these developments create inequalities due to language and digital inequalities, including inaccessible online formats alongside the unequal distribution and access to internet facilities and technology.²⁸ Persons with disabilities who are in poverty and/or are reliant on alternative accessible formats, have extremely limited access to information, much of which is necessary to ensure that they remain protected from potential communal transmission of the virus, alongside up-to-date information in relation to the parliamentary mandated curfew. Persons with disabilities trying to maintain their health, wellbeing and livelihoods remain particularly vulnerable to potential arrest due to the militarized COVID-19 state responses in Sri Lanka.

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16 While the government initially arranged for ad hoc delivery of food and gas through lorries, accessing these was a challenge for persons with disabilities.

17 Nirmal De Silva, 'The 10 new realities and opportunities in Sri Lanka as a result of COVID-19' (17.04.2020) <<http://www.ft.lk/columns/The-10-new-realities-and-opportunities-in-Sri-Lanka-as-a-result-of-COVID-19/4-698912>>; Daily Mirror Online, 'Coronavirus adds huge flywheel to Lankan Banks' digitization drive' (12.05.2020) <<http://www.dailymirror.lk/business-news/Coronavirus-adds-huge-flywheel-to-Lankan-banks-digitisation-drive/273-188140>>.

18 Based on a short interview with Shanthi (pseudonym).

19 Dilrukshi Handunetti, 'Fighting COVID-19 with a precious resource: Q&A with Kusum Atukorala, Sr Lanka's Woman in Water' (28.04.2020) <<https://news.mongabay.com/2020/04/fighting-covid-19-with-a-precious-resource-qa-with-kusum-athukorala-sri-lankas-woman-in-water/>>.

20 Renushi Ubeyratne, 'Surviving COVID-19: Lankans share their stories' (03.04.2020) <<http://www.pulse.lk/everythingelse/surviving-covid-19-lankans-share-their-stories/>>.

21 'Pictures: Supermarket, ATM queues following the lifting of curfew (23.03.2020) <<http://www.themorning.lk/pictures-supermarket-atm-queues-following-the-lifting-of-curfew/>>; 'The queuing calamities' (28.03.2020) <http://www.life.lk/article/latest_stories/The-queuing-calamities/1/19179>.

22 'Permission to go out for essential requirements based on last digit of the ID Card' (26.04.2020) <<https://www.news.lk/news/political-current-affairs/item/30036-permission-to-go-out-for-essential-requirements-based-on-last-digit-of-id-card>>.

23 Based on the short interview with Ms. Nisha Shariff.

24 ibid.

25 ibid.

26 'Rs. 5,000 each for over 4 million Sri Lankans to cope with COVID-19' (03.04.2020) <<https://www.businessnews.lk/blog/2020/04/03/rs-5000-each-for-over-4-million-sri-lankans-to-cope-with-covid-19/>>

27 Based on the interviews with women with disability.

28 Based on the short interview with Ms. Nisha Shariff.



MIDDLE EAST

IRAN

BATTLING PANDEMIC AMIDST SANCTIONS

ESTIMATED POPULATION (2020): 83.9 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	151,466
TOTAL RECOVERED	118,848
DEATHS	7,797

Introduction: Iran has been affected by the COVID-19 virus. As one of the first states in the world to be affected after China, it has struggled to cope with treating all infected patients. This task has not been made easier by the long-standing economic sanctions imposed by the United States and the European Union which have led to critical shortages in supplying medical equipment. Iran's government has attempted to manage the situation, however while medical supplies are technically exempt from sanctions, their availability is affected by sanctions in other areas of the economy. As a recent article in the *Lancet* notes "Of the ten countries with the highest number of recorded cases of COVID-19 to date, Iran is the poorest."¹ Yet despite the high prevalence of COVID-19, Iran's government has not been asleep at the wheel and has attempted to mitigate infection through social distancing and economic stimulus plans.

Iranian politics: According to the Iranian constitution, voted in by a referendum in 1989, Iran has a separation of powers between legislative, judicial and executive branches of the state. However as one of the only four Islamic republics in the world, there are of course some theocratic elements to governance in the state. For example, the Head of the State is the Supreme Leader, Ayatollah Ali Khamenei, who has held the position since 1989. Khamenei is also the commander in Chief of the Armed Forces, and has a guiding role over Iran's economic, foreign and domestic policies.²

Politics in Iran is broadly in two camps—the Conservatives and the Reformists—and the Conservatives currently dominate the political scene. Iran's most recent elections were held on 21 February, 2020 and conservatives won over 76% of the seats in the parliament.³ The President, Hasan Rouhani, while head of the government, was elected twice with the support of reformists in 2013 and in 2017 and is the highest directly elected official in Iran, but has recently been accused of moving closer to the more conservative policies of the Supreme Leader.⁴

COVID-19 in Iran: In early April, according to the official figures, around six people per hour were dying from COVID-19 in Iran, and many commentators were claiming that deaths were underreported. The system of government is not however to blame for Iran's limited success in combatting COVID-19, rather it was the fact that officials did not really

understand what they were up against.⁵ This is certainly a plausible interpretation, especially given that COVID-19 was entrenched in Iran by the end of February,⁶ and that other wealthier states have had similar, if not worse, difficulties, even given much longer lead times and capacity to prepare.

The 2020 election was held two days after Iran's first confirmed case of COVID-19 (19 February), which was transmitted through a merchant returning from China to the city of Qom, about 140 km south-west of the capital Tehran.⁷ While Qom has remained the worst affected area of Iran, late March was the most difficult period for the country so far, although there are worrying signs of a second spike in numbers from late May. As Figure 1 shows, Iran's COVID-19 situation continues to evolve; the number of individuals who have contracted the virus has risen rapidly since the first case was reported around mid-February 2020, and is now over 150,000.

Figure 1: WHO data for Iran: Confirmed Cases to 31 May⁸



Government response: Iran's government moved early to restrict movement and social gatherings, and progressively locked down the economy from the late February.⁹ On February 23, schools and universities were closed until the start of the holiday for *Nowruz*, the Persian New Year, which begins on 20 March.¹⁰ On 2 March, around 300,000 members of Iran's Revolutionary Guard (Iran's army) were tasked to disinfect streets, shops, shrines and public places. On 5 March, the government imposed restrictions on movement and banned travel on many of the country's roads, particularly those to provinces popular with tourists. Military checkpoints in some provinces in northern Iran prevented people from arriving in popular holiday resorts, a calculated move as the Persian New Year (*Nowruz*) (mid-March to early April) is the time of holidays. In an effort to mitigate problems in the jails, on 24 March some 85,000 prisoners were given temporary release.¹¹

As has occurred elsewhere across the world, there is significant debate among economists as to whether it is better to bring the economy to a complete halt, to enforce partial shutdowns to try to save people's lives, or to try to negotiate a middle ground.¹² For Iran this is a complex matter, while COVID-19 has been taken extremely seriously, a lockdown is not possible forever, especially in the capital Tehran, which has a very high percentage of renters (51%); Tehran Province also contains a third of Iran's industry.¹³

1 [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30083-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30083-9/fulltext)

2 https://carnegieendowment.org/files/sadjadpour_iran_final2.pdf

3 <https://www.wsj.com/articles/irans-conservatives-set-to-win-elections-after-record-low-turnout-disqualifications-11582483309>

4 <https://en.radiofarda.com/a/iran-rouhani-succumbs-to-khamenei-s-will-to-ensure-his-political-survival-/30138392.html>. The Islamic Republic of Iran holds elections every four years for the 290 seat Islamic Consultative Assembly. Almost all of the seats (285) are directly elected from single and multimember constituencies, and while most Iranians (99.4%) are Muslim (mostly Shia (90%) but 10% Sunni—five seats are reserved for representatives of other religious minorities.

5 <https://www.aljazeera.com/programmes/upfront/2020/04/covid-19-iran-government-didn-botch-response-200403075538214.html>

6 <https://www.theguardian.com/world/2020/feb/24/coronavirus-dead-in-iranian-city-of-qom>

7 <https://www.aljazeera.com/programmes/upfront/2020/04/covid-19-iran-government-didn-botch-response-200403075538214.html>

8 <https://covid19.who.int/region/emro/country/ir>, 2 June 2020.

9 <https://www.wsj.com/articles/as-iran-lifts-its-lockdown-coronavirus-cases-return-to-peak-level-11591127761>

10 unesco.org/sites/default/files/Iran%20%28Islamic%20Republic%20of%29_COVID%20Policy%20Responses.pdf

11 unesco.org/sites/default/files/Iran%20%28Islamic%20Republic%20of%29_COVID%20Policy%20Responses.pdf

12 financialtribune.com/articles/domestic-economy/102803/covid-19-social-distancing-and-cost-of-economic-lockdown

13 <https://financialtribune.com/articles/domestic-economy/102803/covid-19-social-distancing-and-cost-of-economic-lockdown>

Government stimulus plans: One school of thought holds that Iran has nothing to lose with total lockdown as the economy was already in full retreat. The economy was already in negative territory well before the COVID-19 pandemic, recording a sharp contraction (-9.5%) in GDP in 2019.¹⁴ Another view is that government assistance, while welcomed, will never be enough to counter the effects of economic contraction, and that Iran actually cannot afford to stay locked down. Iran's government has tried to navigate between these two positions. The dominance of renters in Tehran, the location of much of the country's industry, makes the stay at home order there particularly complex.

On 29 March, the government announced an Iranian Real (IRR) 1000-Trillion (or 100 trillion Tomans)¹⁵ (€2.1 billion Euros) package designed to protect the businesses and people affected by the coronavirus epidemic.¹⁶ Three quarters (75 trillion tomans) of this is for job retention through a moratorium on tax payments that business would need to pay to the government. Eight trillion tomans is for livelihood packages for vulnerable social groups who have suffered damages or lost jobs in the wake of outbreak of COVID-19.¹⁷ Another 12 trillion tomans has been directed to upgrading the health system and supporting people who have lost their jobs.¹⁸ Iran's government has adopted a payment model that channels money to banks to provide loans to businesses—those businesses that retain their workers as 'employed' are eligible to contract loans. The government has also now moved to relax restrictions on movement. By mid-April people were allowed back to shopping malls, markets and bazaars, and by the beginning of May into restaurants.¹⁹ Except for the capital Tehran, low risk business in all provinces was permitted to return to work on 11 April. Workers in the capital resumed working on 18 April.

Assessment: Iran has attempted to stop the spread of COVID-19, but with limited resources and confronted by sanctions, the result has not been achieved according to the government's prediction. At the time of writing, Iran was lifting its lockdown, even though there are a large number of new infections. This is largely as the government is out of options and overwhelmed —the economic damage is unsustainable and it does not have the funds to pay businesses to keep workers at home.

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Figure 2: Gollum picking up a toilet paper and wearing a mask in the COVID-19 era of Middle-earth (Ahvaz, Khuzestan Province, Iran). Photo by Ashkan Forouzani on Unsplash.



14 [https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(20\)30083-9/fulltext](https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(20)30083-9/fulltext)

15 The toman was originally 10,000 dinars and is a method of counting used in every day life. In currency 10 real = 1 tomen, however due to hyperinflation there is discussion about a 'new tomen' to be equal to 10,000 reals.

16 <https://ifpnews.com/iran-approves-irr-1000-trillion-coronavirus-stimulus-package>

17 unesco.org/sites/default/files/Iran%20%28Islamic%20Republic%20of%29_COVID%20Policy%20Responses.pdf

18 unesco.org/sites/default/files/Iran%20%28Islamic%20Republic%20of%29_COVID%20Policy%20Responses.pdf

19 <https://www.wsj.com/articles/as-iran-lifts-its-lockdown-coronavirus-cases-return-to-peak-level-11591127761>

PALESTINE

RESTRICTED MOVEMENT UNDER BLOCKADE CONDITIONS

ESTIMATED POPULATION (2020): 5 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	626
TOTAL RECOVERED	523
DEATHS	5

COVID-19 in Palestine: The COVID-19 virus appeared in Bethlehem when two COVID-19 positive Greek tourists visited the city in late February. The first COVID-19 cases occurred on 5 March 2020 in the West Bank, with 16 cases of infection including nine cases in Bethlehem. Seven Palestinians were tested on 5 March and confirmed to be positive.

The first two cases of COVID-19 in the Gaza Strip were confirmed on 21 March. The cases were discovered after travellers returned from Pakistan and entered Gaza via the Rafah Crossing. They were tested and found to be positive for COVID-19.¹ By the end of May there were over 605 confirmed cases in the West Bank and over 21 cases in Gaza. While the confirmed cases of COVID-19 in Palestine are relatively low, there are concerns about a shortage of testing kits, reagents, and swabs. This means that perhaps the number of infected cases is in fact much higher.² Gaza has only 78 ICU beds and 63 ventilators for a population of two million.³

Restrictions on movement: On 5 March 2020, Mohammad Shtayyeh, the Prime Minister of the Palestinian National Authority (PA), declared a national emergency due to the coronavirus pandemic. He declared a full lockdown. The West Bank closed border crossings, especially with Jordan. All Palestinian travellers returning to the West Bank had to stay isolated (quarantined at home) for 14 days. On 22 March, the PA imposed a curfew on the population in the West Bank due to a steady rise in cases of COVID-19. The PA also announced other restrictions across the West Bank, including a prohibition on travel between governorates and the closure of public spaces and education facilities.⁴

The borders between the Gaza Strip and Egypt and Israel have been closed since 15 March. The Israeli-controlled Erez crossing has been closed since 12 March, with the result that over 5,000 workers from Gaza and traders with permits have stopped working in Israel.

All Palestinian arrivals from Egypt are quarantined for 14 days. So far, over 1,760 arrivals from Egypt have been quarantined for 14 days in 25 centres, health facilities, schools, and hotels. On 30 March, the local authorities in the Gaza strip decided to extend the mandatory period for people in quarantine centres from 14 to 21 days. This decision was made because of the limited amount of testing kits, reagents, swabs, and ventilators. The ministry of health suspended all non-emergency surgeries.⁵

Social distancing: Social distancing has been one of the most effective ways to slow the spread of COVID-19 in the West Bank and Gaza Strip. The Palestinian Authority in the West Bank shut down mosques, churches, schools, universities, cafes, restaurants, sports clubs, and wedding halls. It also banned any kind of political or social gathering. Workplaces were also shut down, but some facilities that supply medicines, fuel, and food were exempted. Banks have also been permitted to work with a reduced number of employees. Gaza adopted similar procedures.⁶ In order to apply social distancing even more effectively and to prevent the spread of COVID-19, huge marches scheduled for 30 March 2020 to commemorate the anniversaries of "Land Day" and the "Great March of Return" were cancelled.⁷

Even before the discovery of the first cases of COVID-19 in late March, there were serious fears about the ability of Gaza to confront the virus, as it is one of the most densely populated (1.9 million, with 1.4 million refugees) parts of the world by total area (365km²). Social distancing is difficult and the economy is at the point of collapse. The UN's emergency coordination body and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) mention that "people in refugee camps and other poor, densely populated areas across the [occupied Palestinian territories] face a higher risk of contagion due to overcrowding and inadequate sanitation". The concerns are not only about overpopulation in Gaza but also about the weaknesses of the Palestinian health system and its ability to confront a pandemic. The United Nations reports "the capacity of the Palestinian health system to cope with an expected increase in patients remains severely impaired by longstanding challenges and critical shortages, particularly in the Gaza strip".⁸

Government stimulus: The Palestinian Territories (the West Bank, including East Jerusalem, and the Gaza Strip) have been under the authority (control) of the Israeli occupation.⁹ According to international law, Israel as an occupying power should provide the population with food and medical supplies.¹⁰ Despite this, Israel's occupation has systematically undermined the Palestinian health system.

- OCHA, COVID-19 Emergency Situation Report 1, 24 March 2020, <https://www.ochaopt.org/content/covid-19-emergency-situation-report-1>
- Yara Hawari, Al Shabaka, In Palestine, COVID-18 meets the Israeli occupation, 14 April 2020, https://al-shabaka.org/memos/in-palestine-covid-19-meets-the-occupation/?fbclid=IwAR0tJRfPXjNNDZNxMni5Ylc53IrP9aUctah55eyJ5Y_GTVLIEmF6gqES4g
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- OCHA, COVID-19 Emergency Situation Report 1, 24 March 2020, <https://www.ochaopt.org/content/covid-19-emergency-situation-report-1>; Ashraf Ajmari, The Media Line, For now, the Palestinian Authority is in control of the coronavirus spread, 4 June 2020, <https://themedialine.org/news/opinion/for-now-the-palestinian-authority-is-in-control-of-the-coronavirus-spread/>
- OCHA, Occupied Palestinian Territory: COVID-19 Emergency, 24 – 30 March 2020, https://www.un.org/unispal/wp-content/uploads/2020/03/OCHASITREP_310320.pdf
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- Mohammed Zaanoun, The New Humanitarian, Snapshots from Gaza in the time of coronavirus, 6 April 2020, <https://www.thenewhumanitarian.org/photo-feature/2020/04/06/gaza-palestinian-territory-coronavirus>
- Diakonia, Occupation under international law?, <https://www.diakonia.se/globalassets/documents/ihl/ihl-resources-center/fact-sheets/occupation-under-international-law.pdf>
- ICRC, What does IHL provide for in terms of humanitarian access and assistance?, 14 August 2017, <https://blogs.icrc.org/ilot/2017/08/14/what-does-ihl-provide-for-in-terms-of-humanitarian-access-and-assistance/>

The continuous aggression of Israeli occupation in the Gaza Strip and the West Bank has negatively impacted the ability of the Palestinian health system to cope with the spread of COVID-19. For example, in March 2018 and throughout the peaceful protests known the Great March of Return in Gaza, around 37,000 Palestinian civilians were injured in the Gaza Strip. This high number of injuries has already burdened Palestinian hospitals. In addition, the Israeli policy of cutting electricity in the Gaza Strip for many hours every day has affected the ability of hospitals to respond to this pandemic.¹¹

Assessment: In comparison with Israel, the outcomes of the Palestinian response to COVID-19 have been very successful. Given that 1.8 million people live in the Gaza strip, and 2.7 million in the West Bank, this result in Palestine is remarkably better than that of Israel, with 8,642,988 million residents, 17,008 infected and 284 deaths due to COVID-19.¹² In spite of the fact that the Gaza Strip is considered unliveable by the United Nations due to 13 years of siege and continuous aggression by the Israeli occupation,¹³ Gaza has only registered one death due to COVID-19, an elderly woman who passed away in quarantine in hospital at the Rafah Crossing.¹⁴

Figure 1¹⁵



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11 Rasha Kaloti, LSE, A nightmare within a nightmare: the coronavirus in Palestine, 1 May 2020, <https://blogs.lse.ac.uk/mec/2020/05/01/a-nightmare-within-a-nightmare-the-coronavirus-in-palestine/>

12 Mark Govier, Green Left, Help fight COVID-19 in Gaza, West Bank, 11 May 2020, <https://www.greenleft.org.au/content/help-fight-covid-19-gaza-west-bank>

13 Belén Fernández, Jacobin Mag, Israel has already made Gaza unliveable. Now the coronavirus is coming, 31 March 2020, <https://www.jacobinmag.com/2020/03/gaza-strip-israel-palestine-coronavirus-crisis>.

14 Al Jazeera, Gaza reports first COVID-19 death amid outbreak fears, 24 May 2020, <https://www.aljazeera.com/news/2020/05/gaza-reports-covid-19-death-outbreak-fears-200523172108869.html>

15 WHO, Coronavirus disease 2019 (COVID-19) in the occupied Palestinian territory, 30 May 2020, <https://app.powerbi.com/view?r=eyJrIjojODJlYWM1YTETENDAxZS00OTFILThkZjktNDA1ODY2OGQ3NGJkIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGZlOS04MTBiLTNkYzI4MGFMjYjU5MCIslmMiOjdh9>

TURKEY

EARLY ACTION PRODUCES A STRONG RESULT

ESTIMATED POPULATION (2020): 84.3 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	163,942
TOTAL RECOVERED	127,973
DEATHS	4,540

Introduction: In response to WHO reporting¹ that there was a cluster of Severe Acute Respiratory Syndrome (SARS)-like pneumonia cases – with no deaths – in Wuhan, Hubei province (4 January 2020) the Turkish Ministry of Health set up the Coronavirus Scientific Advisory Board on 10 January 2020.² It consists of 31 members specialized in fields such as chest diseases, infectious diseases and clinical microbiology, and academics in virology, internal medicine and intensive care medicine. The purpose of the board was to develop ongoing guidelines for prevention and treatment of the disease.

COVID-19 in Turkey: COVID-19 was confirmed to have reached Turkey on 11 March 2020, after a man who had returned to Turkey from Europe, tested positive.⁴ The first death due to COVID-19 occurred on 15 March, 2020. By 1 April, it was confirmed that COVID-19 had spread all over Turkey (15.7k cases and 300 deaths). By the end of April cases had increased to 120,000 infected and over 4,000 deaths had occurred. Turkey currently ranks ninth in the global tally for cases (14th for deaths), but experts believe the number of infections could be much higher than reported.²

Restrictions on movement: On 24 January thermal cameras were installed in all international airports in Turkey and any passengers arriving from China were subject to additional screening and quarantine. From 1 February flights from China were no longer allowed into Turkey.³ On 23 February the border between Turkey and Iran was closed, and no flights to or from Iran were allowed.⁴ On 29 February, no flights to or from Italy, South Korea and Iraq were allowed. Soon after, the border between Turkey and Iraq was also closed. On 16 March Egypt, Ireland, Switzerland, Saudi Arabia, the UAE, and the UK were added to the list of countries for which a flight ban was imposed.

Initially international arrival passengers were requested to self-quarantine for 14 days, but soon after (17 March) they were required to

be quarantined in student dormitories, under government supervision.⁵ In early April all international flights were suspended until June 2020. Domestic air and land travel has also been affected—movement in and out of the 31 largest cities (including Istanbul where 60% of all cases currently occur) in Turkey has been restricted,⁶ and people are only being allowed to travel with special permission (code via the HES mobile app).⁷

More than 60,000 Turkish nationals have been repatriated from over 75 countries since the beginning of the COVID-19 pandemic. After landing in Turkey, the citizens were required to follow mandatory health checks and were put in a 14-day quarantine in line with the country's measures to stem the spread of the virus.⁸

Social distancing: In mid-March, in response to the growing number of COVID-19 cases (around 500 and doubling every 3 days): all libraries, pavilions, discotheques, bars and night clubs were closed; a nationwide ban on prayer gatherings in mosques including Friday prayers was announced;⁹ all public gathering places such as cafes, gyms, internet cafes and movie theaters, except shops and restaurants not offering music, were closed;¹⁰ football, volleyball, basketball and handball leagues were postponed; and horse racing games were postponed. The government also urged the public to stay at home and not to visit hospitals, except for emergency cases. The government further stated that public banks would deliver pensions to retirees above the age of 76 years to their homes, with the minimum amount of payment for retired people being Turkish Lira ₺1,500 (€195).¹¹

On 21 March a total curfew was announced for those who were over the age of 65 years or chronically ill.¹² On 3 April (with around 20,000 cases and 650 deaths), the curfew was extended to people younger than 20 years of age. Soon after a weekend curfew for parts of the country was announced, just two hours before it went into effect. The sudden announcement prompted thousands of people to rush into the streets, which had previously been largely empty thanks to partial restrictions and social distancing advice, to panic-buy food while the stores were still open. Footage of brawls outside bakeries and people squeezing into crowded shops flooded social media.¹³ This has now been replaced with weekend curfews to minimize movement, with these curfews allowing bakeries and local small grocery stores to stay open to prevent reactions similar to the first curfew.¹⁴ The use of masks in public places also became mandatory with citizens being able to request masks free of charge via the website of the Turkish postal service and the government.

1 TA10 WHO Timeline – COVID-19 Retrieved 30 May 2020 <https://www.who.int/news-room/detail/27-04-2020-who-timeline---covid-19>

2 "Turkey remains firm, calm as first coronavirus case confirmed". Daily Sabah. 11 March 2020. Retrieved 30 May 2020.

3 "Turkey stops all flights from China as part of coronavirus measures – Turkey News". Hürriyet Daily News. Archived from the original on 24 February 2020. Retrieved 30 May 2020.

4 Wintour, Patrick (23 February 2020). "Turkey and Pakistan close borders with Iran over coronavirus deaths". The Guardian. Retrieved 30 May 2020

5 "First morning in the quarantine residence <https://www.sozcu.com.tr/2020/gundem/karantina-yurdunda-ilk-sabah-5686021/> Retrieved 30 May 2020

6 Ban on entry-exit to 31 cities extended <https://www.ntv.com.tr/turkiye/son-dakika-haber-31-sehire-giris-cikis-yasagi-uzadi,swx7J353sUGcyZ7Uf-Sdsg> Retrieved 30 May 2020

7 HES code <https://www.saglik.gov.tr/TR,65622/koronaviruse-karsi-mucadelemiz-yakin-donemlerdeki-en-buyuk-seferberligimizdir.html> Retrieved 30 May 2020

8 "Over 60,000 citizens brought back so far: Minister". Hürriyet Daily News. Retrieved 30 May 2020.

9 "Turkey's Diyanet bans prayer gatherings, Friday prayers in mosques due to coronavirus". Daily Sabah. 16 March 2020. Retrieved 30 May 2020.

10 "Son dakika... AVM ve lokantalar hariç tüm mekanlar kapatılıyor!" [Last minute ... All places are being closed except for shopping malls and restaurants!]. Haberturk. 16 March 2020. Retrieved 30 May 2020.

11 "'Stay home,' Erdoğan says as Turkey ramps up measures against COVID-19". Daily Sabah. 18 March 2020. Retrieved 30 May 2020.

12 Kandemir, Asli. "Turkey Imposing Curfew for People Over Age 65". Bloomberg (21 March 2020). Retrieved 30 May 2020.

13 Chaos in Turkey due to Sudden Curfew against Covid-19 Outbreak <https://dokuz8haber.net/english/politics/chaos-in-turkey-due-to-sudden-curfew/> Retrieved 30 May 2020

14 What are the details of the 4-day curfew? Are the markets open? Who can go out on the street? <https://www.haberturk.com/4-gunluk-sokaga-cikma-yasagi-detaylari-nelerdir-marketler-acik-mi-kimler-sokaga-cikabiliyor-2690193>. Retrieved 30 May 2020

Residents (who were not under curfew) were entitled to receive five mouth masks delivered at their home per week.¹⁵

Turkey has had to deal with several social issues because of the COVID-19 pandemic and social distancing including management of refugees, prison populations and domestic violence. It is estimated that there are approximately 3.6 million Syrian refugees in Turkey and around 370,000 asylum seekers, many of whom are living in overcrowded and unsanitary conditions and are particularly vulnerable to contracting and spreading the disease.¹⁶ Many of the COVID-19 protective measures, such as compensation for loss of work and free masks are not available for refugees or asylum seekers.¹⁷ The Turkish parliament passed a bill which allowed the release of up to 100,000 prisoners who were said to be in overcrowded and unsanitary living conditions. However, this did not include around 50,000 of Turkey's political prisoners, including journalists and human rights defenders.¹⁸ It has been reported that as a consequence of more families being at home during the pandemic, the proportion of domestic violence in Turkey increased by 38.2% in March.¹⁹

Government stimulus: In mid-March, a ₺100 billion economic measures package was announced by the government to address financial issues of companies and low-income households. With this package the government promised to raise the Credit Guarantee Fund (KGF) limit, postpone tax liabilities, SGK (Social Security Institution) premium payments and credit debts of employers in sectors most affected by the crisis, and make a resource transfer of ₺2 billion (€260 million) to families in need.²⁰

In late March, the President ordered public institutions and organisations to allow flexible schedules and remote working if possible.²¹ The President also announced the initiation of a fundraising campaign called "We are Self-Sufficient Turkey".²² To date the campaign has raised ₺1.9 billion. The Istanbul municipality also introduced 'hanging bills' where people could anonymously pay for other peoples' gas and water bills. By late May they had managed to pay 163,693 bills totaling ₺22,261,366 (€2.8 million).²³ Turkey has also invested in its health system by building two new hospitals in Istanbul. These hospitals have the capacity to quickly be converted into intensive care centres if required.²⁴

Effects on Higher Education: On 16 March, all primary, secondary and university schools in Turkey were closed.²⁵ On 26 March, in-person teaching at universities was suspended with all education being offered remotely. Where distance education and digital education was not possible the courses were delayed until possible. The remote education for primary to secondary students is provided via the state TV channels which has been helpful for students that are unable to access internet connections.²⁶ On 18 May, the President announced that schools, which were expected to open on 1 June, will remain closed, and that the 2019-2020 Academic Year has officially ended, with the new academic year beginning in September 2020.²⁷

Assessment: The Turkish government was quick to close borders, restaurants and schools as the virus spread beyond China. The rapid increase of the confirmed cases in Turkey did not overburden the public healthcare system,²⁸ and the preliminary case-fatality rate remains lower than many European countries. Initially commentators mainly attributed this to the country's relatively young population and high number of available intensive care units.²⁹ However, this lower death rate is now also being attributed to good management. Specifically: good contact tracing with over 5,600 teams of health workers finding contacts of cases and putting them into 14 day self-isolation; use of curfews for the young and elderly; the early use of high flow oxygen instead of intubation when respiratory difficulties appear; early administration of hydroxychloroquine before patients develop more severe symptoms; and delaying transfer of patients to intensive care from other wards to ease pressure on them.³⁰

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15 "PTT Kargo maskeleri ücretsiz teslim ediyor" (*PTT Cargo delivers masks for free*). Habertürk. 6 April 2020. Retrieved 30 May 2020.

