



Pandemic Crisis and Democratic Governance in Asia: Country Cases

October 2021



In 2021, Asia Democracy Research Network (ADRN) selected pandemic crisis and democratic governance as the common challenge that continue to plague and hinder democracy in Asia.

Against this background, ADRN published this special report to evaluate the effect the COVID-19 pandemic had on democratic governance in the region by studying the phenomenon and its impact within different countries in Asia, as well as their responses.

The report investigates pressing, contemporary questions such as:

What are the challenges that each country faces amid the COVID-19 pandemic?

What are common challenges that the world face?

What are the responses of the public and private sector of each respective country?

How did COVID-19 change the behavior and domestic and foreign policy of major countries?

Drawing on a rich array of resources and data,

This report offers country-specific analyses, highlights areas of improvement, and suggests policy recommendations for ensuring democratic governance during times of crises and emergencies.

“Pandemic Crisis and Democratic Governance in Asia: Country Cases”

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Executive Summary

Jinkyung Baik¹, Ha Eun Yoon²

In 2019 a cluster of pneumonia cases was found to be an infectious disease caused by the SARS-COV-2 virus. Following best practices, the World Health Organization (WHO) named this highly transmittable disease COVID-19 (Corona Virus Disease 2019) and in March of 2020 characterized COVID-19 as a pandemic. The virus quickly spread across Asia, with Thailand recording the first recorded case outside of China. The pandemic has proven to be not only a health crisis but a crisis to democracy, human rights, and the economy. Although the characteristics and reactions of the pandemic cannot be generalized to the entire Asian continent, it is undeniable that most, if not all, countries faced political, social, and economic challenges.

Especially, COVID-19 and the necessity for emergency measures to control the spread of the pandemic have also become the primary excuse for politicians to vindicate their authoritarian practices in the Asian region. In Thailand, Prime Minister Prayuth Chan-ocha invoked an emergency decree to strengthen his power for curbing the spread of the pandemic, which includes the power to “censor or shut down media if deemed necessary.” In Cambodia, 30 journalists and opposition politicians were arbitrarily arrested on charges of incitement, disobedience, and spreading “fake news” about COVID-19 (Human Rights Watch 2020). In the Philippines, President Rodrigo Duterte was given the emergency powers to fine or imprison journalists and individuals “spreading false information regarding the COVID-19 crisis on social media and other platforms,” strengthening his authoritarian grip (Wongcha-um 2020). Overall, the pandemic has become a justification used by authoritarian politicians to further suppress freedom of speech and the spread of information, both of which are critical to a functioning and stable democracy.

2019 witnessed the continuous erosion of democracy and democratic values in both established democracies and authoritarian regimes, and it appears that COVID-19 is likely to be an impetus for the acceleration of this trend (Freedom House 2020). Stable, transparent democratic regimes in Asia such as South Korea and Taiwan have demonstrated that transparency, positive utilization of technology, freedom of information, and voluntary civil participation are effective tools in slowing the spread of the pandemic. The continued implementation of democratic governance in midst of COVID-19 has proven its importance

¹ Director of the Research Department, East Asia Institute

² Research Associate, East Asia Institute

not only from a governmental standpoint, but also as a valuable tool in handling the ongoing crisis (Fendos 2020, Cowling et al. 2020).

As mentioned above, the pandemic highlighted the already existing and new challenges to human rights and liberal democracy. Regulations to contain the virus, control fear, and distribute aid shed light on corruption, lack of transparency, and the marginalization of minorities and the socio-economically disadvantaged. The mistrust in the government grew as the backings of some government mandates were unclear. Under extreme times of uncertainty, the government was faced with the challenge of earning back trust whilst trying to protect the health and well-being of its citizens.

A comparative case study covering South Korea, Japan, Mongolia, Indonesia, the Philippines, Thailand, India, Bangladesh, Nepal, Sri Lanka, and Pakistan was done to study the effect a large health crisis like COVID-19 would have on democratic governance. The aim of this study was to 1) analyze the government-led COVID-19 response 2) analyze the state of democratic governance during the pandemic and 3) collect lessons learned from this pandemic that can be applied to future emergency situations.

Although the pandemic was indiscriminate against its victims, the pandemic response and the scale of its effect on democracy differed vastly by each country. South Korea adopted the track, trace, and contain method in which citizens' movement was monitored by the government. Thailand implemented similar measures by placing checkpoints to trace and track the origin of cluster cases. Countries like, but not limited to, India and Bangladesh adopted strict lockdown measures to contain the spread of the virus. Measures to control fake news were also put into action in order to prevent confusion and fear. Although various measures were implemented to control the pandemic and maintain peace, they were also met with criticism as they infringed on people's basic rights and freedom.

Countries were also faced with the dilemma of equality. To contain the virus and to distribute vaccines, it was crucial that all citizens receive the same treatment. However, this worsened the situation for the "marginalized" group. The lockdown and the internal migration ban in India did not allow migrant workers to return to their home region and were left without a job. However, they could not access government aid as this aid was distributed by the local government. In the case of Japan, although they implemented the same protocol for vaccinations, the majority of the elderly community struggled to sign up due to their lack of knowledge in technology.

This health crisis also shed light on issues that were present before the onset of the pandemic. The weak health system was pointed out to be one of the reasons for the poor COVID-19 response. However, the shortage of medical supplies and the lack of financial aid for hospitals raised questions regarding the government as there were cases in which aid was directed to facilities that were not related to COVID-19. There were even reports that medical staff at the forefront of the pandemic were not receiving the compensation that they were promised. The issue of transparency was also highlighted during the pandemic. In Japan, citizens questioned how decisions regarding the virus were made as the full minutes of the meeting were not disclosed to the public. Many, if not most, cases also saw the lack of medical experts in the decision-making processes for the containment measures. In some cases, experts were not included in the newly formed COVID-19 task forces.

Trust in the government was found to be an important factor for ensuring the success and

compliance of COVID-19 countermeasures. It was observed that countries like Taiwan, Japan, and South Korea where democracy was well maintained and trust in the government were relatively high, experienced lower cases compared to countries with populist leaders. From the vast case studies, it can be said that the government should maintain and strengthen democratic values to prepare for countermeasures of other future emergencies.

Although many countermeasures infringed on human rights and democratic values, efforts to maintain democracy could be noticed. Elections were held despite concerns for cluster cases in Indonesia, India, Mongolia, Taiwan, Japan, and Korea. Elections in some areas were delayed but held nevertheless. Strict health protocols such as the usage of face masks, temperature check, and hand sanitizing were implemented to control the spread of the virus. Civic participation did not cease during the pandemic as protests continued in areas like Thailand. Although it is undeniable that issues and controversies arose regarding the election in general and the polling stations, it should be noted that efforts were made to maintain democracy during the pandemic.

It is crucial that cross-comparative case studies such as this research are done to prepare for future emergencies. As health, political and social crises existed before COVID-19, it is safe to assume that another type of pandemic might occur after COVID-19. It will be possible to analyze the strengths and weaknesses of government measures in different contexts through cross-country case studies to protect democratic practices. Countries with similar socio-political backgrounds can learn from the case study to utilize more productive measures in the future. This study will also allow for countries to look back on the current emergency measures and their outcomes to strengthen their future response to not only be more productive but also more democratic.

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Country Case 1: Japan

Japan's COVID-19 Responses: Issues of Weak Science-Based Governance

Maiko Ichihara¹

Japan Center for International Exchange

In the wake of the COVID-19 pandemic, Asia experienced the most prominent decline in liberal democracy of any region in the world. With extreme restrictions on freedom of movement through strict lockdown measures, repression of media freedom under the guise of combatting fake news, and cracking down on criticism of the government, the decline of liberal democracy that we have observed over the past fifteen years has accelerated rapidly.

Among Asian countries, the crisis of democracy is most pronounced in South and Southeast Asia (Kurtlantzick 2020), while the Northeast Asian region has remained relatively stable. South Korea and Taiwan, in particular, have gained international respect for their democratic COVID-19 measures. The South Korean government implemented a tracing system that, while not entirely problem-free, recognizes privacy rights and became a model for combatting COVID-19 as a democracy. In the case of Taiwan, there has been a strengthening rather than a decline of democracy, with increased cooperation between the civic tech community and the government.

In terms of damage caused by the pandemic, there is a difference between the democratic countries in the subregions of Northeast Asia and Southeast/South Asia. India, Indonesia, and the Philippines, countries that have sought to contain COVID-19 by undermining democracy (by, for instance, enacting anti-fake-news laws to restrict media freedom and making examples of lockdown violators through inhumane treatment), have the highest number of COVID-19 cases in Asia. India experienced one of the world's most severe outbreaks in April and May 2021, with up to 400,000 new cases and more than 5,000 deaths per day. Indonesia is currently in the midst of an outbreak, with deaths exceeding 2,000 on some days. By contrast, Taiwan and South Korea, which implemented democratic COVID-19 control measures, succeeded in restraining the pandemic to a significant degree.

This observation suggests that the degree of compliance with democratic processes may be correlated with the effectiveness of COVID-19 countermeasures. Such seems to be the case in other parts of the world as well: while countries with populist political leaders such as the United States under former president Donald Trump, Brazil under Jair Bolsonaro, and India under Narendra Modi have the highest number of COVID-19 cases, democracies with non-populist political leaders and high levels of trust in

¹ Associate Professor, Graduate School of Law and the School of International and Public Policy, Hitotsubashi University

government such as Australia, Finland, Norway, and New Zealand have controlled the pandemic successfully (Strangio 2020).

Looking at Northeast Asia, Japan, like South Korea and Taiwan, is a democracy where populism is relatively well contained. However, unlike Taiwan and South Korea, Japan has not been internationally recognized for its COVID-19 response. Why is this the case? This paper demonstrates that, although Japan's COVID countermeasures are relatively democratic, the government failed to win the trust of the public by taking a science-based approach in its policy decision-making and information disclosure.

The paper is structured as follows. The first section will analyze the state of the pandemic in Japan and the Japanese government's measures to tackle it. The section will argue that, despite a relatively well-controlled pandemic situation and democratic response measures, the government has failed to gain trust from the public. In the second through fourth sections, the paper will conduct case studies to show that the government's inconsistent and weakly science-based approach has caused frustration, anxiety, and lack of trust in the government. The three cases used are the GO TO campaign, the vaccination reservation system, and the Tokyo Olympics.

1. COVID-19 Cases in Japan

Japan was hit by the virus early on, with the first case discovered on January 15, 2020, followed by a mass outbreak on the cruise ship Diamond Princess. However, infections and deaths due to COVID-19 have been well controlled compared to other developed democracies. As of July 27, 2021, the death toll per million people in Japan was 120, compared to 2,121 in Italy, 1,896 in the UK, and 1,885 in the United States (Worldometer, Daily New Cases in Japan 2021).

