COVID-19 and Atrocities Prevention in East Asia: Update Report 2024

APPAP Working Group on COVID-19

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Introduction

The Asia Pacific Partnership for Atrocities Prevention (APPAP) Working Group on COVID-19 published its [first report on the implications of the pandemic for atrocity prevention in East Asia in June 2021](#). The report highlighted the key findings and recommendations from the case studies covered in the report—China, Japan, Korea, Indonesia, Myanmar, The Philippines, and Singapore.

An [edited volume containing all the seven case studies was published by Routledge UK in December 2022](#). Specifically, the case studies examined the various approaches adopted by governments in response to the COVID-19 pandemic and identified the vulnerable populations and the issues they faced during the pandemic, including those who were already facing human security threats due to internal armed conflicts, such as in Myanmar. The contributors also provided a set of recommendations on how the government and various stakeholders could respond more effectively in protecting vulnerable populations in the region including the role of regional and international actors.

This brief update of the APPAP Working Group's Report provides a discussion of the post-COVID-19 recovery efforts of the seven countries in East Asia, they key lessons learned, and a set of recommendations from contributors based on those key lessons.

Evidently, based on the key lessons identified in this update, there are continuing challenges faced by countries in East Asia in ensuring the protection of populations not just from the ongoing threat posed by COVID-19 despite the lifting of health measures. Local and foreign migrant workers, for example, are the most vulnerable group who need sustained access to health services and welfare assistance given the slow economic recovery in the aftermath of COVID-19. The protection of health workers from abuse is also important as they are the frontliners during a pandemic. As well, reliance on advice from public health experts is critical in ensuring that the government's responses are effective, sustainable, and transparent.

In conflict-affected countries like Myanmar, the February 2021 coup exacerbated further the suffering of vulnerable populations as they face worsening humanitarian crisis for close to three years already. The triple crises of COVID-19, conflict, and coup have demonstrated the incompetence of the military government not just in the delivery of basic service but more importantly in ensuring the rule of law. It is likely that the ongoing crisis in Myanmar will be a protracted civil war as the junta remains defiant in heeding the calls of the international community to stop the violence against civilians even as it is also struggling to manage the widespread and increasing armed attacks from the combined forces of Ethnic Armed Organisations (EAOs) and People's Defence Forces (PDFs).

China: Abrupt Lift of Zero-COVID Approach with Mixed Impacts *Lin Peng, Guangzhou Academy of Social Sciences*

China's delayed but hastened retreat from the draconian Dynamic Zero COVID (DZC) approach in late 2022[1] had enabled a fast and comprehensive recovery of almost all aspects of social and economic life, including service networks that help reduce the risks of vulnerable groups disproportionally impacted by the prolonged pandemic and disruptive restrictions. For instance, with the normalization of local administrative functions and recovery of the non-profit sector, comprehensive services and social work support have resumed for a wide range of vulnerable groups such as people with disabilities, patients with chronic diseases, low-income families, and the elderly.

However, China's abrupt lifting of DZC without sufficient vaccination protection for the high-risk groups and access to medical services had triggered an unprecedented wave of infections by the end of 2022 that hit hardest on the elderly due to the relatively low vaccination rate.[2] Although the overall vaccination rate among China's population over 60 had surpassed 86% by the end of November 2022, the booster rates barely reached 40%.[3] Although accurate official data has been absent since late 2022,[4] against the context of the highly contagious Omicron outbreak, it is reasonable to infer that a large number of under-vaccinated elderly could have been infected and even lost their lives.[5]

China's U-turn in COVID response also had strong negative impact on numerous low-income rural migrant workers, another vulnerable group that suffered severely during the pandemic. The "virus tsunami" in late 2002 infected made many rural workers at home and they were unable to return to work after the Chinese New Year. Even after the infection peak, many migrant workers still faced difficulties in finding jobs against the background of a depressed economy. Contradicting many optimistic predictions, the lift of DZC had not led to an immediate economic bounce-back and vibrant labour market in the first quarter of 2023.[6] Massive closure of private companies especially in the labour-intensive sectors, declining export and slowdown in consumption caused or exacerbated by the protracted pandemic control have created long-term employment pressures for China's rural labour forces and obstructed the mitigation of vulnerabilities of low-income migrant families.