16 Kemal Kirişçi; M. Murat Erdoğan (20 April 2020). "Turkey and COVID-19: Don't forget refugees". Brookings Retrieved 30 May 2020

17 Mahmut Bozarslan (27 April 2020). "Turkey's Syrian refugees among hardest hit amid coronavirus pandemic". Al-Monitor Retrieved 30 May 2020

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23 TA4_electricity payments (<https://askidafatura.ibt.gov.tr/>) Retrieved 30 May 2020

24 Presidency of the Republic of Turkey, Directorate of Communications <https://www.iletisim.gov.tr/english/haberler/detay/turkey-has-distinguished-itself-by-further-enhancing-its-capabilities-during-the-pandemic> Retrieved 30 May 2020

25 "Cumhurbaşkanlığı Sözcüsü Kalın: İlk, orta ve liseler 1 hafta üniversiteler 3 hafta tatil edilecek". (*Statement by the Presidency: Primary, middle and high schools 1 week universities 3 weeks vacation*) Retrieved 30 May 2020.

26 EBA TV Course Broadcast <http://www.eba.gov.tr/> Retrieved 30 May 2020

27 "2019-2020 eğitim yılı sona erdirildi! Uzaktan eğitim devam edecek". Sözcü. (*The 2019-2020 academic year has ended! Distance education will continue*) Retrieved 30 May 2020.

28 "Turkey's public health system faces coronavirus pandemic". DW News. 7 May 2020. Retrieved 30 May 2020.

29 "The Battle Over the Numbers: Turkey's Low Case Fatality Rate". Institut Montaigne. 4 May 2020. Retrieved 30 May 2020.

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Figure 1³¹

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AFRICA



GHANA

DEFYING EXPECTATIONS OF PANDEMIC

ESTIMATED POPULATION (2020): 31.1 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	8,070
TOTAL RECOVERED	2,947
DEATHS	36

Introduction: The Inter-Ministerial Coordinating Committee was formed by the Ghanaian government in early March 2020 as the major coordinating entity for the COVID-19 response in Ghana. The committee, which meets daily, consists of representatives from every ministry and is chaired by the President.¹ The purpose of the committee is to provide an 'all-of-government' approach to combat the epidemic. The WHO Updated Country Preparedness and Response Status for COVID-19 (as at 20 April 2020) ranked Ghana as a Level 3 country—Level 5 is the highest level of preparedness in terms of capacity.² To date the President has delivered 10 Corona Virus Pandemic State of the Nation Addresses announcing a range of measures that would be implemented to minimize the spread of the disease and manage its impact.³

COVID-19 in Ghana: On 12 March 2020, Ghana announced its first two cases of COVID-19—people who had returned to Ghana from Norway and Turkey, making them imported cases. Contact tracing for those two cases commenced that same day.⁴ The first COVID-19 death was reported in Kumasi on 21 March 2020.⁵

On 28 March 2020, the total number of confirmed cases rose to 141 and the number of deaths rose to five.⁶ By 30 April 2020, a total of 2,074 cases and 17 deaths had been recorded. At the end of May, Ghana was ranked 60th in the global tally by John Hopkins University for confirmed cases, and 95th for deaths.⁷

Restrictions on movement: Screening at the Kotoka International Airport commenced on 30 January, 2020. All passengers had to complete a health declaration form to declare if they had any flu like symptoms and have their temperatures checked using thermal cameras on arrival.⁸ Passengers travelling from a country with more than 200

cases of COVID-19 were not allowed entry into the country from 17 March. An exception was given to Ghanaian citizens and resident permit holders. All passengers arriving in the country were mandated to self-quarantine for 14 days. Passengers with symptoms were quarantined by the Government and tested on arrival.⁹ The Ghanaian government announced the closure of its borders on 21 March, to take effect the next day. Returning Ghanaian nationals and resident permit holders were placed under mandatory quarantine for 14 days.¹⁰

A partial lockdown of Accra and Kumasi was declared from 29 March for three weeks. The number of confirmed cases in Ghana at the time was 1,042. On 10 May, the president extended the ban on social gatherings until the last day of May 2020.¹¹ All borders remain closed. As at 31 May Ghanaians abroad could return to Ghana, although they are subject to mandatory quarantine on arrival.¹²

Social distancing: On 15 March 2020, the President banned all public gatherings including conferences, workshops, funerals, festivals, political rallies, church activities and other related events to reduce the spread of COVID-19.¹³ Schools and universities were also closed from 16 March until further notice. Private funerals could go ahead but were limited to 25 people.¹³ All beaches were closed from 23 March. A three-week lockdown of The Accra Metropolitan region, Kumasi and some parts of the Ashanti region started on 30 March. These regions had the most COVID-19 cases. The lockdown was lifted on 19 April (with other protective protocols still being required such as washing hands and wearing masks), but the ban on public gatherings was extended until the end of May 2020.¹⁴

It was reported, as at 21 May, that 188,000 tests had been undertaken for COVID-19, with the majority being used for contact tracing.¹⁵ These included the testing of 1,300 staff at a fish-processing factory in Tema, on 19 May 2020, following a positive case (695 tested positive).¹⁶

The president announced on 31 May 2020 that religious activities could resume from 5 June 2020, but at 25% capacity, with the maximum number of people being capped at 100. The number of people attending burials was also increased from 25 to 100.¹⁷ Restaurants, conferences, workshops, weddings, political activities, markets, workplaces, public transport were open on that same day with restrictions of 100 people

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- 2 World Health Organisation. Strategic preparedness and response plan. <https://www.who.int/who-documents-detail/updated-country-preparedness-and-response-status-for-covid-19-as-of-20-april-2020> Retrieved 31 May 2020.
- 3 Flagstaff House. Full text of Akufo-Addo's 10th address to the nation on coronavirus crisis. <https://www.myjoyonline.com/news/national/full-text-of-akufo-addos-10th-address-to-the-nation-on-coronavirus-crisis/> Retrieved 31 May 2020.
- 4 Daniel Anyorigya. Coronavirus: Norwegian Embassy in Ghana shuts down after staff member tested positive. Citi Newsroom. Retrieved 31 May 2020. and UN Ghana staff tests positive for Coronavirus, office shutdown. Graphic Online. Retrieved 31 May 2020.
- 5 Identity of Ghana's first coronavirus dead victim revealed". www.ghanaweb.com. Retrieved 31 May 2020.
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- 7 Johns Hopkins University, Corona Virus Map, <https://coronavirus.jhu.edu/map.html>. Retrieved 31 May 2020.
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- 9 Jude Duncan. Coronavirus: Travellers from countries with over 200 cases won't be allowed in Ghana. Citi Newsroom. Retrieved 31 May 2020.
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- 12 Ghana: Border closure extended through May 3. <https://www.garda.com/crisis24/news-alerts/338216/ghana-border-closure-extended-through-may-31-update-9> Retrieved 31 May 2020.
- 13 Nyabor, Jonas. Coronavirus: Government bans religious activities, funerals, all other public gatherings". Citi Newsroom. Retrieved 31 May 2020.
- 14 Covid-19: Ghana's case count now 1,042, recoveries 99. Graphic Online. Retrieved 31 May 2020.
- 15 187,929 Covid-19 Tests Conducted -GHS. DailyGuide Network. Retrieved 31 May 2020.
- 16 COVID-19: 695 persons tested positive at fish-processing factory. Graphic Online. Retrieved 31 May 2020.
- 17 Flagstaff House. Full text of Akufo-Addo's 10th address to the nation on coronavirus crisis. . <https://www.myjoyonline.com/news/national/full-text-of-akufo-addos-10th-address-to-the-nation-on-coronavirus-crisis/> Retrieved 31 May 2020.

and strict social distancing measures.¹⁹ It is mandatory for masks to be worn at all public places where social distancing will be difficult to maintain. Food vendors, sellers at markets, commercial drivers, passengers on public transport, and people in public areas are currently mandated to wear masks.¹⁸ The mandatory use of masks is being enforced by businesses and organizations.¹⁹

Government stimulus: On 11 March 2020, the President announced a sum of Ghanaian Cedi (GHC) 576 million, equivalent to USD \$100 million,²⁰ would be made available in preparation for Ghana's coronavirus response.²¹ A Coronavirus Alleviation program was set up to support households and small businesses. Other relief packages announced were subsidized utilities, tax relief and financial packages for businesses and incentives for front line workers. A special life insurance cover for frontline workers dealing with the pandemic was announced by the Ghana Health Ministry. The workers were insured under Group Life cover, with an assured sum of GHC 350,000 (over USD \$60,000) on each life.²² The World Bank announced on 2 April 2020 that it would be providing USD \$100 million to assist Ghana to fight the pandemic.²³

Effects on Higher Education: All schools and universities were closed from 15 March 2020.²⁴ Also all government staff on study leave were brought into active service to help accommodate the workload on health centers.²⁵ Following the closure of the universities, the President directed that the Ministry of Education in collaboration with the Ministry of Communications should roll out open learning programmes.²⁸

For primary and secondary school students' online options were not generally available, particularly for remote and/or disadvantaged students. To address this, the Ministry of Education launched TV learning, via the State broadcaster GBC, in early April 2020 and is currently working on radio learning.²⁶ The president announced on 31 May 2020 that schools and universities will reopen for final year university, junior and senior high school students on 15 June 2020 under strict social distancing and hand hygiene procedures to allow them to resume classes to prepare for their examinations. Schools remain closed for non-final year students.²⁰

Assessment: The response to the Coronavirus epidemic in Ghana has largely been praised by Ghanaians, and more broadly.²⁷ Experts worried that sub-Saharan Africa could be among the world's worst-hit by the COVID-19 pandemic, but to date that is not the case, at least not in Ghana. Some of the reasons include early lockdown to minimize the number of imported cases and use of government's emergency fund, rather than waiting for international aid, to manage the medical, social and economic impacts of the disease.

Ghana has also benefited from the substantial investment in contact tracing, testing and treatment; and adherence to the social distancing guidelines and hygiene protocols, including wearing masks. Ghana's demographics may also be working in its favor with a relatively young population who appear, from other countries experiences, to be less vulnerable for COVID-19.²⁸

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21 "Coronavirus: MPs to have temperature tested before entering chamber – Speaker". GhanaWeb. Retrieved 31 May 2020.

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23 World Bank Group Supports Ghana's COVID-19 Response. <https://www.worldbank.org/en/news/press-release/2020/04/02/world-bank-group-supports-ghanas-covid-19-response> Retrieved 31 May 2020.

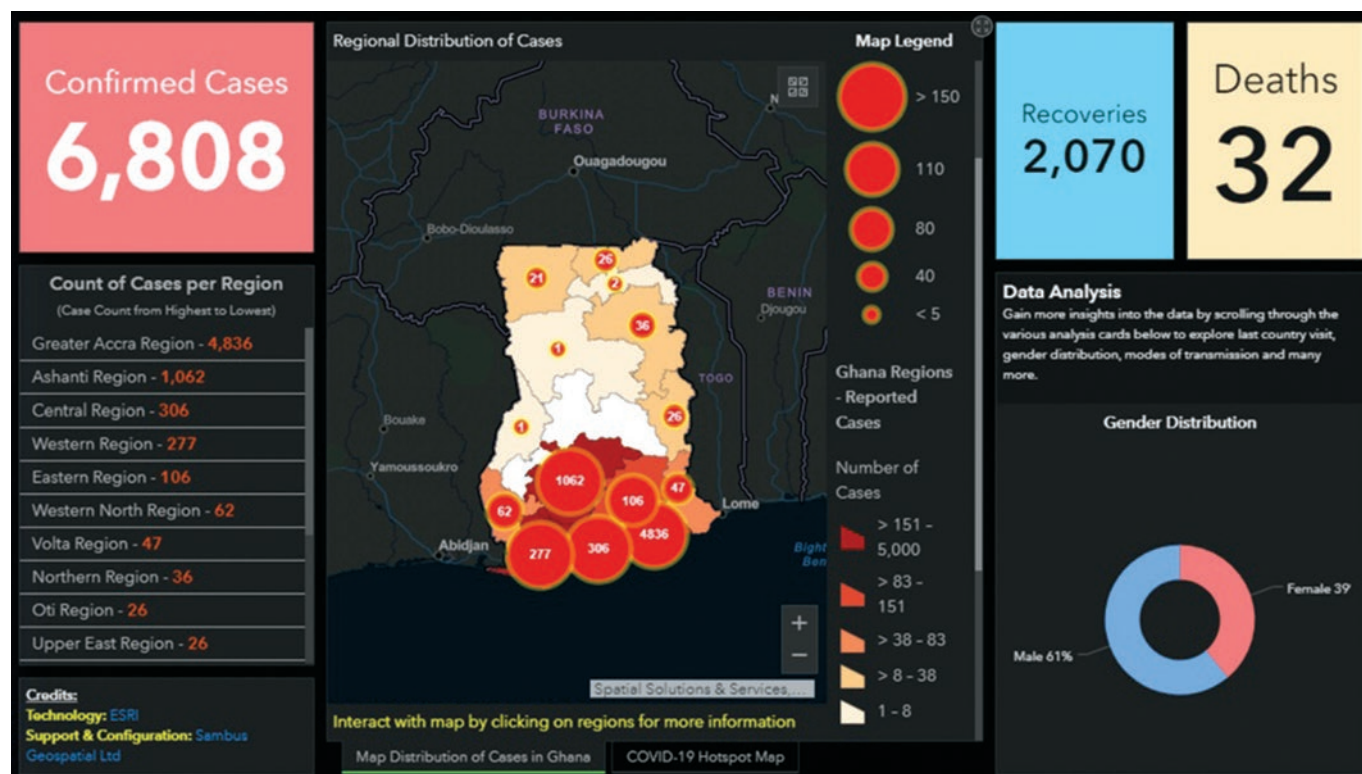
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28 UN Population 2019, Total population Both sexes 2020, <https://population.un.org/wpp/Download/Standard/Population/> Retrieved 31 May 2020.

Figure 1²⁹29 Ghana Health Service Covid 19 statistics, <https://www.ghanahealthservice.org/covid19/>

KENYA

ADAPTATION, INVENTION AND HARAMBEE

ESTIMATED POPULATION (2020): 53.7 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	1,962
TOTAL RECOVERED	478
DEATHS	64

Introduction: Two weeks before Kenya's first confirmed case of COVID-19 on 13 March 2020, the Government had been heavily criticised¹ for being 'lax' and not taking immediate action on banning international flights, particularly those originating from China and returning to Nairobi. Public outrage at what was considered the Government's laxity may have triggered the swift response from the Kenya's President Uhuru Kenyatta, who issued executive orders to deal with 'coronavirus' with a focus on completing an isolation centre within a week. At the end of May Kenya's Ministry of Health had reported a total caseload of 1,888 from a total of 76,962 samples tested to date. One of the latest spikes in infections reported was 143 new cases within a twenty-four hour period as of 30 May 2020, after testing 2,959 samples.² There is growing concern that 33 out of the 47 counties in Kenya have at least one reported case, with the highest number of reported cases being in Nairobi and Mombasa.

COVID-19 in Kenya: The first confirmed case of COVID-19 in Kenya was on 13 March 2020, a woman who arrived from the United States via London.³ Within two days of reporting of the first confirmed case, the Government of Kenya had moved swiftly to allay public concern and led an expedited response to the pandemic. Specific measures included:

- Restriction of travel from any countries with any case of COVID-19.
- Only Kenyan Citizens or foreigners with valid residence permits permitted entry to Kenya, subject to self-quarantine or a government designated quarantine facility.
- All schools and higher learning institutions closed by Friday 20 March.
- Government and businesses people to work from home; essential services were excepted.
- Cashless transactions preferred over cash. Cost of transactions reduced.
- Restrictions on gatherings affected weddings, malls, night clubs, churches, limitation of visits to hospitals.

Ten days later, and as the number of confirmed cases rose, the Government announced a 7pm – 5am curfew starting on 25 March 2020, restricting movement across the country. This mandate was met with mixed responses; some citizens not observing the curfew were subjected to police brutality.

Preventing infection: The Kenyan government urged people to use masks and hygiene products (soaps and sanitizers) in addition to calling for behavioural change. The Ministry of Health, advised COVID-19 as preventable through:⁴ washing your hands with soap and running water or using an alcohol based hand sanitiser; social distancing of at least two metres (2-3 steps) from people with flu-like symptoms; avoid shaking hands, hugging or kissing with people with flu-like symptoms; staying home and avoiding travel when people developed flu-like symptoms.

Access to running water and affordability of soap, hand sanitisers and masks for the general population remain a barrier to effective COVID-19 infection prevention, and some Kenyans did not take social distancing seriously, leading the Chief Administrative Secretary, Health, Dr. Mercy Mwangangi, to note that for some people, particularly in Nairobi, "Containment measures have been discarded in matatus, boda bodas,⁵ supermarkets, banks among others. I want to remind our people that our situation has not stabilized".⁶

Adaptation and Invention: The Kenya Medical Research Institute (KEMRI) 'repurposed' equipment previously used to test Tuberculosis and HIV AIDS to now be used for mass testing of COVID-19, with a capacity of up to 35,000 tests per day.⁷ KEMRI is also actively involved in the global race for a cure through vaccine development while at the forefront of developing "flagship projects and activities"⁸ to respond to COVID-19.

A commendable initiative of the World Health Organisation in the African Region is the 'Hackathon'; "...the first in a series of virtual sessions for innovators across the region to showcase home-grown creative solutions aimed at addressing critical gaps in the response to COVID-19". In the inaugural event eight innovators from Ghana, South Africa, Nigeria, Guinea and Kenya presented their solutions and inventions to 350 innovators and stakeholders, with the purpose of scaling up across Africa.⁹

1 Kahongeh, J., 2020. *Coronavirus: How Kenya Response Went from Lax to High Alert*. [online] Daily Nation. Available at: <<https://www.nation.co.ke/dailynation/news/coronavirus-how-kenya-response-went-from-lax-to-high-alert-279716>> [Accessed 1 June 2020].

2 Health.go.ke. 2020. *33 Counties Now Have Cases of COVID-19 Nairobi, Saturday May 30, 2020 – MINISTRY OF HEALTH*. [online] Available at: <<https://www.health.go.ke/33-counties-now-have-cases-of-COVID-19-nairobi-saturday-may-30-2020/>> [Accessed 1 June 2020].

3 Merab, E., 2020. *Kenya Confirms First Coronavirus Case – VIDEO*. [online] Daily Nation. Available at: <<https://www.nation.co.ke/news/Kenya-confirms-first-coronavirus-case/1056-5489268-28tqll/index.html>> [Accessed 1 June 2020].

4 Health.go.ke. 2020. *General Information About COVID-19*. [online] Available at: <<https://www.health.go.ke/>> [Accessed 1 June 2020].

5 Matatus (minibuses) and boda boda (motorcycles) used to transport passengers

6 *COVID-19 Numbers Go Up as Government Intensify Testing Nairobi, Friday May 29, 2020*. [online] Available at: <<https://www.health.go.ke/COVID-19-numbers-go-up-as-government-intensify-testing-nairobi-friday-may-29-2020/>> [Accessed 1 June 2020].

7 2020. *KEMRI Discover Use of Equipment for Mass COVID-19 Testing*. [video] Available at: <<https://www.youtube.com/watch?v=Zti88kXnNv4>> [Accessed 1 June 2020].

8 Kenya Medical Research Institute. 2020. *Coronavirus Disease 2019 (COVID-19) – KEMRI*. [online] Available at: <<https://www.kemri.org/coronavirus-disease-2019-COVID-19/#1587973580935-f0d5fef3-1798>> [Accessed 1 June 2020].

9 WHO | Regional Office for Africa. 2020. *WHO Showcases Leading African Innovations in COVID-19 Response*. [online] Available at: <<https://www.afro.who.int/news/who-showcases-leading-african-innovations-COVID-19-response>> [Accessed 1 June 2020].

On a more personalised and local level, one of the co-authors is actively involved in mobilising volunteers to collect donations of food and personal hygiene products for distribution amongst vulnerable families in a tea estate in Limuru, on the outskirts of Nairobi. Further, a cohort of youth graduate trainees at YouthAbility Kenya (a social enterprise) are applying design-thinking to identify and propose probable (non-) technological solutions, such as podcasts and mobile libraries adhering to social distancing requirements, to ensure education continuity at this time of disruption in Kakuma refugee camp. In Kakuma camp, a soap maker, Innocent Havyarimana, a Burundian refugee and businessman¹⁰ is contributing to the fight against COVID-19 by lowering soap prices to make the products more accessible to refugees.

Assessment: The extent to which restrictions and containment measures are proving effective or not cannot yet be fully determined. Enforcement is subject to possible limitations (physical and material such as fluid county boundaries, and lack of access to hygiene products respectively), as well as non-compliance, resulting in the escalation of community transmission. There is grave concern over the implication of the spread of the virus in densely populated areas. In Nairobi, the highest infection rates are found in Kibera (Kibera), one of the largest urban slums in Africa.¹¹ There is also concern about possible COVID-19 outbreaks in refugee camps, Kakuma and Dadaab complex, which are among the top ten largest refugee camps in the world.¹² At the end of May there had been no reported cases in refugee camps in Kenya.

So far, Kenya's infections and deaths rank much lower than other African countries such as South Africa, or northern African countries.¹³ Projections on the 'worst case scenario' in Kenya have been subject to speculation. Some speculate that Africa could be the next epicentre¹⁴ while others presume the slow spread could be attributed to poor connectivity of transport systems.¹⁵ Researchers at the University of Nairobi (Kenya) have provided alarming numbers of infections and deaths based on figures generated using scenario modelling indicating that by February 2020 some 620,000 people could die of the virus.¹⁶

Kenya has shown a capacity to 'do more with less' and therefore ought to be supported with not only financial resources, but also with platforms that stimulate the generation, implementation and evaluation of probable solutions. An 'all hands on deck approach' which particularly calls on youth in Kenya to participate in creating contextual solutions will be of great benefit as the nation continues to seek ways of addressing the health-related and socioeconomic impacts of COVID-19. As the adage goes, 'necessity is the mother of invention' and Kenya, and Africa in general, is not short of creative efforts. At this crucial moment it becomes imperative that all members of the community, not just (local) governments and international scientific communities, apply the spirit of '*Harambee*', a Swahili word for "all pull together", to address the devastating effects of COVID-19.

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SOUTH AFRICA

ONE OF THE WORLD'S STRICTEST LOCKDOWNS

ESTIMATED POPULATION (2020): 59.2 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	32,683
TOTAL RECOVERED	16,809
DEATHS	683

Introduction: South Africa was quick to respond to the COVID-19 crisis, declaring a National State of Disaster and implementing social distancing regulations on 15 March, two weeks after the first confirmed case arrived from Italy. The Disaster Management Act (DMA), overseen by the Minister of Cooperative Governance and Traditional Affairs, Nkosazana Dlamini-Zuma (now South Africa's *de facto* Prime Minister,¹ and President Cyril Ramaphosa's opposition for the African National Congress (ANC) leadership in 2017), allows government to restrict certain constitutional rights, such as the rights to freedom of movement, religious practice, and privacy—but limitations on these rights cannot (constitutionally) extend beyond what is necessary, and must be in line with the constitutional values of South Africa.

On 17 March, President Ramaphosa established the National Coronavirus Command Council (NCCC). The backbone of the NCCC is formed by The National Joint Operational and Intelligence Structure (NatJoints), which is co-chaired by South Africa's Secretary of Defence, and Lieutenant General Fannie Masemola of the police. NatJoint comprises all directors general of government departments, and typically coordinates national security and law enforcement operations. Although the NCCC has no constitutional standing, it has become South Africa's primary decision-making body concerning COVID-19 public health interventions. Via the NCCC, the decisions of which are not subject to parliamentary oversight, the South African government has implemented one of the world's strictest lockdowns.

The economic consequences of lockdown have been severe, and are likely to worsen. The unemployment rate prior to COVID-19 was already at 29%, and The Chamber of Commerce expects this to rise to as much as 50%, as millions of citizens fear hunger far more than disease.

COVID-19 in South Africa: The first known COVID-19 case in South Africa was confirmed on 5 March, 2020. The patient had returned from Italy four days earlier. The first local transmission was confirmed by the president on 15 March, when the national state of disaster was declared. By that stage there were 51 confirmed cases across the country. By 24 March there were cases in all 9 provinces, and on 27 March the first death attributed to COVID-19 in South Africa was reported.

Initially, the majority of cases were white, middle class citizens (leading to dangerously misleading reports on social media that the disease does not affect the black population), but the disease soon spread to townships such as Alexandra (near Johannesburg) and Khayelitsha (near Cape Town). Some provinces have been hit much harder than others. At the time of writing, the Western Cape, which includes tourist hotspot, Cape Town, has 20,160 confirmed cases; Gauteng Province, which includes the country's largest city, Johannesburg, and its capital, Pretoria, has the second highest incidence with 3773 cases; whereas five of the provinces have less than 200 confirmed cases. Life expectancy in Cape Town is 65.7 compared to the national average of 61.5,² and 17.8% of the Western Cape's over-15 population have diabetes (a known comorbidity) compared with the national level of 10.6%.³

South Africa's curve flattened sharply as soon as lockdown was implemented, but due to the disease's incubation period, this can (at best) be attributed to the initial WHO social distancing recommendations. South Africa's curve has retained its steady exponential trajectory since, so the current relaxing of public health interventions is warranted only by its impact on the economy.

The case fatality rate and the trajectory of the curve have both been much lower in South Africa than most countries in Europe and America. There is debate as to why, but the most plausible theories pertain to age distribution of the South African population. Age is a notable risk factor for COVID-19, and the median age in South Africa is 27.6, with just 5.8% of the population over the age of 65, compared to 44.9% in Spain (19.38% over 65) and 47.3% in Italy (21.69% over 65), where the health impact of COVID-19 is far greater.

Restrictions on movement: On 26 March all ports of entry to South Africa were closed for lockdown, except for the importation of goods, fuel, and cargo. All local and international flights were cancelled, except for occasional government-approved repatriation. During the initial lockdown, citizens could only leave their residences for essential goods and services, including groceries, medical care/supplies, and collecting social grants. Movement between provinces, metropolitan areas, and districts was prohibited, with the exception of: (i) the movement of essential workers; (ii) the movement of cargo from designated ports of entry; (iii) the transportation of mortal remains; (iv) the attendance of funerals.⁴

Social distancing: In early March the WHO recommendations of handwashing and social distancing were widely publicized. Social distancing regulations were first announced with the National State of Disaster, with gatherings of over 100 people and the sale of alcohol after 6pm being prohibited. Schools closed on 18 March. The full lockdown was announced on 23 March, and came into force on 26 March.

¹ <https://www.dailymaverick.co.za/article/2020-04-30-prime-minister-nkosazana-dlamini-zuma/>

² <https://www.iol.co.za/capetimes/news/western-cape-has-the-highest-life-expectancy-in-the-country-30063358>

³ <https://open.uct.ac.za/handle/11427/31648>

⁴ <https://www.gov.za/documents/disaster-management-act-regulations-address-prevent-and-combat-spread-coronavirus-covid-19>

Initial lockdown measures included: a controversial ban on liquor and tobacco sales to reduce the burden on the health service;⁵ the shutting down of all businesses and other entities (including restaurants etc) not involved in the manufacture, supply, or distribution of essential goods and services; a curfew from 8pm until 5am; and the restrictions on movement noted above.

A clear change in the early trajectory of South Africa's curve suggests that the initial social distancing measures were effective, largely because early cases were residents of middle class suburbs where social distancing is feasible. Unfortunately, effective social distancing is impossible for the majority of South Africans. Around half the urban population live in townships or informal settlements,⁶ with as many as 10 people sharing a small shack, with shared ablution facilities up to 100m away. Despite the best efforts of the police and the army, the streets of townships such as Alexandra have been busy with children playing since the first week of lockdown.

South Africa has implemented a "staged" approach to lockdown, with stage 5 being the strictest. When lockdown was relaxed from Stage 5 to Stage 4 on 1 May, solitary exercise (walking, running, or cycling) became permitted between 6am and 9am (no explanation provided for the time restrictions) within 5km of one's place of residence. Stage 4 also permitted restaurants to serve food, but for delivery only. At stage three (to be implemented on 1 June), exercise will be permitted between 6am and 6pm, and most businesses will be able to resume operations.

Government stimulus: On 24 April, Finance Minister Tito Mboweni introduced an 800 billion Rand stimulus package. This mostly comprises top-ups of R250 per month (approx. US\$14.25) to existing social grants, and R350 to unemployed citizens not already receiving any form of social grant. An extensive tax relief programme for employers was initiated, and a government backed loan guarantee scheme for businesses worth R200 billion was also announced.⁷ The government also set up "The Solidarity Fund", to which private individuals and companies can donate. This fund has supplied 280,000 food parcels to date, and has received significant contributions from high profile individuals such as Mary Oppenheimer (1 billion Rand).

The demand for food parcels far outweighs the supply, and thousands queue from the early hours of the morning in townships such as Diepsloot in Gauteng (often without success). There have been many reports of corruption in food parcel distribution, with ANC councilors implicated in their theft. The president has promised action (yet to be resolved).⁸

Effects on Higher Education: South African universities moved all their teaching online from term 2 in early March. Varsity campuses were closed, graduation ceremonies cancelled, and students sent home from residences until late May, when 33% of students were allowed back onto campus. As it stands, most universities plan to continue with online learning where possible for the remainder of the 2020 academic year.