The relatively small number of COVID-19 cases in Japan was the result of contact-avoidance measures that were followed by the citizens. According to a survey conducted by Muto et al. at the end of March 2020, more than 80% of the 11,342 people surveyed avoided closed spaces, 86.8% refrained from mass gatherings, and 86.3% of respondents reported frequent hand washing. Wearing a mask at all times was also reported by 70.1% of respondents (Table 1). A March 2020 survey by Gallup International Association (GIA), an association of polling organizations, similarly found that 70% of respondents reported wearing a medical mask (Gallup International Association 2020, 6). This was in contrast with the behavior of Europeans who, in the middle of the serious COVID-19 outbreak, did not fully observe these contact-avoidance measures. Only 44% of Italian respondents and 5% of UK respondents gave the same answers as the Japanese respondents in the GIA survey (Gallup International Association 2020).

Table 1. Contact-Avoidance Measures Taken in Japan

Measures	Percentage
Avoid closed spaces with poor ventilation	80.6
Avoid crowded places with many people nearby	80.5
Avoid close-contact settings such as close-range conversations	57.0
Avoid places where items 1-3 above overlap (3 Cs)	80.6
Do not go to mass gatherings	86.8
Undertake frequent handwashing	86.3
Undertake cough etiquette (use handkerchief or sleeve instead of hands)	77.0
Always wear a surgical-style mask when going out	70.1
Avoid going out when you have a cold	76.7
Get sufficient rest and sleep	73.1
Eat a nutritious diet	69.5
Prepare consultation and transportation methods for when you feel ill	41.5

Source: Muto, et al. 2020, 7.²

However, in case physical vulnerability to COVID-19 differs depending on race, it may be more appropriate to compare Japan with other racially similar Asian countries, than with Western countries. When compared to other Asian countries, Japan performs neither particularly well nor poorly in containing the virus. As of July 27, 2021, the number of infected people per million in Japan was 6,945, ranking 18th among the 49 Asian countries according to Worldometer, a data aggregation site. The third, fourth, and fifth waves, which began in November 2020, April 2021, and July 2021 respectively, vastly increased the number of cases in Japan. Compared to Taiwan and South Korea, two Northeast Asian developed democracies, the number of infected people and deaths relative to the population is higher in Japan (Table 2).

Table 2. COVID-19 Cases and Deaths in Japan, South Korea, and Taiwan

Country	Total Cases	Total Deaths	Tot Cases/ 1M pop	Deaths/ 1M pop
Japan	875,506	15,137	6,945	120
S. Korea	191,531	2,079	3,732	41
Taiwan	15,599	787	654	33

Source: Worldometer, Coronavirus Cases 2021.³

1.1. Avoidance of Extreme Restrictions on Civil Liberties

While Japan's control of the pandemic itself does not stand out, when it comes to abiding by democratic rules, Japan's pandemic responses rank high in the region as the government's measures have been well based on the rule of law. Japan took very careful measures in respect of human rights based on the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response.

² Muto, Kaori, et al. "Japanese Citizens' Behavioral Changes and Preparedness against COVID-19: An Online Survey during the Early Phase of the Pandemic." *PLoS ONE* 15, no. 6 (June 11, 2020), 7.

³ Worldometer. "Coronavirus Cases." July 27, 2021. <https://www.worldometers.info/coronavirus/#countries>

This law, which was created in 2012, stipulates that actions should be taken only within the scope of the law and that restrictions on basic human rights should be the bare minimum. When Prime Minister Shinzo Abe declared a state of emergency for the first time on April 7, 2020 in response to the first wave in Japan, he clarified the implementation period and target areas, and outlined the state of emergency after consulting with experts in accordance with the Act. The Act stipulates the period of implementation to be no longer than two years, and the actual period of implementation set by the Japanese government was one month. After an extension of about three weeks, the state of emergency was lifted by the end of May based on the decrease of COVID-19 cases. This law has been observed in consecutive state of emergency declarations as well, with each declaration being limited to be effective for about two weeks, with limited exceptions which were effective slightly longer than a month due to the Olympics.

The Japanese government's declaration of a state of emergency was not intended to lock down cities, but merely to request the citizens to refrain from going out. Even though the national government has the authority to advise and recommend specific restrictions or actions to prefectural governors, mayors, and ward mayors, it has refrained from issuing forceful commands to local governments (Takenaka 2020, 36–37).

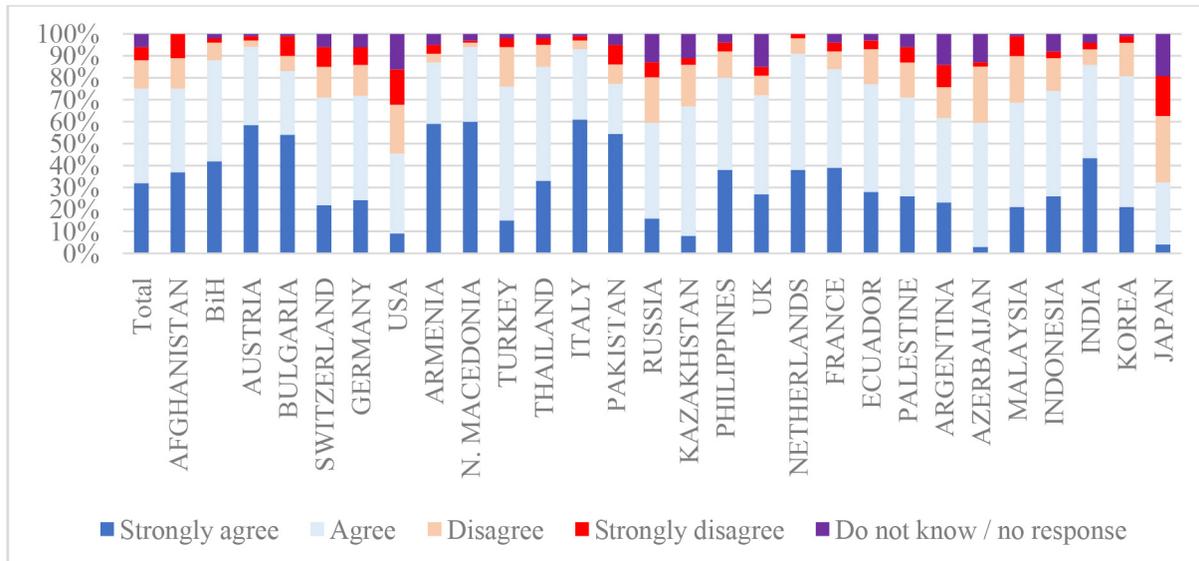
While other Asian democracies such as South Korea and India went so far as to allow some degree of violation of privacy in their IT-based COVID-19 tracking system, Japan has avoided doing so. A Bluetooth tracing system named COCOA was introduced on June 19, 2020, but the Japanese government did not force a widespread installation of this system. Furthermore, while a large number of countries saw the enactment of anti-fake-news laws which could have been utilized for media control, no such law was created in Japan.

Such measures were in line with the politico-cultural attitude of Japan. There were some calls for the government to implement stricter measures against COVID-19, based on the Confucian culture which assumes a vertical relationship between the government and the general public. Taiwan and South Korea, two Northeast Asian democracies with similar cultural backgrounds as Japan, implemented relatively strict measures compared to Western countries, such as penalties against COVID-19 patients who violated self-isolation regulations. South Korea's tracking was designed to allow the authority to access and publish personal information, including a greater than necessary amount of personal information on COVID-19 patients.

In contrast, Japan's relatively long history as a democracy, combined with its previous experience of serious restrictions on civil liberties during the two world wars, made the Japanese strongly averse to restrictions on civil liberties. When GIA questioned whether the respondents would be willing to sacrifice some of their human rights if it helps prevent the spread of the virus, only 32% of Japanese respondents agreed (4% strongly agree and 28% agree). This was in striking contrast to other Asian countries: the combined percentage of strongly agree and agree went from as low as 69% in Malaysia to as high as 85% in India and Thailand. The number in Japan was by far the lowest among all the countries surveyed (Figure 1). Any approach that excessively restricts civil liberties is likely to reduce the rate of support for the government and be fatal to the survival of the administration. Therefore, no such measures were

taken.

Figure 1. Willingness to Sacrifice Their Own Human Rights for COVID-19 Prevention



Source: Gallup International Association 2020, p. 4.

1.2. Trust in the Government

In order to combat pandemics, which are highly infectious and cannot be visually confirmed, it is necessary to prevent infection of oneself and others through individual preventive actions such as wearing masks, washing hands, gargling, and maintaining social distance. Research on existing infectious disease control measures, such as H1N1 and Ebola, has shown that citizens need to have trust in government in order for them to respond to government mandates (Freimuth 2013; Siegrist & Zingg 2014; Blair, Morse, & Tsai 2017). Similar results have been found for COVID-19 in existing studies (Muto, et al. 2020; Seale, et al. 2000; Lazarus, et al. 2020).

Against the current backdrop and despite the government's observation of the rule of law and restraint on restrictions on civil liberties, it is difficult to say that the Japanese government's COVID-19 countermeasures have won the trust of the public. According to a survey conducted by Muto et al. in March 2020, governmental sources were not among the most trusted information sources. Table 3 shows the information source preferred by Japanese citizens. TV news programs were the most popular source to retrieve COVID-19-related information (89.0%), followed by Internet news sites (86.6%). In contrast, information from the Prime Minister was used by 66.3% of respondents, information sent from the Ministry of Health, Labor and Welfare was used by 63.4%, information from the local (prefectural) government was used by 58.0%, and information from the expert meeting was used by 56.9% of respondents. Regarding the trustworthiness of information sources, the trustworthiness of the Prime Minister and the central bureaucracy was regarded as particularly low (48.8% and 47.5%, respectively), compared to those who trusted information from local governments and expert meetings (55.6% and 51.4% respectively).

Table 3. COVID-19-Related Information Sources

Media type	Get information (%)	Trust information (%)
TV news programs	89.0	55.2
TV talk and variety shows	69.4	31.4
Newspapers	42.0	47.5
Tabloid paper	7.9	12.7
Internet news sites	86.6	41.8
SNS app news	45.6	24.5
Information sent by the Prime Minister	66.3	47.5
Information sent by the Ministry of Health, Labor and Welfare	63.4	48.8
Information provided by government Expert Meetings	56.9	51.4
Information sent by local (prefecture) government	58.0	55.6

Source: Muto, et al. 2020, 9–11.⁴

Why was there such a low level of trust in the Japanese government regarding COVID-19 information? In order to deal with a problem that has never been experienced before, such as a new type of infectious disease, it is essential to reduce misunderstandings to the greatest extent possible and to foster public understanding of the government's policies. In the case of the Japanese government, however, seemingly inconsistent policies and weak disclosure of the scientific facts on which the policies were formed fostered mistrust. This paper will analyze the following three case studies to support this argument: the GO TO campaign, the vaccine reservation system, and the Tokyo Olympics.