Key lessons and recommendations

Based on the above, there are three important lessons from China's response to the COVID-19 pandemic:

1. Scientific and prudent decision-making is crucial for effective response to such complex crises as COVID-19 and can significantly reduce negative side-effects on vulnerable populations.

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[1] The release of a 10-point notice by China's State Council on December 7, 2023, marked the official end of the Dynamic Zero-COVID (DZC) approach.

[2] The Chinese authorities had not provided accurate statistics of infections and deaths of this wave of virus tsunami. Official data released by China's National Health Commission (NHC) reported over 62,000 symptomatic COVID cases in the first twenty days of December 2022, but some other Chinese sources of information suggested way more shocking numbers. See DW, "China Might Relax Anti-COVID Controls on Wednesday, Low Elderly Vaccination Rate Presents a Weak spot." *DW*, December 5, 2022, https://www.dw.com/zh/中国可能周三放宽防疫-老人接种率是短板/a-63989299.

[3] Press Conference of the Joint Prevention and Control Mechanism of the State Council, November 12, 2022, https://www.gov.cn/xinwen/gwylflkjz213/mobile.htm.

[4] The NHC stopped reporting daily figures of COVID infections and deaths on its website since December 25, 2022.

[5] The Chinese authorities never revealed accurate figures of elderly mortality caused by COVID-19, but Chinese scientist China's National Health Commission stopped reporting daily figures of COVID infections and deaths on its website on December 25, 2022.

[6] Haizheng Li and Xiangyuan Li, "The COVID-19 Pandemic's Impact on the Chinese Economy." *China Currents*, Vol. 22, No. 1, 2023, https://www.chinacenter.net/2023/china-currents/22-1/the-covid-19-pandemics-impact-on-the-chinese-economy/.

2. China's turbulent retreat from DZC has once again shown the importance of transparency of information for risk mitigation for vulnerable groups.
3. The lack of access to various forms of welfare and social support has continued to hinder the mitigation of vulnerabilities of the highly underrepresented rural migrant workers even in the post-COVID period.

Accordingly, the following recommendations may be considered:

1. Facilitating effective participation of scientists and experts in planning and decision-making of emergency management.
2. Improving information transparency and public communication in crisis management.
3. Providing specific support for migrant workers to mitigate their vulnerabilities, such as professional training and social support for migrant women and migrant families with preschool and school-age children.
4. Enhancing resilience of communities with a high concentration of vulnerable populations especially in big cities and highlighting participatory methods and multi-party partnerships.

Japan: Sustaining Free Access to Health Services and Protection for Migrant Workers *Miki Honda, Waseda University*

Due to the reduction of infection rates, the Japanese government has downgraded COVID-19's status as a public health concern from Category II (along with SARS and tuberculosis) to V (along with seasonal influenza) in early May 2023. The government sees a relaxing of COVID-related restrictions as crucial to reinvigorating the economy and social activity. The new legal status allows more medical institutions to accept coronavirus patients, but it also means patients have to pay for tests, medical treatment, hospital stays and vaccinations, which were then all covered by public funds. This change can be more of a burden especially for lower-income households.

The impact of COVID-19 pandemic on both Japanese and migrant workers helped to accelerate the drive for new policy early in the year. Specifically, the Justice Ministry introduced a new plan to recruit and support migrant workers. The road map consists of measures to improve Japanese education for smoother communication and to collect more data on labour conditions and other challenges for workers such as tertiary education, employment and child-rearing.

For technical interns, the government implemented a special rule for allowing them to change visa status to allow them to look for employment in other industries. While this helped fulfill some needs during the pandemic, this change inadvertently harmed the farming and fishing sectors that are among the most notorious industries for mistreating migrant workers, as migrant workers used the opportunity to transition to more comfortable work environments. And the Japan International Cooperation Agency (JICA) established the "Japan Platform for Migrant Workers toward Responsible and Inclusive Society" in cooperation with private companies, industry associations, labour unions, civil society, media, and researchers that are involved in accepting migrant workers in Japan. This platform is the first of its kind in Japan, aiming to resolve labour and social issues faced by migrant workers through the collaboration of various stakeholders.

