

COVID-19 AND IMPLICATIONS FOR ATROCITIES PREVENTION: LESSONS FROM EAST ASIA



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EXECUTIVE SUMMARY

The COVID-19 pandemic has had tremendous impacts on the economy, political stability, and human security of peoples and states. This report examines the implications of the pandemic for atrocity prevention, based on seven (7) case studies in Northeast Asia (China, Japan, and South Korea) and Southeast Asia (Indonesia, Myanmar, The Philippines, and Singapore).

Based on the key findings from the seven case studies, the COVID-19 pandemic has clear implications for atrocities prevention, specifically 1) increased livelihood insecurity especially among the poor and marginalised sectors of society, including internal and foreign migrant communities; 2) increased incidents of hate speech and discrimination against ethnic and minority groups, diaspora communities and returning migrant workers, as well as frontline health workers and COVID-19 patients; 3) exacerbation of the vulnerabilities of women to domestic violence and economic deprivation through unemployment; and 4) aggravation of existing vulnerabilities experienced by refugees, asylum seekers, and internally displaced persons in conflict-affected countries.

Based on these key findings, the following steps should be taken to enable states to promote the protection of vulnerable populations during the pandemic:

1. States should give priority attention to vulnerable populations such as the poor and marginalised sectors who have lost their jobs by ensuring access to basic public services and providing relief aid.
2. States should ensure the protection of minority ethnic and religious groups, migrants, refugees, asylum seekers, and the diaspora community from hate speech, incitement, and violence by passing and enforcing appropriate laws against discrimination.
3. States should exert all efforts in protecting women and children against domestic violence by providing temporary shelters and access to services.
4. In conflict-affected areas, states should heed the call of the UN Secretary General to declare a unilateral ceasefire and allow humanitarian assistance to be delivered to internally displaced persons and refugees, including access to health services.
5. States must adhere to international human rights law, international humanitarian law, and other relevant conventions as they adopt policies in dealing with the pandemic.
6. States should work in partnership with non-state actors and stakeholders in ensuring the protection of vulnerable populations during the pandemic by monitoring and reporting on their safety and health conditions, as well as providing for their necessities including access to health services.
7. At the regional level, states should:
 - a. Pursue bilateral and regional cooperation agreements in protecting migrant workers and the diaspora community in both receiving and sending countries. In particular, receiving countries should provide access to health services, protection of migrants workers' human rights and welfare, and access to justice when they fall victim to abuse.
 - b. Pursue bilateral and regional cooperation agreements to ensure the protection of refugees and asylum seekers from conflict-affected countries and provide them with access to health and welfare services.

Specific recommendations drawn from each case study are provided as appendices to this report.

OVERVIEW OF THE APPAP WORKING GROUP ON COVID-19

The Asia Pacific Centre for the Responsibility to Protect (APR2P) and the Centre for Non-Traditional Security at the Nanyang Technological University in Singapore convened the Asia Pacific Partnership for Atrocities Prevention (AP-PAP) Working Group on COVID-19. Specifically, the Working Group aims to examine the responses of states in the region in containing the pandemic since late January 2020, the measures implemented, and the implications for protecting vulnerable populations and atrocities prevention in general. As well, the Working Group was tasked to come up with a set of recommendations that may be considered for adoption by state and non-state stakeholders in the region.

States in the Asia Pacific have adopted a variety of measures to prevent the spread of the corona virus that included quarantine, lockdowns, travel bans, etc., apart from testing, tracing, isolating, and monitoring of infected persons. Economic measures were also adopted such as financial aid or assistance to poor communities, those who were rendered unemployed (including returning migrant workers abroad), as well as frontline health and other essential workers dealing with the pandemic. These measures, which included direct food provisions in some Southeast Asian countries, were aimed at easing the social and economic impact of the pandemic.

In implementing their respective COVID-19 policies, it is inevitable that states would encounter criticisms of and/or resistance from affected communities especially if they are perceived as inappropriate, impractical, or unjustified. For example, in many ASEAN member states, it is difficult to strictly observe social distancing given their densely populated cities and crowded settlements where poor communities, migrant workers and informal settlers live. These areas often become breeding grounds for infections and cross-infections COVID-19 and other diseases. The deployment of military or police personnel to enforce quarantine measures has in some cases resulted in several civilians being apprehended for failure to comply with such measures. For example, homeless people have no other places to go for shelter to comply with observance of curfew hours. The same is true for workers who are left to their own devices (including walking tens of kilometres for hours) to and from their places of work or risk losing their jobs. They have sometimes been arrested or fined without regard to their humanitarian conditions. In some cases, the strict enforcement of lockdown measures has led to human rights violations, violence, and even deaths of civilians.

In dealing with the pandemic, some states also have to contend with the proliferation of false information, fake news, and hate speech against minority groups in the social media. While governments should indeed actively monitor and prevent the spread of fake news and hate speech, the pandemic should not be used as an excuse for curtailment of fundamental rights related to free speech and expression especially if these rights are exercised to call attention to failures, excesses, lack of transparency, or abuse of power by those in authority. At the same time, access to internet and mobile phone services should not be curtailed especially in times of pandemic outbreaks so that affected communities are able to communicate with their families and have access to critical information for their health and safety. Unfortunately, vulnerable populations like the Rohingya people in Cox's Bazaar and those in Rakhine were denied access to internet and mobile services for several months since both the governments of Bangladesh and Myanmar suspended access to these services.

Armed conflicts in some states continue unabated amidst the ongoing COVID-19 pandemic. Despite calls by the UN Secretary General and civil society groups across the globe for cessation of hostilities, violence between government troops and armed rebel forces in Myanmar and the Philippines, for example, have been sustained. In Myanmar, attacks by the rebel Arakan Army (AA) against Tatmadaw forces have continued, which effectively exacerbated civilian deaths and internal displacement. This has also rendered many international humanitarian organisations unable to provide assistance to affected communities, including health services related to testing for COVID-19. In April 2020, a local driver of the World Health Organisation (WHO) delivering COVID-19 test kits was killed in a cross-fire in Rakhine. Both the Tatmadaw and the AA forces denied responsibility for the tragedy. The coup of 1 February 2021 further aggravated the risks of atrocities in Myanmar as it led to anti-coup protests and civil disobedience movement resulting in over 750 killed and over 4,400 people arrested or detained. Hundreds of medical workers participated in protests amidst intimidation and threats of violence from security forces, thus undermining efforts

by the ousted government to contain the spread of COVID-19. Security forces occupied hospitals in an effort to deny medical assistance to those injured by police and military troops during violent crackdowns against protesters. In the Philippines, a group of communist rebel forces in late March 2020 attacked a military mission distributing relief goods to a community in Rizal province who were affected by the enhanced community quarantine. It resulted in the death of one soldier and one rebel.