2. Case 1: GO TO Campaign

The Japanese government had warned early on that it was important to reduce human-to-human contact as much as possible in order to control the pandemic and therefore announced the simultaneous closure of schools on February 27, 2020. The declaration of the state of emergency followed on April 7. The regulations were effective, and the number of newly infected people which peaked in mid-April gradually began to decrease.

However, as the number of cases increased again leading to the second wave of infection around the end of June, Prime Minister Abe launched what was called the “GO TO” campaign to promote tourism, thus sending conflicting signals. Academics and commentators argued that the second wave was accelerated by the movement of people due to this GO TO campaign. In addition to the fact that it promoted the move of the people across different prefectures, the government's inconsistent signaling on COVID-19 countermeasures was also problematic: while they promoted the movement of people for local economies through this campaign, they called for people to refrain from visiting family members that live

⁴ Muto, Kaori, et al. “Japanese Citizens’ Behavioral Changes and Preparedness against COVID-19: An Online Survey during the Early Phase of the Pandemic.” *PLoS ONE* 15, no. 6 (June 11, 2020), 9–11.

separately and to avoid going out as a countermeasure against the spread of infection.

It is important to note that this initiative was launched even though the Subcommittee on Novel Coronavirus Disease Control of the Advisory Council on Countermeasures against Novel Influenza and Other Diseases (hereafter, the subcommittee) had called for a review of this tourism promotion campaign in areas where the virus had spread (Omi 2020). The subcommittee then reportedly repeatedly asked the government to review the GO TO campaign, until December 2020. However, the government continued to refuse the review, claiming that there was no evidence that the GO TO campaign had caused the spread of the virus (Nojima, et al. 2020). It refused to discuss the issue scientifically, and citizens felt that the launch and the continuation of the GO TO campaign were political decisions.

Tadashi Kobayashi, professor emeritus at Osaka University, questions whether the subcommittee was designed to have a substantial impact on governmental decisions. He argues that the subcommittee may have been created to exchange ideas based on materials and plans already prepared by government officials. According to Kobayashi, “there is no evidence of scientific discussion by experts using simulations, etc., and as a result, there is a strong impression that the subcommittee was to give its endorsements to political decisions made prior to discussions” (Noguchi, Kahata and Tsuji 2020). It is necessary to verify whether experts' findings were actually utilized for governmental decision-making on COVID-19 countermeasures. However, the entire minutes of meetings were not made public, and only summarized versions were disclosed. Furthermore, the summarized versions available as of July 28, 2021, cover meetings only up to February 25, 2021. With such inadequate information disclosure, it is impossible to verify that policies were made scientifically (Cabinet Secretariat n.d.).

The government eventually suspended the GO TO campaign on December 28, 2020, as the third wave, which started in November 2020, put pressure on the medical field and serious problems such as shortage of hospital beds emerged. In the third wave, the number of new COVID cases reached a peak of 7,800 per day, and the number of deaths exceeded 100 on some days. A crucial supposition is that if policies had been based on scientific findings, the spread of the virus might have been prevented. If data are released that show otherwise, then people can be convinced to trust the government and choose their own actions accordingly. Meanwhile, the government's failure to make policy decisions based on scientific findings and data, and to disclose information, has caused significant confusion among the public.

3. Case 2: Vaccine Reservation

To prevent the spread of COVID-19, measures such as remote work, mask-wearing, and social distancing have been implemented. However, these are only temporary measures. In order for a post-COVID society to emerge, it is of utmost importance that vaccination be sufficiently widespread and that herd immunity be established.

Yet, even with regard to vaccination, the Japanese government has shown itself to be weak in making policy decisions based on scientific facts. The root of the problem lies in the fact that there were no IT experts in the local municipal offices, so they could not properly judge what would happen with

online reservations. Also, they did not take advantage of the knowledge of matching theory. Working without these important inputs, many municipal offices tried to ensure fairness of opportunity without taking into account the characteristics of the target population.

COVID-19 vaccination in Japan caused confusion for the elderly at the start of the vaccine reservation program in April 2021. Although a substantial portion of the elderly are not familiar with the Internet, municipalities used online reservation systems and designated an incomparably large number of elderly people as able to reserve spots at once. The reservation sites went down due to the large number of simultaneous accesses and, unfamiliar with such systems, the elderly users were at a loss to understand the situation. They also tried to make reservations by phone, but the phone lines were jammed and calls could not go through. In anxiety, the elderly rushed to municipal offices in large numbers and vented their anger when they learned that the offices would not accept their reservations in person.

By the time the elderly were able to reserve vaccines in Japan in April 2021, more than 60% of people in Israel and nearly 50% of people in the United Kingdom had already been vaccinated, and the pre-COVID lifestyle was returning in these countries. By the time nationwide vaccination began in Japan in May, the vaccination completion rate in the United States was close to 50%, and it was reported that citizens returned to a mask-free daily life here as well. Meanwhile, the fourth wave hit Japan in April, and medical facilities were in short supply in large urban areas. With preparations for the Tokyo Olympics underway, it was expected that the spread of COVID-19 would be aggravated by the influx of people from overseas. There were growing calls for early vaccination among the Japanese.

It was against this backdrop that some municipalities started vaccine reservations on April 12. However, there were major problems in the design of the systems. First, the target population was too large for the spots available for reservation. Each municipality was accorded its own discretion as to what system to use and who was allowed to make reservations. Many municipalities allowed reservations for everyone aged 65 and older—the population officially defined as the elderly in the country. However, since the vaccine was to be distributed to each municipality in stages, the number of spots that could be reserved at one time was limited.

The mismatch between spot availability and eligibility for reservations caused tremendous confusion and chaos. For example, the city of Hachioji in Tokyo allowed 160,000 elderly people to make reservations for the first round of vaccinations in April, although only 1,950 spots were available for the first round. This meant that the chance of obtaining a reservation was just 1/82 (TV Asahi 2021). The city of Yokohama, which has the largest population among all the municipalities in Japan, started accepting reservations on May 3. And while only 75,000 spots were available, 340,000 people over the age of 80 were designated as eligible to make reservations. A peak of two million people accessed the reservation website, which was twice what had been anticipated. The system went down within 45 minutes of initiating, causing reservations to be suspended (Kato 2021). Only 2,600 people were able to make reservations on the first day (Kanagawa Shimbun 2021).

With the long-awaited vaccine reservations due to start and reservation slots in scarce supply, competition for available slots could be anticipated as a natural outcome, along with a rush to gain access at the commencement of the reservation schedule. It was a fundamental strategic error to allow

reservations for a population far in excess of available slots.

Of course, some municipalities were able to prevent access overload and excessive competition by spreading out the population eligible for reservations. For example, in Kita-ku, Tokyo, out of a population of 87,000 elderly people, vaccines were provided first to 900 residents of special nursing homes for the elderly, and then to 9,000 residents of other facilities for the elderly (NHK 2021). This approach led to smooth reservations without undue confusion. Information on the availability of vaccines, the status of reservations, and the schedule for future vaccine availability were disclosed on the municipality's website (Kita-ku 2021), measures that were successful in preventing the psychology of competition over vaccine reservations.

The second problem with the design of the vaccine reservation system was that it mainly deployed online reservation approaches without sufficient offline support. This was problematic because the first to make vaccine reservations using the new systems were elderly people who were not familiar with the Internet. Many of the elderly have never made an appointment online before, and it took them a long time just to enter passwords and email addresses required to sign in. Often, they could not log in to the system due to continuous input errors. It was also widely observed that the reservation slots for the day became filled even as these new users were struggling with the Internet.

These same elderly people who are not familiar with the Internet also tried to make reservations by phone. However, under the deluge of calls to the designated numbers for municipalities and clinics in charge of vaccinations, not only were municipal staff kept busy fielding calls, but many municipal offices suffered from jammed phone lines. Being desperate when they could not get through no matter how many times they called, the elderly flocked to municipal offices to make appointments in person, plunging municipal offices into confusion. While just getting to the municipal office could be difficult for these citizens, they then learned they were not permitted to make appointments in person and grew increasingly anxious and frustrated. The situation was also dangerous as gathering a large number of disorganized people in one place could cause COVID-19 clusters, the very opposite effect of what was intended.

It is understandable that municipalities have been hard-pressed to make rapid decisions and set up brand new systems under pandemic conditions. However, the fact that the elderly, who were not familiar with the Internet, were the first ones to be placed in such a situation and were bewildered and anxious, in the absence of any experience with vaccine reservation systems among the citizenry of Japan, was too great an administrative failure.

3.1. The Sin of "Fair" Reservation Systems without Related Considerations

Paradoxically, these two problems with Japan's vaccine reservation system were both caused by an emphasis on fairness without the necessary scientific data based on which to make decisions. In face of the government's attempts to rush the vaccination of the elderly, municipal offices focused on ways to ensure that the elderly population gets their appointments fairly and quickly. As a result, many offices chose to allow all eligible people over the age of 65 to make appointments from the first day of the

reservation period and to adopt an Internet-based appointment system regardless of whether or not the targeted population were familiar with the Internet. Some municipalities gave priority to the older age groups, such as 75 and 85, but most of them gave bulk reservations to those over 65. This was to give the elderly a fair chance to make reservations. As a result, the elderly, who as a population is the most vulnerable in terms of ability to navigate new systems, were thrown into confusion, resulting in a very unequal outcome.

The same applies to the reservation system based on the Internet. Municipal offices must have been aware that there would be many elderly people who would not be able to make online reservations. On the other hand, it would have been impossible from the standpoint of efficiency to establish a reservation system that relies mainly on the telephone, since phone lines could easily be flooded. Assuming that there would be a large number of elderly people who would not be able to make an appointment online, municipal offices could have unilaterally set vaccination dates and times for the elderly and allowed them to change the appointments only if the designated date and time did not work. Nevertheless, almost no municipal office chose such a method, seemingly to give each elderly citizen an equal opportunity to choose the date and time of their own appointment, just like the rest of the population.

The problem here is that the choice to focus on superficial fairness, without taking into account the characteristics of the target population, has led to great inequality in terms of results. And behind this is the fact that the system was not built based on the scientific knowledge necessary to truly enable fairness in online reservations. Professor Tetsutaro Uehara of Ritsumeikan University points out that there were no IT experts in Japanese municipalities, and municipal officials were unable to make their own decisions on issues related to the reservation system (Ushio 2021). Professor Fuhito Kojima of the University of Tokyo also points out that the problem lies in the fact that the reservation systems are not designed based on the knowledge of matching theory. In particular, he argues that the systems are constructed on a winner-take-all basis, which creates an incentive to make a reservation as soon as possible and results in a large number of reservations flooding the system at the same time. He also points out that the system is designed to direct people to call centers, which have a slower processing capacity than web reservations, and that this contributes to the problem (Okazaki 2021).