Key lessons and recommendations

The panel of public health experts need to continue its work to effectively advise government on healthcare services that are necessary under the reclassification of COVID-19, including the extent to which the government should cover medical costs and conduct a review of the vaccination system.   As well, coordination among doctors, central, and local governments should be maintained to monitor infection rates and detection of new variants.

Currently, COVID-19 patients must cover the cost of PCR tests, hospitalization, and medical treatments. Fewer people would seek medical help if they were required to cover those expenses. The government should continue providing public funds for the time being especially for the vulnerable people who are likely to forego medical treatment due to financial difficulties.

Subsidies for preventing infections should remain in place to encourage medical institutions to accept COVID patients. The government should continue coordinating hospitalizations and offering subsidies to secure hospital beds.

COVID-19 has proved to be a turning point for migrant workers and the businesses that rely on them. It remains to be seen whether government policy and industry will shift to enable such workers to stick around for the longer term and help them stay in Japan.

South Korea: "Paradox of Success": COVID-19 and the Vulnerable Protection in Korea *Jaehyon Lee, Asia Institute*

The COVID-19 situation in Korea, especially concerning the protection of vulnerable people, since the 2021 report can be described as a "paradox of success." The Korean government has been relatively successful in managing the COVID-19 pandemic, with a comparatively low mortality rate despite the increasing number of cases. However, despite this success, Korean society has not been able altogether to avoid the negative impacts of this sudden pandemic, as certain communities have been severely affected and overlooked by the government's actions against the virus.

There are three notable vulnerable communities or areas that have been affected. Firstly, workers with unstable employment and small businesses have been significantly impacted by the economic downturn caused by the pandemic. Daily-wage and temporary workers were the first to face layoffs, leading to harsher consequences for those already facing low incomes or unemployment. They had to face double challenges - economic and pandemic challenges. The government's economic assistance for these workers and small businesses has proven rather ineffective.

Secondly, the foreign and migrant community in Korea has not been provided with adequate information on how to protect themselves from COVID-19. While the government has been transparent and quick in disseminating information, it has primarily been in Korean, making it difficult for non-Korean speakers to access relevant information. Civil society has stepped in through voluntarism to provide information in various languages later. Lastly, students have been unable to attend in-person classes due to quarantine measures, resulting in online classes that have exacerbated educational inequalities. Although this was unavoidable, it has contributed to a widening educational gap among students.

Currently, Korea continues to report over 10,000 new COVID-19 cases per day, but the pandemic has largely faded from public discourse. On the positive side, this signifies a quick recovery from the pandemic and showcases the resilience of the community. However, it raises the question of whether enough has been done to address the issues the vulnerable people face in Korea.

Key lessons and recommendations

The rapid recovery from the pandemic has led to a diminished concern for the vulnerable community. With the lifting of all COVID-19 related quarantine measures, the Korean government is not prioritizing reviewing and improving its pandemic response, including protecting vulnerable communities. It is crucial for the government not to forget the lessons learned from the previous MERS pandemic in 2015. The experience with MERS prompted health authorities to prepare for future pandemics, which was instrumental in Korea's early response to COVID-19.

When the government moves forward without thoroughly reviewing the COVID-19 experience, it falls upon civil society to champion the issue. Whether intentional or not, the government tends to prioritize swift progress rather than taking the time to review past events and develop long-term plans. Civil society and NGOs need to document what transpired during the pandemic, including the aspects overlooked in government policy concerning the vulnerable community. It is crucial for civil society to demand that the government take action not to repeat the same policy mistakes that were observed during the COVID-19 pandemic.

Indonesia: Demilitarising Pandemic Response and Protection of Healthcare Workers *Muhamad Habib, Centre for Strategic and International Studies Indonesia*

As written previously, the militaristic approach to COVID-19 management in Indonesia dwindled following the 2020 reshuffle. The government lent the driver seat back to the health experts and incorporated practical insights from civil society organizations. The initial weak coordination was immediately addressed after the delta variant wreaked havoc on the nation's poor health infrastructure.