APR2P Memo on the Pandemic

In its briefing memo in April 2020, the Asia Pacific Centre for the Responsibility to Protect identified four ways in which a crisis such as the COVID-19 pandemic has the potential to exacerbate the challenges associated with atrocity prevention. This includes: 1) creating further harm to vulnerable populations already at risk for atrocity crimes; 2) contributing to crises that could trigger atrocities; 3) heightening the underlying risk for atrocity crimes; and 4) weakening regional and international capacity and resolve. Among the range of measures recommended for states to address these challenges include: 1) supporting the call of the UN Secretary General for a global ceasefire to reduce immediate harm to civilian populations and facilitate humanitarian access; 2) taking positive measures to ensure necessary responses to the pandemic do not create triggers for violence or exacerbate underlying risks; 3) sustaining commitment to allocate funds and political support for measures to protect civilians from atrocity crimes are not diminished as a result of the pandemic; 4) working cooperatively to address specific challenges faced by vulnerable populations to heightened risk of trafficking and crimes that may constitute atrocity crimes; and 5) ensuring that respect for fundamental human rights are upheld and that multilateral mechanisms are used to hold governments accountable.

For civil society groups, it is recommended that they undertake: 1) assessments of humanitarian challenges and needs in order to launch a coordinated campaign that ensures that the most vulnerable populations receive additional requisite assistance; 2) collaborate with other partners in the APPAP network in strengthening atrocity prevention; 3) create a working group in the APPAP network to examine the implications of the COVID-19 for atrocity prevention, including development and support for an action plan; 4) ensure that health and health systems indicators are included in the atrocity risk assessment; 5) step up monitoring of hate speech against vulnerable groups and redouble efforts to ensure early response; and 6) advocate for women's equal participation in decision-making and ensure a gender lens in pandemic responses.

COVID-19 AND ATROCITIES PREVENTION

Covid-19: An extraordinary humanitarian crisis in a generation

The COVID-19 pandemic which started in early 2020 is a **global health crisis**. Now referred to as a "once-in-a-century" pandemic, it has spared no country in the world and had severely upended the lives and security of states and societies. One year since the pandemic outbreak, COVID-19 continues to rage, exacting a high toll on human life. To date, COVID-19 has already lost over 2 million lives and infected more than 200 million people globally. The numbers are expected to rise for as long as the pandemic is not effectively contained.

While a few countries are doing better than others in fighting the disease, the wider global community continues to struggle to end the pandemic. And while COVID-19 sees no class, race or gender, it has revealed how mercilessly it aggravated the existing economic and social inequalities that hit the poor, the most vulnerable and marginalised communities the hardest.

It is clear that COVID-19 is more than a public health crisis: it is also an **economic crisis** of global proportion. The economic impact of the pandemic has been devastating, with deep and long-lasting consequences. In the Asia-Pacific, close to 100 million jobs have been lost, resulting in more people becoming impoverished. The World Bank's 2020 Report notes that more people have suddenly fallen into extreme poverty and numbers are expected to grow to 150 million in 2021². The severe economic downturn has also resulted in an increase in the number of people becoming food insecure. The Food and Agriculture Organisation's (FAO) [State of Food Security and Nutrition in the World](#) noted a 100 mil-

lion more undernourished people in 2020. This is on top of the estimated 135 million people already facing acute hunger pre-COVID 19.

More significantly, COVID 19 is a **conflict multiplier**. It has compounded risks to human security and exposed serious threats to human rights, democracy and governance. The closure of international border has forcefully displaced hundreds of thousands of migrant workers and resulted in a significant increase in the number of refugees which make them more vulnerable to human rights abuses and physical violence. In particular, **the pandemic has severely impacted women** as many fall victims of growing incidence of domestic violence, while girls are forced in child marriages in conflict settings. Moreover, as women form the bulk of the world's frontline health workers – approximately 70 percent of the global health workforce – they have been exposed to higher risks of infection.

With growing insecurities and worsening inequalities, the **pandemic has deepened societal faultlines**. This has led to higher risks of distrust in institutions, fueled by misinformation, fake news and hate speech, fracturing societies even in more mature polities. These kinds of threats to human security underscore the urgency of providing protection to affected communities. It also highlights the criticality of promoting and advancing the agenda of prevention of atrocities on vulnerable groups in particular and the wider community in general.

Atrocities Prevention as Protection

The adoption of the Responsibility to Protect (R2P) at the World Summit in 2005 marked an important milestone in holding states' responsible for the protection of their populations from atrocity crimes. These crimes are genocide, war crimes, ethnic cleansing and crimes against humanity. This responsibility entails the "prevention of such crimes, including their incitement, through appropriate and necessary means."³ Protection is not just the prevention of crimes but also involves *reacting or responding* to a situation of the above crimes as well as *rebuilding* after such situations.⁴

A key element of the R2P is prevention, which underscore the need for early structural prevention and the management of crisis where tensions and conflicts are at risks of escalation. To be sure, the COVID-19 pandemic has shown how a public health crisis can rapidly spiral out of control to become a humanitarian crisis of several manifestations – from economic and human rights crises, to a political and security crisis. These crises, in turn, heighten the risks of atrocity crimes raising the salience and urgency of "humanitarian protection" to affected communities.

Protection, in times of humanitarian crises caused by pandemics and their cascading consequences, can be understood as a set of activities aimed at obtaining full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e., International Human Rights Law, International Humanitarian Law, International Refugee Law'.⁵ Protection, in this regard, is thus informed by well-articulated legal frameworks.

Protection is also about a specific set of activities designed for particular vulnerable groups, such as women, children, persons with disabilities, other minorities that ensure their safety from "harm, coercion, violence or deprivation, whether by minimising or reducing the exposure to threat or by creating a safe environment". In this context, humanitarian protection aims to prevent or, failing that, *limit or mitigate the impacts of abuses on vulnerable communities*. According to O'Callaghan and Pantuliano, humanitarian protection is often more easy to discuss in theory, but is much harder to perform in practice due to the lack of clarity regarding what constitutes protection, and who will carry it out and how.⁶

Notwithstanding the above challenges, the issue of protection has become more urgent against the kinds of global challenges confronting the world today. Pandemics, climate change, environmental degradation are threat multipliers that severely affect the security and well-being of peoples and states. Mitigating their impact and providing protection particularly to vulnerable communities are critical in preventing the attendant risks to atrocity crimes.

Case studies from Northeast Asia and Southeast Asia

The APPAP Working Group on COVID-19 commissioned seven case studies from Northeast Asia (China, Japan, and Korea) and Southeast Asia (Indonesia, Myanmar, the Philippines, and Singapore) to investigate the impact of the pandemic and draw some insights as to the implications for atrocities prevention. Specifically, the case studies examined the challenges of providing protection from the risks of atrocity crimes to populations, particularly the affected and vulnerable communities, in the still ongoing humanitarian crisis caused by the pandemic. It brings together selected case studies that analyse how states in both regions have responded to the pandemic and its multi-dimensional threats to human security.

Using the UN Framework of Analysis for Atrocity Crimes: A Tool for Prevention, the case studies analysed the consequential impact of the pandemic and its implications for atrocities prevention by: 1) comparing the level of risks for atrocities before and after the pandemic; 2) identifying the vulnerable populations before the pandemic and new or emerging vulnerable populations after the pandemic; 3) analysing the strengths and weaknesses of the state's responses in dealing with the pandemic and their impact on traditional and new/emerging vulnerable populations; and 4) generating a set of recommendations in managing the impact of the pandemic on vulnerable populations.