One can only imagine how anxious the elderly, who are not familiar with the Internet, must have been when they were told that they had to reserve vaccines through a first-come-first-served system online. In Japan, the percentage of nuclear families is high. This also means that the percentage of households with only elderly couples or elderly people living alone is high, and many of them do not have young people nearby to rely on. In order for these elderly people to receive vaccinations on a fair and equal basis in comparison with younger people, it would have been necessary to establish a vaccination appointment system that provides the necessary support for the elderly. Even if municipal offices had to face some criticism for prioritizing specific groups within the elderly over others, they should have set priorities based on some justifiable criterion such as age or address, and should have disclosed the basis to the public to gain their understanding. In short, they should have built systems that would not require the elderly to compete on the Internet.

Viewed from a different standpoint, it can be said that this was an approach to affirm the digital

divide and associate it with the value of one's life. Affirming and encouraging a situation where people get vaccine appointments only if they can make online reservations is an act of ranking the value of lives. This is also an act that accelerates polarization within society. In the current situation where we confront the necessity to mitigate further polarization, there should have been approaches taken into consideration, and provide special support for the elderly so that municipal offices are not in the position of disregarding the lives of these people.

4. Case 3: Tokyo Olympics

Since the beginning of the pandemic, the Tokyo Olympics have been a headache for Japan. Originally scheduled to be held in July/August 2020, the games were postponed for a year. As Japan entered into the fifth wave of the pandemic in April 2021, public opinion turned against the Olympics. The declaration of a state of emergency issued on April 25 was extended, and on July 8 it was decided that Tokyo would be under a state of emergency for the entire period of the Tokyo Olympic and Paralympic games (Cabinet Secretariat 2021). Under this declaration, the general public was asked to refrain from going out, events were restricted or suspended, and restaurants were asked to refrain from serving alcoholic beverages to prevent intoxicated customers from speaking loudly and spreading airborne droplets (Cabinet Secretariat n.d.).

Citizens were frustrated with the inconsistency between the government's regulations for Japanese citizens and its hosting of the Olympics. While athletes from around the world gathered to participate in athletic events, school children were forced to give up their school sports events. While athletes were allowed to consume alcoholic drinks in the Olympic village, citizens were not allowed to have alcohol in restaurants. The government even went so far as to practically force banks not to give loans to restaurants that violated this decision, although there was no legal basis that allows such an extreme measure. Opposition quickly amassed against such an undemocratic and indeed homicidal measure for restaurants that have undergone severe financial hardship during the pandemic, forcing the government to give up this plan. Infuriated with the inconsistencies in the government's measures where citizens are burdened to severely restrict their own activities even as athletes arrive from regions where the COVID-19 outbreak is much more severe than in Japan, citizens launched multiple signature campaigns to call for the cancellation of the Tokyo Olympics.⁵

In a June 19 poll by the *Mainichi Shimbun*, 64% of respondents said the Tokyo Olympics cannot be held safely and securely (Mainichi Shimbun 2021), and in a June 26–27 poll by the *Asahi Shimbun*, 59% of respondents said the Tokyo Olympics should be postponed again or canceled (Okato 2021). The same

⁵ Examples include “We Call for the CANCELLATION of the TOKYO OLYMPICS, as It's NOT SAFE & SECURE!” Change.org. https://www.change.org/p/calling-for-the-cancellation-of-the-tokyo-olympics-as-it-s-not-safe-secure?utm_source=share_petition&utm_medium=custom_url&recruited_by_id=8988a480-da29-11eb-8a40-c344ea1d28b4; “Cancel the Tokyo Olympics to Protect Our Lives,” Change.org. https://www.change.org/p/cancel-the-tokyo-olympics-to-protect-our-lives-stoptokyoolympic-cancelthetokyoolympics?utm_source=share_petition&utm_medium=custom_url&recruited_by_id=e7f772f0-85a2-11e8-aa85-3f9d4b12376c

tendency was seen in the *Yomiuri Shimbun*, which has a more conservative readership than the *Asahi* and *Mainichi*. In a *Yomiuri Shimbun* poll conducted on July 9–11 after the International Olympic Committee (IOC) and the government decided to hold the Olympics, 41% of respondents said the games should be canceled (*Yomiuri Shimbun* 2021). Of the major media sponsors of the Tokyo Olympics, the *Asahi Shimbun* published an editorial calling for the cancellation of the event (*Asahi Shimbun* 2021/5/26). However, the Tokyo Olympic and Paralympic games began as scheduled on July 21.

While the IOC has the ultimate authority to determine whether or not to hold the Olympics, the decision was made by a consensus of the IOC, the International Paralympic Committee (IPC), the Tokyo Organizing Committee of the Olympic and Paralympic Games, the Tokyo Metropolitan Government, and the Japanese government (Tokyo2020 2021). Japanese actors have been involved in the decision to host the Olympics and to determine its format.

As the Tokyo Olympics approached, public opinion was sensitive to the fact that the Japanese government and the Tokyo Metropolitan Government were making moves based on the assumption that the games would be held in Tokyo no matter what. People sensed this because there were no scientific and consistent standards for the holding of the Olympics and for determining the format of the event. The rapid spread of the delta variant of the COVID-19 virus was a global phenomenon, and the Japanese government prohibited people most of the countries from entering Japan. (Ministry of Foreign Affairs of Japan 2021). These measures were much more restrictive than those applied by other developed democracies, and some argued that it was unfair that even international students planning to study in Japan were forced to wait without any information about criteria for lifting the entry restrictions, while Olympians, related staffers, and media are allowed to enter (Murohashi 2021).

4.1. Decision on the Presence of Audience

There was also the question of whether to allow an audience for the Tokyo Olympics. In this regard, there were two issues concerning disregard for science. First, the government disregarded recommendations based on scientific findings by experts in the subcommittee. Second, there was the problem of disregarding the epidemiological findings that had accumulated internationally up to that point.

On June 16, the government decided to allow large-scale events to be held with an upper limit of 10,000 people after the COVID-19 curve had flattened and the state of emergency was lifted (*Mainichi Shimbun* 2021). According to a media report, a senior official in the Prime Minister's Office repeatedly said, “Without an audience, we will feel like we lost to COVID-19” (*Asahi Shimbun* 2021/7/20). This attitude signaled to the public that the government was seeking to allow an audience no matter what the pandemic situation might be.

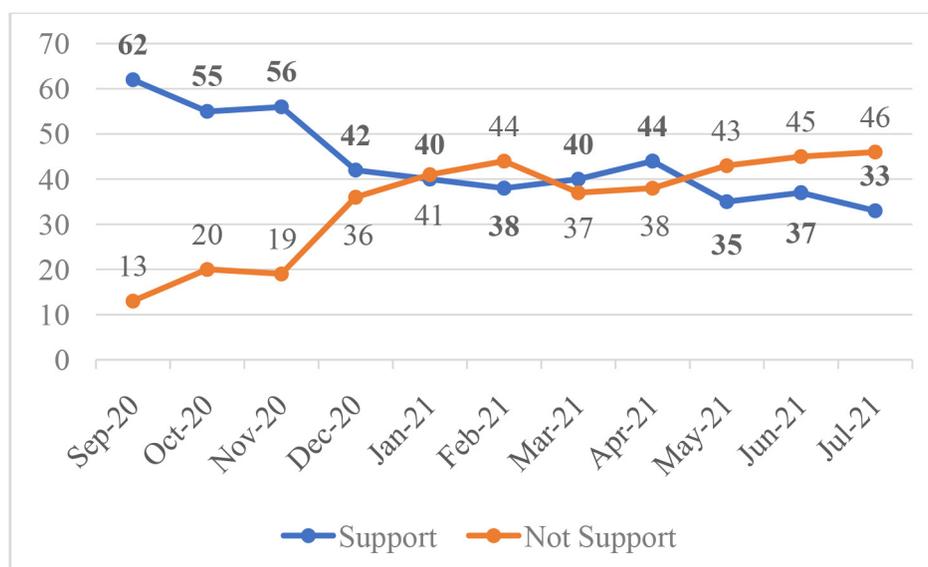
This decision was contrary to the recommendations of the subcommittee. The experts had recommended that the Olympics should be held without an audience, as the infection was expected to spread even after the state of emergency was lifted (*Asahi Shimbun* 2021/7/20). In the end, the five related actors decided on July 8 to hold the Olympics without an audience. But this was not a decision made according to the recommendations of the subcommittee. Rather, it was due to the further spread of

the infection that followed, which visibly weakened support for the ruling Liberal Democratic Party (LDP).

The weakening of support for the LDP was manifested in two indicators. The first is the Tokyo Metropolitan Assembly election held on July 4, 2021. Before the election, it was expected that the LDP would have an overwhelming victory. However, the result fell far short of the predictions, and the two parties in the national coalition government, the LDP and Komeito, failed to gain majority votes.

The second indicator is the visible decrease of the Cabinet's approval rating due to the expansion of the fifth wave, delays in vaccinations, and the government's attempt to force the Tokyo Olympics to be held on schedule despite the dire situation. According to an opinion poll conducted by NHK, the Cabinet approval rate dropped to below 40% in May 2021 and further to 33% in July (Figure 2). A poll conducted by *Jiji Press* shows that the Cabinet's approval rating fell further to 29.3% in July, below what is considered in Japan as the threshold for resignation, 30% (Jiji Press 2021).

Figure 2. Changes in Cabinet Approval Ratings for the Suga Administration



Source: NHK n.d.

The decline in public support for the Cabinet and the LDP was itself a result of resentment against the Abe and Suga administrations for their inconsistent policies that failed to demonstrate science-based decisions and standards of behavior. Amplifying the problem, the decline in support has, in turn, prompted the government to choose actions that accommodate citizens' voice, rather than seeking a solution based on scientific findings.

Also, accumulated epidemiological data suggests that whether to accept audience should have been discussed separately for indoor and outdoor areas. Medical governance expert Masahiro Kami argues that the main mode of transmission for COVID-19 is now scientifically known to be airborne through aerosols (Kami 2021). Thus, while there is a risk of infection indoors without ventilation, the risk of infection outdoors is low. However, there seems to have been no discussion within the government about the possibility of accepting an audience based on a distinction between outdoor and indoor areas. In this

issue also, the government continued to undervalue scientific data and knowledge.

5. Conclusion: Necessity of Transparency to Facilitate Further Scientific Analysis

Democracies with successful COVID-19 containment measures, such as Australia, New Zealand, South Korea, and Taiwan, handled COVID countermeasures based on science, as well as transparency which allows the public to analyze government policies scientifically. These countries held press conferences almost every day until the virus was under control to increase the public's trust in the government and to guide the regulations. Japan, on the other hand, did not have a single entity in charge of the pandemic to hold press conferences; instead, multiple actors – the Minister of Health, Labor and Welfare, Minister of Economic Revitalization, and Chief Cabinet Secretary – held their own press conferences and talked publicly about the pandemic. The nuance sometimes differed between press conferences, resulting in a failure to clearly provide accurate information to the public (Asahi Shimbun 2020/8/28).