Law Enforcement: Police and army brutality has been a recurrent theme during South Africa's lockdown, and the United Nations has described South Africa as one of the worst offenders in this regard.⁹ Videos of police firing rubber bullets at citizens were widely circulated on social media; two South African Defence Force members now stand accused of beating a citizen to death for having a cup of beer in his back yard. By 28 April there had been 39 complaints of police brutality during South Africa's lockdown.

Assessment: President Ramaphosa was praised by the WHO for his government's response to the pandemic, and it is undeniable that COVID-19 has spread slower, and killed fewer people than it has across much of Western Europe and America. However, South Africa faces some major hurdles in the coming months. Social distancing is not possible in the poorer communities where HIV (not thought to be a COVID-19 comorbidity) and tuberculosis are common, and hunger and poverty-related diseases are a constant threat. For a young population without the kind of economic support available in countries such as the UK, the consequences of keeping these public health measures in place could far outweigh those of letting the disease take its course.

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EUROPE

FRANCE

RED AND GREEN ZONES CUT FRANCE IN TWO

ESTIMATED POPULATION (2020): 67 MILLION¹

COVID-19 statistics at 1 June 2020

TOTAL CASES	185,851
TOTAL RECOVERED	68,473
DEATHS	28,805

Introduction: The French government's response to Coronavirus outbreak—health and safety measures, restrictions on movement, social distancing, shut down of non-essential businesses and education establishments—has been operating only since the commencement of lockdown on 17 March 2020. At first, the government only followed the advice of its Scientific Council. Following a split between the scientists on the importance and means of fighting the global pandemic, the government focused on the Health and Economy portfolios, which has contributed to it keeping control on the evolution of the pandemic in France.

COVID-19 in France. The first cases of coronavirus in France² may go back to December 2019, but at that time patients were treated for pneumonia. It was only by going back to patients' files and having tests carried out that it was discovered that the patients suffered from coronavirus.³ Agnès Buzyn, the former Health Minister who left her post to be a candidate in the municipal elections in Paris, said that she had warned President Macron and Prime Minister Edouard Philippe about the seriousness of the crisis in January.⁴

The first large cluster was an evangelical gathering between 17 and 21 February in Mulhouse attended by 2,500 people.⁵ According to an investigative report by Radio France, at least half of the attendees had contracted the virus. It was only on 2 March that health authorities recognized that there was an outbreak all over the country linked to the religious meeting, by which time secondary infections had spread out of control. By 1 June, the COVID-19 pandemic had claimed the lives of just over 28,800 people in France, according to the data communicated by the *Santé publique France*.

Government measures: The first round of municipal elections in France took place on 15 March against the backdrop of government measures to prevent the spread of the virus. Stringent restrictions on public life involving the closure of bars, restaurants and other businesses considered non-essential were set to begin the following day.

The decision to press ahead with the election was justified as being critical to democratic life in the country, despite concerns about how a second round would be held as the toll of infections and deaths continued to rise. In the end, the turnout of registered voters was 45%, down almost 20% from the last election in 2014.⁶ The second round of very 'out of the ordinary' municipal elections will now be held on 28 June.⁷ This is almost three and a half months after the first round when usually the first and second rounds take place within a week.

On 16 March (one day after the first round of the municipal elections), President Emmanuel Macron announced the beginning of a lockdown period from 17 March at noon. Initially planned for 15 days, then for 30 days, the lockdown period was extended until 11 May. Prime Minister Edouard Philippe announced on 7 May that the country was "cut in two" concerning rates of infection; the government has created red and green zones to demarcate infection levels. There is a clear concentration of cases in Paris and the northeast of France (the red zones) where restrictions will both remain.⁸ The announcement came as France moved to relax lockdown from Monday 11 May.

Government intervention and stimulus: On 16 March President Emmanuel Macron announced measures intended to assist both businesses and employees to help stave off the prospect of an economic crisis in France. These included a furloughing scheme known as *chômage partiel* under which the state would pay 84% of an employee's wage.⁹ Since its introduction the cost of the scheme has risen to €20 billion.¹⁰ Businesses were also informed that via a simple email request they could defer payment of taxes and social security contributions in the month of May¹¹ with those able to demonstrate that the effects of the virus were a direct threat to their survival able to apply for tax exemption.¹² The government has also announced a €110 billion package, which includes: a solidarity fund of €6 billion in direct payments for the self-employed and very small businesses; the postponement of rent and utility bills for small and medium-sized enterprises; and funds for bailout loans to businesses.¹³

1 Population changes <https://www.insee.fr/en/statistiques/2382601?sommaire=2382613>

2 For more information, see Etat de l'épidémie en France https://www.lemonde.fr/les-decodeurs/article/2020/05/05/coronavirus-age-mortalite-departements-pays-suivez-l-evolution-de-l-epidemie-en-cartes-et-graphiques_6038751_4355770.html

3 Coronavirus: France's first known case was in December <https://www.bbc.com/news/world-europe-52526554>

4 Coronavirus: Buzyn affirme avoir prévenu Philippe et Macron des janvier de l'ampleur de la crise <https://www.lefigaro.fr/politique/pour-agnes-buzyn-les-municipales-ont-ete-une-mascarade-au-regard-du-coronavirus-20200317>

5 How five days of evangelical worship set off the coronavirus outbreak in France <https://www.irishtimes.com/news/world/europe/how-five-days-of-evangelical-worship-set-off-the-coronavirus-outbreak-in-france-1.4217239>

6 Green surge and low turnout as virus fears weigh on French local elections <https://www.france24.com/en/20200315-live-france-holds-local-elections-despite-coronavirus-clampdown>

7 Elections municipales: un second tour si particulier

8 https://www.lemonde.fr/politique/article/2020/05/28/municipales-un-second-tour-si-particulier_6041028_823448.html Coronavirus : Paris restrictions to stay as France reopens, <https://www.bbc.com/news/world-europe-52579482>

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France's biggest COVID-19 relief measure has been a package of €300 billion in loan guarantees to help businesses survive the crisis.¹⁴ While there has been a progressive *déconfinement* (easing of lockdown restrictions) since 11 May, the economic prospects for France look bleak. Each month of lockdown has cost the French economy approximately 3% of annual GDP¹⁵ and France now faces a deep recession, which will result in the economy (specifically the annual GDP forecast) shrinking by 11%.¹⁶ The government hopes that the damaging financial and medical impacts of the virus can be mitigated through the widespread use of its contact-tracing app (StopCovid) for mobile phones, which was released on 2 June.¹⁷ The app seeks to determine whether its users have been in close contact with any person infected by Covid-19 and to alert them to the fact if they have.

Effects on higher education: The closure of universities was announced by president Emmanuel Macron on 12 March¹⁸ and affected 2.5 million students.¹⁹ All universities subsequently made provision for distance education, with most offering their courses and assessments online. Students of medicine had the opportunity of becoming part of the reserve volunteers who could be called upon to assist in hospitals.²⁰ The tertiary sector in France is mostly government-funded and therefore not dependent on tuition fees from domestic or international students in the same way, or to the same level as universities in Australia, the US or the UK. Following the outbreak of COVID-19, the government announced an investment of €50 million for research into the virus, a further €30 million into issues affecting global health, and an additional €1 billion a year for the sector as a whole (infrastructure, facilities and laboratories, staff pay, research projects, etc).²¹ The Minister of Higher Education has asked for universities to prepare a hybrid learning approach to the delivery of courses for when the new academic year starts in September.²²

Assessment: France has suffered one of the highest COVID-19 death rates in Europe. At the time of writing, approximately 28,000 people have died from the disease in hospitals and care homes, but the number of new cases has also fallen. Since 11 May, lockdown measures are gradually being relaxed and journeys of 100 km are allowed without an *attestation* (permission form).²³ These measures vary depending on the health situation of the department in which people live. Stricter rules apply in departments where the virus is highly active (red zones) than in departments where the virus is less active (green zones).²⁴ The government is keeping a close watch on infection rates to avoid a second wave.

Last but not least, in spite of a global health, social and economic crisis, the French Academy has been debating whether we should say 'LE coronavirus' (as virus is masculine in French) or whether it should be 'LA Covid-19' because it is an acronym for disease, or '*maladie*', which in French is feminine!²⁵

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23 Coronavirus France eases lockdown after eight weeks <https://www.bbc.com/news/world-europe-52615733>

24 Coronavirus COVID-19 <https://www.gouvernement.fr/en/coronavirus-covid-19>

25 'La Covid': coronavirus acronym is feminine, Académie française says' <https://www.theguardian.com/world/2020/may/13/le-la-covid-coronavirus-acronym-feminine-academie-francaise-france>

Figure 1: Prime minister Edouard Philippe described France 'cut in two' by the coronavirus <https://www.bbc.com/news/world-europe-52615733>
Red and Green zones in France, (includes parts of overseas France).

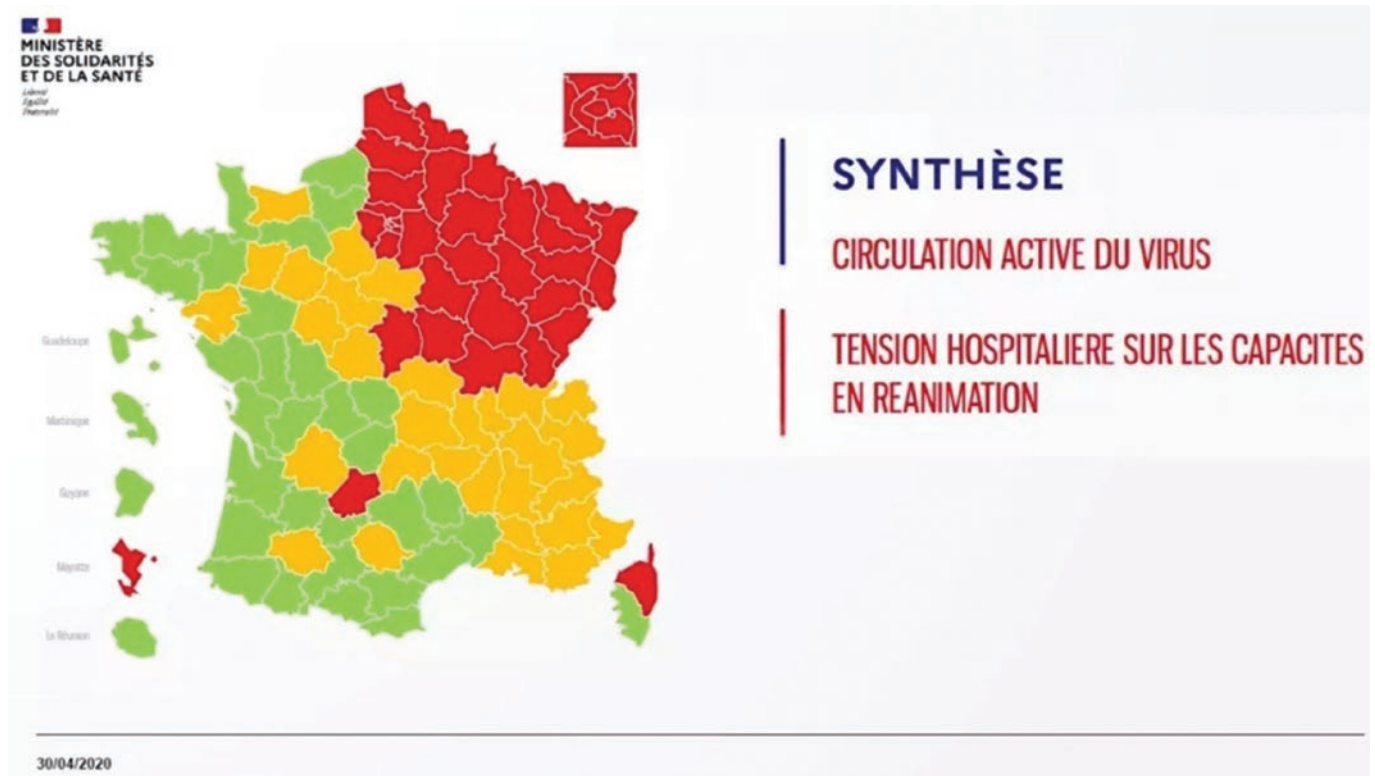


Figure 2: Food distribution notice, Paris. Photo by Michelle Ziling Ou on Unsplash.

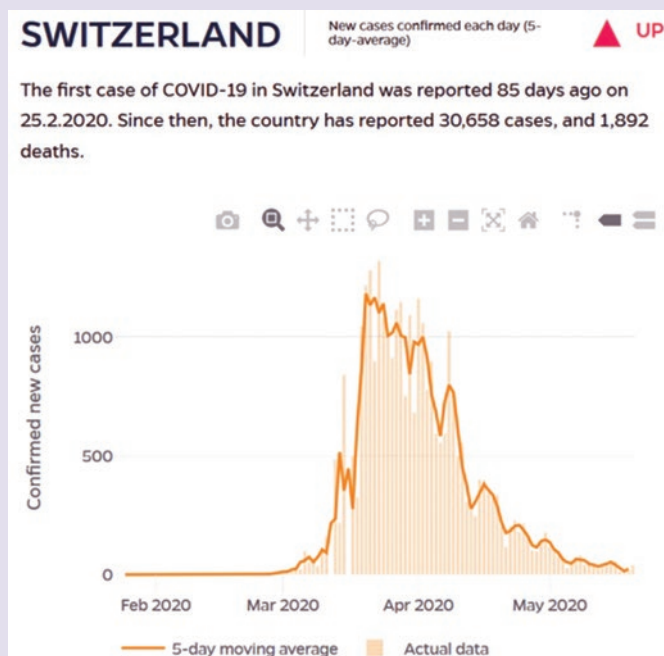


ISSUES PAPER

SANS-PAPIERS IN SWITZERLAND UNDER COVID-19

Introduction: Switzerland was one of the worst affected countries by COVID-19 in March 2020. On a per-capita basis it topped the global list of COVID-19 infections.¹ Two major reasons for this are Switzerland's strong tourism industry and its role as a major meeting point for business in Europe.² After realising how exposed Switzerland is to this new biological threat, the government took drastic measures, imposing an 'extraordinary situation', which provides the Federal government special powers in times of crisis.³ Since the initial heavy exposure to the virus, Switzerland has drastically improved its response to the threat and successfully flattened the curve.⁴

Figure 1: Confirmed COVID-19 in Switzerland⁵



Switzerland has introduced a plan to ease restrictions⁶ but the reported behaviour of the public in response to this has raised significant concerns regarding a second wave of infections.⁷ This contribution will examine the plight of illegal immigrants in Switzerland in the context of this pandemic, a group whose particular vulnerabilities also represent a systemic threat to the health response.

Illegal immigration in Switzerland: Switzerland has a long history of legal and illegal immigration. One of the largest waves of worker migration in recent history started in 1948 when Switzerland signed a bilateral treaty with Italy, and Swiss employers began recruiting foreign workers to come to Switzerland (so-called 'Saisonniers'). With this treaty Switzerland was one of the earliest European countries to recruit foreign workers.⁸ As Switzerland let the saisonnier-visas expire many chose to stay and keep on working without formal working rights.⁹ As such, they would be considered 'Sans-Papiers'.¹⁰

Sans-Papiers in Switzerland: The Swiss government defines 'Sans-Papiers' as individuals who are living in Switzerland without a valid residence permit. This does not imply that they do not possess identity documents. Most Sans-Papiers are looking for work and better living conditions. They might have arrived in Switzerland through a legal or illegal channel and often have jobs in sectors that are not sufficiently supplied by Swiss or EU citizens. These sectors include working in private households, gastronomy, hospitality, construction, and agriculture. Asylum seekers whose request for asylum are denied but continue to live in Switzerland also fall under this category.¹¹ They often live on the fringes of society and try not to draw attention to themselves.¹² By living a normal life and not standing out from the rest of society, they manage to avoid detection. In 2015, official estimates put the number of Sans-Papiers living in Switzerland between 50,000 and 99,000¹³ but other sources estimate the number to be much larger.¹⁴

SANS-PAPIERS AS A GROUP OF VULNERABLE PEOPLE IN THE CONTEXT OF COVID-19

As one of the hardest-hit countries during the early stages of the COVID-19 pandemic, Switzerland had to take strong measures to curb the spread of the disease. This challenge was exacerbated by the large number of Sans-Papiers, particularly in terms of how to protect this vulnerable group. Swiss cantons have the authority to instruct the police force to check papers if there is a suspicion of unauthorized work or immigration. This leads to significant differences among cantons as to how they handle Sans-Papiers. Against this background of uncertainty, many Sans-Papiers have been disproportionately affected by the coronavirus crisis.

1 https://www.swissinfo.ch/eng/society/covid-19_coronavirus--the-situation-in-switzerland/45592192; <https://www.businessinsider.com/coronavirus-cases-per-capita-chart-countries-2020-3?op=1&r=US&IR=T>

2 <https://globalnews.ca/news/6713906/coronavirus-switzerland-commentary/>

3 <https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov.html>

4 https://www.bag.admin.ch/dam/bag/de/dokumente/mt/k-und-i/aktuelle-ausbrueche-pandemien/2019-nCoV/covid-19-lagebericht.pdf.download.pdf/COVID-19_Epidemiologische_Lage_Schweiz.pdf

5 <https://coronavirus.jhu.edu/data/new-cases>

6 https://www.swissinfo.ch/eng/society/covid-19_coronavirus--the-situation-in-switzerland/45592192

7 <https://www.srf.ch/news/schweiz/feiern-bis-der-arzt-kommt-sehenden-augen-in-die-zweite-welle>

8 <https://www.gao.gov/new.items/d061055.pdf>

9 Laubenthal, B. (DE-588)120527766, (DE-627)080729975, (DE-576)179542699, aut. (2007). *Der Kampf um Legalisierung soziale Bewegungen illegaler Migranten in Frankreich, Spanien und der Schweiz* Barbara Laubenthal. Mit einem Vorw. von Claus Leggewie.

10 <https://www.ekm.admin.ch/ekm/de/home/zuwanderung---aufenthalt/sanspapiers.html>

11 <https://www.ekm.admin.ch/ekm/de/home/zuwanderung---aufenthalt/sanspapiers.html>

12 There is an interesting academic publication that investigates the issues of unauthorized immigration in Switzerland from a legal perspective available from the University of Geneva. (See <https://archive-ouverte.unige.ch/unige:83220>)

13 <https://www.ekm.admin.ch/ekm/de/home/zuwanderung---aufenthalt/sanspapiers.html>

14 http://www.sans-papiers.ch/index.php?id=89&no_cache=1

One way they remain undetected is to blend in with the rest of society. With the lack of large crowds and increased police activity to enforce social distancing rules, this has become difficult.¹⁵ The lack of work and social insurance indicates that Sans-Papiers have no choice but to find a way to make money, rely on savings, or risk being unable to buy food and even become homeless. Since Sans-Papiers fear extradition if they are discovered, they also have a disincentive to go to the hospital if they fall ill, because they would have to register their personal details in order to receive care.¹⁶ This has major implications for the Swiss COVID-19 Public Health response, which relies heavily on an effective regime of case identification and containment through contact tracing. The unwillingness of Sans-Papiers to get tested or to even seek care if they fall ill with typical COVID-19 symptoms presents a major weak spot in the Health campaign and its underlying assumptions.¹⁷ Taiwan's government has offered temporary amnesty for illegal workers,¹⁸ restricting deportation during the crisis period, but Switzerland has showed no signs of pursuing such an approach.

State and civil society cooperation: Civil society organisations have set up institutions that provide advice and material help to Sans-Papiers. The institution in the canton of Bern¹⁹ for example, is funded by religious institutions, NGOs, and unions. They try to be a neutral partner so that Sans-Papiers can assert their human rights without compromising their identities. Sadly, many of the organisations are chronically underfunded and struggle to adapt to the reality of this crisis. One symptom of this problem that caught public attention was a food donation line in Geneva, where over 2,500 individuals waited in a kilometre-long queue to receive a basic food package.²⁰

One central issue is that regulation within the health-, legal- and governmental systems is focussed on reporting, rather than ensuring that essential services are provided to this vulnerable group of individuals.²¹ For this very reason various civil society institutions have been set up to ensure that Sans-Papiers have a way to access essential services without compromising themselves. This issue has become a central point of dispute between civil society institutions and political parties during the COVID-19 pandemic.²²

From the civil society institutions that are in contact with Sans-Papiers it is known, anecdotally, that the pandemic has negatively impacted their work, health and psychological state.²³ These effects are wide ranging with some unable to buy food, losing their housing or experiencing the psychological duress of a life in constant fear of being discovered, now with fewer places to hide.²⁴ One such example is the case of Juan Torres²⁵ who has lost his source of income affecting his ability to afford basic necessities and is close to losing his accommodation.²⁶ A persistent issue is the lack of even basic representative data; an irony in a nation that prides itself on efficient information flows. It remains unknown how many Sans-Papiers are infected with COVID-19 and what the collateral effects are within this segment of the Swiss population.²⁷

CONCLUSION

The use of civil society as a neutral negotiation partner between the state and Sans-Papiers is commendable. The Canton of Geneva has recently announced that it will be providing income replacement to Sans-Papiers who have lost their work due to COVID-19.²⁸ It is however strongly contested how this initiative should be implemented to avoid additional harm to Sans-Papiers.²⁹ Beyond this initiative, there has been little willingness from the state or jurisdictions to support Sans-Papiers with more resources during this crisis. This continues a recent pattern of treatment by the state. Prior to the pandemic, law enforcement authorities had used the court system to prosecute individuals for supporting Sans-Papiers in dire situations. In 2017 there were 785 convictions for aiding illegal immigrants.³⁰ This paints a picture that contradicts the humanitarian tradition practiced by Switzerland for centuries, and it raises the issue of whether hardship clauses should be expanded, particularly as the current crisis unfolds.³¹

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15 <https://www.bernerzeitung.ch/wenn-das-geld-nicht-fuers-essen-reicht-677308743764>

16 <https://sanspapiersbern.ch/aktivitaet%3A4t/corona-krise/>

17 https://www.hug-ge.ch/sites/interhug/files/structures/medecine_de_premier_recours/rapport_denquete_aupres_des_personnes_en_situation_dinsecurite_alimentaire_2_mai_2020.pdf

18 <https://www.straitstimes.com/asia/east-asia/taiwan-sees-results-with-amnesty-to-get-illegal-workers-to-surface>

19 <https://sanspapiersbern.ch>

20 <https://www.bzbasel.ch/schweiz/stundenlang-anstehen-fuer-gratis-essen-nie-gedacht-so-etwas-in-der-schweiz-zu-erleben-137804460>

21 http://www.sans-papiers.ch/fileadmin/redaktion/Hintergrund/ILeben_als_Sans-Papiers_in_der_Schweiz.pdf

22 <https://ccsi.ch/2020/05/13/pandemie-covid-19-et-sans-papiers-communique-de-presse/>

23 <https://ccsi.ch/2020/05/05/coronavirus-et-sans-papiers-appel-au-conseil-detat/>

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25 Name changed to keep his identity confidential by the Bernerzeitung. See: <https://www.bernerzeitung.ch/wenn-das-geld-nicht-fuers-essen-reicht-677308743764>

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28 <https://www.bernerzeitung.ch/arbeitslosengeld-fuer-sans-papiers-181953015367>

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GERMANY

ADAPTIVE FEDERALISM FLATTENS THE CURVE

ESTIMATED POPULATION (2020): 83.783 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	183,500
TOTAL RECOVERED	165,552
DEATHS	8,546

Introduction: Germany's Federal system of government has required one Federal, 16 state governments and their respective health bureaucracies, to work together to combat the COVID-19 pandemic. Chancellor Dr. Angela Merkel and Health Minister Jens Spahn have attempted to coordinate action, although frequently various state prime ministers have taken the lead initiating or relaxing measures of economic shutdown and social distancing. Some of these actions are considered attempts to distinguish oneself in the light of the 2021 parliamentary elections.¹ By introducing an amendment to the national infection protection law, Spahn tried to broaden the scope of action for the Federal government.²

The escalation of cases during the month of February in Italy and elsewhere in Europe led the German government to convene a national crisis committee by 27 February. Germany's strong economy allowed the coalition of the Christian Democratic Union (CDU), the Christian Social Union of Bavaria (CSU), and the Social Democrats (SPD) to implement comprehensive economic measures. However, the coalition has had to desist from its mantra of a "black zero"—a balanced budget.³

COVID-19 in Germany: The first COVID-19 case in Germany occurred on 27 January in the Federal state of Bavaria. By the end of May over 183,000 cases were confirmed in total.⁴ The regional spread however differs significantly, with those states with a high population density and/or with borders to other heavily affected EU countries (like Austria or France) being the most affected. A carnival event on 15 February 2020 in the district of Heinsberg in North Rhine-Westphalia with hundreds infected is considered the tipping point for the spread of the virus in Germany. From this moment the traceability of the infection chains became impossible.⁵

Social distancing, quarantine procedures and an economic lockdown coupled with increased testing (over 2.5 million tests by 6 May⁶), have enabled German health authorities to 'flatten the curve' with a considerably lower death rate compared to other European countries like Italy or Spain.

Restrictions on movement: By 16 March the Federal government implemented the first extensive controls and entry bans at its borders. Two days later the EU restricted immigration and closed the Schengen zone. All nationals or residents returning to Germany underwent 14 days of isolation. At the same time, the Federal Foreign Office launched a campaign to return more than 160,000 German vacationers from abroad.⁷ Restrictions however remained weaker than in other European countries due to success in keeping the health system running. Restrictions were steadily adapted and relaxed from mid-April. The worldwide travel warning for German citizens remains in place at least until mid-June. However, most borders with neighbouring countries were opened and national tourism was authorized under strict hygiene and social distancing rules by the end of May.⁸

Social distancing: The first major events were cancelled at the beginning of March. On 22 March the first strict exit and contact restrictions came into force. Schools and daycare centers were already closed in most Federal states by then. Emergency care was assured for parents who worked in essential services such as health, police and emergency services. Only essential trips were permitted under a staged lockdown process—shopping, medical treatment, emergencies and daily exercise were allowed.⁹ While restaurants and cafes were not permitted to have seated customers, they could serve take away food. Restrictions were steadily adapted and relaxed from mid-April with major differences between the Federal states.¹⁰ On 15 May the first Federal states allowed restaurants to reopen under strict social distance and hygiene rules.¹¹

Government stimulus: The Federal government has launched a comprehensive package of measures in order to protect employees, self-employed people and companies from the economic consequences of lockdown. According to the Federal Finance Ministry it is the largest aid package in the history of the Federal Republic of Germany. The total amount of measures affecting the Federal budget plan is €353.3bn, and the total amount of guarantees is €819.7bn. The Federal government will take out new loans amounting to around €156bn for financing. The cabinet has approved a corresponding supplementary budget. These measurements are accompanied by additional stimulus and protection instruments launched by all 16 Federal states. Several buying incentives in order to boost the market are currently under discussion.¹²

- 1 Watson.de, Politologe erklärt, wer gerade von der Corona-Krise profitiert, 27 March, <https://www.watson.de/deutschland/interview/630016517-politologe-erklaert-wer-gerade-von-der-corona-krise-profitiert>
- 2 Handelsblatt, Bund will Kompetenzen im Kampf gegen Coronavirus an sich ziehen, 21 March, <https://www.handelsblatt.com/politik/deutschland/infektionsschutzgesetz-bund-will-kompetenzen-im-kampf-gegen-coronavirus-an-sich-ziehen/25668734.html?ticket=ST-4949244-oaweCEO6dEhgbVz2qM7d-ap6>
- 3 taz, Schwarze Null wird schwarzes Loch, 14 May, <https://taz.de/Einbrechende-Steuererinnahmen/!5684663/>
- 4 Johns Hopkins University, Corona Virus Map, <https://coronavirus.jhu.edu/map.html>
- 5 Frankfurter Allgemeine Zeitung, Am Beispiel von Heinsberg die Pandemie verstehen, 21 March, <https://www.faz.net/aktuell/politik/inland/coronavirus-am-beispiel-von-heinsberg-die-pandemie-verstehen-16699780.html>
- 6 Tagesschau.de, 40 Prozent mehr Tests in Deutschland, 6 May, <https://www.tagesschau.de/investigativ/corona-tests-rki-101.html>
- 7 MDR, Chronik der Corona-Krise, May 26, <https://www.mdr.de/nachrichten/politik/corona-chronik-chronologie-coronavirus-100.html>
- 8 Bundesregierung, Informationen für Reisende und Pendler, n.d., <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-regelungen-1735032>
- 9 MDR, Chronik der Corona-Krise, May 26, <https://www.mdr.de/nachrichten/politik/corona-chronik-chronologie-coronavirus-100.html>
- 10 Bundesregierung, Informationen für Reisende und Pendler, n.d., <https://www.bundesregierung.de/breg-de/themen/coronavirus/corona-regelungen-1735032>
- 11 Tagesschau.de, Wo Restaurants wieder offen sind, 15 May, <https://www.tagesschau.de/inland/gastgewerbe-lockerungen-101.html>
- 12 Frankfurter Rundschau, Wirtschaftskrise: Kommt die Abwrackprämie 2020?, 29 May, <https://www.fr.de/wirtschaft/wirtschaftskrise-kommt-abwrackpraemie-2020-zr-13780128.html>

Additionally, the German parliament (*Bundestag*) agreed to a temporary increase of “short-time working” payouts, moving from meeting 60-67 % to between 70-87 % of net wages.¹³ Short time working (“*Kurzarbeit*”) is a state-regulated unemployment insurance to avoid layoffs by instead reducing working hours, with the government making up parts of the lost income.¹⁴ By 26 April, 10.1 million employees were registered for short-time work by their companies, a number that far exceeded all economic forecasts.¹⁵

A study by the German Ifo Institute for Economic Research estimates economic costs of between €255bn and €729bn depending on the duration of the shutdown. According to the economists the annual growth rate of GDP could be reduced between 7.2 and 20.6 percentage points depending on different scenarios.¹⁶

Effects on Higher Education: Most universities in Germany postponed the beginning of the summer semester in April for a few weeks in order to move their teaching online. On 7 May the German parliament passed an amendment to the legislation on fixed-term contracts in higher education and research (“*Wissenschaftszeitvertragsgesetz*”) in order to prevent disadvantages for researchers and teaching staff. Universities can now extend employment contracts beyond the previously applicable maximum limit of six years. The same amendment includes financial benefits for students who receive loans or subsidies under the Federal Student’s Assistance Act (“*BAföG*”).¹⁷

Assessment: Germany’s success in battling COVID-19 has drawn international attention.¹⁸ With strict but comparatively weaker restrictions on social life and a health-care system in a good shape, the government and the authorities have managed to ‘flatten the curve’. Germany was hit by the virus only at a later stage of the pandemic, and thus had time to prepare. The country’s intensive-care units were increased by 12,000 beds to 40,000 at an early date.¹⁹ As a result, by the end of May the reproduction factor of the virus fell to 0.61. The government is committed to keep the figure below 1.0 to prevent a second wave of infection.²⁰ Some criticize the results of the disputes of state prime ministers with the Federal government as a “patchwork rug”²¹ which confuses the population. However, most analysts agree that Germany’s success against COVID-19 precisely lies in its federal structure, which allows regionally adapted procedures, depending on the respective development of the situation.