KEY FINDINGS FROM CASE STUDIES

Northeast Asia

The three case studies—China, Japan, and South Korea—are relatively stable societies with more homogenous population, high level of economic development, and stable political systems. Compared to some states Southeast Asia, they do not have internal armed conflicts that challenge the legitimacy of central government and increase the risk of atrocities for vulnerable populations. However, there are poor internal and/or foreign migrant communities in all three countries who have been severely affected by the pandemic for a number of reasons, to wit: 1) lockdowns that resulted in income deprivation for the marginalised and temporary workers; 2) exclusion from or limited access to public assistance and welfare services; and 3) diaspora community becoming target of hate speech and prejudice. Women were also made more vulnerable by the pandemic, such as increased incidents of domestic violence in China or lost income especially in single-parent households in Japan.

COUNTRY	CONFIRMED CASES	DEATHS
CHINA	116,665	5,306
JAPAN	777,643	14,187
REPUBLIC OF KOREA	149,191	1,993
WORLD HEALTH ORGANISATION COVID DASHBOARD HTTPS://COVID19.WHO.INT/ As of 15 June 2021		

1. China⁷

In China, low-wage internal migrant workers are among those who have been affected more significantly by the economic shock caused by the pandemic because they are excluded from public services and welfare in cities and highly reliant on unstable waged jobs. At least 50 million low-income migrant workers could not return to work by March 2020 due to the pandemic and suffered more severe income drop than other work forces.

Large number of Africans living and doing business in some international commercial hubs in southern Chinese cities such as Guangzhou, Foshan, Dongguan, became victims of the virus-induced discrimination and deeply rooted racist stereotype in China. Guangzhou, capital of Guangdong province, is at the center of the crisis as it is home to one of the largest African diaspora communities in Asia.⁸

In April, news on an infected Nigerian man attacking a nurse at a local hospital in Guangzhou went viral on social media and sparked waves of racist trolls calling for the cleansing of Africans and led to numerous incidents of evic-

tion of Africans in several cities in Guangdong province. The suffering of Africans in China soon went viral on twitter and facebook and sparked international outrage and even escalated into diplomatic crisis for China. Several African governments summoned Chinese ambassadors to express their serious concerns over the mistreatment of their citizens in China, putting extra political pressures on the already complicated epidemic management.

Women constitute the second major group of vulnerable populations severely hit by COVID-19 and their suffering in the pandemic is linked with persistent gender inequality in China. The seriousness of the gender dimension of the crisis is reflected not only by the surging number of incidents of domestic violence against women especially in poor households and rural areas, but also the critical shortage of personal hygiene equipment suffered by thousands of female public health caretakers (PHCs) working in the frontline hospitals.

2. Japan⁹

In Japan, workers in the service sector related to restaurants and hotels earn lower average wages than others. Japanese nonregular workers, about 21.65 million accounting for about 38 % of all workers in 2019, whose average wage remains approximately 65 % of regular workers are facing unemployment or reduction of work hours. Unlike regular workers, they are not all protected by the law and are not able to receive unemployment insurance. Women are more represented in all these groups than men.

Another vulnerable population in Japan are single-parent households living on annual income of about 3.3 million yen. The situation of a fatherless household is more serious, with average annual income of 2.43 million yen, which is significantly less than that of a motherless household was 4.2 million yen.

Foreign workers in Japan were especially made vulnerable by the pandemic. About 1.66 million registered migrant workers, who are mostly under fixed-term employment contracts, sought assistance after losing their jobs amid the pandemic. They faced a tougher employment environment, which had eliminated more than 50,000 jobs available for them by the end of August 2020. In addition to the non-regular workers, trainees mainly from Southeast Asian countries who are able to stay in Japan under the technical internship program, lost jobs or went on “unpaid special leave” without any social security.

The irony of possibly dying from COVID-19 is not lost on the many asylum-seekers who have been detained at regional immigration bureaus. They are most marginalized inhabitants in Japan. With less than 1 % of refugee applications accepted every year, Japan ranks poorly among its developed nation peers in 2019. Some are in a fragile legal situation called “provisional release,” who are not allowed to work in Japan and have limited access to social assistance. Asylum seekers in general who are heavily dependent on individuals for financial support such as friends, family, churches, mosques and community networks have seen their benefactors lose their incomes too. Others are living in cramped detention centers, with poor conditions and limited access to healthcare services while their asylum seeker applications are being processed.

3. South Korea¹⁰

While the negative economic impact of COVID-19 was felt across Korea, temporary workers were the most severely hit by the economic fallout of the pandemic. According to statistics in April 2020, 124,000 jobs disappeared in the temporary job sector compared to the same period last year, which is a 7% loss. Meanwhile, only 8,000 positions disappeared in permanent positions compared to the same period of last year - 0.1% loss. Most of the jobs lost due to COVID-19 were temporary jobs.

Meanwhile, the pandemic also had serious impacts for the foreign migrant community in Korea. Specifically, they lost their jobs and became target of hate speech. Due to lockdown and border closures in many countries, foreign workers did not have any other option but to overstay their work permits. By July 2020, it was estimated that around 5,000 migrant workers are overstaying in Korea. The foreign migrant community also became objects of hate speech in particular the Chinese community in Korea. Because of the outbreak of the corona virus in Wuhan, the Chinese community in Korea was portrayed in social media as virus carriers or transmitters. Partly because of

the baseless rumours, some Korean Chinese workers who cannot avoid close contact with clients such as house helpers, care workers in hospitals, and people working in restaurants lost their jobs. The COVID-19 crisis also deepened existing prejudice of Korean people towards them. In movies and TV dramas, Chinese nationals have been unjustly portrayed as members of gangs or criminals and are now perceived as the source of corona virus in Korea.

Another issue that the migrant community in Korea faced was the lack of adequate information on COVID-19. While the Korean government has set up an official webpage specifically to update various information on COVID-19, it provided information only in Korean, English, and Chinese languages. It did not include other native languages of many migrant workers. There are also differences in the quality and quantity of the information provided in different languages. The most detailed information was provided in Korean on the website, while those in English and Chinese languages did not provide information on personal sanitation, contact tracing, government financial support for emergency, social distancing rules, and other announcements including medical centres where infected people could be treated.

Southeast Asia

The four case studies in Southeast Asia—Indonesia, Myanmar, The Philippines, and Singapore--point to varying degrees of risk for atrocities before and after the onset of the pandemic. Specifically, Myanmar and the Philippines were already at very high risk for before the pandemic due to several factors such as internal armed conflicts, a history of human rights violations, state weaknesses, and impunity by state agents. The pandemic exacerbated the risk of atrocities in both countries given the limited experience and capacity of governments in dealing with COVID-19 and the heavy-handed response of the state in imposing lockdowns and travel restrictions. Across the four cases covered in this report, the pandemic had negative impacts on minority ethnic and religious groups, migrant populations for both sending and receiving countries, and women and children. Although Singapore is the most prepared to deal with the pandemic due to its experience in dealing with the SARS in early 2000s, the COVID-19 exposed the vulnerability of migrant workers in the city state.

COUNTRY	TOTAL CONFIRMED CASES	TOTAL DEATHS
INDONESIA	1,877,050	52,162
MYANMAR	146,406	3,250
THE PHILIPPINES	1,327,431	22,963
SINGAPORE	62,315	34
WORLD HEALTH ORGANISATION COVID DASHBOARD HTTPS://COVID19.WHO.INT/ As of 15 June 2021		

1. Indonesia¹¹

COVID-19 pandemic has exacerbated the existing risks to vulnerable populations in Indonesia as well as giving rise to new vulnerable groups. The government’s responses have proven to be insufficient and indecisive. Rather than a deliberate policy, the worsening risks to vulnerable people have occurred due to persisting weaknesses in the state structure which is reflected from the lack of coordination among responsible government agencies, as well as between central and local governments. Importantly, the enormous involvement of military in COVID-19 management, while partly receiving large public support, also carried some downside, such as sidelining critical inputs from health experts and silencing legitimate public criticisms to improve their efforts.