Experts tried to complement the absence of scientific information disclosure from the government, just to realize that the policy-making body has to do the job. From the end of February 2021, the Novel Coronavirus Expert Meeting (hereafter Expert Meeting) started to hold press conferences after recognizing the lack of sufficient and proper official communication with the public. An “association of volunteers,” who are experts close to the members of the Expert Meeting, began disseminating their research results on the pandemic on the Internet as well (Asahi Shimbun 2020/6/11), causing confusion on whether or not their information was governmental. As these non-policymakers came to the forefront, it was unclear to the public who was in charge of policymaking regarding the pandemic.

It is also crucial to make the contents of the Expert Meeting open to the public to facilitate science-based discussions and critical analysis in the public. At the end of May 2020, the Japanese government stated that minutes would be released to the public after the media pointed out the absence of a public record of these meetings. Nevertheless, the meeting minutes of the Expert Meeting and the subcommittee have been only partially disclosed.

Japanese government decision-making that is only weakly based on scientific information is not limited to COVID-19 related measures. During the Abe and the Suga administrations, there have been multiple cases that seem to involve arbitrary decisions by the Prime Minister or people surrounding him. Each time information is not sufficiently disclosed, the public's confidence in the government becomes eroded.

Abe was nonetheless able to stay in power because his political ideology, which was considered conservative, had the support of nationalists. However, when these nationalist supporters were also hit by the economic fallout of the pandemic, their support for Abe rapidly waned. Yoshihide Suga, Chief Cabinet Secretary during the Abe administration, was appointed as the successor to Abe as Prime Minister in September 2020. However, Suga's approval rating dropped to the 30% range within a few months of taking office (Figure 2), due to the rapid increase of new cases during the third wave, in addition to the fact that he failed to attract nationalist supporters due to his lack of ideology.

Science-based governance and the facilitation of information disclosure for scientific analysis and criticisms of government policies are crucial for public safety. It will eventually improve public trust in government and increase support for it as well. It is time to increase government transparency and accountability for the lives of citizens, for the economy, and for democracy in Japan. Now more than ever, the government should be exemplary in acknowledging the growing importance of science-based governance.

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Country Case 2: Mongolia

Global Pandemic: Challenges and Opportunities for Democracy in Mongolia

Bazarvaani Ariunbayar¹
Academy of Political Education

1. Introduction

As countries around the world have begun to implement their risk management policies, the World Health Organization (WHO) has declared COVID-19, the new infectious disease, a pandemic. According to articles 11.2 and 11.3.3 of the Law on Disaster Protection, issued by the State Emergency Committee (SEC) on February 13, 2020, the “high level of readiness” against COVID-19 was partially initiated in Mongolia. This resolution was under Article 4, Resolution No. 62 of the February 12, 2020 Resolution of the Government of Mongolia (Law of Mongolia 2017). The Law on Disaster Protection identifies and specifies the measures for three levels of readiness to combat the COVID-19: everyday level of readiness, high level of readiness, and all-out level of readiness.

In Mongolia, the first verified community transmission case was announced on November 11 and as suggested by the SEC, the government shifted the country to the “total readiness stage” on November 12. However, there was a strong sense of uncertainty and mistrust in Mongolian society regarding the transition to the “total readiness stage.” The Mongolian government declared the country to be at this level as the first week was filled with panic, as decisions changed daily and there were discrepancies in the information source. Mongolian citizens also became frustrated with the economic situation of businesses and individuals and the lack of clarity on how to regulate day-to-day activities.

However, the ten months of high alert regulations set by the SEC did not yield substantive results. Therefore, this research aims to study the factors that contributed to the social atmosphere that doubts the viability of government and their ability make appropriate recommendations.

The main goals of the research are the following:

1. To determine whether Mongolia has a political risk management system.
2. To identify positive effects of quarantine on governance (the ability to differentiate between populist politicians and whether democratic governance can be more efficient in correcting decisions and information).

¹ CEO, The Academy of Political Education

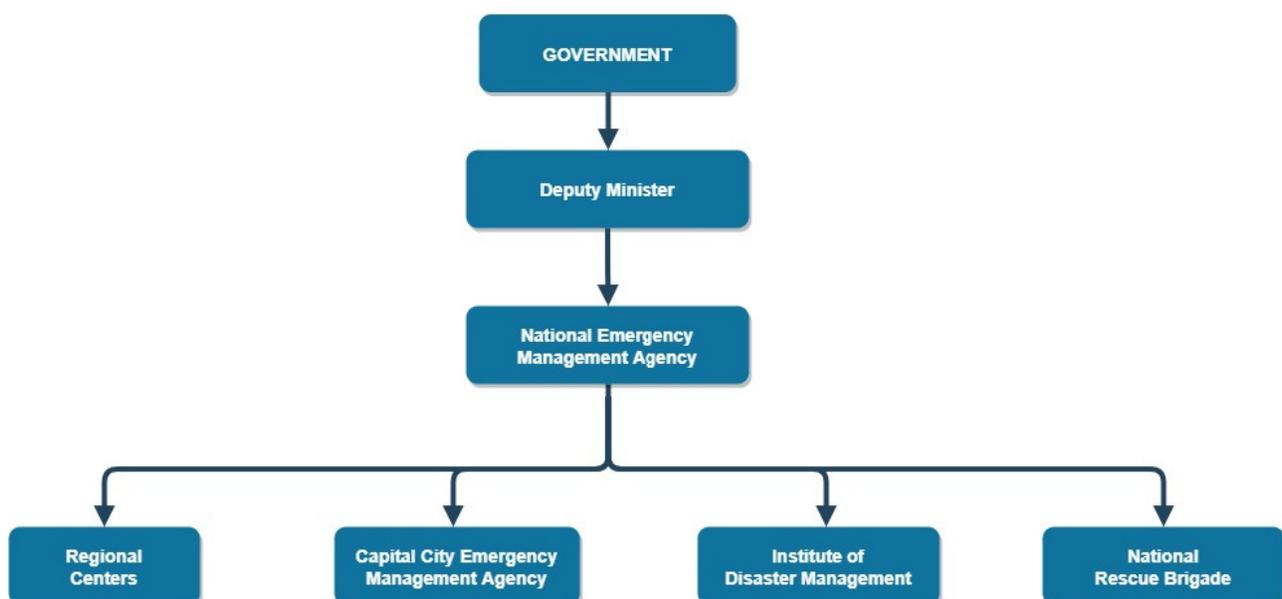
- To identify psycho-social features that are caused by quarantine and government decisions and their implementations (psycho-social refers to the interrelationship of social factors and individual attitudes, thoughts, and behaviors).

The term political crisis management is used in modern risk management to describe the nature and style of governance. For example, while society requires rulers to minimize risk exposure, the opposition uses the media to engage in strong policy review, and how to prevent this can be understood as political risk management. In this particular case, the choice of the most appropriate policy option can be considered good management or good governance. The traditional approach to crises and risks maintains that risk has the following three main characteristics: they are unpredictable, decisions not appropriate to the situation fail to achieve results, and decisions that are made quickly are more prone to change. On the other hand, in risk management, risks and crises can be predicted, and decisions are scientifically based options that are appropriate to the situation and ability of the policy level (Boin et al. 2009).

Decision-makers must consider the following factors when managing risk: sense-making, decision making and coordinating implementation, meaning-making, accounting and ending, learning from success and failure. If these factors are not incorporated into the decision-making process, the decision will be ineffective. If the civil society is not satisfied with the decisions and outcomes relating to the pandemic, it can be said that Mongolian political risk management is weak.

The measures taken regarding the COVID-19 pandemic in Mongolia can be divided into the following three stages: the early policy stage (when the outbreak was first detected and policies were focused on the prevention of the pandemic), the plague and election policy, and the policy of losing COVID-19 internally stage. The following diagrams show the structure and organization of the management system to make decisions and provide guidance during emergencies in Mongolia.

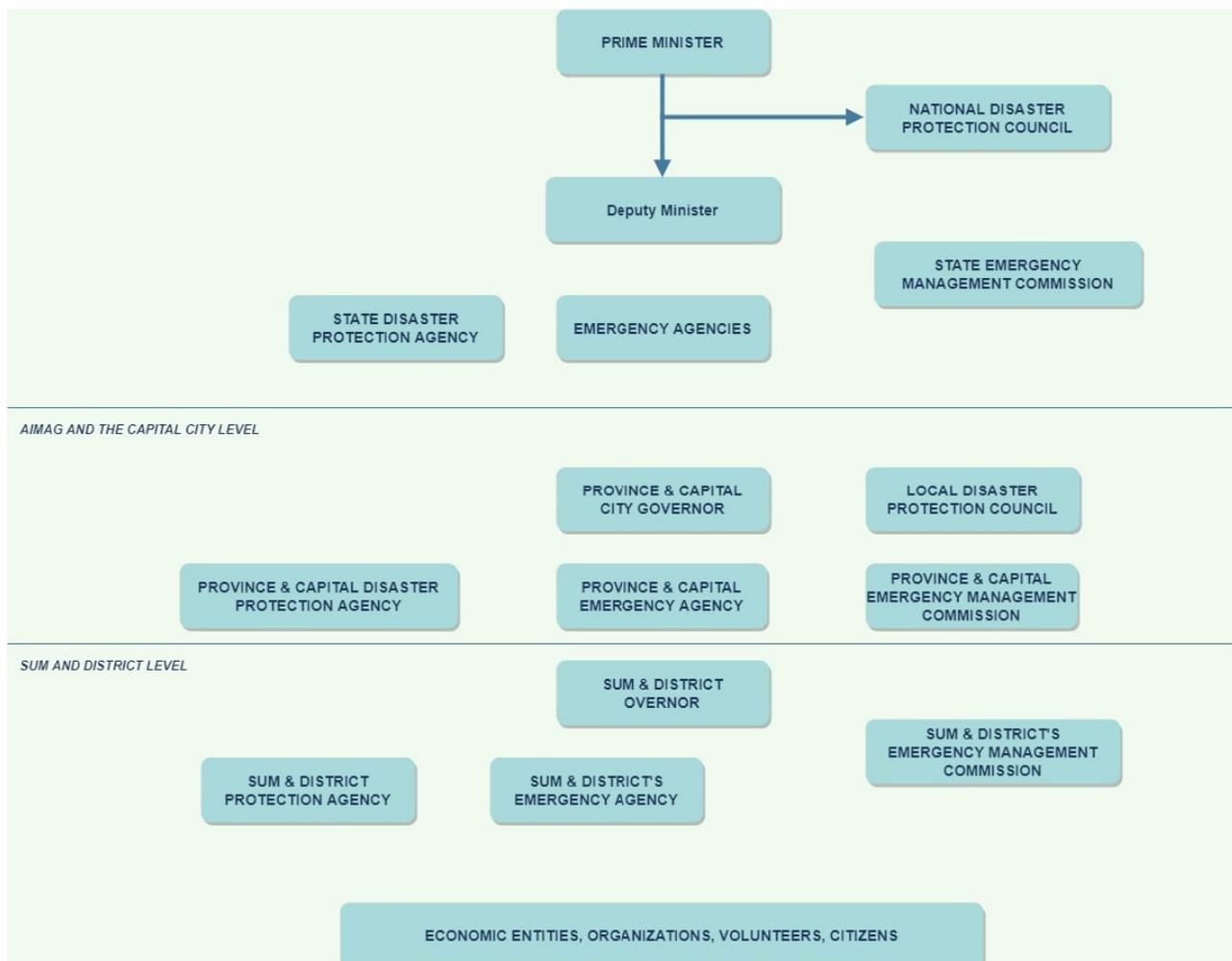
Figure 1. Structure and Organization of the National Emergency Management Agency



Source: nema.mn 2020

Upon further examination of the graphs above and below, it is evident that the government makes the final decision regarding pandemic measures. It is also possible to observe whether or not the ruling party has the capacity for governance and political risk management. Currently, measures taken by the government have significantly increased social welfare but have failed to provide adequate support to private businesses.