Inoculating 87% of 234 million targets and giving boosters to 29% of them per late last year were made possible thanks to such dramatic improvement. Indonesian state-owned and private pharmaceutical companies were also able to produce their own COVID vaccines including with messenger ribonucleic acid (mRNA) platforms. And although those developments do not eliminate all risk factors, it signals enhanced political will to mitigate causes of atrocities. At least, the Indonesian government has more meaningful tools at its disposal.

Stigmatization towards COVID patients and health workers has also become in 2023. The mainstream and local media are no longer covering it as much as they did in the first two years of COVID-19. Whereas the cases may still occur below the radar, public attitudes to COVID-19 have shifted significantly. People get indifferent about not wearing a face mask in public space, but still exercise caution when others cough or sneeze. This shifting attitude is likely caused by multiple factors — pandemic fatigue, prior pervasive cases, and returned ignorance about health concerns.

Key lessons and recommendations

A critical issue ahead is how many safeguards are included in the upcoming Health Bill. As of this writing, the Indonesian government considers combining 12 existing health-related bills[7] — including the long-overdue Infectious Disease Bill No. 4/1984 into a new one. In the latest draft, the government dropped the definition of non-natural disasters, hoping to clarify the chain of pandemic command.

Healthcare stakeholders are generally divided about the New Bill. Less established coalitions of healthcare workers favour the amendment and pushed for its immediate conclusion.[8] Meanwhile, the established organizations are more resistant,[9] as the New Bill will reshape their longstanding authorities.

Regardless of that division, Indonesia has been moving in the right direction. The country is considering how best way to protect its healthcare workers in the post-pandemic era. Healthcare workers did not enjoy such privilege during Indonesia's initial COVID measures, making them an emerging vulnerable group in our chapter.

Beyond the Health Bill, the most concerning one is the proposed amendment to the Indonesian National Armed Forces Bill No. 34/2004. The proposal is to add more civilian posts that can be chaired by active

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[7] "Pemerintah Serahkan DIM RUU Kesehatan ke Komisi IX: 75% Masukan Masyarakat Terakomodir, [*Government handed over Draft Health Bill to the 9th Commission: 75% Public Inputs accomodated],*" Ministry of Health of the Republic of Indonesia, 6 April 2023, accessed on May 22nd, 2023, https://sehatnegeriku.kemkes.go.id/baca/rilis-media/20230405/0242736/pemerintah-serahkan-dim-ruu-kesehatan-ke-komisi-ix-75-masukan-masyarakat-terakomodir/

[8] Nasrun Katingka, "Perlu Transformasi, Koalisi Organisasi Nakes Dukung RUU Kesehatan, [*Needs Transformation, Coalition of Healthcare Workers' Organizations Support the Health Draft Bill],*" Kompas, 6 May 2023, accessed on May 22nd, 2023, https://www.kompas.id/baca/humaniora/2023/05/06/organisasi-nakes-dukung-transformasi-lewat-ruu-kesehatan

[9] Rindi Salsasbilla, "IDI Dkk Tolak RUU Kesehatan, Kemenkes: Kok Didemo?, [*Association of Indonesian Doctors and others rejected the Draft Health Bill, Ministry of Health: Why Protesting?],*" CNBC Indonesia, 8 May 2023, accessed on May 22nd, 2023, https://www.cnbcindonesia.com/lifestyle/20230508115235-33-435377/idi-dkk-tolak-ruu-kesehatan-kemenkes-kok-didemo

military personnel from 10 to 18.[10] Although the Ministry of Health is not included from the listed eighteen posts, the National Disaster Management Agency and the Presidential Chief of Staff Office are in.

This is something of concern of when talking about atrocity prevention during emergencies, like COVID-19. The nation should refrain itself from buying in that idea given the gloomy legacies of its military's dual function. Civilian supremacy should remain the key in battling risk factors of atrocities.

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[10] Edna Caroline Pattisina, "Lewat Revisi UU TNI, Diusulkan Prajurit Bisa Duduki Jabatan Sipil Lebih Banyak, [*By revising the Indonesian Armed Forces Bill, More Active Personnel Can Hold More Civilian Posts],"* Kompas, 9 May 2023, accessed on May 22, 2023, https://www.kompas.id/baca/polhuk/2023/05/09/tni-ingin-lebih-banyak-menduduki-jabatan-sipil

Myanmar: Military Incompetence in Managing Triple Crisis—Coup, Conflict, and COVID-19 *Altsean-Burma*

The COVID-19 pandemic in Burma spiralled out of control in the months following the military's attempt to grab power on 1 February 2021. The crisis that followed was a product of the junta's targeting of health workers for their role in the Civil Disobedience Movement (CDM), the incapacity of the junta-run health care system, and its efforts to weaponize COVID-19 for its own ends.