The first group to be directly affected by the pandemic are the poor or marginalised sector of the population from low-income households, especially casual and informal workers. Apart from being susceptible to getting infected by the corona virus because they use public transportation to go to work, they were also severely affected by government-imposed lockdown and travel restrictions, resulting in many of them losing their jobs due to business closures. The second group made vulnerable due to the pandemic were returning Indonesian migrant workers abroad, especially the undocumented ones who were deported back to Indonesia. The national government was not prepared

for the return of overseas migrant workers such as providing safety net programs and alternative jobs for them after they return. The situation was also made more difficult by the government imposing a moratorium on exporting migrant workers starting in late March 2020.

The third group affected by the pandemic were ethnic and religious minority groups. At the onset of the pandemic, the ethnic Chinese was stigmatized, along with the portrayal of Chinese workers from mainland China in Indonesia as the virus transmitters as the pandemic outbreak started in China. Religious minority groups were also target of discrimination by extremist groups and were left with no secure places to exercise their religious freedom as the side effect from the application of large-scale social gathering restriction policy even as government responses to their plight tend to be ambiguous in protecting these minorities. Health workers and COVID-19 infected people were also target of discrimination and hate speech.

Women were also made vulnerable in Indonesia during the pandemic due to increase in cases of domestic violence. Refugees and people living in disaster-prone were negatively affected by COVID-19 as they had limited access to services and assistance during lockdown and restricted travels imposed by the government.

2. Myanmar¹²

Even prior to the pandemic, Myanmar is already at very high risk for atrocity crimes,¹³ demonstrating every risk factor in the UN Framework of Analysis for Atrocity Crimes (Framework).¹⁴ This is primarily rooted in decades old internal armed conflicts between ethnic armed groups and the Tatmadaw, weaknesses of state institutions, corruption, and lack of accountability mechanisms for human rights violations and atrocity crimes committed by the military. The 2008 Constitution drafted by the Tatmadaw ensures the continuing dominance of the military in all aspects of Myanmar's polity, which enables them to rule above the law. The coup of 1 February 2021 exacerbated further the risk of atrocity crimes in Myanmar as the Tatmadaw crackdown heavily on anti-coup protesters, supporters of the civil disobedience movement (CDM), and those who recognize the legitimacy of the National Unity Government (NUG) instead of the junta-created State Administrative Council (SAC).

At the onset of the pandemic in Myanmar, the government-imposed restrictions on information and movement, which exacerbated the vulnerability of populations already at risk for atrocities. Specifically, state-enforced internet blackouts across Rakhine and Chin States, starting in June 2019, prevent around one million people from accessing or sharing information.¹⁵ Many communities, particularly in Rakhine State, have minimal freedom of movement, further eroding their food security and access to healthcare.¹⁶ The government reinstated these internet services in February 2021, shortly before shutting down cellular data and public WiFi nationwide.¹⁷ In late March 2020, the government ordered phone/internet providers in Myanmar to block 230 websites, including ethnic news outlets.¹⁸

Over 142,000 migrant workers returned to Myanmar after the pandemic struck.¹⁹ Rohingya IDPs cannot get normal remittances from abroad, and cannot work in camps, threatening nutrition and food security. Pre-pandemic, 19.5% of Myanmar households relied on remittances from a migrant worker family member; and remittances accounted for 8.5% of household income.²⁰

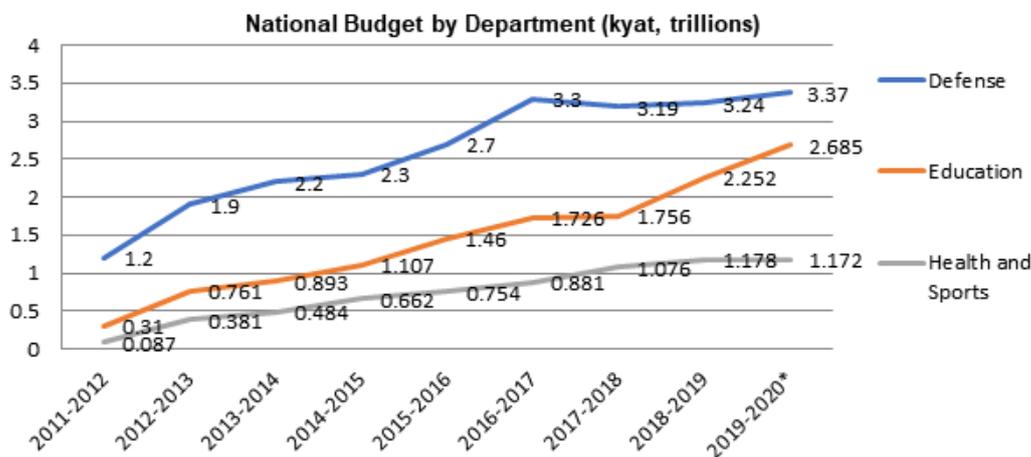
The pandemic also saw increased use of hate speech and discrimination particularly against ethnic and religious minorities, as well as returning migrant workers. On Facebook, people blamed returned migrants for the pandemic and accused them of intentionally spreading it.²¹ After a Yangon church service was identified as spreader event in April, online comments targeted Christians, and the pastor was sentenced to three months' prison with hard labor. ²² Selective policy and policing target religious and ethnic minority communities with charges of violating lockdowns.

Meanwhile, despite appeals by the UN Secretary General for ceasefires in conflict-affected areas around the globe, there was increased violence in Myanmar by security forces in ethnic minority territories. Apparently, the Tatmadaw is using the pandemic to advance its positions in ethnic States, and that movement and information restrictions prevented journalists from documenting abuses. For example, the military destroyed five ethnic health screening posts, and shut down four others, between April and August 2020, in Karen, Kachin, and Rakhine States.²³ The Tatmadaw also undermined humanitarian aid corridors and attacked health workers.²⁴ During 2020 there were at least 1,024 incidents of direct attacks on civilians or armed clashes that failed to adequately protect them. These took place in 13 of the country’s 14 states and regions, resulting in at least 242 civilians dead, 706 injured, and over 14,000 forcibly displaced.²⁵

The pandemic also increased livelihood insecurity affecting millions of people across the country, damaging livelihoods and community support structures. In particular, farmers suffered from a collapse in demand for agricultural products. Informal and day laborers were hurt by movement restrictions, reduced farm productivity, and closed markets. News emerged in October 2020 that Yangon residents were scavenging sewer rats and snakes to stay alive.²⁶ Tens of thousands of factory jobs disappeared, with insufficient measures to prevent arbitrary sackings or ensure workers were paid.²⁷ Some employers used the pandemic to selectively fire trade union leaders and members, according to field interviews.