Figure 2. During the State of Emergency in Mongolia, Decision Making & Implementing Process



Source: nema.mn 2020²

The followings are just some of the government measures made in response to COVID-19:

1. Increase of child benefit
2. Full exemption from social insurance (all private enterprises and their employees, public and private schools, employees of diplomatic consulates, NGOs, and international loan projects.
3. The Unemployment Insurance Fund provided MNT 200,000 per employee per month to companies that maintained employees.
4. The government provided one-time support of MNT 300,000 to every citizen of Mongolia to

² Sum is Territorial administrative unit of Mongolia. There are 333 sums. Aimag, province, is divided into sums.

successfully overcome the quarantine (Anudari.M 2021).

5. Business entities and households were exempted from electricity, water, and heating bills until July 1, 2021, with the exception of some companies including banks, mining, cryptocurrency miners, and fuel importers (Mongolia 2020).

All the decisions and measures listed above have been implemented since April 2020. For example, a family with four children under the age of 18 received a total of MNT 80,000 per child before the pandemic but this later increased to MNT 400,000 per month. In addition, citizens received their salaries in full without a tax cut for the first time. Although this policy was beneficial to ordinary citizens, it was detrimental to the state budget. According to the political economy cycle theory, these economic measures can be said to have been influenced by the annual elections as the parliamentary elections were held in June, two months after welfare policies, with an exception to the utility bill waive, were implemented (Resolution of the Parliament of Mongolia 2020). Despite these many welfare policies, the long and unnecessary lockdowns and political campaigns for the presidential election eventually caused the pandemic to get out of control.

2. COVID-19 Pandemic Measures and Their Impact on Democracy, Human Rights, and the Media

The border closure issued by WTO member states created conditions for the development of domestic production. This challenge highlighted the need for more intelligent, electronic public services and greater investment in the information and technology section.

In the Financial Times article, “The World after Coronavirus,” Yuval Noah Harari emphasized the importance of ensuring cooperation and solidarity throughout the world, not within the walls of nationalism.

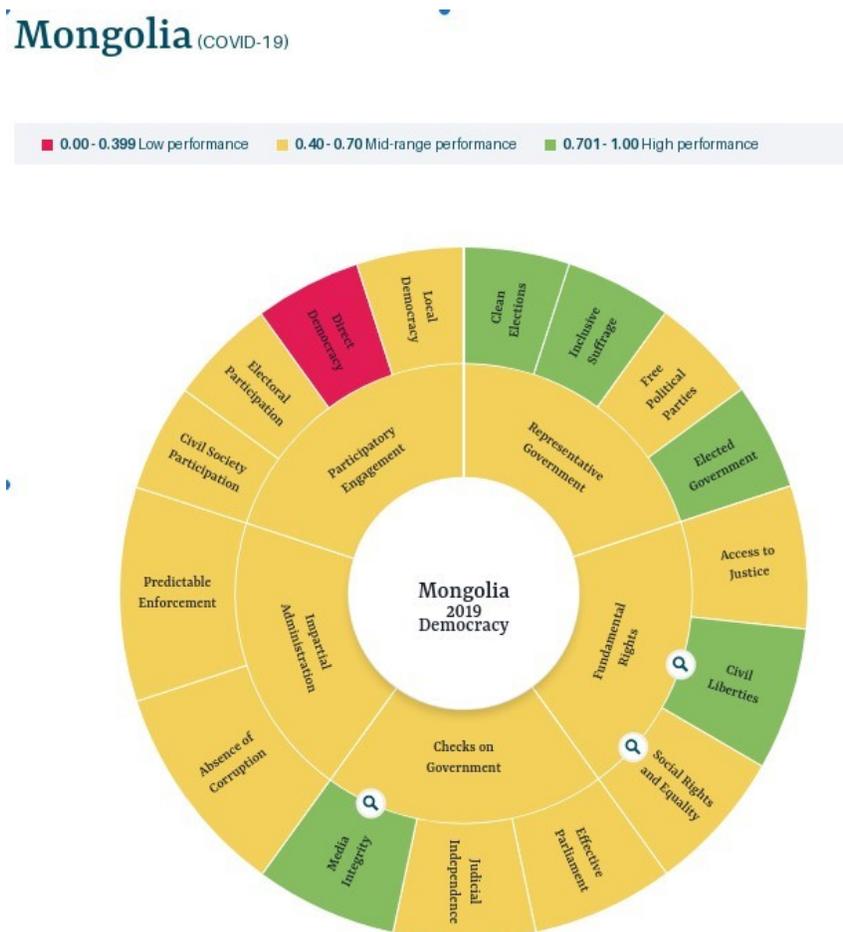
Humankind is now facing a global crisis. Perhaps the biggest crisis of our generation. The decisions people and governments take in the next few weeks will probably shape the world for years to come. They will shape not just our healthcare systems but also our economy, politics, and culture. We must act quickly and decisively. We should also take into account the long-term consequences of our actions. When choosing between alternatives, we should ask ourselves not only how to overcome the immediate threat, but also what kind of world we will inhabit once the storm passes. Yes, the storm will pass, humankind will survive, most of us will still be alive — but we will inhabit a different world (Yuval Noah Harari 2020).

3. COVID-19 Measures and Democracy During the Pandemic

According to a study by the Global State Democracy, Mongolia had one of the fastest responses to the pandemic by closing its Chinese border at the end of January in addition to closing schools and

kindergartens. However, the government did not declare a state of emergency during this period. Instead, parliamentary elections were held in June with appropriate restrictions and precautions. On March 24, 2020, the National Emergency Management Agency (NEMA) declared that the country would be under the “High level of readiness” until April 30, 2020, but this restriction was extended until August 31, 2020. However, the first verified COVID-19 cluster case on November 11, led the government to announce the implementation of the “Total Readiness Stage” as suggested by the SEC (GSoD Indices 2020 2021).

Figure 3. Global state of Democracy Index: Mongolia



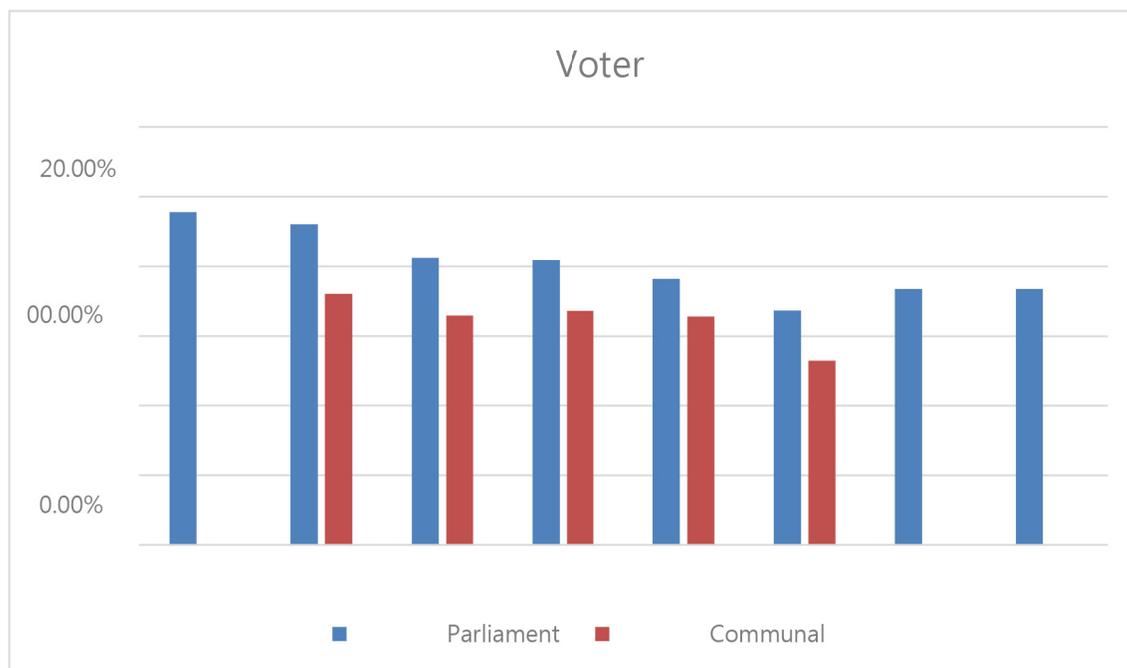
Source: (GSoD Indices 2020 2021)

According to the Global State of Democracy Index, the measures taken by the Government of Mongolia during the COVID-19 pandemic were following the principles of democratic governance and protecting human rights and freedom. However, the only insufficient indicator was direct democracy which was due to the inability to hold public meetings during quarantine.

Earlier in the year, the president of Mongolia proposed to postpone the parliamentary elections, but the parliament did not find it necessary to do so. In addition, President Khaltmaagiin Battulga (President Battulga.Kh) called for measures to overcome COVID-19 such as “[saving] money and [centralizing] public administration in times of crisis”(Office of the President 2019).

Voter turnout was relatively high at 73.65 percent during the parliamentary elections, with the ruling Mongolian People’s Party (MPP), one of the oldest political parties in Mongolia, winning absolute majority. D. Urtnasan (2020), a voter turnout researcher, found that from 1992 to 2020, Mongolia held a total of eight parliamentary elections in which the voter turnout for the first six elections declined steadily. However, in 2016, the country experienced a 6.28 percent increase in voter turnout reaching 73.58 percent. Mongolia has managed to maintain the growth in voter turnout in 2020 by reaching 73.60 percent (Figure 4).

Figure 4. Voter Participation 1992 - 2020



Source: Urtnasan. D 2020

Despite the threat of the pandemic and the fear that citizens would be inactive at this time, the high turnout was due to well-organized voter education campaigns. To resolve the low youth participation in elections, the private sector and civil society organizations jointly organized online movements during the 2020 parliamentary election. For example, a series of online campaigns and events encouraging young voters to share “UGLOO”(morning/voted) (“Ugloo Campaign” n.d.) and “I HAVE ONE VOTE” on their social media accounts were found to have been very successful in increasing the voting rates of young people. International organizations have also provided support through e-campaigns.