While the economic consequences for the country are yet to be calculated, several civil society organizations warn against the subordination of important political goals—such as climate goals—to the primacy of (neo-liberal) economic recovery.²² The government’s initiative of a bonus for purchasing new vehicles—including SUVs—without considering their environmental compatibility²³ shows that such concerns are more than justified.

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13 Merkur.de, Neuerung beim Kurzarbeitergeld: Das gilt für Arbeitnehmer und Selbständige, 29 May, <https://www.merkur.de/leben/karriere/neuerung-beim-kurzarbeitergeld-gilt-arbeitnehmer-selbstaendige-zr-13593502.html>

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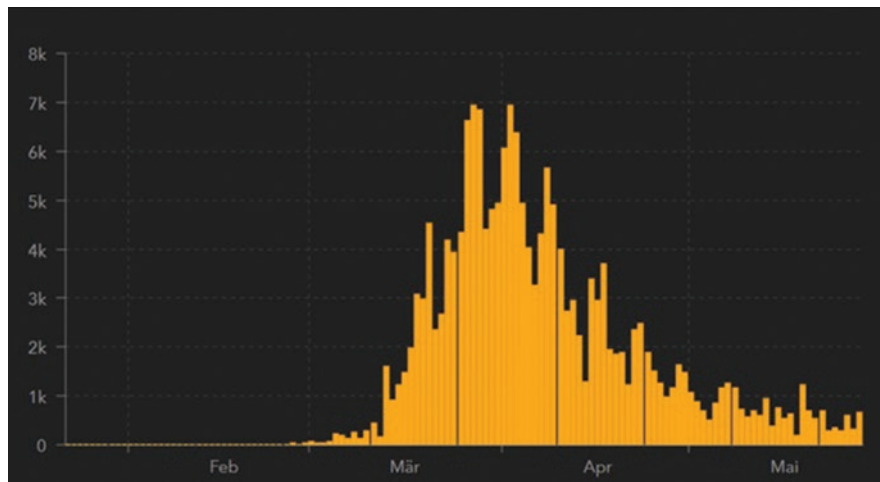
19 World Economic Forum, How Germany contained the coronavirus, 23 May, <https://www.weforum.org/agenda/2020/05/how-germany-contained-the-coronavirus/>

20 Bloomberg, Germany’s Infection Rate Falls Further Below Key Threshold, 29 May, <https://www.bloomberg.com/news/articles/2020-05-29/germany-s-infection-rate-falls-further-below-key-threshold>

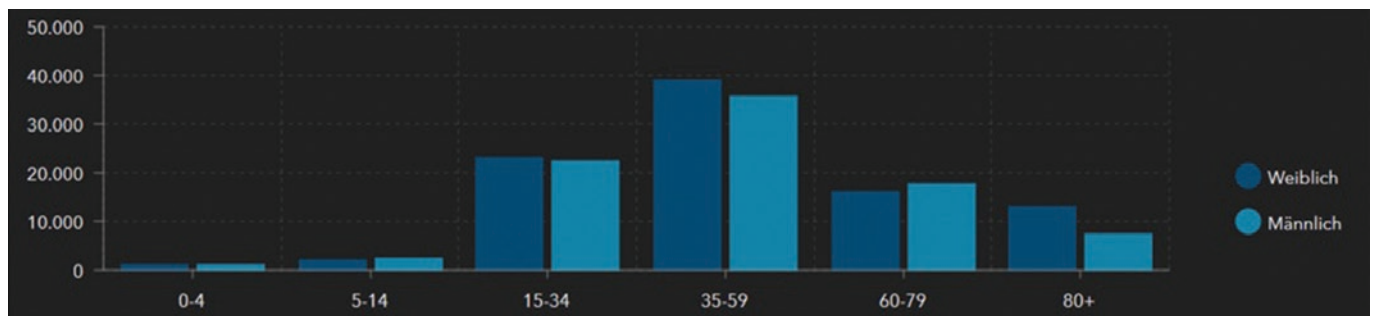
21 br.de, Corona-Flickenteppich in Deutschland – Kritik von Söder, 4 May, <https://www.br.de/nachrichten/deutschland-welt/corona-flickenteppich-in-deutschland-kritik-von-soeder,Ry1aUGe>

22 Süddeutsche Zeitung, Wie die Pandemie das Klima schützt – und bedroht, 12 April, <https://www.sueddeutsche.de/politik/coronavirus-klimawandel-nachhaltigkeit-1.4873975>

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Figure 1: Daily Cases in Germany

Source: <https://coronavirus.jhu.edu/map.html>

Figure 2: Cases by age group and sex (männlich=male, weiblich=female)

Source: Robert Koch Institut, <https://experience.arcgis.com/experience/478220a4c454480e823b17327b2bf1d4>

GREECE

“BEND IT LIKE GREECE”: A SUCCESS STORY FOR FLATTENING THE COVID-19 CURVE

ESTIMATED POPULATION (2020): 10.423 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	2,917
TOTAL RECOVERED	1,374
DEATHS	175

Introduction: Despite the economic crisis of the last decade and substantial migration flows from Syria and northern Africa, Greece is one of the few countries that has successfully managed to prevent the COVID-19 pandemic from spreading in its territory. As of 31 May, 2020, Greece had 2,917 total confirmed COVID-19 cases with 175 deaths (6%) and 1,374 recoveries (47%).¹ These low numbers were the result of the COVID-19 National Preparedness and Response Plan which focused on Public Safety, National Healthcare, Economy and Information Media.²

Several key decisions exemplified the timely response of the government and health officials from the day the first COVID-19 case was confirmed on 26 February, 2020, to mid-May.³ While these likely contributed directly to reduced community transmission, they also served as important signals to the community about how this campaign would need to be fought.

Public Safety: From 27 February, 2020, the government gradually canceled all large crowd public events (including the traditional Carnival parade and Easter practices in churches), and established strict social distancing and restrictive measures. While other European countries applied similar enforced orders, Greece acted earlier. For instance, the response time in days in Greece from the first death due to COVID-19 to the day restrictive measures were enforced was minus three days (i.e. three days *before* the first death); in Spain it was six days after and in Italy 12 days after.⁴ It should be noted that the first death in Greece due to the COVID-19 was on 12 March, 2020.⁵ The following day, the government established three operations centers crewed by police, fire service and civil protection personnel:⁶

1. Operations Tracking Center, General Police Directorate of Attica, with a crew of between 60 and 70 police and fire service personnel;
2. Special Operation Center, Unified Operations Coordination Center of the Hellenic Fire Service, with a crew of 150 fire service personnel; and
3. Civil Protection Operations Center, with a crew between 20 and 30 civil protection personnel.

These centers were under the management of the General Secretariat for Civil Protection. Their mission included the enforcement of quarantine orders, monitoring of people under such orders, and tracking of high- and low-risk contacts of COVID-19 patients.⁷

On 18 March, Greece closed its borders to non-EU nationals, and banned private pleasure boats from entering Greece. Any arrivals were to self-isolate for 14 days.⁸

National Healthcare: In order to manage issues that could potentially worsen the pandemic, the government expanded the annual budget of the National Healthcare System by €275 million.⁹ This resulted in the employment of an additional 3,748 medical personnel, as well as the increase of intensive care units (ICUs) to 1,015, molecular diagnostic tests to around 5,500 per day, N95 masks for medical personnel to 21 million, and N95 mask manufacturing to 9 million pieces per month.¹⁰

By 26 May, 2020, the basic reproductive number (R_0) for the virus had dropped to 0.33, down from a high of 2.5 in February. According to officials, the early implementation of the COVID-19 National Preparedness and Response Plan (highlighting its focus on the restrictive measures), in combination with the public's collaboration and response, were the main components for this encouraging record. Overall, the actual number of COVID-19 cases was much lower than 1% of the total population.¹¹ Importantly, achieving this low rate of infection prevented the saturation of the National Healthcare System, unlike the experience of other European countries with a similar sized population, such as Belgium.¹²

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2 <https://www.moh.gov.gr/articles/ministry/grafeio-typoy/press-releases/6656-anakoi-nwsh-ypoyrgei-oy-ygei-as-gia-thn-etoimo-thta-ths-xw-ras-sxetika-me-ton-koronai-o->; <https://www.kathimerini.gr/1069606/article/epikairotha/politikh/mhtsotakhs-eimaste-se-polemo-o-ex8ros-den-einai-anikhtos>

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Economic Measures: Due to the financial impacts of COVID-19 social restrictions on the market, businesses and individuals, the government decided to support enterprises and employees with stipend support of €800 per person for the period 15 March to 30 April, as well as debt extension.¹³ On 4 May, 2020, a plan for the gradual easing of COVID-19 restrictive measures was publicised,¹⁴ and on 20 May, 2020, the Greek Prime Minister, Mr Kyriakos Mitsotakis, announced a grant of €24 billion to support jobs, boost entrepreneurship, and reduce taxes.¹⁵

Information Media: Starting from 16 March, 2020, the government held daily press conferences to inform the public about new COVID-19 cases and additional measures. These conferences were held by the person-in-charge for COVID-19 crisis management in the Ministry of Health, Dr Sotiris Tsiodras, and the Deputy Minister for Civil Protection and Crisis Management, Mr Nikos Hardalias.¹⁶ Often, the Greek Prime Minister appeared in the media announcing actions taken by the government to prevent the virus from spreading, and to financially support people and local businesses.¹⁷

The General Secretariat for Civil Protection played a crucial role in informing the public regarding the COVID-19 management plan in Greece. Besides the press conferences, additional information was presented on television, radio and the internet in a simple manner (e.g. Q&As, Infographics, etc.).¹⁸ This information was also available in the languages of migrant populations in Greece— English, French, Russian, Albanian, Arabic and Farsi¹⁹—and in sign language.²⁰ Most of these materials informed the public about how to protect themselves, the elderly, and people with chronic medical conditions, which restrictions apply, and what to do in case of infection. The public could also contact the Hellenic National Public Health Organization with inquiries related to COVID-19,²¹ and for psychosocial support.²² The total cost of the COVID-19 information campaign was estimated at €20 million.²³

Assessment: In Greece, the COVID-19 National Preparedness and Response Plan for flattening the COVID-19 curve was a success story, and Greece has ‘bent the curve’. The rapid enforcement of restrictions resulted in a low rate of infection and kept the public safe. Financial support for healthcare services enabled hospitals to provide effective treatment for COVID-19 patients. The joint effort of the government and media provided daily communication of guidelines, which have informed the public how to act during these challenging times. Praise should also be given to healthcare workers and emergency response personnel, as well as to the public at large—while professionals did an excellent job and their contribution will be appreciated for years, the Greek public showed a remarkable attitude and complied well with the measures. These efforts particularly protected the elderly and other vulnerable groups, and has largely saved the country from the tragedy experienced elsewhere.

Now that the enforced orders are slowly lifting, it is important for everyone to remain cautious. The challenge now shifts to maintaining the low number of COVID-19 cases to avoid further “waves”. The focus shifts also to a battered market and financial system. Although many businesses suffered due to the restrictive orders, it is hoped the additional grants can restart the economy and play their part in getting life back to normal.

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¹³ <https://covid19.gov.gr/category/oikonomia-ergasia/>

¹⁴ <https://www.civilprotection.gr/el/enimerosi-apo-ton-yfypoyrgo-politikis-prostasias-kai-diaheirisis-kriseon-niko-hardalia-ton-ekprosopo>

¹⁵ <https://primeminister.gr/en/2020/05/20/24004>

¹⁶ <https://www.amna.gr/en/article/460791/Tsiodras--Hardalias--wrap-up-televised-briefings-with-continuing-low-stats--2-892-total-cases>

¹⁷ <https://primeminister.gr/en/2020/05/14/23979>

¹⁸ <https://www.civilprotection.gr/el/simantika-themata/enimerotiki-kampania-gia-ton-koronoio-apo-ti-ggpp-me-thema-den-fovomaste>

¹⁹ <https://www.civilprotection.gr/el/simantika-themata/se-exi-glosses-i-enimerosi-tis-genikis-grammateias-politikis-prostasias-me-odigies>

²⁰ <https://www.civilprotection.gr/el/simantika-themata/sti-noimatiki-tria-tileoptika-spot-me-odigies-prostasias-apo-ton-koronoio-menoyme>

²¹ <https://www.civilprotection.gr/el/i-geniki-grammateia-politikis-prostasias-enimeronei-gia-ton-arithmo-1135>

²² <https://www.civilprotection.gr/el/enimerosi-apo-ton-yfypoyrgo-politikis-prostasias-kai-diaheirisis-kriseon-niko-hardalia-kai-ton-9>

²³ <https://www.ert.gr/eidiseis/ellada/politiki/s-petsas-kya-enischysis-tis-ekstrateias-epikoinonias-kai-enimerosis-gia-ton-koronoio/>

ICELAND

SUMMER HOUSES AND LISTENING TO SCIENTISTS

ESTIMATED POPULATION 1 JANUARY 2020: 364,134¹

COVID-19 statistics at 1 June 2020

TOTAL CASES	1,806
TOTAL RECOVERED	1,794
DEATHS	10

Introduction: In early March we had news from Iceland that two of our friends had just put themselves into self-isolation. They had been at a party a few days previously, after which one of the guests had tested positive for COVID-19. Our friends were not overly perturbed; indeed, they were sharing a bottle of wine and messaged to thank us, saying they had finally found a use for the hand sanitiser we had given them while we were travelling together in India the year before.

Government response to COVID-19: 'Not overly perturbed' is a fair characterisation of the Icelandic approach to COVID-19. This is not to imply carelessness—Iceland acted decisively, and very swiftly. At the end of January, weeks before Icelanders, on ski holidays in northern Italy and Austria, brought the virus home with them (the first confirmed case of COVID-19 was of an Australian tourist who died at the hospital in Húsavík, in the north of the country, on 28 February), a virus testing regime had commenced. On 14 March, returning Icelanders were all subject to 14 days quarantine, a limit was set on the number of people who may gather together, swimming pools, gyms and other such venues were closed, restaurants remained open but tables were spaced two metres apart, schools were shut and international borders closed. Further, two economic stimulus packages, totalling ISK 290 billion (US\$2.1 billion), were introduced in April, to support companies forced to close and job seekers, to provide low interest loans, and to support mental health initiatives.² The first stage ISK 60 billion (US\$ 411 million) was released in April, the second stage ISK 230 billion (US\$ 1.6 billion) to be released in June 2020. By late May, after just eight positive tests in the preceding 30 days, Prime Minister Katrín Jakobsdóttir cautiously announced that the virus was under control, and Iceland is planning to reopen its borders to international tourists from 15 June. Visitors will be tested at the border, or will be permitted to enter if they bring proof of recent negative testing.

Social factors: Just 10 people have succumbed to COVID-19 in Iceland. Early action and an excellent state health system are two of the reasons behind this low figure, but Iceland also had two secret weapons—summer houses, and Kári Stefánsson.

Many Icelanders own summer houses, and many more have access to them through employee unions, who typically buy and make available to their members summer houses at low cost. In the short summer months, Icelanders frequently visit these houses—simple wooden structures with a large sleeping loft upstairs, tucked away in the countryside—and stay several days, holding grill (and drinking) parties. In the long winter, many of the houses are deserted. Hence, when returning Icelanders needed to quarantine, summer houses were the obvious and readily available place. Because of this, the risk of transmission between a returning Icelandic and others in their household was kept very low.

The unique genetic laboratory: Kári Stefánsson was key to another primary factor in Iceland's fight against the spread of COVID-19 – the establishment of early and widespread testing. Kári is a neurologist who founded the company DeCode Genetics in 1996.³ Iceland is a small nation—its population according to *Statistics Iceland* was 364,134 on 1 January 2020—and for most of its history it has been endogamous. Its entire history is known, as too are the genealogies of its people – Icelanders only need enter their name into a specific website (Islandingurbok.is) to have their lineage, back to the founding of Iceland in 874, revealed. For these reasons, it is a geneticist's dream laboratory, and one which Kári took full advantage of when mapping the human genome. In early March of this year, Kári was driving to work in Reykjavík when he heard a radio program on the new virus emerging in China. The announcer reported that more than 3% of China's population were predicted to die during the outbreak, which puzzled Kári, who could not understand how such a rate could be calculated without knowing the spread of the virus. To his mind, what was missing, all over the world, was sufficient screening. Kári immediately called Iceland's Surgeon General, Alma Möller, and persuaded her to allow DeCode to open a massive COVID-19 testing operation in its labs. DeCode then teamed up with the National Health Service—see Figures below, which distinguish between DeCode and National Health Services testing—to screen all people with upper respiratory tract infections, as well as asymptomatic volunteers, and randomly sampled people.

Testing: To date, 61,025 people, or some 17% of the Icelandic population have been tested, by far the highest percentage of population tested globally. A total of 1,806 infections have been recorded, of which 1,794 people have recovered; 20,635 people have completed quarantine, and 1,114 remain in quarantine. Nobody is in hospital with COVID-19, and of the 10 who have died due to the virus, the last succumbed on 20 April, 2020.⁴ Kári's work, and that of Iceland's National Health Services, has made a significant contribution to global knowledge of the virus. While early Icelandic cases were predominantly people who had returned from northern European skiing trips, later samples showed strains of the virus coming from other countries, including the U.K., which was at that time considered low risk. Icelandic researchers identified more than 291 mutations of the virus and have shown that the number of people who carry the virus, but show no symptoms, may be high: about 0.8% of those who volunteered for screening tested positive. DeCode also plans to investigate the DNA of patients who have been infected with COVID-19, in order to answer the question of why some people become gravely ill, and others show no symptoms.

¹ <https://hagstofa.is/utgafur/frettasafn/mannfjoldi/mannfjoldinn-1-januar-2020/> (accessed 31 May, 2020)

² https://icelandmonitor.mbl.is/news/politics_and_society/2020/04/22/second_economic_stimulus_package_introduced/ (accessed 31 May, 2020)

³ www.decode.com

⁴ Numbers drawn from www.covid.is (accessed 31 May 2020)

Government action: While summer houses and Kári may be Iceland's secret weapons, the national approach to COVID-19 was of equal significance, and apolitical. The president of Iceland, Gudni Johannesson, and his wife were the first to be tested by DeCode, but political figures have not been at the frontline of the fight against COVID-19. Apart from Kári Stefánsson, consulted most days in various media, there have been three other public figures taking authoritative public roles; Alma D. Möller, Surgeon General; Þórólfur Guðnason, Chief Epidemiologist; and Víðir Reynisson, Chief of Police.

By mid-March the phrase “Ég hlýði Víði”⁵ (“I abide by what Víðir asks us to do”) was becoming increasingly common in social media, where Facebook users updated their personal picture with the phrase. In early April, people were sporting the phrase on their t-shirts, soon followed by another phrase “Við erum öll **Almannavarnir**” (“we are all public safety”), a pun playing on the name of Alma D. Möller.⁶ Media currently refers to Þórólfur Guðnason as a new member of all Icelandic families, as he appears every day on their television screens, providing clear and reliable information on the state of COVID-19 in Iceland.

Assessment: Certainly, the willingness of Icelanders to band together and to listen to the scientists, as Iceland's Prime Minister Katrín Jakobsdóttir said in a recent television interview, and to weather out the viral storm in their summer houses, has been rewarded.

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Figure 1: Number of infections by date

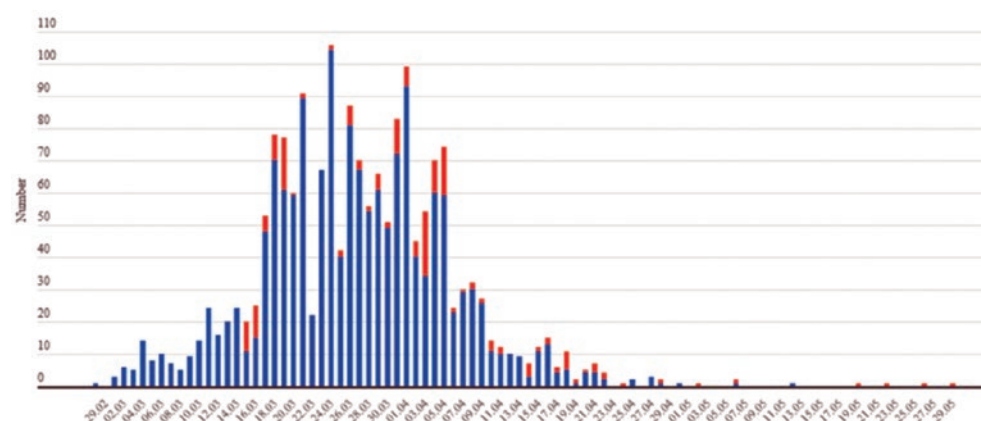
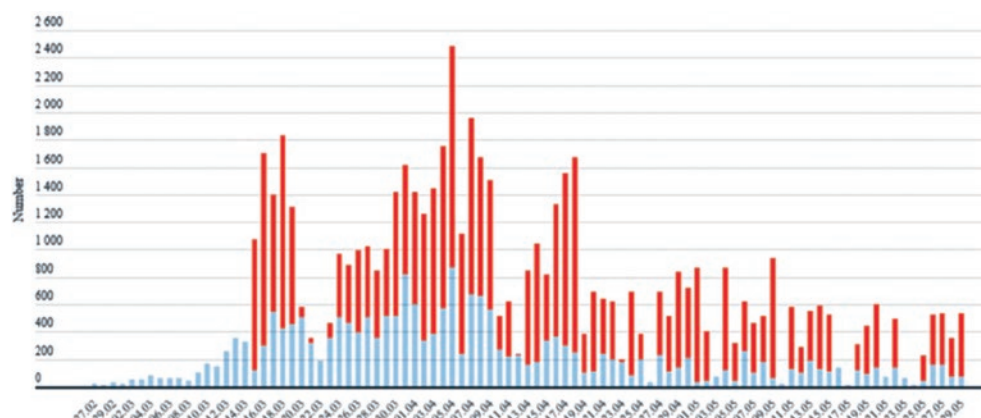


Figure 2: Number of tests per day



Colour Key: Blue = Icelandic National Health tests; Orange = DeCode tests.

5 https://www.mbl.is/frettir/innlent/2020/03/27/eg_hlydi_vidi/

6 See images at: <https://www.frettabladid.is/lifid/vid-eigum-ad-hlyda-vidi-og-erum-oll-alma/>

ITALY

RED ZONES, SOCIAL DISTANCING AND LOCKDOWN

ESTIMATED POPULATION (2020): 60.462 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	233,997
TOTAL RECOVERED	157,507
DEATHS	33,415

Introduction: Italy was the first country in Europe to be affected by the novel Coronavirus (COVID-19) and one of the worst hit by the pandemic. An ageing population meant the country was particularly vulnerable to deaths resulting from the virus. On 31 January 2020, the Council of Ministers declared a six-month state of emergency as a consequence of the health risk associated with COVID-19. The Head of the Department of Civil Protection was tasked with the coordination of the interventions necessary to face the emergency in Italy. To safeguard social and economic balance in the country, the main actions coordinated by the Head of the Department targeted special assistance to the population most vulnerable to the infection. Italy imposed biosecurity checks in airports and ports, in synergy with the measures already adopted by the Ministry of Health. Civil Protection also set about repatriating Italian citizens who were in countries at risk and negotiated the return of foreign citizens to countries of origin who were more seriously exposed to contracting the virus on Italian soil.

COVID-19 in Italy: The first two reported cases in Italy were Chinese tourists who were diagnosed on 30 January 2020 on board a cruise ship, admitted to the *Istituto Spallanzani* (hospital) the previous day. Over 6,000 passengers and 1,000 crew members on the ship were contained for more than 24 hours; they were allowed to disembark after tests came back negative. Both tourists were declared recovered on 26 February. The first case of community transmission was in the small town of Codogno, in the region of Lombardia in the administrative province of Lodi, on 18 February 2020. Since then, the Codogno area was isolated as the first 'Red Zone', until 2 March. Residents could not leave the cordoned off section of ten towns and villages. The first fatality from the disease was reported in Padua on 22 February before cases spread to every region in the country, as well as to Vatican City. A second community transmission hot spot was discovered, this time in the Veneto region, in the small town of Vò in the Po Valley on 3 March. This became the second Red Zone.

Subsequently, the virus spread in the north more than anywhere else, with the regions of Lombardy, Veneto and Emilia Romagna (the whole centre-north) the worst affected. The number of deaths as a percentage of total deaths in Italy was, respectively: Lombardy (51.1%), Emilia Romagna (13.2%), Piemonte (7.4%), Veneto (5.9%).¹ As of 31 May 2020 the following demographic statistics could be observed: the average age of those affected was 80. The sex ratio was 60.2% male cases to 39.8% female patients. The ratio of individuals with three or more pre-existing conditions who contracted the virus was 59.8%.

RESTRICTIONS ON MOVEMENT

On 31 January Italy announced the suspension of air travel between Italy and China, including flights from Rome and Milan Malpensa airports to Beijing and Shanghai airports in China, along with flights to Taiwan Taoyuan, Hong Kong and Macau, through to 28 April.² Alitalia suspended domestic and international flights at Milan Malpensa Airport effective from 9 March. The airline operated only domestic flights at Milan Linate Airport and reduced flights between Rome and Venice; international flights continued to operate with limited capacity through Rome. However Rome Ciampino International Airport closed on 14 March due to lack of demand. Austria interrupted all cross-border trains to Italy on 11 March. Several countries also followed suit, enforcing travel restrictions on Italian nationals and travellers arriving from Italy.

On 23 March, authorities tightened restrictions by banning domestic travel, prohibiting the public from moving between municipalities. Supermarkets, fuel stations, banks, food stores and chemists remain open; most non-essential businesses were closed until 18 May. Local public transport continued to operate but strict screening measures were in place on intercity trains to discourage unnecessary travel.³

Social Distancing: Phase 1 – After establishing red zones and a gradual lockdown policy (2 February the whole of Lombardy, 10 February Veneto, then expanded to the whole of the country on 4 March), the Health Ministry and government placed the entire country on a lockdown on 19 March until 4 May.

Phase 2 – Phase 2 developed as follows. Gatherings with family members, outdoor exercise and return to the place of residence for those who had been prevented from doing so due to a lockdown were allowed, starting from 4 May, although social distancing guidelines continued to apply. People could also move within their region of residence from 4 May. Travel to a different region remained restricted until 18 May, but returning home was allowed for those who had been stranded due to the lockdown. Retail shops, museums, exhibitions and outdoor cultural venues were allowed to reopen from 18 May. As of 4 June 2020, coffee bars and restaurants are allowed to reopen with strict social distancing measures in place. Sports centres and gyms also had guidelines for when they reopened on 25 May, with plenty of informative material given to customers and users, and technological improvements such as app-based food and drink menus and frequent signage.

Economic stimulus: The Head of Government, Giuseppe Conte, allocated €4.3 billion to Councils (*Comuni*) and €400 million to assist Italians with grocery shopping.⁴ Following further talks with the Department of Civil Protection, the government also put in place an emergency plan to deal with the health crisis linked to the epidemic which led to the hiring of 20,000 doctors, nurses, and health operators and which enabled the purchase of 5,000 assisted ventilation systems to boost existing intensive care units. To manage critically ill patients infected by COVID-19, the purchase management was entrusted to the Emergency Services, who could expedite the process by cutting red tape. The Government had anticipated €185 million for such purchases.