After droves of medical workers abandoned junta run hospitals and clinics in protest following the attempted coup, the already limited healthcare infrastructure was brought to near paralysis.[11] Regardless, the junta responded to rising case numbers by yet further undermining the healthcare system[12] and attacking and jailing medics, nurses and doctors,[13] in total, killing 95, injuring 66, and arresting 657 healthcare workers in the period following the attempted coup.[14] Rather than trying to mitigate impacts of the COVID-19 crisis on vulnerable populations, the junta turned the pandemic into an opportunity to strike back at opposition figures and non-state actors, confiscating essential medical resources from charity groups[15], bombing resistance healthcare checkpoints,[16] and reallocating stolen healthcare to junta allies at the height of the crisis.[17] Furthermore, the junta deliberately excluded internally displaced people (IDPs) and Rohingya[18] from COVID-19 treatment while neglecting to provide care to prisoners.[19]

Thus, as wave after wave of the pandemic spread across the country, the junta did not deliver an effective response strategy, failing to administer care or medicines across communities.[20] While the junta has cited a vaccination rate of over 80% along with daily case numbers in the tens as of June 2023,[21] both the deep societally-rooted suspicion of the junta[22] and the junta's clear pandemic management failings have drawn much suspicion of the junta's capacity to vaccinate, let alone administer healthcare to, 80% of the Burmese population, or to truthfully report infection rates.[23]

Key lessons and recommendations

Analyses of pandemic responses in Burma/Myanmar cannot ignore the widespread armed conflict following the coup attempt: During 1 February 2021 – 30 June 2023, there were at least 23,659 armed clashes and attacks that caused the displacement of more than 1.5 million people. In the first 6 months of 2023 alone, the number of civilians killed in junta airstrikes was close to 300, i.e. *double* the number of civilians killed in airstrikes in the same period in Ukraine.[24] Military attacks deliberately targeting civilians has not only undermined trust in the junta's health system, but also rendered the population more vulnerable to the pandemic and other public health threats.

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[11]Myanmar Now (19 Jul 2021) With Myanmar's healthcare system decimated, Covid-19 patients die alone in their homes
[12]New York Times (15 Jul 2021) As Covid Rages in Myanmar, Army Hoards Oxygen, Doctors Say
[13]Irrawaddy (20 Jul 2021) Myanmar Junta Arrests Doctors After Luring Them With Fake COVID 'Emergency'; Myanmar Now (20 Jul 2021); Irrawaddy (20 Aug 2021) Detained Myanmar Doctors Catch COVID-19 in Custody
[14]Insecurity Insight via Humanitarian Data Exchange (05 Jul 2023) 2016-2023 Attacks on Health Care Incident Data
[15]Irrawaddy (27 Jul 2021) Myanmar Military Seizes Medical Oxygen Imported by Charities
[16]Karen Peace Support Network (Jun 2020) Virus Warfare: Burma Army destruction of Karen community defences against Covid-19
[17]ABC (18 Jul 2021) Doctors accuse Myanmar's military junta of hoarding oxygen as COVID-19 crisis deepens
[18]Irrawaddy (13 Aug 2021) Rohingya Without Myanmar ID Not Being Given COVID-19 Jab; Development Media Group (4 Aug 2021) Pregnant women in IDP camps need medicines, healthcare amid Covid third wave
[19]Myanmar Now (15 Jul 2021) Military blames Covid-19 for deaths of detainees during interrogations; Irrawaddy (16 Jul 2021) Myanmar Junta Putting Lives of Political Prisoners at Risk in COVID-19 Prison Outbreaks
[20]Frontier Myanmar (14 Jan 2022) COVID cover up: third wave death toll may be in hundreds of thousands
[21]GNLM (05 Jul 2023) 36 new cases of COVID-19 reported on 4 July, total figure registers 640,552
[22]Straits Times (13 July 2021) distrustful of junta, turned away by hospitals, Myanmar's Covid-19 patients die at home
[23]Frontier Myanmar (06 January 2022) Why people in Myanmar don't want the junta's jabs
[24] Armed Conflict Location and Event Data Project (ACLED) (accessed 9 Jul 2023) Data export tool, available at: https://acleddata.com/dataexport-tool/