However, it is also important to note that many citizens who were unable to return to Mongolia due to travel restrictions were unable to vote in the parliamentary election. Additionally, the law on parliamentary elections does not have any articles on the “right of Mongolian voters who are studying, working or living abroad to participate and vote in parliamentary elections.” This led to the inability of more than 150,000 voting-age citizens to participate in the 2020 parliamentary elections (Ariunbold.Ch 2020).

4. Constitutional Amendments and the 2021 Presidential Elections

In November 2019, Mongolia amended the Constitution of Mongolia to strengthen parliamentary governance. The amendment was introduced 36 times by a standing committee of the Parliament and was discussed for a total of 105.9 hours, resulting in a 28.5 percent approval for the amendment to the Constitution of Mongolia. As a result, 19 articles and 36 clauses of a total of 70 articles were amended (Office of the President 2019).

The main change made was on the clause that stated that “an indigenous citizen who has attained the age of forty-five years is eligible for election to the post of President for a term of four years.” This was changed to “an indigenous citizen who has attained the age of fifty years is eligible once for election to the post of President for a term of six years.” The amendment was introduced and supported by the current President Battulga.Kh and this amendment transferred some of his powers to the government (Office of the President 2019).

This constitutional amendment has aggravated the political situation in Mongolia and created a rivalry between President Battulga.Kh and the ruling MPP. In particular, the current President Battulga.Kh has been barred from running in the 2021 presidential election through this amendment. However, President Battulga.Kh appealed to the Constitutional Court of Mongolia (Tsets)³ and the Supreme Court, claiming that he had the right to run in the election. However, the ruling MPP objected to the issue and requested the Tsets to resolve the issue. Tsets convened on April 16, 2021 and issued Resolution No.02 (Constitutional Tsets 2021). The resolution stated that "All current and former presidents are ineligible to run for election" and this was approved by Parliament. This amendment made the Law of President completely prohibit President Battulga.Kh from running for President again (Chimeg 2021).

President Battulga.Kh, however, issued a decree to dissolve the ruling MPP and stated that “Amendment by Constitutional Tsets is illegal and if Former Prime Minister Khurelsukh.U is to run for President election from the ruling MPP, the Party shall dissolve unless it will divide unitedness of Mongolia” (President Kh.Battulga 2021). Even though The President of Mongolia Battulga.Kh was elected as a candidate from the Democratic Party, he has lost the support of the party as of current. This is evident as the Democratic Party has begun to register new candidates for the presidency (Sosorburam.E, 2021).

4.1. Catastrophy in Opposition DP Before the Election

The presidential election was held with a lot of internal political controversy. In the run-up to the election, the largest opposition party, the Democratic Party (DP), split into two factions, with two presidential election candidates from each party. From other parties, Khurelsukh Ukhnaa (Khurelsukh.U) from the ruling MPP and Enkhbat Dangaasuren (Enkhbat.D) from the Right Person Electorate coalition were in the run. The Mongolian People's Revolutionary Party (MPRP), which has a seat in parliament,

³ The Constitutional Court of Mongolia is the highest court in Mongolia responsible for the interpretation of the constitution, and it's called Constitutional “Tsets” in Mongolia.

did not run in the election but instead joined the ruling party which caused more internal political controversy (Adiyaamaa.SH, 2021).

The opposition DP led by Erdene Sodnomzundui participated in the Parliament Election and won only 11 of the 76 seats which led to political accountability that made him announced his resignation as party chairman as per the internal regulation of the party (B. B 2020). He handed over his position to Tuvaa.Ts, the deputy chairman of the DP, and to members of the Parliament (Badamgarav.B 2020). However, due to Tuvaa.Ts's mistake in which he failed to submit the changes of party chairman to the Supreme Court, the party split before the presidential election (S. S 2021).

As a result, Sodnomzunduin Erdene (Erdene.S) who resigned before the 2021 presidential election reappeared and declared that he was still the legitimate chairman of the DP by confirming that Tuvaa.Ts's mistake by the Supreme Court has led to the internal conflict to reached its peak officially (News Press, 2021).

Even though the Democratic Party submitted two candidates (Erdene.S and Altankhuyag.N)⁴ to the General Election Commission (GEC), only one legitimate candidate was required (M. S 2021). Subsequently, the GEC received advice from the Supreme Court and approved Erdene.S as the legitimate party candidate. DP members in Parliament led by Altankhuyag.N started a hunger strike in Sukhbaatar Square, Ulaanbaatar.

During the hunger strike, the capital, Ulaanbaatar, was under strict lockdown, making it impossible for DP members and citizens to strike. Following the hunger strike by members of the DP faction, police took control of Sukhbaatar Square and blocked media access, leading to numerous violations of freedom of the press, freedom of movement, and assault on journalists. The hunger strike by members of the DP faction was unsuccessful and lasted only for six days in the cold weather (Ariunbold.Ch and Montsame 2021).

4.2. 2021 Presidential Election

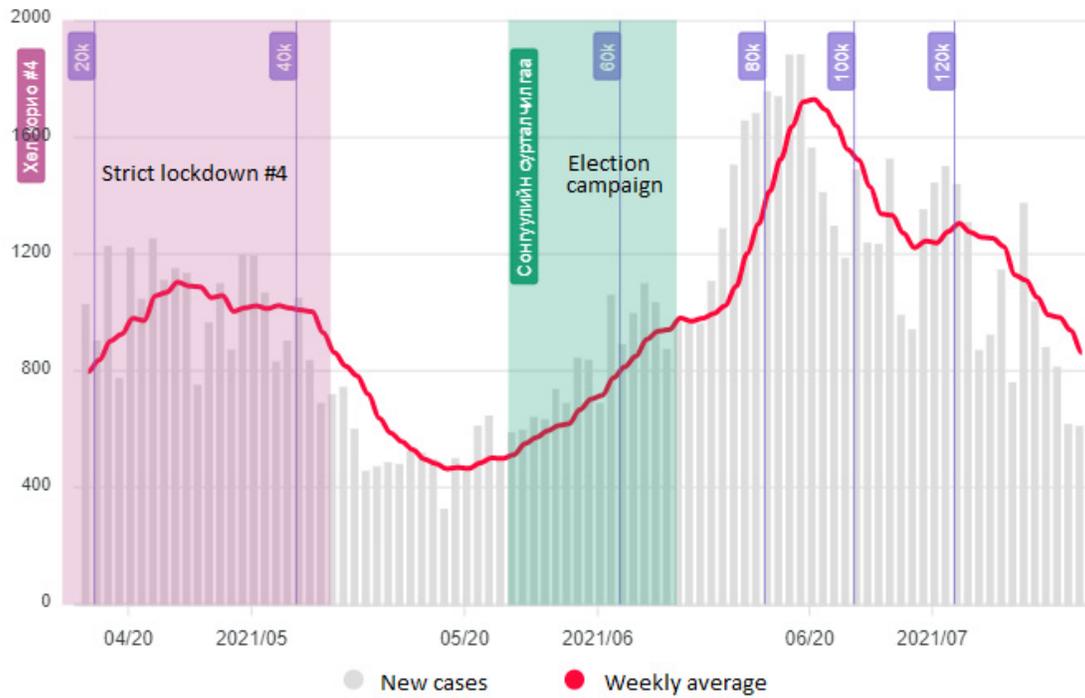
This presidential election was held in a state of emergency. The candidates, Khurelsukh.U from MPP with the motto of “Mongolia is the owner of wealth” and Enkhbat.D from the “Right Person Electorate” coalition with the “Mongolia can” motto and, Erdene.S from the DP with “Mongolia without dictatorship - Democratic Mongolia” participated in the election (Ergelt.mn 2021).

Candidates and parties were more “inactive” than ever before during this election. For example, political billboards and posters were not as visible in every street and square. In addition, the lack of paid information, false information, and publicity on social media were unprecedented in the 2021 elections. Khurelsukh.U and Enkhbat.D rented a small private jet to travel to 21 aimags⁵ in Mongolia,

⁴ Norovyn Altankhuyag is a Mongolian politician who was the Prime Minister of Mongolia from 2012 to 2014 and a Member of Parliament. Democratic Party's National Consultative Committee (NCC) elected him as the Leader of DP of Mongolia in 2008. He worked as the First Deputy Prime Minister of Mongolia in the coalition government of the Mongolian People's Party and Democratic Party of Mongolia in 2008-2012. Previously, he served as the Minister of Agriculture and Industry in 1996-2000 and the Minister of Finance in 2004-2006. He served as senior advisor to the President of Mongolia, Battulga.Kh, from 2017 until his resignation in early 2019. From 2020 he was elected as an independent parliament member.

whilst Erdene.S's lack of publicity during the election drew public outcry, calling him a "handpicked candidate" (Duckstein 2021).

Figure 5. COVID-19 Spreading in Mongolia



Source: "COVID-19 information's", Ikon.mn Next horizon

The figures show that the campaign activity of Khurelsukh.U and Enkhbat.D in aimags may be one of the reasons the virus got out of control in Mongolia.

According to the table below, 539 new cases were registered nationwide the day before the start of the election campaign (May 23), but on election day (June 09) the number had risen to 1,310. By June 19, that number rose to 2,635. This may indicate that the reason for the increase of COVID-19 cases was due to the election. Nonetheless, the elections concluded with the the win of MPP candidate Khurelsukh.U as the 6th President of Mongolia.

⁵ Aimag is provincial unit in Mongolia. Similar to districts at city level. Aimag is divided into soums. Mongolia has 21 aimags and 333 soums.

Table 1. Presidential Election Result 2021

Candidate	Party	Votes	%
Ukhnaagiin Khurelsukh	Mongolian People's Party (MPP)	823,326	72.02
Dangaasurengiin Enkhbat	Right Person Electorate Coalition	246,968	21.60
Sodnomzunduin Erdene	Democratic Party (DP)	72,832	6.37
Total		1,143,126	100.00
Valid votes		1,143,126	94.08
Invalid/blank votes		71,937	5.92
Total votes		1,215,063	100.00
Registered voters/turnout		2,049,379	59.29

Source: General Election Committee (M. S 2021b)

5. COVID-19 Measures and Human Rights during the Pandemic

A total of four strict lockdowns have been imposed across Mongolia as of current.

Table 2. Lockdowns in Mongolia /by date/

No.	Start Date	EndDate	Duration
1	November 10, 2020	December 14, 2020 (T. A 2020)	35 days
2	December 22, 2020	January 11, 2021 (S. A 2021)	21 days
3	February 11, 2021	February 23, 2021(B. E 2021)	13 days
4	April 10, 2021 (Munkhbaatar.S 2021a)	May 8, 2021(M. S 2021a)	29 days
Total duration			98 days

Source: nso.mn

In Mongolia, the government imposed a total of 98 days of strict lockdown. During this lockdown, more than 5000 government and private sector employees overworked for 24 hours a day due to insufficient amount of labor force that are available to enforce for lockdown (T. B 2020). During the public holidays, the Mongolian government's decision to mobilize a total of 27,000 government officials to patrol the streets caused a great deal of controversy (Adiyaasuren.R, 2021). During the Mongolian national holiday of Tsagaan Sar, government officials stood outside every street and apartment, monitoring anyone trying to leave or enter their homes. This was criticized on social media as the government made officials perform duties not specified in the employment contract, and as the mobilization lasted for more than 10 days.