¹ <http://www.protezionecivile.gov.it/attivita-rischi/rischio-sanitario/emergenze/coronavirus>

² <https://www.reuters.com/article/china-health-taiwan-italy/italy-says-taiwan-flight-resumption-request-noted-after-virus-ban-idUSL4N2A52YR>

³ <http://www.protezionecivile.gov.it/attivita-rischi/rischio-sanitario/emergenze/coronavirus>

⁴ http://www.salute.gov.it/portale/news/p3_2_1_1_1.jsp?lingua=italiano&menu=notizie&p=dalministero&id=4350

Assessment: The Italian coalition government responded swiftly and relatively effectively to the impact of the pandemic in the country. The World Health Organisation praised Italy's swift move toward a strict national lockdown as proactive and timely. However, on 6 February 2020 Home Secretary Lamorgese declared Italian ports unsafe for migrant rescue ship landings.⁵ Malta soon followed suit. The UN High Commissioner for Human Rights, along with human rights and migrant rights activists, expressed deep concern about the situation, anticipating an increase in migrant deaths as a result and condemning the actions of the Italian and Maltese governments.⁶

Nationally, a gradual lifting of restrictions has seemed to keep the number of cases low as residents have started to move around more in the community. On 25 May, 2020, the Italian government and Health Ministry launched a random testing campaign across the country, in an attempt to identify antibody-carriers and those who had contracted the virus and recovered without displaying symptoms.⁷ As of 3 June 2020, nine Italian regions have reported no new cases for two consecutive weeks, with the remaining regions recording a much lower rate of infections and deaths. On 3 June, Italy's borders officially opened to overseas tourists arriving from EU countries, with all restrictions due to be lifted in mid-July. Tourism, Italy's core industry, was prioritised over safety measures to reactivate the national economy. It is too early to evaluate the wisdom of such a move.

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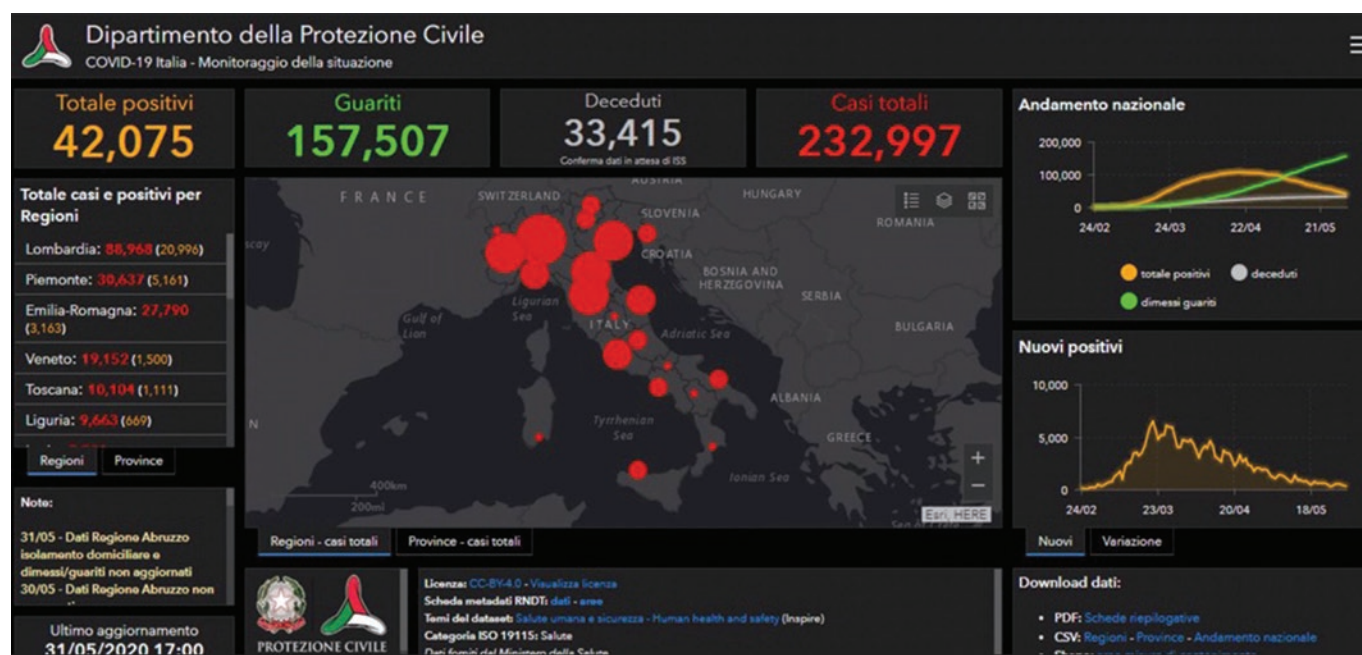
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Visual data on Italy⁸

More detailed information is available on the Health Ministry website, which was the go-to website for Italians to access up-to-date guidance during the pandemic.⁹ The *Istituto Superiore di Sanità* (Health Organisation) published an analysis of the epidemiological data of COVID-19 positive patients in Italy.

Figure 1: Numbers as of 31 May. Total infections: 42,075; recovered: 157,507; dead: 33,415. Overall number of cases: 232,997. The red dots show the density of infection; the curve in the top right, national trends in infections: yellow for cases, white for deaths, green for recovered. The curve at the bottom right corner displays new cases.



5 <https://theconversation.com/migration-how-europe-is-using-coronavirus-to-reinforce-its-hostile-environment-in-the-mediterranean-137840>

6 <https://reliefweb.int/report/world/press-briefing-note-migrant-rescues-mediterranean-spokesperson-un-high-commissioner>

7 <https://www.thelocal.it/20200525/italy-begins-mass-blood-testing-coronavirus-antibodies>

8 <http://opendataadpc.maps.arcgis.com/apps/opsdashboard/index.html#/b0c68bce2cce478eaac82fe38d4138b1>

9 <http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioContenutiNuovoCoronavirus.jsp?area=nuovoCoronavirus&id=5351&lingua=italiano&menu=vuoto>



ISSUES PAPER

MIGRANT SERVICE PROVIDERS IN ITALY

OVERVIEW

Migrant service providers in Italy routinely experience challenges to do with funding, awareness-raising in light of an emerging right-wing counter-culture among Italians, and populism. However, in the midst of the Coronavirus crisis, the added constraints of strict social distancing lockdown measures in Italy has exacerbated conditions for migrants and asylum seekers in that country. Already somehow out of place, and often in precarious unskilled work, migrant workers from Africa and Asia found themselves unable to stay safely home, as home posed a unique set of challenges. In fact, 78% of surveyed service providers reported that they had to more than halve their provision of services and activities.¹ Just under half (44.89%) of the surveyed providers had to stop delivering services altogether (see Figure 1). According to the report, only 6.19% were able to maintain a continuity of service delivery comparable to the period before the lockdown measures came into play, while 32.97% admitted to halving their services, and 4.18% claimed to be offering a bare minimum of services.

This report focuses on the experience of three migrant and refugee service providers located in northwest, northeast and central Italy, as the variety of contexts that have been affected by the pandemic varies even within that country, based on the relative difference in contagion severity, casualties and demographics. It explores local and national challenges against the country's changing response to the pandemic, which can be roughly subdivided in the containment Phase 1 (23 February- 3 May 2020) and the recovery Phase 2 (4 May-ongoing).

Figure 1: *Italia Non Profit's* breakdown of national service provision following COVID-19-related lockdown measures from March 2020. About half of the surveyed providers had to stop delivering services altogether.



COMMON ISSUES

Even stricter region-based regulations exacerbated the nationwide containment framework in such regions as Friuli Venezia Giulia, where ICS Rifugiati operates in the capital Trieste. In this border region, local inhabitants could not leave their home to exercise like in the rest of the country, but only for grocery shopping and medical emergencies. A nationwide rise in unemployment fuelled a rise in poverty in every corner of Italy. The third sector was not immune to the restrictions and hardship brought about by the virus. Despite the closure of many service provider headquarters, about half were able to continue to guarantee services in favour of people in need: migrant women with dependent children, disabled migrants, families not yet autonomous who are not part of the humanitarian corridor, survivors of trafficking and individuals affected by labour exploitation.

Thanks to the continuing commitment of a reduced but still dedicated cohort of operators and volunteers, who have adapted to the restrictions in place and take all necessary precautions, several centres continue to be an important point of reference for foreigners. However, in addition to the problems already in existence, new COVID-19-related challenges are emerging which entail additional costs. The national landscape has seen various initiatives to keep lifelines open for those most in need and in precarious situations. It is important to note that the response of the Italian government has been lacking in humanitarian support, focusing instead on parliamentary debate over the regularisation of foreign nationals from outside the EU to fill agricultural and aged care work shortcomings (see case study of Italy in this volume). The Catholic Church instituted local support networks on a town by town and parish to parish basis, with an emphasis on food donations and shelter provision.² Charities at a regional and local level have provided practical support for people in difficulty and in vulnerable conditions, forced into an isolation that made them even more fragile. Among the nationwide activities launched by non-government actors, the following may be seen as success stories:

Delivery of food parcels and home shopping vouchers to individuals and families in difficulty: across 192 city councils countrywide, local supermarket chain *Coop* initiated voluntary delivery programmes in aid of families and NGOs and social enterprises in need.³ *Save The Children Italy* mobilized a countrywide programme of upskilling and purchase of computer devices for minors of migrant families in difficulty in order to encourage online teaching.⁴

Though my regular communication with service providers at the coalface, I was able to identify the scale of the problem as follows:

1. Access to support. Individuals found themselves jobless or unable to ask for the help they needed in purchasing food as restrictions on supermarket accessibility added to many clients' anxiety at appearing 'needy', ungrateful or unwelcome to the mainstream Italian population.
2. Clients reported a relative lack of information in community languages, especially in rural and provincial areas.
3. Loss of socialisation as service provider premises were forced to close for six weeks under national law (DCPM Decreto Ministeriale 28 January).

¹ <https://italianonprofit.it/risorse/guide/dati-solidarieta-coronavirus/>

² <https://www.ilprimatonazionale.it/cronaca/coronavirus-a-roma-la-cei-regala-cibo-ai-rom-con-laiuto-del-comune-di-roma-153134/>

³ <https://www.coopalleanza3-0.it/elenco-news/dettaglio-news/355-unione-fa-la-spesa10mila.html>

⁴ <https://www.savethechildren.it/blog-notizie/coronavirus-il-nostro-impegno-con-i-minori-migranti>

A major service provider in Milan, *Il Naga*, reported that it had to close its social and educational space to clients on 23 February and they are still closed.⁵ The provision of mental health services to clients has continued to an extent via telehealth and Skype, but the use of remote social measures such as WhatsApp does not reflect the pre-COVID-19 social needs of users (from some 50 individuals through their doors daily, to one-to-two phone calls a day). As Milan was the worst affected city in Italy, extremely rigid lockdown measures increased the social isolation of the most vulnerable families and individuals.

BUREAUCRACY AND ADDED BARRIERS TO INFORMATION

As restrictions and allowances changed through the weeks, it became increasingly hard to navigate bureaucratic measures needed to be able to leave one's main accommodation. These included such forms as self-certification documents one had to keep on their person whenever they left home on foot, in a private vehicle or on public transit. These forms—five overall in their successive iterations—were required by law in order to be able to move across the city and were checked by police at regular checkpoints. Although this measure was aimed at discouraging non-essential travel and movement, non-citizens were unfairly targeted.⁶ Keeping information and news accessible and in community languages became imperative to protect the country's increasingly diverse population, but central and regional governments did not make such provisions available. Volunteer associations such as Milan's *Il Grande Colibrì* stepped in. Multi-language information on Phase 2 (recovery phase) implemented on 4 May 2020 was quickly published on a number of service providers' web portals.⁷

CASE SPECIFIC ISSUES: ON THE ROAD

The *On The Road* centre's pioneering gender-based violence initiatives continued through social media channels and on YouTube during lockdown. Offers of services and information occurred through WhatsApp and virtual helplines were staffed 20 hours a day. The director of the centre was keen to report that even in Phase 2, as mobility restrictions are loosened, women are subject to domestic violence. Her team has continued to circulate tips to stay safe, and to report violence and abuse while staying safe.⁸ For all users of the centre, which includes a large number of young Sub-Saharan African youth, services resumed from online to face-to-face in April, well ahead of the official nationwide transition to Phase 2. An Instagram post when they opened again (their 'servizio civile' was reinstated) on 16 April was widely shared (See Figure 2).⁹ The regional situation in the Marche region of central Italy, and this NGO's location in a small town, means that the relatively low number of cases and deaths allowed a swifter, but still cautious, reopening of service delivery.

Figure 2: On The Road Cooperativa Sociale, Instagram post announcing the reopening of their face to face service.



On The Road is, in a way, unique in the national migrant service provider landscape due to the location and scale of its operations, compared to large city centres such as *Il Naga* in Milan and *ICS Rifugiati* in Trieste.

CONCLUDING REMARKS

Despite the relatively small size of the country, Italy experienced a varied impact and response to the pandemic. Lockdown measures were tight, especially in the regions with the highest number of cases (Lombardy and Piemonte) and in Friuli-Venezia Giulia. Nationally, precarious migrant workers and asylum seekers were neglected (if not unfairly targeted), but interventions by NGOs and the Church attempted to provide a variety of psychological, financial and material support to those in need while navigating the oft-changing restrictions on movement and physical distancing. The success rate of such interventions depended on the geographical and demographic context of the local areas, and the budgeting and human resources availability of service providers.

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5 Phone interview with *Il Naga* Director, Sabina Alasia, on 12 May 2020

6 ICS Personal communication. Phone conversation with ICS volunteer coordinator who wishes to remain anonymous

7 <https://www.ilgrandecolibrì.com/en/coronavirus-phase-2-in-italy-explained-in-many-languages/>

8 <https://www.youtube.com/watch?v=4QtWnwIs4I8&list=PLtQYfSkOlh08cbaGm-qQFGEN25OdcE7PJ>

9 https://www.instagram.com/p/B_Calh-Cnhn/?utm_source=ig_web_copy_link

RUSSIA

DOMESTIC RELIEF AND GEOECONOMIC REFORM

ESTIMATED POPULATION (2020): 144 MILLION¹

COVID-19 statistics at 1 June 2020

TOTAL CASES	414,878
TOTAL RECOVERED	175,877
DEATHS	4,855

Introduction: Russia's experience with COVID-19 stands out from the experience of other states. Russia initially appeared to have miraculously evaded COVID-19 due to preventive measures. Yet, once the virus struck the most populous capital in Europe with its high reliance on a crowded metro system, the virus spread rapidly. Russia also stands out with the third highest infection rate, yet very low death rates. Social distancing and economic relief for people and businesses resembled the measures taken in Europe. Although, with a history of distrust towards the government and the current pressure from sanctions, economic relief was supplemented with socio-political considerations by taxing the rich. Russia's handling of COVID-19 has also been influenced by the poor relations with the West. Decision-making related to COVID-19 includes a competition of narratives and the need to reduce economic dependence on the West.

COVID-19 in Russia: The first detection of COVID-19 in Russia occurred at the end of January with two Chinese nationals falling sick. Russia responded by closing its borders with China, which was deemed to be a very firm and audacious response as China has become Russia's most important partner as it pursues a geoeconomic pivot to the east. When the virus began spreading in Moscow and St. Petersburg, Russia closed most of its borders, enforced strict social distancing, issued a non-working period, and suspended the export of grain and medical equipment. Temporary hospitals were also constructed in response to the increased demand. New technologies, such as face recognition and artificial intelligence, have also been used to monitor adherence to quarantine.

Despite its high rates of infection, Russia has a remarkably low death rate. This has several possible explanations: Russia had more time to prepare; Russia counts deaths more conservatively by requiring fatalities to be linked directly to COVID-19; the Russian population is younger than its Western counterparts; fewer elderly are placed in retirement homes; Russia has the highest level of testing in Europe that results in registration of asymptomatic infections that would otherwise not be detected.² Russia also acquired experience by licencing its own testing kits that were donated to neighbouring states, and providing medical staff to assist Italy.

Economic measures: Economic relief has been provided by reducing interest rates, deferring loan payments, and establishing financial reserves of up to py6 300 billion (Russian rubles) (€3.8 billion) to support quarantined people and support businesses. Socio-political considerations were factored into this economic relief as Russia is paying for the additional costs by taxing the rich. Western anti-Russian sanctions over the past six years (for its actions in Crimea) have had a silver lining as Russia had already been adjusting to the disruptions to international supply chains. The West's economic coercion against Russia has also intensified Russia's pursuit towards fiscal discipline, and most of its debts have been paid.

Geostrategic considerations: Despite the severity, the pandemic is expected to be manageable from the perspective of health security. More focus will be directed towards planning for the post-COVID-19 world in terms of handling the geostrategic implications of the virus. The economic and security dimensions of COVID-19 appears to be irreversible, and it is therefore in Russia's interest to ensure that the profound disruptions and management of this crisis is consistent with its geostrategic objectives.

Russia's handling of the COVID-19 includes the management of narratives as Russia and the West are locked in an information war. A leading concern over the past two decades has been the ability of the West to control the information space, as disinformation about Russia creates a poor reputation internationally and political instability domestically. Russia vigorously presented the narrative of its excellent health system being capable of dealing with the crisis, and Russia even supplied doctors and medical equipment to neighbouring states, and Italy at the behest of the Italian government. In contrast, the Western media pushed the narrative of the Russian government underreporting on COVID-19 and general mismanagement by Putin. Russia's foreign aid was depicted as propaganda and a ploy to improve relations to have sanctions lifted.

While Western powers are looking for ways to return to the old "normal" after COVID-19, Russia has for years been making great efforts to transition away from the unipolar system. Russia seeks to reduce its excessive economic dependence on the West by diversifying its partnerships for the purpose of developing technological sovereignty, new transportation corridors and financial instruments. COVID-19 will likely intensify this process as international supply chains are repatriated, the global economy is renationalised, global solutions are replaced with inter-regionalism, international arms agreements are cancelled, old alliances fragment, and political radicalism increases as old elites are removed from power.

¹ Includes 2.3 million in Crimea

² <https://www.statista.com/statistics/1109794/coronavirus-covid-19-diagnostics-in-russia/>

Assessment: The changed distribution of power is spurring competition for global leadership. China will likely emerge from the global pandemic relatively strengthened, and the US will be more prepared to confront China. Besides the increased tensions and breakdown in international security and economic agreements, this rivalry is feared to develop a bipolar structure where states are compelled to choose sides. This is unfavourable for Russia as its current strategy depends on diversifying partnerships, which is undermined by being compelled to pick sides and fall into rival blocs. The economic crisis, social decline and political radicalism emerging in the West as a result of the COVID-19 health and now economic crisis also provides Russia with ideological fuel to critique the excesses of liberalism as Russia advances a conservative alternative that favours civilizational pluralism.

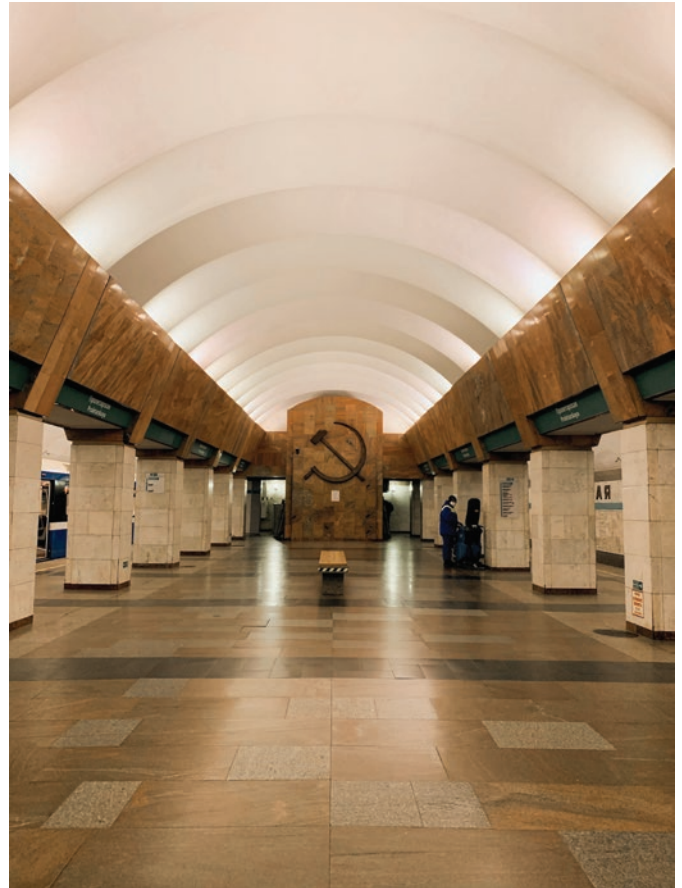
Russia appears to be moving towards normalcy. From 1 June, Russia began lifting restrictions put in place to limit the spread of COVID-19. As the situation stabilised, hospitals have begun shifting resources back to their normal work and medical procedures that were de-prioritised and neglected during the pandemic. Clinical trials for a vaccine have commenced, and businesses are adapting to new routines with social distancing. In terms of geoeconomic disruptions that stem from COVID-19, Russia is in a strangely good position—it was already somewhat prepared due to Western sanctions, and its Greater Eurasia initiative aims to rewire global value chains in cooperation with China.

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Figure 1: 1917 v 2020 – Proletarskaya station, Saint Petersburg, Russia. Photo by Mehrnaz Taghavishavazi on Unsplash



SPAIN

PANDEMIC INCREASES POLITICAL POLARIZATION

ESTIMATED POPULATION (2020): 46.7 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	239,479
TOTAL RECOVERED	150,376
DEATHS	27,127

Introduction: Spain is a constitutional monarchy with a national government and a king, however power largely rests with the 17 autonomous communities, each with executive and judicial powers, and their own parliaments, assembled from 50 provinces which also have their own devolved powers (Figure 1). This contribution briefly summarizes the central aspects of Spain's response towards the COVID-19 pandemic crisis, examining the main measures proposed by the Government of Spain to mitigate the effects of the crisis. It highlights the increasing political polarization that has taken place within Spain as a result of COVID-19.

Figure 1: Spain's 17 autonomous communities (*comunidad autónoma*), and the 50 provinces.



COVID-19 in Spain: The first patient registered in Spain with COVID-19 was identified on 31 January, 2020. He was a patient of German origin

who was admitted to La Gomera (Canary Islands) after being identified as seropositive for SARS-CoV-2. Nine days later, another case of COVID-19 was detected in Palma, on Mallorca in the Balearic Islands. It was not until 24 February that the virus spread to the peninsula, with the first cases coming in the autonomous communities of Madrid (5 cases), Catalonia (3 cases) and Valencia (8 cases), gradually increasing the number of infections in the whole of the national territory. On 8 March the International Women's Day demonstration was celebrated; a few days later, cases began to multiply throughout the national territory.²

As a result of this exponential escalation, the Government of the Kingdom of Spain, led by Pedro Sánchez, decreed, on 14 March 2020, a "State of Alarm"³ and ordered a national quarantine and the official restriction of national and cross-border mobility. The same day, Salvador Illa, Minister of Health, was appointed to oversee Spain's overall response. On 13 April Illa declared that the peak of the curve had actually been reached on 26 March, when 9,444 daily cases were accounted. Finally, once the objective of flattening the curve had been reached, the government of Spain began to implement the "Plan for Gradual De-escalation and Transition to a New Normality" ("The Plan"), at the same time that it was applying the "National Seroepidemiology Study" (ENE-COVID-19) of the SARS-CoV-2 infection.⁴

Seroprevalence Study:⁵ Unlike other countries in the world, in Spain the strategy of massive tests on the population has not been adopted. Rather, Spain has opted for another type of protocol of identification and prognostication of the disease which has been implemented through seroprevalence studies based on other rigorous epidemiological criteria. The ENE-COVID-19 is an extensive seroepidemiological longitudinal study launched by the Government of Spain from a representative sample following the criteria established by the WHO. According to the preliminary conclusions of the first study, around 5% (95% CI: 4.7% to 5.4%) of the Spanish population have anti-SARS-CoV-2 IgG antibodies—a similar percentage of men 5% (95% CI: 4.6% to 5.4%) and women 5.1% (95% CI: 4.7% to 5.5%). In relation to age, the prevalence is lower in infants, children and young people, with moderate differences between the rest of the older age groups. It should be specified that although the national prevalence is 5%, there is a marked geographic variability.⁶

The Plan:⁷ The main objective of the plan is to ensure that, prioritizing the protection of public health, daily life and economic activity are gradually recovered, minimizing the risk posed by the epidemic to the health of the population and protecting the capabilities of the National Health System. The Plan consists of four phases: Phase zero or preparation for de-escalation is characterized by the establishment of common relief of measures for the entire country once the contagion curve has been flattened and the rate of seropositive cases has decreased. In Phase I, the initial phase, the partial opening of activities is allowed, in particular, economic activities such as reopening small shops by appointment, restaurants and cafes with take-away delivery, and tourist

1 <https://www.isciii.es/QueHacemos/Servicios/VigilanciaSaludPublicaRENAVE/EnfermedadesTransmisibles/Paginas/InformesCOVID-19.aspx> (accessed, 3 June 2020).

2 <https://www.nytimes.com/2020/03/13/world/europe/spain-coronavirus-emergency.html>

3 A state of alarm is the lowest level of the three legal categories for emergency situations provided for under Articles 116 of the 1978 Constitution: *estado de alarma* (state of alarm), *estado de excepción* (state of emergency) and *estado de sitio* (state of siege/martial law). <https://www.boe.es/buscar/act.php?id=BOE-A-1978-31229>

4 <https://www.mscbs.gob.es/en/profesionales/cargarNotas.do?time=1585692000000> (accessed, 3 June 2020).

5 <https://portal.cne.isciii.es/enecovid19/> (accessed, 3 June 2020).

6 https://portal.cne.isciii.es/enecovid19/documentos/ene_covid19_inf_pre.pdf (accessed, 3 June 2020).

7 <https://www.mscbs.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/PlanTransicionNuevaNormalidad.pdf> (accessed, 3 June 2020).

accommodation without the use of common areas and with restrictions. In Phase II (the intermediate phase), the partial opening of activities that remain restricted in Phase I is proposed, with capacity limitations. In Phase III (advanced phase), the opening of all activities is foreseen, but always maintaining the appropriate security and distance measures. Once all the phases have been gradually reached and there has not been a new epidemic outbreak, the way is clear towards the “New Normality”. Thereafter, social and economic restrictions end, but epidemiological surveillance, the strengthened capacity of the National Health System, and the obligated self-protection of citizens are maintained.⁸

Government stimulus:⁹ On 17 March the Government of Spain approved the “largest mobilization of economic resources in the history of Spanish democracy”.¹⁰ Up to €200 billion, almost 20% of the Gross Domestic Product, will be committed to combat the economic and social impacts of the coronavirus. Some €117 billion of this sum will be publicly funded, with the rest coming from the mobilization of private resources. In addition, the government has approved the “Minimum Vital Income” that guarantees a minimum payment to those who need it—the minimum amount per person is €462 per month for a single adult (higher for couples and families) in 12 monthly payments.¹¹ It is a measure that exists in many countries in Europe but which had not at that point been implemented in Spain.

Assessment: If the Spanish political scene is characterized by anything in recent times, it would be increased ideological polarization. The emergence of political parties at both ends of the political spectrum has a lot to do with this, and the increasing polarization has consequences for the daily lives of citizens as it promotes strong division.

Despite the fact that the Spanish citizenry has behaved in an exemplary manner during the worst moments of the crisis, the same cannot be said with respect to some politicians, especially those who during such delicate moments have tried to gain political benefits from the crisis. Perhaps the government’s response was not always correct, for example, not having decreed the “State of Alarm” before the International Woman’s Day gatherings, despite the fact that some risk was already perceived.¹² However, in a situation of this magnitude and dynamism, decision making is no simple task.

The Spanish government has moved away from populist options and towards scientific knowledge. It has done this from the position of a coalition, and has generally demonstrated a desire for seeking national unity. The future is not exactly clear, as each decision itself involves a political distancing—the strong polarization inherent in Spain’s political scene is being transferred to the citizenry, and this may negatively influence the evolution and control of the pandemic in a “new normality”.

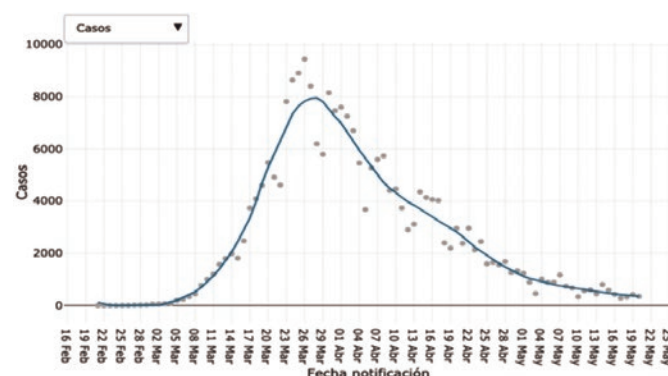
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Visual data on Spain¹³

Figure 2: Daily confirmed COVID-19 cases (evolution according to severity level).



Note/Point: daily cases; line: estimated trend with local regression (loess) with $\alpha = 0.3$ (smoothing parameter) and $\lambda = 2$ (local polynomial degree). Data from hospitalized patients and ICUs from April 26 are excluded because they include a change in the notification criteria. Source: Ministry of Health, Carlos III Health Institute.

Figure 3: Proportion of people with SARS-Cov-2 antibodies (by province)



Source: ENE-COVID National Center for Epidemiology. Carlos III Health Institute.

8 https://www.mscbs.gob.es/en/profesionales/saludPublica/ccayes/alertasActual/nCov-China/documentos/Anexo_II_FASES.pdf (accessed, 3 June 2020).

9 <https://www.mscbs.gob.es/ssi/covid19/guia.htm> (accessed, 3 June 2020).

10 <https://www.lamoncloa.gob.es/consejodeministros/resumenes/Paginas/2020/170320-pg-consejo.aspx> (accessed, 3 June 2020).