The junta's incompetent, and often malevolent COVID-19 crisis management left a wide array of other governance actors to fill in the gaps. Broadly, these actors consisted of the National Unity Government (NUG), Ethnic Health Organizations (EHOs), and community-based organizations (CBOs). Unlike the junta, these groups pushed forward a series of locally rooted, integrated, and collaborative policy initiatives which prevented the COVID-19 crisis from further unravelling in Burma. In junta-controlled areas, community-based charity groups and volunteer CDM practitioners confidentially sourced oxygen tanks and provided medical care to patients.[25] Along the Chinese, Thai, Bangladeshi, and Indian borders, EHOs worked with supporters in neighbouring countries to source vaccines and provide preventative care via local treatment facilities.[26] Under the COVID-19 Task Force, the NUG Health Department worked with representatives from EHOs to implement COVID-19 vaccinations and coordinate nation-wide COVID-19 policy.[27] These initiatives had a tangible impact on the course of the COVID-19 crisis in Burma, limiting spread and excess mortality amongst many communities.[28]

The major failures of COVID-19 management in Burma are rooted in the illegal junta's incompetency and violence as they focus on gaining territorial control from the resistance. EHOs, the NUG, and CBOs have provided positive, if patchwork, remedies to these limitations. An effective and sustainable response to the pandemic would require a non-traditional approach that includes:

1. Extensive cooperation with the NUG, EHOs and CBOs, including technical, financial and material support in order to scale-up and expand current efforts to address the pandemic and strengthen public health.
2. International pressure and strategic interventions to constrain the junta from attacks targeting civilians.

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[25]Reuters (18 Jul 2021) COVID-19 response runs underground in junta-ruled Myanmar; Frontier Myanmar (28 Sept 2021) CSOs after the coup: Operations squeezed, funding crunched
[26]Al Jazeera (10 May 2021) Ethnic groups step in as Myanmar's COVID response falls apart
[27]Karen Information Center via BNI (25 Nov 2021) COVID-19 Task Force: Plan to Accelerate Vaccination Campaign in Ethnic Areas
[28]TNI (20 Nov 2021) No One Left Behind: COVID-19 and the Struggle for Peace and Justice in Myanmar

The Philippines: After the Public Emergency: The Philippines' Readiness in Doubt *Dennis Quilala, Department of Political Science, University of the Philippines Diliman*

On 21 July 2023, the Philippine government ended the state of public emergency in the country that was brought about by the Covid-19 pandemic. It recognized that the virus continues to be a threat for some sectors of the population and like the World Health Organization, it recognizes Covid-19 as a continuing public health issue. The Philippines had more than four million reported cases by October 2023. More than 66,500 died due to the pandemic.

The Philippines implemented one of the longest and strictest lockdowns in the world. This was accompanied by contact tracing, social amelioration programs, and later by a vaccination program. Government response was characterized as "militarized" or "securitized" due to the highly engaged role of the military in its implementation. Moreover, former military officials occupied important portfolios in the Philippines' Covid-19 response.
The response in the Philippines and other parts of Asia has been inadequate[29]. Covid-19 and the Philippine government's inadequate response have negative impacts on various sectors including the labour sector,[30] the agricultural sector,[31] micro, small, and medium enterprises (MSMEs),[32] the transport sector,[33] the education sector,[34] among others.

According to Diaz (2022), 73.1% of the country's MSMEs faced forced closures by 2021. The effects on MSMEs can be illustrative of the devastation brought about by Covid-19 and the poor response of government. MSMEs comprise 99.5% of businesses in the Philippines and it employs more than 60% of the country's workers.[35]

The protection of vulnerable sectors of Philippine society is important due to the ongoing Communist insurgency. Moreover, the peace with the Moro Islamic Liberation Front is in its nascent stage. The pandemic and its effects on critical groups (e.g. the labour and agricultural sectors) may become fuel to the insurgency or a threat to the peace process in Mindanao.