Women in Myanmar suffered disproportionately during the pandemic. As of 2018, they comprise 60% of all workers in vulnerable employment.²⁸ The pandemic removed women’s jobs and threatened to increase the gender pay gap (24% less per hour in 2017).²⁹ In October 2020, activists expressed anger over apparent attempts to recruit Myanmar women as wives in China.³⁰ Sexual and gender-based violence is not adequately addressed in Myanmar. Verbal, physical, and mental abuse, as well marital rape became more common during the pandemic, in particular against women and children.

Overall, it is evident that Myanmar’s health system was inadequate in dealing with the pandemic. This is primarily due to a number of factors. For one, centralized decision making and funds disbursement in Naypyidaw, which redirected community health resources toward COVID-19, undermining capacity to address other health problems. Also, ethnic communities are less likely to have access to life-saving information or basic care because of inequitable infrastructure, a severe public trust deficit, and lack of coordination and information flow between the Ministry of Health and Sports (MoHS) and ethnic health departments. Masks, soap and hand sanitizer remain unaffordable for many and IDP camps lack facilities, and residents are not allowed to leave. People in cramped, unsanitary informal urban settlements have no safety net. They have been displaced, have no household registration, cannot get national ID, and thus may not seek out care. Importantly, the budget allocated for health and education ministries remain relatively low, at MMK2.685 trillion and MMK1.172 trillion.³¹ The health system is impoverished, as noted in June 2020, “with only one hospital bed per 1,111 people (but only 100 ICU beds for the whole country) and one doctor per 1,162 people.”³²



3. The Philippines ³³

Prior to the COVID-19 pandemic, several risk factors for mass atrocities were reported in the Philippines. Based on Asia Pacific regional assessment for atrocity crimes against civilians, the Philippines was reported to be at *very high risk* (together with Myanmar and the Democratic People's Republic of Korea).³⁴ First, several protracted conflicts were occurring in rural or remote areas of the Philippines but particularly in Mindanao. Consequently, Mindanao was under Martial Law until January 2020 (around the time that COVID-19 was about to become a global disease outbreak) and now remains in a 'state of emergency'. Second, pre-existing weak state structures have perpetuated a deep-rooted culture of impunity and have long enabled routine crime and human rights violations to go unreported in the country. In cases when these do get reported, victims face multiple barriers from lack of legal and financial resources to dealing with further threats of death or retaliation from perpetrators. Extrajudicial killings and related crimes such as sexual and gender-based violence have been found to distinctly impact marginalised populations particularly, the poor, women and girls, sexual minorities and ethnic / indigenous minorities such as Moros and Lumads.³⁵

On 20 January 2020, the first case of COVID-19 was confirmed in the Philippines.³⁶ In more than a year since, there were an estimated 800,000 confirmed cases, 14,000 deaths and a surge of approximately 10,000 new cases in one day.³⁷ The World Health Organisation in the Philippines have regularly produced situation reports documenting signs that the pandemic is not abating. On the contrary, Filipinos especially urban slum dwellers, women and girls, human rights defenders, and health workers continue to bear the brunt of the pandemic. Based on existing data, almost 20% of all those infected in the country are health workers. Approximately 41 % of the total number of confirmed cases and 39% of deaths are from the National Capital Region (NCR), where densely populated Manila is located. Based on WHO classification, there remains large-scale or Stage 3 community transmission in the NCR due to ongoing trend of increasing cases and heightened transmission compared to nationwide trends in the Philippines that place it at Stage 2.

During the initial phase of the COVID-19 pandemic, approximately 4 million Filipinos have lost jobs and livelihoods while the national government incurred trillions of dollars in foreign debt. The Philippine economy has been dependent on migrant remittances as a 'shock absorber' or 'safety net' for families and the State in times of crisis. COVID-19, however, resulted in the repatriation of more than 400,000 overseas Filipino workers (OFWs).

Direct and indirect impacts of COVID-19 were far deadlier in an environment of authoritarian and militarised pandemic response. The case of the Philippines illustrates how COVID-19 deaths are intersecting with state-sanctioned violence against the most vulnerable populations notably the urban poor, health workers, human rights defenders, and indigenous peoples. This occurs through the deadly combination of militarism, 'infodemic' and decades of neglect for public health systems. As pointed out by the United Nations High Commissioner for Human Rights:

The response to COVID-19 has seen the same heavy-handed security approach that appears to have been mainstreamed through the ramped-up campaign against illegal drugs and by counter-insurgency imperatives. While important measures were taken to mitigate the economic impact of the pandemic on vulnerable communities, threats of martial law, the use of force by security forces in enforcing quarantines and the use of laws to stifle criticism have also marked the Government's response.⁴¹

Alarming, the national pandemic response is even being harnessed in the service of the drug war. Data indicate that extrajudicial killings registering a 50 percent increase between April and July 2020. The Philippines' quarantine policy is one of the most stringent measures in the Southeast Asia region. For example, Duterte has authorised the locking up of quarantine offenders and have given pronouncements to law enforcers to 'shoot troublemakers dead'. There were also reports that curfew violators were being abused and in one province, locked up in dog cages. Human rights activists and lawyers have been included in the longlist of targeted groups in extrajudicial killings. Data being collected by independent groups show that there have been "at least 61 lawyers killed under the 5 years of Duterte. In contrast, only 49 lawyers were killed in a span of 44 years from Marcos to former president Benigno

‘Noytoy’ Aquino, Duterte's predecessor”. Many lawyers face or have been threatened by criminal charges themselves as reprisal for pursuing human rights cases.⁴⁷

Despite the UN’s global call for ceasefire to end the COVID-19 pandemic⁴⁸, the Philippine State under Duterte even intensified its counter-insurgency and counter-terrorism operations. While lockdowns are in effect, the Philippine government passed the Anti-Terrorism Act in June 2020. Red-tagging refers to the labelling of or insinuation that individuals and groups who are left-leaning are all communists and therefore terrorists. The targets of red-tagging, following the same trajectory of the Drug War, has broadened beyond the usual suspects of Communists and NPA members. In practice, it has expanded to individuals who hold critical views against the Duterte administration, journalists, and universities for allegedly indoctrinating students of leftist ideology and communist recruitment.⁴⁹

In March 2021, the coordinated killings and arrests of human rights activists, known as ‘Bloody Sunday’ operation, occurred in several provinces south of Manila. Two days before the Bloody Sunday operation, Duterte delivered a public statement where he openly ‘ordered the police and military “to shoot and kill right away” if they see communists holding a gun and “ignore human rights”’ Consequently, there are reports that this new anti-terrorism law is weaponized to silence discontent from the public regarding the shortcomings and violent approach to the pandemic. For example, only a few months after the Terrorism Act was passed in 2020, the National Council of Churches in the Philippines (NCCP) has reported increased harassment incidences from the military in the conduct of their work with the communities since they have been red-tagged or identified as a communist organization in a presentation made by the Department of National Defense to the Philippine congress last year.⁵¹

4. Singapore ⁵²

COVID-19 has laid bare the underlying vulnerabilities of society – and for Singapore, it was no exception. Once considered a leader in the response to COVID-19, the city-state suffered a sudden massive surge of cases in April 2020, with the vast majority of the cases having been migrant workers, specifically those living in dormitories. This surge in cases can be attributed to the exclusion of migrant workers from government policy, or indeed the government’s priority list, despite calls from various migrant worker-focused NGOs about their vulnerability.⁵³

While no migrant worker has died directly because of the pandemic, their long-term health is nevertheless likely to be impacted. According to the World Health Organisation, although most people with COVID-19 only experience mild or moderate illness, approximately 10-15 percent of cases do progress to a more severe disease, and about 5% become critically ill. Even among those 18 to 34 years in good health with no underlying chronic medical conditions, 20 percent reported that some symptoms were prolonged even after ‘recovery’ from COVID-19. Although more time and research is still needed to understand the long-term effects of COVID-19, judging from studies conducted on SARS – another coronavirus – survivors found that there was persistent and significant impairment of exercise capacity and health status over 24 months, with some experiences chronic fatigue symptoms even 3.5 years after the first diagnosis. As such, even once the immediate health crisis caused by the COVID-19 pandemic is over, the long-term health effects are likely to linger.