11 <https://www.reuters.com/article/health-coronavirus-spain-benefit/spain-approves-462-euro-monthly-minimum-income-for-the-poorest-idUSL1N2DB0KB>

12 <https://www.reuters.com/article/us-womens-day-spain/thousands-march-in-spain-on-womens-day-despite-coronavirus-fears-idUSKBN20V0ZJ>

13 <https://cncovid.isciii.es/covid19/> (accessed, 3 June 2020).

SWEDEN

PUBLIC TRUST IN GOVERNMENT INSTITUTIONS

ESTIMATED POPULATION (2020): 10.09 MILLION¹

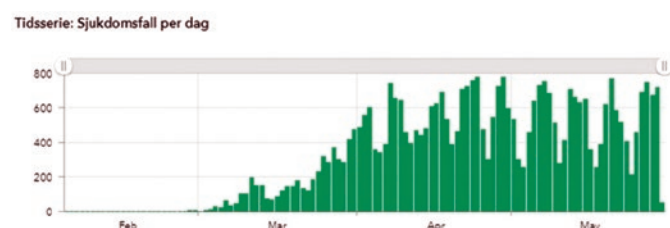
COVID-19 statistics at 1 June 2020

TOTAL CASES	37,542
TOTAL RECOVERED	4,971
DEATHS	4,395

Introduction: The Swedish response to the COVID-19 virus has primarily been led by Sweden's Public Health Authority or Folkhälsomyndigheten (FHM). Under Swedish legislation, the FHM has the role of monitoring, planning and taking initiatives in regard to infectious disease such as COVID-19. The Swedish government generally follows the FHM's advice when making health-related decisions, and has instead focused on other areas, such as the economic response to the crisis.²

COVID-19 in Sweden: The first case of COVID-19 in Sweden was confirmed on 31 January 2020,³ and the first death due to COVID-19 was recorded on 11 March.⁴ A gruesome milestone of 4,000 deaths was reached at the end of May 2020.⁵ The infection rate has been fairly steady from the end of March until the end of May (see Figure 1 below).

Figure 1: Sweden: Infections per day⁶



Testing for COVID-19 in Sweden has been conducted according to a 4-tier model. Tier 1 refers to individuals who are particularly vulnerable or living in hospitals or health care facilities, while Tier 2 refers to health

professionals. Tier 3 includes essential workers and tier 4 other relevant parts of the society. Tiers 1 and 2 have been prioritized for testing, while Tiers 3 and 4 are recommended to stay home until two days of being symptom free.⁷ Tests for Tier 1 and 2 are carried out by each of the 21 administrative regions throughout the country. However, the testing regime has been criticized for being unclear as to who exactly is to conduct the testing for those in Tiers 3 and 4, and also for not reaching the target of 100,000 tests per week that was set on 17 April.⁸ In fact, by mid-May it had only reached 32,700 tests per week.⁹

Restrictions on movement: The Swedish Ministry for Foreign Affairs issued advice on 14 March 2020 against all non-essential travel abroad. This advice was subsequently extended until at least 15 July. The government has allowed travel by car up to 1-2 hours within Sweden under certain conditions.¹⁰

Social distancing: The FHM recommends engaging in social distancing, washing your hands for at least 20 seconds, using hand sanitizers, and staying at home for at least two days after you are symptom-free. Furthermore, it was decided on 30 March to ban visits to nursing homes.¹¹ Sweden has stood out as the country that has taken a more relaxed approach in its response to COVID-19. However, some restrictions have been put in place—for example, the Swedish government decided to limit gatherings to 500 people on 11 March 2020 and this was limited further to 50 people on 27 March, including in relation to universities, sports, and markets, but excluding schools, malls, workplaces, public transport, private parties, gym and swimming pools.¹²

Swedes' level of trust in government and its institutions is generally higher than in many other countries, which may help to explain the overall compliance with the recommendations. This has been confirmed in an opinion poll in mid-April 2020, suggesting a continued high confidence among the public for health care (8 out of 10), the Public Health Authority (7 out of 10) and the government (6 out of 10). Indeed, 9 out of 10 said they kept social distancing while being outside.¹³

Government stimulus: As of 27 May 2020, approximately 76,000 people had been made redundant as a result of COVID-19, with an

1 UN Population 2019, Total population Both sexes 2020, <https://population.un.org/wpp/Download/Standard/Population/>

2 Johanna Cederblad, 'Vi epidemiologer har fått lite för stor makt', *Göteborgs-Posten* <https://www.gp.se/nyheter/sverige/vi-epidemiologer-har-f%C3%A5tt-lite-f%C3%B6r-stor-makt-1.26081990> 28 March 2020

3 Sveriges Radio 2020, 'First case of Corona virus in Sweden confirmed', <https://sverigesradio.se/sida/artikel.aspx?programid=2054&artikel=7398979>

4 Victor Stenquist, 'Första svenska dödsfallet i nya coronaviruset', *Aftonbladet*, <https://www.aftonbladet.se/nyheter/a/9vdxgM/forsta-svenska-dods-fallet-i-nya-coronaviruset> 12 March 2020

5 Sofia Clason and Johan Ronge, 'Över 4 000 döda av corona i Sverige', *Expressen*, <https://www.expressen.se/nyheter/coronaviruset/sa-manga-har-dott-i-corona-i-sverige-7/> 25 May 2020

6 Folkhälsomyndigheten, 'Antal fall av covid-19 i Sverige', <https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa1> 1 June 2020

7 Folkhälsomyndigheten, 'FAQ about COVID-19', <https://www.folkhalsomyndigheten.se/the-public-health-agency-of-sweden/communicable-disease-control/covid-19/> 1 June 2020

8 Lena Mellin, 'Även Löfven måste fatta vad som gäller', *Aftonbladet* 29 May 2020, <https://www.aftonbladet.se/nyheter/kolumnister/a/Opv7Ok/aven-lofven-maste-fatta-vad-som-galler>

9 The Local, 'Who can get tested for the coronavirus in Sweden?' https://www.thelocal.se/20200520/who-can-get-tested-for-the-coronavirus-in-sweden?utm_source=dlvr.it&utm_medium=twitter

10 Sveriges Television, 'Förlängd reseavrådan och nya rekommendationer för inrikesresor', <https://www.svt.se/nyheter/linde-och-lofven-nya-inrikesrestriktioner> 14 May 2020 see also Folkhälsomyndigheten, 'Reseavrådan UD', <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/reserekommendationer-fran-ud/> 31 May 2020

11 Folkhälsomyndigheten, 'Skydda dig och andra från smittspridning', <https://www.folkhalsomyndigheten.se/smittskydd-beredskap/utbrott/aktuella-utbrott/covid-19/skydda-dig-och-andra/> 5 May 2020

12 Ebba Thornéus and Michael Toll, 'Förbudet med allmänna sammankomster större än 50 personer', *Aftonbladet*, <https://www.aftonbladet.se/nyheter/a/jdjpVe/forbudet-med-allman-sammankomster-storre-an-50-personer> 29 March 2020

13 Novus, 'Coronastatus 0420', <https://novus.se/coronastatus-0420-2/>

unemployment rate of 7.9 %, which is expected to rise further.¹⁴ The Finance Minister Magdalena Andersson estimated a 7 % contraction of the Swedish economy in 2020.¹⁵ The Swedish government has provided a number of stimulus measures in response to the economic impact of COVID-19, including 300 billion Swedish Kronor (SKR) (c. US\$32 billion) on 16 March, 125 billion SKR (US\$13.3 billion) on 20 March, more measures on 25 March to help businesses access 500 billion SKR US\$ 53.27 bn put forward by Riksbanken (the Swedish National Bank) on 13 March, and further business support on 30 April.¹⁶

Effects on Higher Education: Public and private universities moved teaching to remote delivery on 18 March, however a decision on 29 May will allow them to re-open from 15 June. Universities themselves can make decisions about how to conduct teaching while following general guidelines and taking care to reduce the risk of spreading the virus.¹⁷ The Swedish government has provided support for universities, including 30 million SKR (US\$3.2 million) for short university courses, 60 million SKR (US\$6.4 million) to universities to strengthen remote teaching, and 333 million SKR (US\$35.4 million) for an additional 2,600 student places.¹⁸

Assessment: The Swedish approach to COVID-19 has been both praised and criticized. Its approach has stood in stark contrast to its Nordic neighbors and many other countries around the world. Its advantages have been argued to include a lesser impact on the economy (although this will take some time yet to fully discern), and less significant impact on mental health as a result of lockdown measures compared to the experience of people in other countries. Sweden has been increasingly criticized internationally, however, for a rise in the deaths per capita, which in May 2020 stood as the highest in the world.¹⁹ In addition, Prime Minister Stefan Löfven has acknowledged that the elderly have not been properly protected from the COVID-19 virus, despite this being a specifically set out goal, illustrated by the fact that almost 50% of deaths have occurred in nursing homes.²⁰ Nevertheless, it is still too early to fully determine whether the Swedish approach has been a success or a failure. Time will tell.

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Figure 2: Number of deaths per age group

Avlidna per åldersgrupp

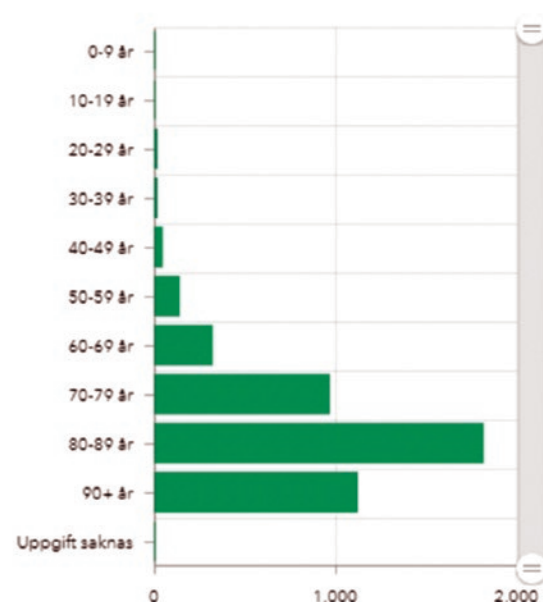
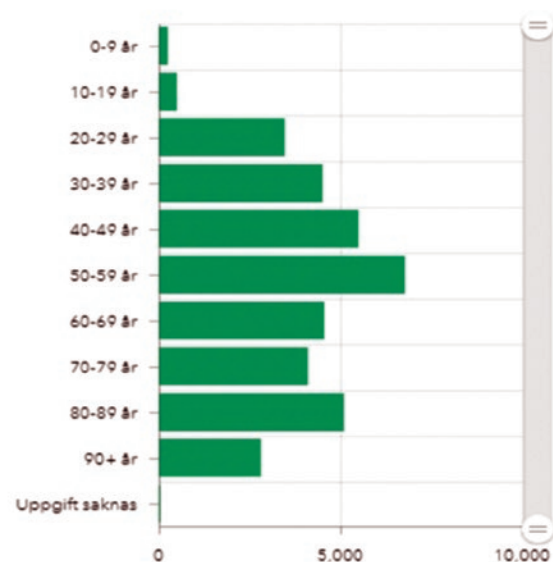


Figure 3: Number of infections per age group²¹

Sjukdomsfall per åldersgrupp



14 David Keyton, 'Sweden steadfast in strategy as virus toll continues rising', *Associated Press* 27 May 2020, <https://apnews.com/bb34a81da7d84cd64672b7a72aacdbea>

15 Thomas Erdbrink and Christina Anderson, 'Life Has to Go On': How Sweden Has Faced the Virus Without a Lockdown', *New York Times*, <https://www.nytimes.com/2020/04/28/world/europe/sweden-coronavirus-herd-immunity.html>

16 Västsvenska Handelskammaren, 'Guide: Så fungerar de ekonomiska krispaketen', 4 May 2020 <https://www.vastsvenskahandelskammaren.se/artiklar/guide-sa-fungerar-de-ekonomiska-krispaketen/>

17 Folkhälsomyndigheten, 'Gymnasieskolorna kan öppna till höstterminen' <https://www.folkhalsomyndigheten.se/nyheter-och-press/nyhetsarkiv/2020/maj/gymnasieskolorna-kan-oppna-till-hostterminen/> 29 May 2020

18 Regeringen, 'För utbildningsaktörer, lärare och studerande med anledning av covid-19', <https://www.regeringen.se/regeringens-politik/regeringens-arbete-med-anledning-av-nya-coronaviruset/for-utbildningsaktorer-larare-och-studerande-med-anledning-av-covid-19/#mojligheter> 19 May 2020

19 Sinead Baker, 'Sceptical experts in Sweden say its decision to have no lockdown is a terrible mistake that no other nation should copy', *Business Insider Australia* <https://www.businessinsider.com.au/sweden-coronavirus-plan-is-a-cruel-mistake-skeptical-experts-say-2020-5?r=US&IR=T>, 21 May 2020

20 BBC, 'Coronavirus: What's going wrong in Sweden's care homes?', <https://www.bbc.com/news/world-europe-52704836> 19 May 2020

21 Folkhälsomyndigheten, 'Antal fall av covid-19 i Sverige', <https://experience.arcgis.com/experience/09f821667ce64bf7be6f9f87457ed9aa> 1 June 2020

UNITED KINGDOM

PANDEMIC, BREXIT AND DEVOLUTION

ESTIMATED POPULATION (2020): 67.886 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	276,156
TOTAL RECOVERED	1,190
DEATHS	38,571

Introduction: The United Kingdom has a unitary parliamentary system but three further devolved executive governments (in Scotland, Wales and Northern Ireland) who have needed to co-ordinate action – sometimes uneasily – in the fight against COVID-19. In December of 2019, the Conservative Party led by Boris Johnson, won the General Election in the United Kingdom, with the central promise to ‘get Brexit done’, and to move beyond the austerity agenda previously associated with the party’s recent years. However, while the Conservative Party won the most seats as a whole, they continued to enjoy far less support in areas such as Scotland and Wales, where the Scottish National Party and the Labour Party (respectively) command greater support, both in terms of the overall percentage of the vote and the seats won. During the pandemic, there has been visible disagreement between executive governments on whether to adopt the same public health messaging and policies.

COVID-19 in the United Kingdom: The first confirmed COVID-19 cases in the United Kingdom were reported on 31 January 2020 in the city of York and involved Chinese nationals.¹ However, cases were suspected prior to this time. A paper by Dr Peter Foster from the University of Cambridge, has suggested that coronavirus might have taken hold in the UK as early as September 2019.² The first official death from COVID-19 occurred on 28 February. Schools across the country began to close on 23 March. By Wednesday 1 April, the death toll in the UK had increased to 2,921.³ The highest number of COVID-19 cases in the UK to date have occurred in London, the South East and the North West.⁴

The UK government has been criticized for being slow to react to the pandemic and ill-prepared for its effects. The government even suggested in the earliest phase that they might adopt a policy of ‘herd immunity’, where the virus would simply be allowed to spread through the population. Although policies of lockdown and social distancing were eventually adopted, this was done so at a fairly late stage which many analysts believe to be a sufficient factor in contributing to the fact that, as of 28 May, 2020, the UK has one of the highest per capita death tolls in the world as a result of COVID-19. The infection rate within care homes has also been a significant factor to this high rate of mortality.

Restrictions on movement: The UK announced a policy of ‘lockdown’ on 23 March. Following a similar pattern to other countries that had already adopted such measures, the instructions given to people in the UK were to avoid going outside where at all possible. The only exceptions to this were those who could not work from home, people doing essential shopping and one daily form of exercise (alone or with household members). Fines of up to £1000 could be issued for those failing to comply with these instructions. Despite this policy of internal lockdown, travel into the UK proceeded normally. It is estimated that between January and 23 March (the period leading up to the crisis), 18.1 million people entered the UK by air (of which, less than 300 were quarantined).⁵ Beginning on 8 June there are plans to begin a 14-day mandatory isolation for those travelling to the UK.

Social distancing: The first moderate social distancing measures were introduced in the UK on 20 March when the entertainment, hospitality and indoor-leisure based industries were mandated to close. Sporting events had been announcing their abandonment or postponement of schedules in the days prior to this. On 23 March a country-wide lockdown was announced and the UK government issued guidance about the restrictions this would involve on daily movement. People were instructed not to leave the house to go to work, unless their work fell into a category of ‘key worker’ groups. People were permitted to leave to buy essential food and medicine, and were initially allowed to exercise (alone or with household members) once a day. This latter rule became relaxed on 22 May to allow unlimited exercise with family and with the possibility to meet with one person outside of your family unit, if a social distance of two metres was maintained.⁶ Major businesses remained closed by law. These include: restaurants and cafes, pubs, cinemas, theatres and nightclubs, all leisure-based industries, clothing and electronics stores; and the hospitality industry. As of Monday 1 June, these restrictions will be further relaxed to allow groups of up to six people to meet outside. Schools will also partially begin to return, with social distancing measures in place. The Independent Sage group, a scientific advisory body, has however cautioned against a relaxation of the lockdown, claiming this is too early.⁷

Government stimulus: The centerpiece of the government’s response to COVID-19 has been the Job Retention Scheme, intended to prevent a spike in unemployment. Announced by the Chancellor Rishi Sunak, this allows workers to be paid 80% of their current wages by the government, up to a maximum of £2500 per month. Originally planned to last until the end of July, it has been extended to October but with greater flexibility to allow people to return to work where possible, and employers contributing to costs from August. Some 7.5 million people in the UK are estimated to be furloughed through this scheme.

1 <https://www.bbc.co.uk/news/health-51325192>

2 <https://www.pnas.org/content/117/17/9241>

3 <https://www.theguardian.com/world/2020/apr/02/coronavirus-took-hold-in-uk-earlier-than-thought-data-reveals#maincontent>

4 <https://coronavirus.data.gov.uk/#category=regions&map=rate>

5 <https://www.theguardian.com/world/2020/may/15/air-passenger-quarantine-plan-makes-no-sense-uk-adviser-says>

6 <https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>

7 <http://www.independentsage.org/wp-content/uploads/2020/05/Independent-Sage-Brief-Report-on-Schools-5.pdf>

Other measures that the UK government has taken include a £330 billion loan scheme (for both small and large business) for up to five years, a 12 month business rates 'holiday' (temporary suspension) for all retail, hospitality, leisure and nursery businesses in England. Homeowners can also apply for a temporary 'mortgage holiday'. There remain warnings, however, that the UK economy could contract up to 14% this year.

Effects on Higher Education: Universities across the UK had moved to online teaching by the end of March. The Higher Education sector in the UK is facing a huge decline of income from the potential drop in enrollment of both international and domestic students. As well as the decline of income linked to tuition fees, there will be further lost revenue from accommodation, conferences and training programs. Without any certainty of campuses re-opening in late September (when the UK academic year begins), many students are considering deferring their studies or demanding tuition fee reductions. At present, the predicted shortfall is between £2-7 billion, leading to around 30,000 jobs being put at risk.⁸

The market-oriented education system puts universities in the UK in an especially high-risk position as they are heavily reliant upon international student tuition fees for their business model. To provide an attractive place of study that continues to competitively capture this income stream, universities have invested heavily in buildings and further facilities, often with highly restrictive debt covenants to creditors. A request of a £2 billion bailout for the sector was rejected by the government. University academics, have, as of 28 May, not been involved in the government's Job Retention Scheme.

Assessment: There is little debate that the UK has fared poorly in its response to COVID-19. Its initial response to the emerging global pandemic was incredibly slow. Major mass gatherings—including the Cheltenham Festival, and a Champions-League football match between Liverpool and Atletico Madrid—were allowed to go ahead, seemingly resulting in a death spike and further transmission of the virus. These events, which involved thousands of international travelers, occurred after COVID-19 had been identified in the UK but prior to the announcement of the lockdown. The government's initial response, repeated by the Prime Minister on breakfast television, was simply to allow the virus to spread through the population in an effort to build 'herd immunity'. By 12 March a comprehensive track and trace program was abandoned due to a lack of capacity, against the advice of the World Health Organization. Moving into June, this program will be revised, but it is now plagued with controversy owing to the background of individuals associated with it and their past history of data-breaches. The UK's COVID-19 experience has furthermore seen an alarming lack of personal preventative equipment (PPE) for frontline staff leading to the deaths of health service workers.⁹ The UK has also experienced among the world's highest per capita deaths from COVID-19 at 4.54 deaths per million residents per day.

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Figure 1: A media screen in Putney, London provides advice to residents during the health crisis, London UK. Photo by John Cameron on Unsplash



8 <https://www.timeshighereducation.com/news/uk-universities-face-ps26bn-coronavirus-hit-30k-jobs-risk>

9 <https://www.ft.com/content/5147ce62-ab0c-46f5-8ab3-a50a5c211cff>



AMERICAS

BRAZIL

“AND SO, WHAT?”: BOLSONARO INFLAMES BRAZIL’S TRIPLE CRISIS

ESTIMATED POPULATION (2020): 212.55 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	514,849
TOTAL RECOVERED	206,555
DEATHS	29,314

Introduction: When the number of deaths attributed to COVID-19 reached 5,017, surpassing China’s official death toll of 4,643, Brazilian President Jair Bolsonaro—both the Head of Government and Head of State—disdainfully snorted to the public “And so what? What do you want me to do? I am a Messiah, but I don’t do miracles”.¹ This sentence, along with many other statements he has since made publicly, have confirmed to a population still in shock from the risks of the virus, that their head of State and of Government has not abided by his duty and responsibility of care. As street protests grow across the country, it is clear that the COVID-19 health-social mayhem is combined with a deep political and economic crisis. Altogether, those simultaneous crises are leading Brazil state towards disorder and recession.

COVID-19 in Brazil: The pandemic was initially brought in by elites travelling from Europe, as well as tourists. Doctors and immunologists believe that the large crowds of the Carnival festival towards the end of February enabled the spread of the virus.² Two weeks after Carnival, the first cases appeared.³ The first death from COVID-19 in Brazil was registered on 17 March 2020 in Sao Paulo. Within 10 days, the deaths rapidly rose to 100, and by mid-May, more than 1,000 infected were dying per day.⁴ Importantly, more than 206,000 have now recovered.⁵ Some estimates indicate that Brazil might well reach 125,000 by August 2020.⁶

Initially, the virus affected mostly white and healthy social classes. As the virus spread to the peripheries, the highest death rates began to

occur amongst the communities with the lowest Human Development Index (HDI), and therefore, with least access to the poorly managed public health system, which is at 95% hospital occupancy.⁷ Some sceptics noted that in some cases the death toll is 10 times higher in the poorer neighbourhoods of Sao Paulo than in wealthier areas. Some argue, “in Brazil, your postcode will determine whether you will die from Covid-19, not your age”.⁸ COVID-19 has reaffirmed the traditional social gap and structural discrepancies in public resource allocation.

The highest concentration of infections and deaths are within the most populated regions, such as the state of Sao Paulo, with 22% of cases.⁹ Brazil’s hospitals are at breaking point experiencing an occupancy rate of 95%, yet the rate of new infections continues to spiral upwards. Males account for 54% of all those admitted to hospital and subsequently diagnosed with COVID-19. Deaths have mostly affected those identifying as *mestizos* (mixed-race) (47%) and whites (43%). Most deaths from COVID-19 (67%) are citizens over 65 years, 64% of which are also suffering from at least one existing pre-condition such as cardiovascular disease, diabetes or pneumonia.¹⁰

Indigenous people: Brazil’s indigenous tribes face multiple threats. The city with the highest number of deaths per population is Manacapuru in the Amazon. Indigenous tribes are already at serious risk due to deforestation policies, illegal annexation of indigenous protected land and climate change. Although Brazil’s indigenous people represent less than 0.5% of the death toll by race,¹¹ the mayor of Manaus, Arthur Virgílio Neto, has defined the situation as an “indigenous genocide and a crime against humanity”.¹² In response, the Federal Government has authorized USD \$ 1.8 million to tackle the situation, but only 20% of those funds have been spent.¹³ The racist comments that form part of Bolsonaro’s day-to-day persona have made him famous, including those levelled at vulnerable indigenous peoples—“The indigenous are evolving, more and more they are human beings like us”.¹⁴

Social distancing: A vast majority of the population (69%) is in favour of social isolation and respecting guidelines from their respective states and councils.¹⁵ Despite immense collective solidarity, the presence of COVID-19 and how its impact is experienced reflects Brazil’s social

- O Globo. 2020. E Dai? Lamento. Quer que eu faça o que? Diz Bolsonaro sobre mortes por coronavírus; Sou messias, mas eu não faço milagre. *O Globo*, 28/04/2020. <https://g1.globo.com/politica/noticia/2020/04/28/e-dai-lamento-quer-que-eu-faca-o-que-diz-bolsonaro-sobre-mortes-por-coronavirus-no-brasil.ghtml>. The President was making a pun on his middle name, Messias (Messiah). Press conference on 28 April 2020.
- Estado de Minas Gerais 2020. Carnaval ajudou a propagar a COVID-19 no país? Especialista responde. *Estado de Minas Gerais*. https://www.em.com.br/app/noticia/gerais/2020/04/28/interna_gerais,1142662/video-carnaval-ajudou-a-propagar-a-covid-19-no-pais-especialista-res.shtml
- Folha de Sao Paulo. 2020. Cancelar o Carnaval teria sido medida adequada, diz Drauzio *Folha de Sao Paulo*. <https://www1.folha.uol.com.br/cotidiano/2020/04/cancelar-o-carnaval-teria-sido-medida-adequada-diz-drauzio.shtml>
- Ministry of Health of Brazil 2020b. Coronavirus Brasil. In: HEALTH, M. O. (ed.). Online <https://covid.saude.gov.br/> 25/05/2020
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- O Globo 2020. Em vez da idade, classe social passa a definir quem morre de covid no país ... - Veja mais em <https://noticias.uol.com.br/saude/ultimas-noticias/redacao/2020/05/06/no-brasil-covid-19-nao-mata-por-idade-mas-por-endereco-sugere-estudo.htm?cmpid=copiaecola>. *O Globo*.
- Ministry of Health of Brazil 2020. Coronavirus Brasil. In: HEALTH, M. O. (ed.). Online. 25/05/2020 <https://covid.saude.gov.br/>
- Ministry of Health of Brazil 2020. Boletim Epidemiológico 16. In: SAUDE, S. D. (ed.) 18/05/2020 ed. Online. <https://coronavirus.saude.gov.br/boletins-epidemiologicos>
- IDEM
- Jornal do Brasil. 2020. Prefeito de Manaus teme genocídio de índios com Covid-19 e fala em crime contra humanidade. *Jornal do Brasil*, 20/05/2020. <https://www.jb.com.br/pais/2020/05/1023841-prefeito-de-manaus-teme-genocidio-de-indios-com-covid-19-e-fala-em-crime-contra-humanidade.html>
- O Globo. 2020. Covid-19 traz riscos de genocídio indígena, alerta MPF, quer que Finai adote medidas urgentes. *O Globo* <https://g1.globo.com/pa/para/noticia/2020/04/27/covid-19-traz-riscos-de-genocidio-indigena-alerta-mpf-quer-que-finai-adote-medidas-urgentes.ghtml>
- UOL. 2020. Índio tá evoluindo, cada vez mais é ser humano igual a nós”, diz Bolsonaro. *Uol*. <https://noticias.uol.com.br/politica/ultimas-noticias/2020/01/23/indio-ta-evoluindo-cada-vez-mais-e-ser-humano-igual-a-nos-diz-bolsonaro.htm&nbps>
- O Globo. 2020. Bolsonaro tem reaprovacao de 43% e aprovacao de 33%. *O Globo*, 28/05/2020. <https://g1.globo.com/politica/noticia/2020/05/28/bolsonaro-tem-reaprovacao-de-43percent-e-aprovacao-de-33percent-diz-datafolha.ghtml>

inequality. Social elites and the middle-class become bored and anxious from the “#stay-at-home”¹⁶ policy, and debates on trivialities. In contrast, the lower classes, usually casual workers, face hunger, unemployment and have little to no access to health and funeral services.

The “Trump of the South”: Brazil has faced a political-institutional crisis since 2014 which has polarized the nation between those for and against the Workers’ Party (Partido dos Trabalhadores- PT). Former PT President “Lula” was jailed, and his successor President Dilma Rousseff was impeached in 2016, after evidence of misuse of public funds and corruption. Similar to the leadership of Donald Trump, Bolsonaro has used the virus to politicize and polarize the population at critical times, instead of tackling the issue as a health-emergency.¹⁷ Bolsonaro has, since December 2019, showed disdain towards the risks the virus posed to the public at large by calling it “little Flu”, as well as constantly ignoring the suffering of the families who lost their members. When the death toll surpassed 2,500, Bolsonaro dismissively stated “I am not an undertaker”.¹⁸

Bolsonaro calls himself a “president without a party” as a consequence of an internal dispute with the political party (PSL) from which he launched his bid for the Presidency in 2018. His popularity is in decline, even among those who voted for him. Polls of 28 May 2020 showed 43% disapproval of his government.¹⁹ At a domestic level, the relationship between the President and the governors of Brazil’s states remains antagonistic. The governors have implemented health measures and declared various states of emergency independently of the Federal government. There is thus no “national plan” to tackle the pandemic. The introduction of a government assistance package of around USD \$100 per month²⁰ might help stabilize Bolsonaro’s approval rating at around 33%; in contrast, almost two thirds (65%) of people approve of how their state governments have handled the crisis.²¹

Economic crisis: Since 2009 the Brazilian economy has been largely affected by political turmoil and has mainly stagnated. In the first quarter of 2020, the GDP had already declined by 1.5%.²² According to Bolsonaro, the economy should remain operating otherwise “more people will die from an economy that doesn’t operate than from the

virus”.²³ His government has adopted a policy of “Brazil cannot (afford to) stop”.²⁴ With the exception of agrobusiness, supermarkets and drugstores, all segments of the economy have been deeply affected since January 2020, particularly service industries.²⁵ The Economic Commission for Latin America and the Caribbean (UN/CEPAL) estimates that the size of the economy will decrease by 5.2% by the end of the year.²⁶

Unemployment has increased to 12.6%. Some 12.8 million people are now unemployed, and almost 5 million workers have lost their jobs in the last three months.²⁷ Despite the lockdown and social isolation, there has been an increase of 11% for homicides compared to the same period last year.²⁸ The government has already lowered the interest rate to 3%, the lowest in 20 years.²⁹ Already deep in deficit, the government does not have the available reserve funds to insert itself into the economy to stimulate consumption, and the alternative of issuing extra currency is not recommended.