It is important that certain principles are adopted to prevent another disaster. The first is the involvement of the whole society in the pandemic response. Second, there is an urgency in laying down the basic framework in responding to pandemics. Lastly, there is a need for contextualized responses.

Key lessons and recommendations

The Philippine government demonstrated a whole-of-government approach in its pandemic response. This is inadequate because there are other actors in society that could have helped in the response. There is a need to consult stakeholders in crafting policies and implementing these policies. Tadem (2023) argued

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[29] Noel Morada and Mely Caballero-Anthony. "Conclusion: Covid-19 and Its Implications for Atrocity Prevention in East Asia" in *Covid-19 and Implications for Atrocities Prevention: Lessons from East Asia* (Brisbane: Asia Pacific Centre for the Responsibility to Protect, 2021), 177.
[30] Benjamin Velasco and Judy Ann Miranda. *Covid-19-Related Discrimination of Workers in the Mactan Export Processing Zone during the Pandemic* (Quezon City: UP CIDS, 2022).
[31] Darlene Dolly Cruz. *Future-Proofiing Philippine Agriculture and Food Systems: Lessons from the COVID-19 Pandemic* (Quezon City: UP CIDS, 2022)
[32] Rolando Ramon Diaz. *Rebuilding MSMEs in the Time of the Pandemic and Beyond* (Quezon City: UP CIDS, 2022).
[33] Mikhail Aggabao, Erik Dane Belarmino and Benjamin Velasco. *Pasadang Pandemic: The Impact of COVID-19 on Transport Workers* (Quezon City: UP CIDS, 2022).
[34] Josephine Prudente and Benjamin Velasco. *Impact of COVID-19 on Education Workers and Union Responses* (Quezon City: UP CIDS, 2022).
[35] Diaz. *Rebuilding MSMEs in the Time of the Pandemic and Beyond* (Quezon City: UP CIDS, 2022).

that communities in Southeast Asia have shown agency during the pandemic, but they would require resources from government to supplement their own responses.[36]

The basic framework for government response during disasters can be found in the Disaster Risk Reduction and Management (DRRM) Act. To fully respond to pandemics, there are other legislations needed to reinforce the DRRM Act. The Legislative-Executive Development Advisory Council has identified three priority pieces of legislation to prepare for pandemics namely the Medical Reserve Corps Act, the National Disease Prevention Act, and the Virology of the Philippines Act. All of these are in different stages of the legislation process. For the Philippine government to be prepared for the any health-related disaster, there is a need to pass all of these bills as soon as possible.

Lastly, the Philippine government should be able to understand the context of the implementation of the measures ordinarily implemented by other governments. Lockdowns for example are effective when people have enough space to move around while this measure is in effect. Applying this in cramped homes of informal settlements in urban centres in the Philippines may be too harsh of a response.

While the Philippine government responded to the pandemic, there are reservations on the effectiveness of the responses. It could be more effective when the basic framework to pandemic response is laid down by our legislators, when a whole of society approach is adopted, and when the pandemic response is contextualized. Without these, the Philippines' readiness for another pandemic or a disaster is in doubt.

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[36] Eduardo Tadem. "Introduction" in *Re-imagining Post-Pandemic Societies* (Quezon City: UP CIDS, 2023), 18-19.

Singapore: Sustaining Protection of Vulnerable Migrant Workers *S. Nanthini, Rajaratnam School of International Studies, Nanyang Technological University*

On 5 May 2023, Tedros Adhanom Ghebreyesus, WHO Director-General, declared the end to COVID-19 as a public emergency – 3 years, 3 months and 5 days after first declaring it a Public Health Emergency of International Concern.[37] In Singapore, the Disease Outbreak Response System Condition alert was lowered to 'Green' – the lowest level – in early-Feb 2023, after it was first raised to 'Yellow' in end-2019, and then 'Orange' in February 2020.[38] Alongside this lowering of the national disease alert, the multi-ministry taskforce that handled Singapore's 'whole-of-Government' response to COVID-19 was also stood down.