Most migrant workers in Singapore face significant social discrimination from the broader Singaporean community – both as a source of potential criminal danger as well as vectors of disease and lack of hygiene. COVID-19 has brought into sharp relief and has in fact, increased the social discrimination faced by these migrant workers. Earlier this year, a Singapore Chinese-language paper, Lianhe Zaobao published a letter recalling long-held racist stereotypes of migrant workers by blaming the COVID-19 outbreak in the dormitories on their “bad personal hygiene habits” such as “such as eating with their hands, eating under the trees and on the grass, gathering together to drink and chat”, a view which was also echoed in the replies although not unanimously. Such discrimination is pervasive among all levels of Singapore society and seen in the insensitive remarks and complaints about migrant workers made some members of particularly on their Sunday. ⁵⁷

COVID-19 has also had a significant economic impact on migrant workers. Migrant workers on work permits have given little to no job security as their Work Permits are firmly tied to specific sectors and employers. They are not

allowed to change jobs and must leave the country when their contracts end or are terminated – allowing for their exploitation by their employers due to the imbalance of power. During COVID-19, this has been increased. Local NGOs working with migrant workers have pointed out that many migrant workers have not been receiving their salaries from their employers despite the government providing levy relief and “salary support”. Government advisories from the Ministry of Manpower have also been unclear regarding the obligations of employers towards their employees.⁶⁰

Moreover, job losses are unavoidable in this economic climate. It is likely that once they are able to do so, many companies will send workers back to their home countries, with those newer arrivals with less experience and more debt more likely to be let go. There have also been reports that some Work Permit holders working as cleaners in Housing and Development Board estates have not been awarded overtime pay, despite a longer working time of up to 14 hours a day since the start of the pandemic. Moreover, as mentioned, the health effects of COVID-19 are likely to linger in the long-term. With most migrant workers involved in extremely physically demanding jobs, just by contracting COVID-19, their physical abilities will have been compromised which in turn, puts their long-term job security at risk.

CONCLUSION

Based on the foregoing discussion of key findings from the seven case studies, the COVID-19 pandemic has clear implications for atrocities prevention

- Increased livelihood insecurity especially among the poor and marginalised sectors of society, including internal and foreign migrant communities.
- Increased incidents of hate speech and discrimination against ethnic and minority groups, diaspora communities and returning migrant workers, as well as frontline health workers and COVID-19 patients.
- Increased vulnerabilities for women especially relating to domestic violence and economic deprivation caused by unemployment.

While there were variations in their responses to the pandemic, states in both regions had imposed travel restriction and lockdown measures to contain the spread of COVID-19. This policy increased livelihood insecurity among the marginalised sectors of society, particularly those who are daily low-wage earners, temporary workers, and migrant communities. Although some governments provided aid relief or assistance to these vulnerable groups, this was clearly not adequate in addressing their livelihood and welfare insecurities as they are excluded from accessing public welfare services and do not have health insurance protection. In some states like Indonesia and the Philippines where task forces dealing with the pandemic were primarily led by retired or active military officers, efforts in containing the spread of the corona virus failed because they did not heed advice from public health and medical experts and ignored legitimate public criticisms. Thus far, both countries have over 1 million people infected with COVID-19, respectively, and continue to struggle with very high infection rates on daily basis.

The pandemic also added to human insecurity in conflict-affected states in the region. Specifically in the case of Myanmar and the Philippines, security forces continued with their counter-insurgency operations despite appeals by the UN Secretary General for governments to declare unilateral ceasefire in conflict-affected areas during the pandemic. This exacerbated further the risk of atrocities for vulnerable populations such as internally displaced persons and refugees. With regard to the anti-drug war and anti-terrorism campaign in the Philippines, human rights violations and extra-judicial killings were being committed by law enforcers even during strict lockdowns, targeting marginalised groups, indigenous peoples, human rights defenders, and activists.

RECOMMENDATIONS

Based on the key findings of the case studies discussed above, the following are the recommended measures in promoting the protection of vulnerable populations during the pandemic:

1. States should give priority attention to vulnerable populations such as the poor and marginalised sectors who have lost their jobs by ensuring access to basic public services and providing relief aid.
2. States should ensure the protection of minority ethnic and religious groups, migrants, refugees, asylum seekers, and the diaspora community from hate speech, incitement, and violence by passing and enforcing appropriate laws against discrimination.
3. States should exert all efforts in protecting women and children against domestic violence by providing temporary shelters and access to services.
4. In conflict-affected areas, states should heed the call of the UN Secretary General to declare a unilateral cease-fire and allow humanitarian assistance to be delivered to internally displaced persons and refugees, including access to health services.
5. States must adhere to international human rights law, international humanitarian law, and other relevant conventions as they adopt policies in dealing with the pandemic.
6. States should work in partnership with non-state actors and stakeholders in ensuring the protection of vulnerable populations during the pandemic by monitoring and reporting on their safety and health conditions, as well as providing for their necessities including access to health services.
7. At the regional level, states should:
 - c. Pursue bilateral and regional cooperation agreements in protecting migrant workers and the diaspora community in both receiving and sending countries. In particular, receiving countries should provide access to health services, protection of migrants workers' human rights and welfare, and access to justice when they fall victim to abuse.
 - d. Pursue bilateral and regional cooperation agreements to ensure the protection of refugees and asylum seekers from conflict-affected countries and provide them with access to health and welfare services.

APPENDICES

The following are specific recommendations from the case studies.

China

1. Reforming the public health emergency response system by empowering CDCs at all levels and enhancing the effectiveness of digital reporting system by preventing political interference from local public health administrative agencies.
2. Establishing government-run medical supplies stockpiles at all levels of administration, with participation of e-commerce companies.
3. Building more capable community-level health care networks, reducing pressures on major hospitals.
4. Building resilience urban communities friendly to elderly, women, and patients with chronic and rare diseases.
5. Promoting the development of NGOs specialized in public health.
6. Facilitating participation of ICT companies in public health emergency response
7. Promoting minimum and publicly accountable collection and usage of personal data especially in times of crises.
8. Improving cooperation with regional partners, including the United States, South Korea, Japan, Taiwan, and ASEAN members, in epidemiological research and emergency response.
9. Enhancing foreign aid associated with public health under the umbrella of Belt-and-Road Initiatives, with particular focus on providing vaccine and various public health aid for African countries.