Assessment: What makes the pandemic different in Brazil is the fact that it is a simultaneous triple crisis, resulting in an erosion of the health, political and economic sectors. Beyond Bolsonaro’s anti-lockdown stance, he has also publicly pushed against the World Health Organisation (WHO), recommending people take hydroxychloroquine and chloroquine. Unfortunately, the lack of central direction in tackling the virus means that Brazil no longer has real control over its own destiny, amidst an intensifying pandemic. Bolsonaro’s words, “Are people dying? Well. Sorry. Many more will die,”³⁰ appear heartless, while at the same time pointing to the fact that 70% of the population may become infected. Brazil is already in political and economic crisis—the President’s remarks on COVID-19 exacerbate the health crisis, and serve to illustrate the current disorder of the world’s fifth largest state and third largest democracy by population.

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16 In Portuguese “#ficaemcasa”

17 Tisdall, S. 2020. Trump, Putin and Bolsonaro have been complacent. Now the pandemic has made them all vulnerable. *The Guardian* <https://www.theguardian.com/commentisfree/2020/may/17/trump-putin-and-bolsonaro-have-been-complacent-now-the-pandemic-has-made-them-all-vulnerable>

18 Jornal Nacional. 2020. E daí? de Bolsonaro não e a primeira reação de desden de brasileiros por Covid-19. *Jornal Nacional*, 29/04/2020 <https://g1.globo.com/jornal-nacional/noticia/2020/04/29/e-dai-de-bolsonaro-nao-e-primeira-reacao-de-desden-as-mortes-de-brasileiros-por-covid-19.ghtml>

19 Research done by DataFolha amid the release of a Ministerial Meeting video of 22 May 2020 that pushed the political crisis even further. O GLOBO. 2020a. Bolsonaro tem reaprovação de 43% e aprovação de 33%. O Globo, 28/05/2020. <https://g1.globo.com/politica/noticia/2020/05/28/bolsonaro-tem-reprovacao-de-43percent-e-aprovacao-de-33percent-diz-datafolha.ghtml>

20 Equivalent to 600,00 Brazilian Reais per month

21 IDEM 19

22 IBGE 2020. Com pandemia e isolamento social, PIB encolhe 1,5% no primeiro trimestre *In: ECONOMICAS*, E. (ed.). Rio de Janeiro: IBGE Brazilian Institute of Geography and Statistics. <https://agenciadenoticias.ibge.gov.br/agencia-noticias/2012-agencia-de-noticias/noticias/27838-com-pandemia-e-isolamento-social-pib-encolhe-1-5-no-primeiro-trimestre>; Trading Economy 2020. Brazil – Economic Forecasts – 2020-2022 Outlook. Online: Trading Economy. <https://tradingeconomics.com/brazil/gdp-growth>

23 VALOR. 2020. Bolsonaro “vai morrer muito mais gente com uma economia que não anda do que por um vírus”. *O Globo*. <https://valor.globo.com/politica/noticia/2020/03/17/bolsonaro-vai-morrer-muito-mais-gente-por-uma-economia-que-no-anda-do-que-por-coronavirus.ghtml>

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25 IDEM 23

26 Agência Brasil 2020. Economia do Brasil encolherá 5,2% por causa de pandemia, prevê Cepal. *In: EBC* (ed.) 21/04/2020 ed.: EBC. <https://agenciabrasil.ebc.com.br/economia/noticia/2020-04/economia-do-brasil-encolhera-52-por-cao-de-pandemia-preve-cepal>

27 IDEM 23 and 28

28 O Globo. 2020. Mesmo com pandemia, Brasil tem alta de 11% de assassinatos em Marco *O Globo*, <https://g1.globo.com/monitor-da-violencia/noticia/2020/05/25/mesmo-com-pandemia-do-coronavirus-brasil-tem-alta-de-11percent-no-numero-de-assassinatos-em-marco.ghtml>

29 “Selic” index. Banco Central 2020. Banco Central. <https://www.bcb.gov.br/>

30 On 14 May 2020 the President noted “70% of the population will be infected”. That is the equivalent to 147 million people.

CANADA

FEDERALISM IN THE TIME OF A PANDEMIC

ESTIMATED POPULATION (2020): 37.742 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	92,479
TOTAL RECOVERED	49,213
DEATHS	7,374

Introduction: Canada ranks as the world's 2nd largest country by landmass, the 38th by population, and 13th by number of COVID-19 cases.¹ As at 29 May, 2020, some 7,300 Canadians had died of COVID-19. Of the then total of 88,468 cases of COVID-19 in Canada, Canada's two most populated provinces experienced 85% of all cases—49,139 in Quebec, and 26,483 in Ontario.² Lesser populated provinces such as New Brunswick and Prince Edward Island reported a combined total of 150 cases.³ While population numbers and urbanization certainly account for the total number of cases of COVID-19 in Ontario and Quebec, the major determinant of the pandemic in Canada as a whole was federalism itself.

Health policy under federalism: Canadian federalism is a system of 10 provincial, 3 territorial governments and 1 federal government that derive their authority and responsibilities from the Constitution of Canada Act of 1867.⁴ This relationship is based upon a strict division of jurisdiction and responsibilities. The federal government handles some duties, while the provinces are tasked with others, and then rely on internally generated revenue and transfer payment from the federal government in order to ensure operations. "Health" is one area that is strictly within the jurisdictions of the provinces, which means that a total of 13 independent, but interlocking systems, provide health services to Canadians. As such, 13 different policies, directed by 13 different provincial premiers, and 13 different provincial medical officers oversaw the COVID-19 response, which, not without irony, positioned Canada as 13th in the number of COVID-19 cases, globally.

Measures: Even though Canada enjoys extensive interlocking collaboration between provinces and territories, the methods of enforcing restrictions on public space, transportation, restrictions against opening workplaces, and information dissemination all varied to some degree.⁵ The federal government of Canada closed all borders and limited air traffic into Canada on 22 March, 2020, including the land border with the United States, a first in the country's history.⁶ Anyone entering Canada was recommended to go into self-isolation for a period of 14 days. Initially, the federal government had no means to enforce

self-isolation, until 26 March when the Canadian government in Ottawa applied the 2005 Quarantine Act, an obscure piece of legislation that could bring about jail time and stiff fines for anyone found to break quarantine orders from Canada Border Service Agency officials.⁷ Within this federal bubble of quarantine policy, each province was then tasked with the enforcement of their own isolation orders, based on advice from Ottawa. Ontario's border with neighbouring Manitoba and Quebec remained open. Quebec enacted regional borders within the province designed to restrict movement out of Montreal into rural settings with minimal health care resources.⁸

In a drastic move the provinces of New Brunswick, and Prince Edward Island restricted the movement of anyone entering the province, effectively closing down the border entirely with neighbouring Quebec. New Brunswick's border with Nova Scotia remained open, but was met with additional scrutiny and involved the frequent denial of entry from individuals from Nova Scotia.⁹ That province followed suit in demanding 14-day quarantine for anyone entering the Nova Scotia, but it only posted conservation officers on the provincial border, and did little to enforce isolation orders. Nova Scotia, with just under 1 million people, recorded over 1,000 cases of COVID-19, the highest in the Atlantic region of Canada.

A success story: By late May British Columbia, a province of some 5 million people, had reported a total of 2,551 cases of COVID-19. Public health officials acknowledged that numbers in the province were well below expectations. Praised as one of the exemplary cases in Canada, the British Columbia health authority managed to keep COVID-19 cases low despite dense urban populations, and being home to Canada's major international ports. This may be in part due to a three-step approach that other provinces also enacted, but which British Columbia managed to achieve well: (1) Strict Social Distance Measures; (2) Public Spaces, the service industry, and schools were all shut in short order; (3) Contact tracing.¹⁰ Other provinces followed similar policy guidelines, but the ability to enforce social distance measures and to provide needed services that allow for sheltering in place, and thorough contact tracing were not extensively available across all provinces.

Economic effects: Despite the variation in quarantine capabilities across Canada, the one shared experience is the severe effects on the Canadian economy on two fronts. First, the forced closures of private businesses, which employ 69.7% of the private labour market in Canada will be devastating. Service industry workers are hit hardest.¹¹ The federal government has provided several funding packages to allow owners to keep employees on board, to ensure that provinces can offer fully paid sick days, and to ensure temporary debt furloughs. How small businesses recover from this remains uncertain, as the measures put in

1 Johns Hopkins University. 2020. *Corona Virus Resource Centre*. May. <https://coronavirus.jhu.edu/map.html>.

2 *Ibid*.

3 CTV News Atlantic. 2020. *New Brunswick Reports Three New COVID 19 Cases*. May. <https://atlantic.ctvnews.ca/n-b-reports-three-new-covid-19-cases-12-active-cases-remain-1.4962453>.

4 Banting, Keith. 1987. *Welfare State and Canadian Federalism*. Kingston: McGill-Queen's Press-MQUP.

5 Chouinard, Stéphanie. 2020. *COVID-19 crisis sheds light on blind spot of Canadian federalism: interprovincial collaboration*. April. <https://ipolitics.ca/2020/04/09/covid-19-crisis-sheds-light-on-blind-spot-of-canadian-federalism-interprovincial-collaboration/>.

6 Canada Border Services. 2020. *COVID-19 Update*. May. <https://www.cbsa-asfc.gc.ca/menu-eng.html>.

7 Schabas, R. 2007. "Is the quarantine act relevant? Cmaj, 176(13)," *Canadian Medical Association Journal*. 1840-1842.

8 Province of Quebec. 2020. *Déplacements entre les régions et les villes dans le contexte de la COVID-19*. <https://www.quebec.ca/sante/problemes-de-sante/a-z/coronavirus-2019/deplacements-regions-villes-covid19/>.

9 Mulligan, Preston. 2020. *Nova Scotia's border screenings less stringent than New Brunswick's, commuter says*. May. <https://www.cbc.ca/news/canada/nova-scotia/nova-scotia-new-brunswick-borders-1.5566523>.

10 Harris, Kathleen, and Ashley Burk. 2020. *The long-term care crisis: How B.C. controlled COVID-19 while Ontario, Quebec face disaster*. May. <https://www.cbc.ca/news/politics/long-term-care-crisis-covid19-pandemic-1.5589097>.

11 Government of Canada. 2020. *Key Small Business Statistics – January 2019*. January. https://www.ic.gc.ca/eic/site/061.nsf/eng/h_03090.html.

place by Ottawa are emergency bailing-bucket funds and not serious forms of economic stimulus.

Second, the oil and gas sector in Canada was decimated by COVID-19.¹² Already experiencing tough times going into the pandemic, the carbon-intensive production of bitumen and other forms of petroleum development in Canada ground to a halt during the pandemic as the demand for oil, notably jet fuel, plummeted. This brought economic chaos to one particular sector of the economy, however Canada's dollar was deeply connected to the price of oil, and as a result "The Loonie" took a deep dive, which increased the cost of all imports for both industry and consumers.

Assessment: Canada has long struggled with the pains and challenges of federalism, and yet often manages to be recognized globally as a land of stability in governance and progressiveness in terms of social policy. COVID-19 will strain federalism further as some provinces fare better than others, and as the consequences of economic recovery are unequally shared across the provinces and territories. What's more, it may invite an opportunity for Ottawa to revisit discussions of the jurisdiction of provinces when it comes to health and wellbeing.

Currently the Canada Health Act provides two main assurances. First, that no Canadian suffer devastating costs from the receipt of health care services, and that any Canadian citizen or permanent resident can receive health care services in any of the 13 jurisdictions with minimal to no cost.¹³ Despite the transfer payments from Ottawa, provinces have struggled to make ends meet in providing quality care to all members of society, notably to seniors who require institutional care and support regarding the consequences of geriatric health needs. As such, many retirement homes are run by the private sector. In Nova Scotia, one senior's home, the Northwood senior's residence accounted for a quarter of all COVID-19 cases in the province.¹⁴ In Ontario some 120 retirement homes reported COVID-19 outbreaks. And in Quebec 70% of COVID-19 fatalities are in retirement homes.¹⁵

In response to the COVID-19 crisis in retirement homes, Ontario and Quebec requested that Canadian military personnel be called in to assist with care needs, and Ottawa responded to the call.¹⁶ From working in the retirement homes the military reported outrageous health and safety concerns. Many people have now called for a public inquiry, and even the end to privatization of retirement homes in Canada.

The numbers and experience of COVID-19 has varied widely across Canada. Canadian federalism, with 13 separate but interlocking health systems has ensured that this would happen. Now that the pandemic has disproportionately claimed lives in some provinces, the economic hardship will befall all provinces, and certainly future planning will call into question the limits the jurisdictions of federalism. And at the centre of Canada's COVID crisis is the question as to why retirement homes were the epicentre of the outbreaks in Canada, and how Canada, as a country, should care for its elderly and vulnerable in times of a pandemic, as well as on a day to day basis.

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CHILE

FOUR INTERTWINED CRISES

ESTIMATED POPULATION (2020): 19 MILLION¹

COVID-19 statistics at 1 June 2020

TOTAL CASES	99,688
TOTAL RECOVERED	42,727
DEATHS	1,054

Introduction: Chile's COVID-19 health crisis cannot be separated from the social turmoil of October 2019 that preceded it. The relationship between protest and pandemic involves the intersection and solution of four intertwined crises: health, economic, political and social. The likelihood of social conflict remains high in Chile, and the COVID-19 pandemic has exacerbated this.

COVID-19 in Chile: Since 3 March, when the first positive case of COVID-19 was confirmed, there have been several attempts to control the virus, to no great effect. By 28 May there were almost 83,000 cases, an average of 1000 cases per day over 83 days since the first case, and increasing; by the end of May there were just under one hundred thousand positive cases of COVID-19 (99,688) and, 1,054 deaths. Chile's capital Santiago has the vast majority of infections (83.2 %), and the government has had great difficulty in combatting the spread.

Restrictions on movement in Chile: Chile has the worst inequality in Latin America. Over a quarter (26.5%) of the country's wealth is controlled by 1% of the population, while half of the population (50%) live in low-income households and control 2.1% of wealth. During October 2019 the government of President Sebastián Piñera, who leads the right wing *Chile Vamos* (Let's go Chile!) bloc, recommended a rise in transport fees, a move that sparked a very large movement calling for his resignation and a new Constitution. Those protests brought the country to a standstill.

The contradictory responses to COVID-19 can be traced back to this political crisis. The Piñera government has opted to maintain labor activities and partial quarantine rather than decreeing a general quarantine as was demanded by the Chilean Medical Association. On 18 March President Piñera decreed a state of national emergency/disaster (*estado excepcional de catástrofe*), and imposed the curfew and partial quarantines, although not in strategic areas of the economy. This move has meant that transnational copper companies, large industry, services, the financial sector, and the retail sector have all continued operating.² While maintaining the strategic nucleus of production and consumption in the neoliberal state, Chile has seen a marked increase in

unemployment, which according to recent statistics, rose to 15.6 percent in March, from a decade long average of 7.6 percent.³ Nowadays, it would be higher, over 20 percent, mostly because under the new law of 'protection of employment', employers can 'suspend' their workers. Meanwhile, due to its nature, the effects on the informal sector – which constitutes almost 40 percent of the workforce – are difficult to gauge.

Social distancing: On 26 May, Chile's Minister of Health, Jaime Mañalich, quoted the World Health Organization, noting that Chile's citizens had the worst performance in Latin America with respect to social distancing in all its aspects. He called for Chileans to have a better sense of co-responsibility. Given the country is under a state of emergency rule in which government controls most of the decisions and communications,⁴ he did not mention the Executive's responsibility for this behaviour. It is highly likely that since October 2019 many people no longer respect the government's leadership, nor do they consider it politically legitimate. Ambiguous decisions aimed at either supporting economic stability or saving lives have served only to confuse the populace. When President Piñera realised the peak of the health crisis was going to be after the end of April, he imposed stricter policies, yet levels of infection have continued to increase from the beginning of May. More cities have now been placed under quarantine, in particular Santiago,⁵ whose population of over 7 million entered into quarantine on 15 May.

Government stimulus: Amidst pandemic the government has sought to reduce spending. The first cut of US\$458 million came in March. According to the newspaper *El Mostrador*, The Ministry of Finance has now announced a more aggressive second fiscal adjustment, with the objective of cutting over US\$2.5 billion. According to the Treasury, "this will allow budgetary space to be financed for measures aimed at protecting citizens from the effects of the coronavirus".⁶ At the end of the first weekend (Friday 15 May) of the largest quarantine—which comprised 6.7 million people in the Metropolitan Region and more than 7.7 million nationwide—President Piñera highlighted the distribution of 2.5 million baskets of food for the most vulnerable families.⁷ While there has been some distribution of food baskets, it seems this is insufficient, and notable Chileans are critiquing what they see as the propagandistic methods of the President, given his low popularity. Senator Provoste said "we told him over and over again, it was better to increase the 'Emergency Family Income Program' and allow families to buy in the stores of the neighborhood, energizing the local economy, but once again the government does not miss an opportunity to turn this crisis into a business opportunity".⁸ Former President Michelle Bachelet pointed out "protests have been taking place in neighbourhoods of Santiago...with signs that say 'we are hungry'... It is critical to generate important social protection mechanisms".⁹

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Effects on Higher Education: By mid-March universities had moved their teaching on-line, however this shift has revealed painful inequalities in Chile. Some students have no access to computers or internet connections; others have families suffering from unemployment, precarious housing conditions, lack of electricity and so on. Demands from academics and students are emerging again, focusing on the unequal access created by online learning. This problem has been so stressful, that it was necessary for universities to provide a week off and to use this time to re-think the methods used. Where the previous struggle of the university movement was focused on structural causes, now new demands have been added. Public demonstrations may appear again, as soon as the rate of contagion declines.

Assessment: The pandemic in Chile is ongoing, and the state's response has deepened the social inequalities inherent in neoliberalism. Poorer suburbs are absorbing infections and increased rates of contagion, especially in Santiago, where densely populated suburbs and smaller, more precarious housing conditions are incubating hunger and infection. Such conditions create a dynamic cocktail, not only for maintaining the virus, but for new social conflict, violence and repression. This trend is so clear that the President has now called for a National Agreement of the whole political spectrum, because winter is coming, and June is the month to pay debts. Many Chileans hope that the agreement, if there is to be one, moves away from the neoliberal model and towards a welfare state model, with a new Constitution leading the process.

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Visual data on Chile¹⁰

Figure 1: Daily cases of infection and new recoveries, 25 May 2020

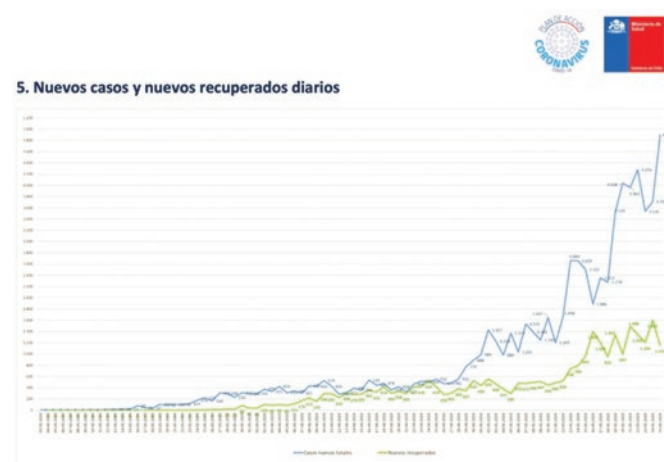
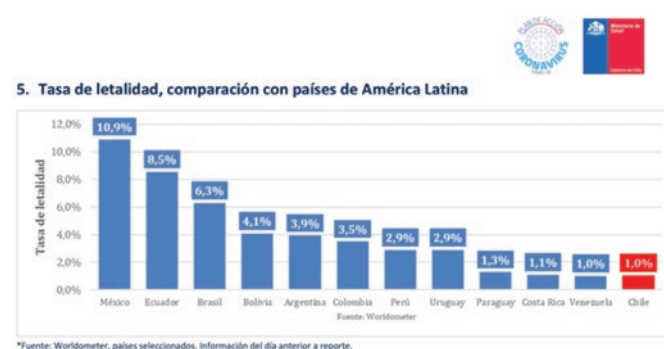


Figure 2: Case fatality rate, compared with other Latin American countries, 25 May 2020



¹⁰ Gobierno de Chile, 'Plan de Acción Coronavirus COVID-19, 'Daily Report, Official Figures', 25 May https://cdn.digital.gob.cl/public_files/Campa%C3%B1as/Corona-Virus/Reportes/25.05.2020_Reporte_Covid19.pdf

CUBA

MEDICAL INTERNATIONALISM IN A TIME OF PANDEMIC

ESTIMATED POPULATION (2020): 11.3 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	2,045
TOTAL RECOVERED	1,809
DEATHS	83

Introduction: Considering that pandemic leaves no bystanders, and that every country, in its own way, has had to deal with COVID-19, Cuba is one of only a few countries around the world to offer international assistance through international health cooperation. Notwithstanding this seemingly heroic gesture of good global health citizenship and solidarity, the United States has maintained the full enforcement of its decades-old embargo against Cuba, and has actively encouraged other countries to reject any offers of Cuban health workers.¹

Cuba and COVID-19: In May, 2020 Carnival cruise lines, a cruise ship operator, boasted that bookings for August were up 600% after announcing that it would resume operations with rates as low as USD \$28.² Cruise ships were some of the first hot spots of the COVID-19 pandemic, with hundreds of crew and passengers infected, and 70 people dying while at sea.³ By early March, 2020, many countries had closed their ports to cruise ships, which left tens of thousands of people isolated at sea. As nations closed their borders to COVID-19 infected cruise ships, Cuba not only offered port to a British Cruise ship *Braemar* with active cases, it also provided health care for the infected and suffering passengers.⁴

As of May 31, 2020 Cuba had recorded some 2,045 COVID-19 cases, and 83 deaths. For a population of 12.8 million, roughly that of the U.S. state of Ohio, or of Belgium, Cuba's COVID-19 numbers are impressive.⁵ Ohio recorded 31,408 cases with 1,965 deaths, and Belgium recorded 58,381 cases with 9,467 deaths. Cuba has 6% of the number of COVID-19 cases of Ohio, and only 3% of the number of cases that Belgium has, and 4% of the number of fatalities of Ohio, and only 0.8% of Belgium's numbers.⁶ While the difference in cases and mortalities is striking, consider the drastic economic difference as well. Ohio's Gross Domestic Product (GDP) is figured at \$656 billion or \$47,000 per capita, and Belgium is \$542 billion or \$52,000 per capita. Cuba's GDP is only \$100 billion, which equates to just under \$9,000 per capita.⁷ With a paltry economy, scrutiny from one of the most severe economic sanctions regimes in the world, and a slow start to closing its borders, 1,809

(88%) COVID-19 patients in Cuba successfully recovered. This is a stark contrast with Belgium where only 27% recovered, or Ohio where data collection on recovery is too poor to make a sound assessment. How has Cuba been so successful?

Cuba's health system: The simple answer is that Cuba's health care system deals with "health", not just "illness".⁸ The strength of the Cuban health care system lies in its ability to address upstream determinants of health in order to reduce the demand and cost of downstream reactive procedures. The state's national constitution considers not "health care" but "health" itself to be the right of all Cuban citizens, and therefore the government of Cuba is committed to ensuring individual and population health.⁹ The health system relies on cost effective and community-based programs of health promotion and disease prevention at the local level. Cubans can attend medical school, nursing school, and any other university program free of charge, which allows for a robust cohort of medical graduates on an annual basis, and gives Cuba the best doctor-to-patient ratio anywhere in the world. Even during the devastating economic hardship of the 1990s, when Cuba lost 87% of its exports and 35% of its Gross Domestic Product, the country expanded university enrolment and scholarship for medical school.¹⁰ This is why Cuba's health system, even despite economic shortcomings, and constant pressure on acquiring medical resources as a result of the U.S. embargo, is able to work towards health promotion and disease prevention on a routine basis, not just in the time of pandemics and natural disasters.

Measures adopted: In terms of the response to COVID-19, Cuba was slow to close its borders to foreigners, and even took in ill foreigners for care in its hospitals. Social distancing was loosely practiced initially, and strict shelter in place orders were not given. Schools were shut as of 20 March, 2020, along with gyms, and the public transportation system (which effectively creates a shelter in place scenario). Entry into the country was restricted as of 24 March and anyone who arrived in Cuba between 17 and 23 March was required to be tested for COVID-19. From there the Ministry of Public Health engaged in rigorous contact tracing, testing, and follow up with patients of COVID-19, including "quarantine zones" that prohibited movement in or out, unless with special authority.¹¹ Masks were encouraged if not required in public, and by 1 April some neighbourhoods were put on full lockdown. Throughout the pandemic Cuba pursued rigorous contact tracing, and for those who showed symptoms, the government provided fully insured health care services, including Cuban-made products such as Interferon Alpha 2b, Biomodulin-t, CIGB 2020 and CIGB 258. The ministry of public health suggested that the use of these products delivered promising results with COVID-19 patients.¹²

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International Health Solidarity: When Italy's health system was overwhelmed by COVID-19 cases, Cuba sent 52 of its own doctors and nurses to help.¹³ At a time when affluent countries like Italy, France, Spain and the United States were hit hard by COVID-19, and were scrambling to muster their own human resources for health, Cuba began offering health care services to some 15 countries, both rich and poor countries alike. Even the small, but wealthy, country of Andorra received some 39 Cuban health workers.¹⁴ What is seemingly an exceptional case of global health cooperation is in fact a continuation of a long history of medical internationalism that is a central part of Cuba's foreign and economic policy. Cuban medical internationalism stretches back to the early 1960s when the country first started to provide health workers, and medicines, to other countries in need.¹⁵ As of 2020, some 200,000 Cuban health workers have served in 162 nations around the world since 1961. It is an exceptional example of health cooperation on a global scale, but for Cuba, it is a normative process of building good international relations, improving health needs, and building capacity for emergencies, such as pandemics, from the strengths of its own health system.¹⁶

With impressive doctor to patient numbers, and a dedicated focus on upstream determinants of health, Cuban health workers are routinely offered opportunities to work abroad through medical cooperation. This cooperation is loosely organized through three streams. The first is to affluent countries to which remuneration to the Cuban government and to the health workers themselves is expected. The second is through regional organizations, such as the Pan American Health Organization that coordinated cooperation between Brazil and Cuba, or the World Health Organization that facilitated the arrival of Cuban doctors in West Africa during Ebola. In these contracts, funds are brokered to Cuba through the facilitating organization. Finally, trilateral cooperation sees Cuban health workers placed in low resource settings, like Haiti or The Gambia, with financial assistance coming from third countries, such as Taiwan and Norway. For COVID-19, Cuban cooperation has followed the first and third examples.

Assessment: Every country has had to deal with the COVID-19 pandemic, and for many the virus exposed the limits of their health systems. Cuba not only handled the pandemic through best practices in public health, it did so with the collective confidence to allow foreigners to enter the country for treatment and to offer its own health workers for the needs of others abroad. Cuba's unique health system enables it to provide universal care with a strong focus on disease prevention and health promotion, and all on a shoe-string budget. Cuba is a notable example of the importance of health systems that can not only handle a pandemic, but which demonstrate such resilience that they can also assist others beyond their own borders.

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NICARAGUA

DISINFORMATION DISGUISES PANDEMIC

ESTIMATED POPULATION (2020): 6.625 MILLION

COVID-19 statistics at 1 June 2020

	GOVERNMENT FIGURES	CITIZENS' OBSERVATORY FIGURES ¹
TOTAL CASES	759	3,725
TOTAL RECOVERED	370	N/A
DEATHS	35	805

Introduction: Nicaragua will be among the countries most affected by COVID-19 in the Americas. The autocratic regime of former leftist-revolutionary Daniel Ortega, and his wife and vice-president Rosario Murillo, is grossly trivializing the pandemic. Instead of taking measures, Ortega disappeared without further notice from public view for more than five weeks in March and April.² Meanwhile his government organized mass-events for their followers when the virus was already in full swing. One of the marches was themed “Love in the time of COVID-19”, an ironic allusion to the famous Gabriel García Márquez novel “Love in the Time of Cholera”.³

The country had just started a delicate phase of recovery from the economic and social consequences of the brutal suppression of the April 2018 civil protests by the Ortega-Murillo regime,⁴ which has included the banning of political protests in September 2018. Two years later the Sandinistas leader shows again, that he prioritizes his power and his family's economic interests over the health and integrity of the Nicaraguan people.