Once it was clear that there had been a massive outbreak of the pandemic in the dormitories where migrant workers lived, the Singapore government created an inter-agency taskforce to provide support to foreign workers and dormitory operators including distributing food and hygiene supplies as well as providing COVID-19 testing and medical treatment. However, while material needs were provided for, there was less attention paid to other areas including mental health, or even in the social outcomes of inadvertently 'Othering' migrant workers when viewing the pandemic as having 'two separate areas of infection'.[39]

Key lessons and recommendations

As part of the government review of its performance during this national emergency, a White Paper was released – highlighting both the strengths and weakness of this approach. One significant weakness that had been highlighted was the "near disastrous stumbles" in their response to the surge in cases among the country's migrant worker population – specifically those who lived in dormitories. For example, movement restrictions were applied for them for far longer than the rest of the population. While this was due to the government taking an "abundance of caution" to keep reinfections low, the White Paper acknowledged that this action took a toll on their mental health and restrictions could have been lifted earlier once most workers had been vaccinated and boosted.[40] Another weakness highlighted in the White Paper was the lack of knowledge the government had on migrant worker community in areas such as housing. This seemed to be due to the over-reliance on dormitory operators who had operated with little government oversight pre-pandemic.

Recommendations to improve the government's response and responsibilities towards its migrant worker population include taking a more active role in enforcing the laws and regulations that protect migrant workers, particularly in terms of dormitory accommodation and operation guidelines. There is also a need to improve data-collection of migrant workers including on their health and housing to facilitate knowledge-sharing when necessary. Another recommendation is to amend guidelines surrounding the welfare of migrant workers from having their employers be fully responsible for them to a collaborative approach between government, employers and civil society. One way this can be done is to improve access to healthcare on the part of migrant workers themselves, reducing their dependence on their employers. The third recommendation was to end the segregation of migrant workers by allowing them to live among the broader community. This would increase integration and interaction between migrant workers and the wider Singapore society, potentially reducing the 'Othering' of this population.

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[37] United Nations, 'WHO chief declares end to COVID-19 as a global health emergency', *UN News*, 5 May 2023, https://news.un.org/en/story/2023/05/1136367

[38] Channel News Asia, 'Singapore stands down COVID-19 rules: What you need to know', *Channel News Asia*, 9 February 2023, https://www.channelnewsasia.com/singapore/covid-19-moh-protocols-financial-support-vaccine-masks-dorscon-border-tracetogether-3266146

[39] D. Sim, 'Coronavirus: Singapore Sees Highest Daily Spike in Cases amid Spread in Migrant Worker Dormitories', *South China Morning Post*, 9 April 2020, https://www.scmp.com/week-asia/health-environment/article/3079280/coronavirus-singapore-sees-highest-daily-spike-cases,

[40] Government of Singapore, 'White Paper on Singapore's Response to COVID-19', *Gov.sg*, 8 March 2023, https://www.gov.sg/article/covid-19-white-paper

Conclusion

Three years after the outbreak of COVID-19, the international community continues to reflect of what the devastating experience has taught us about protection, particularly for the more vulnerable groups who are disproportionately impacted by the pandemic. To be sure, the world has not seen the end of pandemic outbreaks. In fact, the World Health Organisation (WHO) has been warning about the potential for new outbreaks of diseases that could be of pandemic proportions given the much-changed physical environment and the growing impact of climate change.

The COVID-19 pandemic, which was long drawn, has taught us never to let our guards down and continue to remain vigilant of new diseases that could emerge anytime. Pandemic preparedness is key. More importantly, the COVID-19 experience points to the need to strengthen health care and ensure access to all population, regardless of their status, race and religion. Access to medical healthcare also means ensuring protection particularly to the most vulnerable groups. Health is so fundamental to human security that without it, the other elements of human security such as economic, food and environmental security, as well as personal and community security are also endangered.

Last, but certainly not least, is to allow for multi-stakeholder and multi-level participation. As some governments' capacity to deal with such a severe, long-lasting pandemic are severely challenges, the role of non-state actors is so critical as they help provide services and fill in the gap when no help nor protection is provided. Non-state actors are also very important in mitigating potential for atrocities in settings where conflicts and tensions are prevalent. In times humanitarian crises, more vigilance is need and provision of care to the most vulnerable is no less critical to ensure no one is left behind.