Japan

1. The government needs to make daring rescue policies for the neediest. Do not leave the neediest on the back-burner. The government should provide additional poverty alleviation measures as well as such economic-stimulus campaigns. It should make an all-out effort on countermeasures for the revival of business activity and economic countermeasure for the neediest, both.
2. The process of offering a financial aid should be simplified. It always takes long time for the government to put a policy into practice due to the government's compartmentalized public administration. The procedures to apply for subsidies are quite complicated. Financial assistance is offered on request basis and it takes long time for applicants to receive the payout. The system falls short of what's needed by those whose livelihoods have been badly damaged.
3. Related to the third point, the government needs to stop distinguishing between regular and nonregular workers; Japanese nationals and foreign residents. Local governments, who know further the detailed local environment surrounding foreign residents, should treat them in the same way as Japanese residents, and make their guidelines and other policies clear. An urgent protection is required from the humanitarian perspective for the marginalized populations. The government needs to provide some rewards like tax incentives with companies hiring laid-off workers because companies do not have to protect all their workers during severe economic downturns. Losing job means not just losing income. It also means losing one's dignity as a member of society. It is up to the government to provide ongoing support for them.
4. The government needs to pay more attention to maintaining the healthcare system – not only to large hospitals in urban cities but also to smaller institutions in local areas. While the government has extended subsidies to large hospitals capable of dealing with the pandemic and boosted their remunerations for treating patients with serious COVID-19 symptoms, financial problems at smaller institutions and their possible collapse would increase the burden on the larger institutions and put further strains on their staff. This poses an even greater threat in rural areas where local healthcare systems are more fragile. The COVID-19 outbreak is testing the resiliency of Japan's healthcare system.
5. Finally, in order to grasp the reality of the infection and to secure social stability, the government needs to carry out a larger scale PCR tests nationwide at lower cost so that wishers can access. Gathering the infection data will be useful for a national strategy for future virus infection. Uncertainties surrounding the pandemic fuels risk aversion. The testing is an indispensable preventive healthcare tool to revitalize economy and to protect healthcare system other than shutting schools and businesses once again. And the government needs to require local governments to strengthen the function of public health centers by securing beds for mild patients, and increasing the number of nurses and other staffers.

Korea

Given the nature of the COVID 19 which goes beyond national border, there should be regional provisions to protect vulnerable communities in a crisis situation. The regional provision in fact could be a guide for national government to emulate or to take a reference from. There could be two different kinds of regional standard procedure and protocol.

1. There should be a regional standard on transparency of information regarding pandemic outbreak. Even if it is not the whole picture or a complete information, transparent information sharing is important especially at the early stage of outbreak so that other countries prepare themselves better against the pandemic.
2. Regional standard procedure for quarantine is recommendable. Pandemics are all different in its characteristics and we cannot have an effective and comprehensive set of quarantine measures working for all pandemics. Nevertheless, a regional standard procedure for pandemics is useful for countries that cannot have a clue on how to implement quarantine measures. In addition, regional countries adopt this standard procedure, neighbouring countries can gauge the severity of the pandemic in the countries, supplementing the transparency of information.
3. There needs to be a standard procedure and protocol for domestic shutdown or lockdown and border closure. The standard can set a criteria or conditions for domestic lockdown and border closure. In COVID 19 crisis,

individual governments had to lockdown people sometimes causing a controversy over strong authoritarian measures. A sudden border closure caused diplomatic tension between countries. If the region has a standard procedure and protocol agreed, then they can avoid unnecessary tension between countries caused by border shutdown and people immobility.

The second leg of regional standard procedure and protocol is of course about protecting vulnerable communities.

1. Economic policy in an emergency is basically up to individual governments' decision. What regional protocol can do is to set a guideline for national governments to pay more attention to this economically vulnerable section of society in the form of securing their employment and offering financial assistance to those who are experiencing severe economic difficulties in the crisis.
2. For migrant people, regional institutions can have a bit more binding standard procedure or protocol regarding how to protect this community. With this protocol, a country's nationals can be protected in other countries while foreign nationals in the country are likewise protected under the aegis of the protocol. It is basically a mutually beneficial one. The protocol may set guidelines on provision of financial assistance for migrant communities in a national boundary, provision of information on the pandemics, provision of medical treatment regardless of their nationalities and so on.

Indonesia

1. The government needs to pursue more pro-health policy in order to tip the balance from prioritizing economy in its COVID-19 responses. No significant economic recovery can be achieved without ensuring people's health. Then, improving the delivery process of social assistance will significantly empower people's ability, especially the low-income society, which therefore results into the protection of the vulnerable people.
2. Law enforcement authorities has to avoid the cherry-picking approach in enforcing the health protocols, as well as to ensure protection for the vulnerable people from discrimination, stigma, harassment, hate speech, and attacks.
3. The Indonesian government needs to learn from the other countries that so far have dealt with the pandemic situation quite well. This sharing experiences and lesson learn can be accommodated at least through the regional organization, such as ASEAN. For example, while the Indonesia government has insisted to hold the local elections in several area in early December 2020, it can actually learn lessons from Malaysia whereby election without maximum preparation to ensure people's observance to health protocols can be fatal as it gave rise to new positive cases.

Myanmar

1. Political and military management
 - a. For the government, address serious gaps in social equity, through greater responsiveness to community needs, both related to and in spite of COVID-19, and ensuring that communities throughout the country are empowered to engage in policy debates.
 - b. Prioritise health and social services over defense expenditures.
2. The Military
 - a. Respect, by comprehensively implementing: the NCA; the UNSG's call for a ceasefire during the pandemic; the ICJ's Provisional Measures Order; and obligations under IHL, including to avoid targeting civilian objects and health installations, and to allow health information and treatment to all communities.
 - b. Work with EAOs and civil society to ensure communities affected by conflict are able to protect their health, from COVID-19 and other health threats, with a priority for those in IDP camps. Observe medical neutrality as required under the Geneva Conventions. Allow safe passage for humanitarian aid going to IDPs and other critically vulnerable populations.

3. Health services

- a. Reorganize the composition and delivery of health and social services so that they are linguistically and culturally appropriate. Prioritize communities historically marginalized by language, culture, physical location, conflict or exploitative development, to ensure that services are equitable.
- b. Ensure that everybody in Myanmar can take basic steps to prevent coronavirus transmission, including by: (1) supplying masks, soap, and hand sanitizer; (2) supporting volunteers addressing the pandemic locally; (3) cooperating with CSOs in providing prevention and education materials locally, especially in IDP camps; and (4) supporting regional/local governments, including ethnic administrations, to manage their areas.
- c. Work with ethnic health departments to develop a coordinated, decentralized health approach, and allocate funds accordingly. Funding, including for COVID-19 relief, should be made on the basis of need, rather than political and securitization cooperation.
- d. Increase funding support to hospitals and public health services throughout the country so they can address the pandemic without sacrificing other essential healthcare services.
- e. Widely disperse translated/accessible information on COVID-19 and its transmission. Maintain consistent and transparent messaging to ensure that people remain vigilant. End internet restrictions so people there can access and transmit information essential to protection from threats to health and human rights.
- f. Take greater monitoring and testing measures nationwide.
- g. Ensure support, standardization, and protection measures for quarantine centers nationwide.
- h. Address domestic and gender-based violence, which has risen due to the pandemic.