COVID-19 in Nicaragua: The first COVID-19 case in Nicaragua occurred on 18 March. From the outset, the Ortega-Murillo regime denied the danger of an exponential spread of the virus, and Sandinistas labeled it instead “the Ebola of the white and the rich”.⁵ During the following two months the government only admitted there were 25 cases of infections—all “imported”—but with eight recognized deaths from COVID-19 by mid-May, that meant Nicaragua had the highest death rate worldwide at over 30%.⁶ The regime must have realized that these figures were not favorable; on 19 May the Ministry of Health (Minsa) miraculously reported that a total of 199 Nicaraguans had recovered from the COVID-19 virus—from the 25 infected.⁷ Meanwhile hospitals have been recording large numbers of deaths from “atypical pneumonia”. The funerals usually take place in secret at night.⁸ There is every reason to believe that most of these are COVID-19 cases. Hence, the official numbers (which are also listed by the Johns Hopkins University) do not resemble at all what medical associations observe as happening in the country. This led to the foundation of a “citizen observatory” that tries to provide verified data closer to reality.⁹ By the end of May the observatory has reported cases of infections five times higher than official figures, and the number of deaths is 23 times higher.¹⁰

Nicaragua's health care system is not prepared for an exponential spread of the disease. There is less than one hospital bed per 1,000 residents and no more than 160 ventilators for the whole country.¹¹ The consequences of these conditions are not only felt by the health care workers themselves—at the end of May there were already 11 confirmed deaths from their ranks¹²—but also by numerous government officials, mayors and high-ranking party members who have passed away as a consequence of the virus.¹³

- Official figures from the government listed by Johns Hopkins University; figures listed by the Nicaraguan “Observatorio Ciudadano COVID-19”, latest update 27 May (<https://www.facebook.com/pg/ObservatorioCovidNi/>).
- taz, Wo ist Präsident Daniel Ortega?, 6 April, <https://taz.de/Geruechte-um-Nicaraguas-Staatschef/!5674602/>
- BBC, 5 insólitas cosas que ocurren en Nicaragua mientras los expertos advierten de la “grave” falta de medidas ante la pandemia, 4 May, <https://www.bbc.com/mundo/52530594>
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- Confidencial, Muertes anónimas: Once trabajadores de Salud han fallecido por covid-19; Gobierno calla, 28 May, https://confidencial.com.ni/nicaragua-trabajadores-de-salud-muertos-por-covid-19-gobierno-calla/?fbclid=IwAR1IAk8VdUgN2kxy6KRRa19UUJML3CuPxHDITM7P0EsDK_F_5_Bd9t4IPY
- Confidencial, Confirman muerte de Orlando Noguera, alcalde del FSLN en Masaya, 1 June, <https://confidencial.com.ni/muerte-orlando-noguera-alcalde-del-fsln-en-masaya/>

On 25 May the government presented a so called “White Book”, in which it compares Nicaragua’s approach with Sweden, in an attempt to counter criticism for not following the recommendations of the World Health Organization.¹⁴ A disinfection programme for markets, taxis and buses and an hygiene awareness campaign are so far the only measures taken.¹⁵ As a consequence, on 1 June, 33 Nicaraguan medical associations called on the population to “urgently initiate a national quarantine on a voluntary basis” in a joint public statement.¹⁶

Restrictions on movement: Nicaragua kept its borders open with neighboring countries Honduras and Costa Rica. De facto however, it became internationally isolated early on. Costa Rica and Honduras introduced strict border controls and only allow trucks to pass after a medical check. All international airlines had stopped their services to Managua by April.¹⁷ In May, the Costa Rican government deported 30 truck drivers who tested positive for COVID-19 on its border with Nicaragua¹⁸ (this was while Nicaragua still had only 25 officially recognized cases). On 17 April Ortega denied landing permits for two repatriation flights from Cayman Island with stranded Nicaraguan citizens.¹⁹

Social distancing: From the beginning, the Ortega-Murillo regime has spoken out against any kind of social distancing, qualifying these measures as “radical”. A national quarantine, the government argued, would destroy the Nicaraguan economy.²⁰ While this may be correct to a point, the regime has surprised people by taking several contrary actions unrelated to economic damage, but with a harmful impact: promotion of local tourism; calls to attend political marches; the organization of admission-free boxing evenings; and gastronomic festivals throughout the country.²¹ At the same time, high public officials

performed social distancing at a posthumous tribute to a Sandinista deputy where they were located in seats with exceptional distance.²² Many institutions, companies and individuals who do not agree with the regime therefore have taken their own measures of social distancing. Indigenous people on Nicaragua’s Caribbean coast lately auto-declared quarantine for their territories.²³ Most restaurants and bars closed voluntarily. In a statement, the Nicaraguan medical associations asked private companies to support their case of a voluntary quarantine by allowing workers to stay at home and to close all businesses that are not essential.²⁴

Government stimulus: The government has not taken any economic measures to help people or businesses at the date of this report. There has not even been financial support for the health care system with US-Dollar reserves from the National Bank, which the president is allowed to access in such an emergency.²⁵ The economic consequences for Nicaragua will be devastating. The Inter-American Development Bank (IDB) predicted a loss of 200,000 formal jobs due to the combined effects of the fallout from the political crisis that began in 2018 and the COVID-19 pandemic. The latter has also led to a considerable reduction of Nicaraguan workers abroad sending their families remittances, on which many low-income households depend.²⁶

Government repression: The regime decided to take repressive measures against those who take the pandemic seriously. Doctors and health workers have been prohibited from using masks and other protective equipment in order not “to alarm the population unnecessarily”.²⁷ A Catholic bishop who wanted to set up preventive medicine centers in his diocese was immediately instructed to refrain from doing so. Opposition MPs who went into self-imposed quarantine had their salaries cut.²⁸

14 Presidencia de la República/Secretaría Privada para Políticas Nacionales, AL PUEBLO DE NICARAGUA AL MUNDO INFORME SOBRE EL COVID-19 UNA ESTRATEGIA SINGULAR-LIBRO BLANCO; May 2020, <https://www.el19digital.com/app/webroot/tinymce/source/2020/00-Mayo/25%20MAYO/AL%20PUEBLO%20DE%20NICARAGUA%20Y%20AL%20MUNDO-%20INFORME%20SOBRE%20EL%20COVID-19.pdf>

15 Confidencial, Régimen cede en cuatro medidas contra covid-19, pero persiste en errores, 1 May, <https://confidencial.com.ni/regimen-de-nicaragua-cede-en-algunas-medidas-contra-covid-19/>

16 100%Noticias, Asociaciones médicas llaman a cuarentena nacional voluntaria en Nicaragua, 1 June, <https://100noticias.com.ni/nacionales/101313-asociaciones-medicas-llaman-a-cuarentena-nacional-/>

17 taz, Meister ohne Massen, 19 May, <https://taz.de/Sport-trotz-Corona-in-Nicaragua/!5683953/>

18 La Prensa, Medio tico asegura que Costa Rica ha deportado a 30 transportistas extranjeros por Covid-19 en su frontera norte, 13 May, <https://www.laprensa.com.ni/2020/05/13/nacionales/2673261-costa-rica-reporta-19-transportistas-con-covid-19-en-las-fronteras-terrestres>

19 Today Nicaragua, Nicaragua, one of two countries in Latin America open for tourism, 13 May, <https://todaynicaragua.com/nicaragua-one-of-two-countries-in-latin-america-open-for-tourism/>

20 Confidencial, El ataque de Ortega al #QuedateEnCasa y otros tres errores contra la covid-19, 1 May, <https://confidencial.com.ni/el-ataque-de-ortega-al-quedateencasa-y-otros-tres-errores-contra-la-covid-19/>

21 The New York Times, Nicaragua se resiste a la cuarentena y empiezan a hacerse entierros a medianoche, 2 June, <https://www.nytimes.com/es/2020/06/02/espanol/america-latina/nicaragua-coronavirus-muertes.html>

22 100%Noticias, Régimen sandinista aplica “distanciamiento social” para funcionarios de alto rango, 3 April, <https://100noticias.com.ni/nacionales/99913-coronavirus-nicaragua-distanciamiento-funcionarios/>

23 Despacho 5050, Indígenas ramas y krioles de Nicaragua se declaran en cuarentena por coronavirus, 3 June, <https://www.despacho505.com/indigenas-cuarentena/>

24 100%Noticias, Asociaciones médicas llaman a cuarentena nacional voluntaria en Nicaragua, 1 June, <https://100noticias.com.ni/nacionales/101313-asociaciones-medicas-llaman-a-cuarentena-nacional-/>

25 La Prensa, Daniel Ortega prefiere transferir más de 5,000 millones de córdobas al BCN, que ayudar a nicargüenses a enfrentar pandemia, 26 May, <https://www.laprensa.com.ni/2020/05/26/economia/2678011-daniel-ortega-prefiere-transferir-mas-de-5000-millones-de-cordobas-al-bcn-que-ayudar-a-nicaraguenses-a-enfrentar-pandemia>

26 La Prensa, BID pronostica para Nicaragua una gigantesca ola de destrucción de empleos formales. Especialistas temen por el INSS, 2 May, <https://www.laprensa.com.ni/2020/05/02/economia/2669165-bid-pronostica-para-nicaragua-mortandad-de-empleos-formales-especialistas-temen-por-el-inss>

27 Confidencial, Hacerse el sueco con el coronavirus: la ignorancia al timón, 27 May, <https://confidencial.com.ni/hacerse-el-sueco-con-el-coronavirus-la-ignorancia-al-timon-en-nicaragua/> and Voa Noticias, Nicaragua: médicos denuncian contagio por falta de protección en medio de pandemia, 15 May, <https://www.voanoticias.com/centroamerica/medicos-en-nicaragua-denuncian-contagio-de-covid-19-por-falta-de-proteccion>

28 taz, Wo ist Präsident Daniel Ortega?, 6 April, <https://taz.de/Geruechte-um-Nicaraguas-Staatschef/!5674602/>

Effects on Education: Most private universities suspended face-to-face classes around Easter at the latest and tried to complete the semester online. The public universities remain open, however only very few students attend the classes. A similar situation can be seen in elementary and high schools. Whilst private schools have been closed or switched to online lessons since April, public schools have not closed to this day. Many parents no longer send their children to school.²⁹

Assessment: Nicaragua's people are combatting COVID-19 without the help of their government. The Ortega-Murillo regime refuses to acknowledge the seriousness of the pandemic. While it is understandable that countries like Nicaragua hesitate to follow lockdown measures seen in the global North, the Ortega-Murillo regime has actively contributed to the exponential spread of the virus due to its unfathomable policies of organizing mass events, carrying out repressive actions against health workers and issuing clearly false information. Data provided by the "citizen observatory" shows that the official numbers talk down the real degree of the advancement of the pandemic through Nicaragua. Ortega first tried to score political points about the situation by insulting those calling for quarantine. According to him they were the same ones who tried to destroy the Sandinista revolution with their protests in 2018. Now there is increased likelihood that his incompetence, inconsistency and ignorance when dealing with this global health crisis could finally mark the beginning of his political end.

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Figure 1: Accumulated deaths reported as "pneumonia" (red), Suspected COVID-19 cases (blue), total deaths (green) by 31 May, as reported by the Observatory.³⁰



²⁹ Information obtained via e-mail (4 June) from a well-informed local university teacher and researcher and other private contacts who confirmed this report.

³⁰ Observatorio Ciudadano COVID 19 Nicaragua, Informe Semanal 21 al 27 de mayo 2020, 30 May, <https://www.facebook.com/ObservatorioCovidNi/photos/pcb.136761231330144/136761004663500/?type=3&theater>

UNITED STATES OF AMERICA

POLITICS AMIDST PANDEMIC

ESTIMATED POPULATION (2020): 331 MILLION

COVID-19 statistics at 1 June 2020

TOTAL CASES	1,790,191
TOTAL RECOVERED	444,758
DEATHS	104,383

Introduction: At the time of writing, the United States had just crossed 100,000 deaths attributed to the COVID-19 pandemic. The occasion was marked by the *New York Times* with a front page on 27 May 2020 removing all the usual articles, photographs and graphics and instead listing names and excerpts from obituaries to memorialise the dead.¹ The world has watched on as the world's most powerful nation and largest economy has struggled to deal with the pandemic, at the same time as President Trump has made headlines for his statements, such as testing for the pandemic is 'overrated'. Below these headlines, there is a complexity that is reflective of the broader USA political system and requires a more nuanced understanding.

Federalism: In the American federal political system, the governors of the fifty states have had oversight of the response. For example, the response of Ohio Republican Governor Mike DeWine has been inclusive and fact-based. In a study published by Northeastern University, Harvard University and Rutgers University titled "The State of the Nation: A 50-state COVID-19 survey", Governor DeWine received an 83% approval rating. This was closely followed by the Democrat Governor of Kentucky, Andrew Graham Beshear (81%) and, the Republican Governors of Maryland (Larry Hogan) and Massachusetts (Republican Charlie Baker), both at 80 percent.²

The survey found that in every state of the union, residents approved of their own governor's handling of the COVID crisis more highly than they rate that of President Trump; the average gap across the 50 states was 22 percentage points. This is not surprising, as Americans typically rate highly their own governors and congressional representatives, even when they hold disdain for the national government.

In Wyoming, where we have both been based, the Republican Governor, Mark Gordon, acted swiftly by encouraging state residents to avoid unnecessary travel and to stay at home as much as possible. Wyoming, however, was one of only a few states to never impose a state-wide stay-at-home order.³ Wyoming has had the third lowest number of cases and the lowest number of COVID-19 related deaths.⁴

In such a large and diverse nation, what is evident is that any response required a localised approach to garner buy-in from the people. State governors have shown leadership that has too often been ignored by the international media.

"It's an election year—everything is partisan": When the extent of the COVID-19 pandemic first became evident, there was a brief partisan pause as both political parties attempted to understand the extent of the crisis. This fragile peace between Democrats and Republicans led to the first coronavirus 'stimulus package' being passed in late March 2020.⁵ The USD \$2 trillion package has funding for health care, unemployment benefits and direct transfers to states, and represents about 11% of US GDP.⁶ The money is needed, especially as unemployment went from 3.5% in February, 4.4% in March and 14.4% in April; just under 40% of workers in leisure and hospitality are now unemployed.⁷

Since that brief moment of bipartisanship everything about the virus has become partisan.⁸ This split does not only refer to whether the President is doing a good job, it also reflects just how seriously the threat should be taken. In March, an NBC News/Wall Street Journal poll revealed that 68 percent of Democrats were worried someone in their family could catch the virus compared to just 40 percent of Republicans.⁹

This political divide is also evident over religious freedoms. A poll by The University of Chicago Divinity School and The Associated Press-NORC Centre for Public Affairs Research found Republicans are more likely than Democrats to say prohibiting in-person services during the coronavirus outbreak violates religious freedom, 49% to 21%. In fact, 58% of Democrats say in-person religious services should not be allowed at all during the pandemic, compared with just 34% of Republicans who say the same.¹⁰

This split is also reflected on how quickly restrictions should be eased and the economy should open. The Pew Research Centre poll released on 7 May found that 68 percent of Americans continue to be concerned about coronavirus-related restrictions on public activity being lifted too quickly.¹¹ The poll found, however, that 87 percent of Democrats were concerned restrictions would be lifted too quickly, compared with only 47 percent of Republicans. Furthermore, this gap is widening: a month earlier the split was 81 percent of Democrats and 51 percent of Republicans.

Voting during a crisis: Many Americans are concerned about the impact the COVID-19 pandemic will have on the practical side of the upcoming November 2020 election, in particular on voting. Yet here too, voting is organized at the state level and not by the national government. While many currently advocate vote by mail as a way to conduct the election more safely, the fact remains that the states differ in their use of mail-in ballots. In states such as Illinois, where there isn't a tradition of voting by mail, the turnout in primaries was much lower than in states such as Florida and Arizona, which generally cast a large percentage of ballots by mail.

As FiveThirtyEight pointed out, this is not the first time that election cycles have been impacted by crisis.¹² During the 1918 Spanish flu, midterm elections were held in the fading days of World War I. The flu was devastating for the United States, killing hundreds of thousands of people in the lead-up to the November election, and public health

1 <https://www.nytimes.com/interactive/2020/05/24/us/us-coronavirus-deaths-100000.html>

2 <https://www.cleveland19.com/2020/05/01/ohio-gov-dewines-coronavirus-response-approval-rating-highest-among-governors/>

3 <https://kgab.com/survey-finds-wyoming-has-18th-fewest-covid-19-restrictions/>

4 <https://www.worldometers.info/coronavirus/country/us/>

5 <https://www.nytimes.com/2020/03/26/us/coronavirus-senate-stimulus-package.html>

6 <https://www.statista.com/statistics/1107572/covid-19-value-g20-stimulus-packages-share-gdp/>

7 <https://www.statista.com/statistics/273909/seasonally-adjusted-monthly-unemployment-rate-in-the-us/>

8 <https://news3lv.com/news/coronavirus/how-a-global-pandemic-became-a-partisan-fight>

9 <https://www.vox.com/2020/3/15/21180506/coronavirus-poll-democrats-republicans-trump>

10 <https://abc3340.com/news/nation-world/poll-shows-a-partisan-split-over-virus-era-religious-freedom>

11 <https://www.pewresearch.org/fact-tank/2020/05/07/americans-remain-concerned-that-states-will-lift-restrictions-too-quickly-but-partisan-differences-widen/>

12 <https://fivethirtyeight.com/features/this-isnt-the-first-time-america-has-weathered-a-crisis-in-an-election-year/>

officials attempted to limit the spread by placing restrictions on public gatherings, which affected campaigning, voting, and turnout. Likewise, during World War II, the government tried to increase turnout by passing the *Soldiers Voting Act* that helped states send federal ballots to service members.

Uneven social effects: One section of the population that has been particularly impacted by COVID-19 has been African Americans. This has been for a complex set of reasons including, pre-existing health and socio-economic conditions that make the coronavirus particularly deadly. It has even been described as ‘the black plague’.¹³ Diabetes, asthma, heart disease, and obesity are all critical factors that highlight vulnerability to COVID-19. Also, African Americans are poorer and more likely to be underemployed.

Likewise, the pandemic is exacerbating existing vulnerabilities in First Nations communities: from a lack of clean water and overcrowding, to exclusion, many Native Americans are confronting the ‘perfect storm’ of health and economic crises.¹⁴ Across the United States, nations such as Northern Arapaho (Wyoming) to Navaho (Oklahoma), communities are being ravaged. The New York Times reported that more than 5,200 cases have been confirmed in First Nations communities from Arizona to Minnesota. Though this number is small compared with those in major urban areas, in many cases this represents significant local clusters that are challenging the limited resources of tribal clinics and rural hospitals.¹⁵

Voting in a pandemic: Given today’s technology, alternative voting methods are both feasible and possible. This is not necessarily about online solutions but learning from states where all voting is through mail ballots. While this is a feasible solution, there are three key reasons for pause. First, the parties are uncertain who this will favour. While Democrats have seen effective grassroots campaigning lead to a considerable increase in their support through mail voting, older Americans tend to vote Republican so that party is also potentially attracted to this approach. Secondly, while states such as Washington have a history and culture of mail ballots, many states do not, and this is likely to see a collapse in the numbers of eligible voters. Third, it is a massive logistical exercise to organise a dramatic change in the American voting system; if it is to be done it should have started months ago. It is doubtful that at this late stage something like this could be organised. It would require both cooperation and goodwill, and at a time when both are in short supply.

Assessment: The responses to and impacts of the pandemic in the US have been more complex than the headlines suggest. In some sections, we have seen widespread support for solutions implemented. In other parts of the country, politics has simply overwhelmed policy.

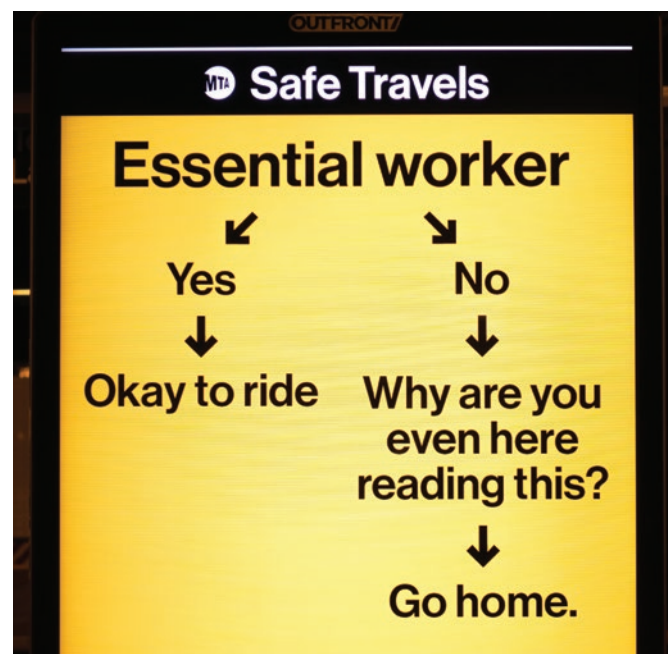
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Figure 1: Subway message for commuters, New York. Photo by Daniel Lee on Unsplash



¹³ <https://www.newyorker.com/news/our-columnists/the-black-plague>

¹⁴ <https://www.vox.com/2020/3/25/21192669/coronavirus-native-americans-indians>

¹⁵ <https://www.nytimes.com/2020/05/11/us/coronavirus-native-americans-indian-country.html>

ISSUES PAPER

FRONTLINE HEROES LEFT BEHIND: AMERICAN HEALTHCARE WORKERS DURING THE ERA OF COVID-19

INTRODUCTION

In October 2019, the Global Health Security (GHS) Index ranked the United States as the most prepared country against biological threats.¹ Nevertheless, as of 1 June, 2020, the US death toll from the COVID-19 outbreak was 106,187, and confirmed infection cases had skyrocketed to 1,836,872.^{2,3} Currently, the US holds the highest fatality numbers recorded worldwide. These grim facts have exposed the illegitimacy of GHS Index rankings and revealed that the US was unprepared to deal with a pandemic of this magnitude. Why wasn't America ready for COVID-19?

In May 2018, the Federal Government decided to defund a branch of the National Security Council.⁴ Ironically, that branch was the Health Security and Biodefense Directorate, which is responsible for pandemic preparedness. Being ill-equipped to manage this new and unforeseen COVID-19 threat resulted in a slow and disorganized national response that has jeopardized thousands of American lives.

Another reason for the current health crisis was that the Federal Government adopted unconventional policies in regard to handling the outbreak. The Trump administration left it up to the states to oversee the COVID-19 response.⁵ Most states had no unifying guidelines and created their own planning for dealing with the pandemic. For instance, California's Governor, Mr Gavin Newsom, was the first to issue stay-at-home orders starting from 19 March, 2020. This measure restricted businesses such as gyms and retail stores from operating, while it allowed others that provide more essential services (e.g. post offices and supermarkets) to remain open.^{6,7} Other states, based on how they judged the situation, issued their own version of stay-at-home orders or outright refused to issue orders, such as Arkansas.⁸ The often-stated purpose of stay-at-home orders is to flatten the COVID-19 curve and prevent hospitals from being overwhelmed.⁹

THE REALITY FOR HEALTHCARE WORKERS

Out of all the essential services, healthcare workers have the most exposure to COVID-19. According to a report issued by the Centers for Disease Control and Prevention (CDC), by April 9, 2020, more than 9,000 healthcare workers had been infected and 27 had died due to the virus.¹⁰ While repeatedly praised as frontline 'heroes' by politicians and the media, healthcare workers are fearful of becoming patients themselves and leaving their families behind.¹¹ They have not been adequately prepared to keep themselves safe from falling ill, have been denied hazard pay, and in some instances even experienced pay cuts.¹² Some are facing pressures from unexpected quarters. In several instances there have been attempts to evict health workers because the landlords fear the spread of COVID-19 in their properties.¹³ Healthcare workers have also been subject to bullying by the public, made worse by politicisation of the health response and disinformation campaigns such as #FilmYourHospital, which claim the pandemic threat has been deliberately exaggerated by health authorities.¹⁴ Threats range from verbal abuse of staff to death threats received by Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases.^{15,16}

At the start of the COVID-19 outbreak in the US, the Strategic National Stockpile held about 12 million N95 masks.¹⁷ By early April it was nearly depleted.¹⁸ Until the Federal Government could ramp up production of medical grade personal protective equipment, many healthcare workers were given new guidelines issued by the hospitals and the CDC. One of the guidelines was that they could re-use their masks.¹⁹ Some hospitals in Washington state for example, enacted a "one mask per day" policy,²⁰ while others advised their workers, "they can use it until it breaks".²¹ According to the Food and Drug Administration, N95 respirators are single-use items. Correct use helps prevent the spread of infections.²²

Other shortages included gowns. As a less-than-stellar replacement, some healthcare workers resorted to using garbage bags.²³ The CDC report of 9,000 infected healthcare workers is the result of an ill prepared pandemic response. A complete lack of proper personal protective equipment is one of the many factors that resulted in the increased exposure and transmission of the virus among healthcare workers and the patients they were trying to help.

- 1 <https://www.ghsindex.org/wp-content/uploads/2019/10/2019-Global-Health-Security-Index.pdf>
- 2 <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>
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- 5 <https://www.pbs.org/newshour/health/trump-resists-national-shutdown-leaving-it-up-to-states>
- 6 <https://www.cnn.com/2020/03/23/us/coronavirus-which-states-stay-at-home-order-trnd/index.html>
- 7 <https://covid19.ca.gov/stay-home-except-for-essential-needs/>
- 8 <https://www.cbsnews.com/news/stay-at-home-orders-states/>
- 9 <https://www.cbsnews.com/news/what-does-stay-at-home-order-mean-coronavirus/>
- 10 https://www.cdc.gov/mmwr/volumes/69/wr/mm6915e6.htm?s_cid=mm6915e6_w
- 11 <https://www.theguardian.com/us-news/2020/apr/15/coronavirus-us-health-care-worker-death-toll-higher-official-data-suggests>
- 12 <https://www.washingtonpost.com/business/2020/04/30/white-house-congress-have-not-given-any-hazard-pay-medical-workers-despite-calling-them-heroes/>
- 13 <https://www.propublica.org/article/despite-federal-ban-landlords-are-still-moving-to-evict-people-during-the-pandemic>
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- 15 <https://www.theguardian.com/artanddesign/2020/apr/20/photograph-healthcare-workers-confronted-anti-lockdown-protesters-denver>
- 16 <https://theconversation.com/healthcare-workers-are-still-coming-under-attack-during-the-coronavirus-pandemic-136573>
- 17 <https://www.cnbc.com/2020/03/04/hhs-clarifies-us-has-about-1percent-of-face-masks-needed-for-full-blown-pandemic.html>
- 18 <https://www.theatlantic.com/health/archive/2020/04/why-were-running-out-of-masks-in-the-coronavirus-crisis/609757/>
- 19 <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- 20 <https://www.usnews.com/news/health-news/articles/2020-03-17/one-mask-a-day-for-doctors-in-virus-epicenter-of-washington>
- 21 <https://www.vox.com/2020/4/3/21206726/coronavirus-masks-n95-hospitals-health-care-doctors-ppe-shortage>
- 22 <https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-and-surgical-masks-face-masks>
- 23 <https://www.today.com/health/nyc-hospital-responds-photos-nurses-wearing-trash-bags-t176939>

MAINTAINING POSITIVE MENTAL HEALTH

On 14 May, 2020, the World Health Organization (WHO) published an article explaining that the COVID-19 pandemic is creating a mental health crisis.²⁴ The article highlighted that healthcare workers are a high-risk group, particularly as they already experience high background rates of depression and occupational burnout. During the height of the pandemic in China, health-care workers reported high rates of depression (50%), anxiety (45%), and insomnia (34%), while in Canada 47% of health-care workers have reported a need for psychological support.

Healthcare workers are utterly exhausted from having to work longer shifts than usual with fewer personnel available. Many report working in a constant state of distress, fearing getting sick and infecting their families. There are concerns too of the “moral distress” of COVID-related care; workers making life and death decisions due to lack of vital equipment and feeling incapable as they watch patients die lonely deaths.²⁵ The tragic story of Dr. Breen, an emergency physician who worked in New York, exposes the darkness healthcare professionals often face in their work lives. Dr. Breen took her life, after working many exhausting 12-hour shifts. Even after she had contracted COVID-19, she continued to work after taking off only a week and half to recover. She felt that she had to be there to provide as much help as possible, having seen the tragedy that was unfolding in her community.²⁶

The WHO has urged hospitals to think of the pandemic as a longer-term health workforce management issue requiring breaks, rotation out of high-risk roles and support resources for family contact and safety. Some hospitals are offering support groups for frontline workers. The American Medical Association has urged workers to take breaks from news and social media and consider using *Headspace*, a meditation and mental health app. However, many fear a healthcare system under siege will struggle to support worker wellbeing in a proactive way and that forms of psychological injury could result in more workers lost to the profession than the direct effects of the virus itself.

CONCLUSION

Healthcare workers are the backbone of the response to any biological threat. While the US is still ranked as the most prepared country for such threats, despite sustaining the highest number of COVID-19-related deaths and infections, the plight of its healthcare workforce needs to be highlighted. A key lesson learned, perhaps re-learned, from this crisis is that healthcare workers – a finite and precious community asset – must be honored with proper planning, coordination and equipment – not throw-away lines. When experienced nurses leave their wards to protest their hero status and demand PPE, it signals that rhetoric has outpaced action and that the US frontline against biological disasters is faltering.

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24 <https://www.who.int/news-room/detail/14-05-2020-substantial-investment-needed-to-avert-mental-health-crisis>

25 <https://time.com/5817435/covid-19-mental-health-coronavirus/>

26 <https://www.nbcnews.com/news/us-news/er-doctor-who-died-suicide-was-untenable-situation-sister-says-n1195656>





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