4. Financial relief

- a. Reassess Myanmar's COVID-19 Economic Relief Plan to provide equitable solutions for grassroots communities. Prioritize solutions that benefit these people, rather than incentivizing projects that disenfranchise them and harm the environment.
- b. Ensure that a comprehensive government relief plan:
- c. Is equitable, culturally/linguistically sensitive and accessible;
- d. Leads toward resilience among all people in Myanmar, including women;
- e. Reaches rural communities, and especially IDPs, and is sufficient to cover their needs
- f. Incentivizes employers to continue paying employees/laborers.
- g. Creates stable jobs for, and addresses the distinct needs of, informal workers, returned migrant workers, and those displaced by conflict;
- h. Allows regular people to access reasonable loans;
- i. Provides additional facilities and social welfare services;
- j. Ensures that people can survive during this time, including by stabilizing prices for essential goods (including food, bottled water, masks, soap, and hand sanitizer).

5. Foreign governments, intergovernmental organizations, and other donors:

- a. Drive decentralization of healthcare by supporting local ethnic administration and health systems, including by prioritizing cross-border support to EAOs, CSOs, and communities.
- b. Ensure that COVID-19-related aid to the Myanmar government maximizes equity and human rights, by requiring that its use include specific measures for:
 - Financial and logistical decentralization and inclusiveness of civil society groups (including those not legally recognized), ethnic administrations and others;
 - Greater gender equity; and
 - A more effective, rights-based peace negotiation.

The Philippines

1. The COVID-19 crisis can provide windows of opportunity to strengthen and ‘link up’ existing atrocity protection and prevention measures by making visible how the pandemic response to COVID-19 interacts with the structural and symbolic risk factors of state-sanctioned violence and atrocity crimes that predate the global pandemic. UN agencies WHO, ASEAN and local governments must coordinate in integrating atrocity prevention across all global, regional and local COVID-19 response and recovery agendas.
2. Atrocity prevention in the context of multiple crises – from conflicts to climate change – is no longer be intelligible in relation to ‘states of exception’ but must be increasingly re-oriented as a permanent part of long-term and just post-pandemic recovery. As a long-term strategy, UN agencies WHO, ASEAN and local governments need to urgently allocate resources to strengthen global to local political and economic institutions in countries most at risk of atrocity crimes.
3. Governments’ democratic backsliding is emerging as a vector for pathological crises that result in preventable deaths. Urgent support and resourcing of civil society, media and human rights defenders as part of COVID-19 pandemic response and recovery. Academics and Practitioners are necessary for identifying how democratic backsliding and resurgence of authoritarianism and political extremisms particularly in Asia and the Pacific are increasingly exacerbating atrocity risk factors and serve as ‘early warning signs’ for failed pandemic response.
4. COVID-19 deaths are intersecting with indirect deaths from clogged up health systems and extrajudicial killings linked to state-sanctioned violence under the Philippine government. UN, ASEAN, and international and local civil society groups must work to collect data, monitor and pursue accountability from the current President, members of his cabinet, and state armed forces (military and police).
5. COVID-19 has exposed that health crises can undermine and reverse gains achieved in promoting rights and building conditions for mitigating atrocity risk factors especially for women and girls, indigenous and internally displaced peoples. UN agencies WHO, ASEAN and local governments need to focus on strengthening public health systems especially at the community level for addressing the current pandemic and in ‘crisis-proofing’ development and peace gains.

Singapore

1. One recommendation is for the government to take a more active role in enforcing pre-existing guidelines surrounding migrant worker accommodation, particularly in terms of housing. The government has already announced that it will expand migrant workers housing availability by building new dormitories and refitting unused state properties in an effort to decrease the current density of dormitories. These will be built in line with improved living standards, and will have new designs, facilities, management and regulation of these dormitories, and will factor in social interaction and disease response needs. As such, rather than simply relying solely on private dormitory operators as they have been, the government needs to take a more active role in enforcing the new guidelines, perhaps by having these private operators directly accountable to the government and not just to the employers.
2. The current guidelines surrounding dormitory management should also be amended. Currently, employers are fully responsible for the welfare of their migrant workers. While understandable, this is also a system that breeds exploitation and mismanagement in times of crisis. At the onset of COVID-19, the government relied on dormitory operators and employers to step up. However, this quickly proved untenable, leading the government to step in instead. Even then, the government was unable to manage the full-scale of the crisis leading to the inclusion of local NGOs such as the Migrant Workers’ Centre (MWC) and HealthServe. This collaboration should continue on a long-term basis with NGOs actively involved in creating policies for migrant workers in the future not just in terms of improved housing capacities, but also perhaps in greater mental health awareness.
3. Finally, if the treatment of migrant workers is to change in Singapore, it needs to be a whole-of-society approach. There is very little knowledge about the various difficulties faced by migrant worker communities, such as the debts they have to first accrue to even work in Singapore. The government and/or NGOs could perhaps harness the current awareness of the vulnerabilities faced by migrant workers and the sentiment evoked by this into awareness-raising activities with the general public, perhaps via online exhibitions and/or social media. The

inclusion of local celebrities or other influence groups may be used for greater publicity and example-setting. It is time for Singapore to thoroughly examine its treatment of migrant workers and give up their NIMBY attitudes in order to facilitate a better and safer Singapore for everyone living in it.

4. Singapore should improve its regional engagement with the other ASEAN states on migrant workers is participating in regional mechanisms such as the 13th ASEAN Forum on Migrant Labour in Vietnam (10th-12th November 2020). This forum is likely to provide governments, civil society organisations and other actors with a space to exchange the good practices and ideas that they have found useful to manage labour migrants during this pandemic. Singapore could possibly share the lessons learned during the COVID-19 outbreak in the dormitories such as the promotion of digital banking as a method for the migrant workers' to receive their salaries during the lockdown, and the future of dormitory management.
5. Singapore should work with not just its domestic NGOs, but also NGOs from its various labour-sending countries such as Indonesia and the Philippines. This will allow the country to create more nuanced policies, taking into consideration the background of certain kinds of migrant workers which is likely to result a healthier and more efficient workforce.

ENDNOTES

1. Written by Professor Mely Caballero-Anthony (Centre for Non-Traditional Security Studies, Rajaratnam School of International Studies, Nanyang Technological University, Singapore) and Dr Noel M. Morada (Director, Regional Diplomacy, Asia Pacific Centre for the Responsibility to Protect, School of Political Science and International Studies, The University of Queensland St. Lucia, Australia). With contributions from Dr. Lin Peng (Research Associate, Institute of Politics and Law, Guangzhou Academy of Social Sciences, Guangzhou, China); Professor Miki Honda (Professor, Faculty of Law, Graduate School of Law, Hosei University, Japan); Dr. Jaehyon Lee (Director of External Relations and Senior Fellow, ASEAN-Oceania Studies Program, Asan Institute of Policy Studies, Seoul, South Korea); Dr. Lina Alexandra (Senior Researcher, Department of International Relations, Centre for Strategic and International Studies, Jakarta, Indonesia) and Mr. Muhammad Habib Abiyan Dzakwan (Researcher, Disaster Management Research Unit, Centre for Strategic and International Studies, Jakarta, Indonesia); Mr. Dan Goode (Atrocities Prevention Project Officer, Altsean-Burma) and Ms. Debbie Stothard (Founder and Coordinator, Altsean-Burma); Dr Maria Tanyag (Lecturer in International Relations, Australian National University); and Ms. S. Nanthini (Research Analyst, S. Rajaratnam School of International Studies, Nanyang Technological University, Singapore).
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