The interests of law enforcement officers and citizens were seriously affected due to the quarantine measures. From January 2020, police officers were worked on high alert and in most cases, worked 24-hour shifts followed by 24-hour rest. However, they were paid non-compliant salaries("The Association for the Protection of the Rights of Police Officers Appealed to the National Human Rights Commission" 2021) Therefore, their association appealed to the National Human Rights Commission, but the organization has not yet issued a public response.

Due to the lack of communication between the government, the State Special Commission, and the police in enforcing decisions, there were great violations of the rights of ordinary citizens. These cases were reported through social media on a daily basis.

The following are just some human rights violation cases that were written on the 20th report on the situation of human rights and freedoms in Mongolia:

- A 17-year-old resident of Songinokhairkhan district received a call from the police while on the bus informing him that he tested positive and instructing him to get off the bus. A police officer instructed the bus driver to stop the bus and not to let anyone off. At the time, drivers of the National Center for Infectious Diseases did not receive overtime pay, prompting protests that led to isolation delays. As a result, from 11:00 am to 5:30 pm, the occupants of the bus were isolated in a closed and stuffy environment, and their work was interrupted. Meanwhile, the bus passengers became upset, insulted, and beat citizen “Sh”, and some passengers defended him, causing a quarrel among the people on the bus. As a result, citizen Sh broke the window of the bus, and when he got off the bus, he was handcuffed by a police officer who was on guard, and the National Center for Infectious Diseases' Emergency Response Team stopped outside until 5:00 p.m. It was about negative 15 degrees outside at the time, and citizen Sh told the National Human Rights Commission that he was wearing thin clothing. This suggests that it is inhumane to handcuff and freeze a person suspected of being infected with COVID-19. The National Human Rights Commission concluded that the right to inviolability and liberty of citizens was violated due to the lack of coordination, insufficient manpower, and unclear management responsibilities(NHRCM 2021).
- When a police officer took an infected man from his home to an isolation shelter, he found him trying to escape through another door, saying, "let's forget about it at home and get it back." In this case, a person at risk of infection fled in panic due to a lack of understanding and information about the communicable disease. In addition, the police officer's use of a safety net, known as a “clamp” became widespread on social media. 918.4.4 of the Regulation on the use of “safety nets” or special devices are approved by the order of the Chief of the General Police. It approves of the use in situations that are “risks such as arrest, detention, rehabilitation center, public disorder, counter-terrorist operations, prosecution, arrest of a person who has committed a serious crime, escorting a person who has committed a crime or searching a potential crime scene. Special protective equipment must be used for other operations." In the above cases, the use of safety nets for coercive measures is inhumane. This suggests that there is a risk of emotional and physical harm, such as blaming or intimidating an infected person for failure to receive COVID-19-related isolation and hospitalization procedures.
- On December 7, 2020, at around 10:00 pm, a 58-year-old resident of Arkhangai Aimag, O, died after failing to receive emergency medical care at the Emeelt Motor Vehicle Inspection Bureau. He took a rapid COVID-19 test and was found to be uninfected, but died after being detained at the bureau for several hours for failing to undergo a PCR test. Restrictions may be imposed by law only in order to protect public health during quarantine, but these restrictions must provide for

emergency and medical care that is fatal and necessary. Improper organization of government organizations, incoherent cooperation, inhumane treatment of employees at all levels of the civil service are reflected in the development of citizen-centered and human rights-based public services, changes in work methods and attitudes, flexibility, indicates the need for a rapid organization(news.mn, 2021).

- The Bayanzurkh district governor imposed a curfew in the 26th Khoroo from March 17 to March 21. Citizens of the Khoroo protested in various ways, including organizing rallies and making demands. The National Human Rights Commission stated that the partial quarantine and restriction of citizens' rights, which were announced in advance to citizens and organizations, and the unannounced and sudden response, violated the rights and freedoms of citizens(NHRCM 2021). In addition, the Bayanzurkh District Governor's Decree No. A/103 included three consecutive working days during the restriction period, and many citizens' official and private activities were disrupted due to the sudden and unannounced decision. The commission concluded that the restrictions were not appropriate and that the restriction of human rights and freedoms is not at an appropriate level or following the principle of necessity, appropriateness, and non-transgression. It is also unfortunate that a citizen, who was under partial detention in the Khoroo, fell from a height and died. Authorities say the negligence and lack of oversight by the COVID-19 pandemic prevention, control, response, and monitoring of officials may have contributed to the case.
- On July 3, a 35-year-old man died outside the Bayanzurkh District General Hospital in Ulaanbaatar without receiving primary health care(paparazzi.mn, 2021). When he arrived at the hospital asking for help, the hospital demanded that he to “go to another hospital.” He arrived at the hospital with X-rays of his lungs and other medical records. The next day, on July 4, the head of the Ulaanbaatar Health Department, Byambadorj.B stated that “Building 50 in the 6th Khoroo of Chingeltei district, where the deceased lives, is located ten meters from the family health center.” According to the ward leader’s family doctor, “The deceased [lived] in the basement of the building. He has been drinking alcohol for the last ten days.” According to his interview, he blamed the death of the man on the drinking instead of the hospital mistake. This was met by strong opposition by the public and they demanded that the Minister of Health and the Ministry of Health disband and the workers resign (24tsag.mn 2021). However, the head of the health department Byambadorj.B remained in position, saying "only district health workers will be held accountable"(Ikon.mn 2021).
- These human rights violations reflect the government's and the authorities' methods to combat the pandemic. On January 19, 2021, a woman who gave birth in “Urgoo” First Maternity Hospital was diagnosed with COVID-19 and transferred to the Center for Infectious Diseases in an inhumane way. Specifically, the release of a video of a woman and her baby being taken out of the hospital without warm clothes in -20C degrees’ weather was met with criticism from the public (News.MN n.d.). On January 20, 2021, 10,000-13,000 people gathered in Sukhbaatar Square, the capital of Ulaanbaatar, to demand the resignation of the State Emergency Commission and the Minister of Health. Protesters were shocked when the government resigned at a press conference later that day

(news.mn n.d.). When he was announcing his responsibility, President Kh. Battulga was blamed for the current situation, and for the first time, Mongolian society discovered that relations between the president and the prime minister had deteriorated (Ulaanbaatar news 2021).

5.1. Decisions Related to Quarantine

The Lockdown restricted the freedom of movement. As of February 23, 2020, the Mongolian government deployed 336 checkpoints and mobilized 832 officers across the country. Domestic and international flights were restricted until May 31, 2020, with an exception to scheduled flights that were arranged to allow Mongolians living abroad to return home. From May 6 to May 8 of 2020, a separate quarantine and emergency preparedness exercise was held in the Chingeltei district of Ulaanbaatar lasting from 6:00 am to 6:00 pm.

In mid-June, public places, cinemas, bars, and restaurants were to open to the public, but competitions and gatherings were still banned. The Mongolian National Naadam Festival was also canceled and organized virtually. From mid-July, establishments such as fitness clubs, nightclubs, and karaoke were allowed to operate, and customers were instructed to measure their temperature and wear protective masks. The government approved cultural and public events, and the operation of retail, manufacturing, and entertainment venues as of September 16. The authorization to open all general education institutions, with limitations on time and number of students, was given on September 21. However, as lockdown measures were initiated in November due to a sudden internal COVID-19 outbreak, educational institutions operated virtually and through television.

The Total Readiness Stage has directly affected basic human rights. The right to freedom of movement is stated in the Mongolian constitution and international law, such as the UN Convention on Human Rights. Article 16.18 of the Constitution of Mongolia states that “a person shall have the right to freely travel in the territory of his/her country, choose a place of temporary or permanent residence, go abroad, reside and the right to return, the right to travel and reside abroad may be restricted only by the law in order to ensure national and public security and to maintain public order”(Law of Mongolia, 1992). Article 13 of the Universal Declaration of Human Rights states that “Everyone has the right to freedom of movement and residence within the country,(International Treaties of Mongolia 1994)” and Article 12 of the International Covenant on Civil and Political Rights (IBUTETOP) states that “A person has the right to move freely within legally staying territory of any country and freely choose his/her place of residence (International Treaties of Mongolia 1994).”

The 61.6 percent increase in domestic violence crimes in the first quarter of 2020 is another negative consequence of the lockdown (Today - Mongolian National Daily Newspaper n.d.). Government resolution No.178, declared Mongolia to the Total Readiness Stage on November 12(Mongolia 2020). This measure restricted the right of citizens to go to the capital city and rural areas for health, official or personal reasons. According to a series of Open Society Forum reports, this led to other negative consequences such as, spending the night outdoors and in the car, malnutrition, young children being left without parental care, and citizens not being able to work and earn money (“Prohibitions and Restrictions,

Covid19’ and Human Rights,” 2020).

The Constitution of Mongolia states that the “right to return to the home country cannot be restricted except during the COVID-19 pandemic or a declared “state of emergency or war,” in accordance with Article 16.18 of the Constitution of Mongolia (Law of Mongolia, 1992) and 12.4 of the International Convention Civil and Political Rights”(International treaties of Mongolia, 1994). However, it was concluded that this restriction violated Article 10.2 of the Mongolian constitution, which states, “Mongolia shall faithfully fulfill its obligations under international agreements.”(Open Society Forum, 2020) Moreover, according to Articles 7.1.12 and 7.1.22 of the Law on Prevention, Control and Reduction of Social and Economic Impacts of COVID-19, the government of Mongolia is obligated to provide housing, food, and clean drinking water to the homeless and poor; organize infection prevention activities; reduce the negative impacts on children, elderly, the chronically ill, those in need of regular health care, the disabled and pregnant women; and is responsible for providing financial support to vulnerable groups. This obligation applies not only to citizens at home but also to citizens abroad. In this regard, the Minister of Foreign Affairs of Mongolia issued Order A/45 on “investing” on October 29, 2020, to provide one-time financial support to 113 citizens abroad (Resolution of the Parliament of Mongolia, 2020).

Due to the Total Readiness Stage, all educational institutions continued to provide online and television classes. However, this prevented students without access to the internet and electronic devices, as well as people with special needs, from receiving the same level of education. Mongolia has had a relatively strict policy of closing its borders since January 2020, banning offline courses at educational institutions, intercity transportation, the activities of some business organizations, and public events (News.MN n.d.). However, it currently ranks 23rd out of 49 countries in Asia in terms of the prevalence of COVID-19 cases per 1 million (Worldometer, 2021). Even though the border has been closed for 10 months, the virus spread from the “Enkh Saran” resort, which was in charge of the IOC to isolate foreigners. The government has been met with criticism from businesses and individuals who have been banned from doing business for a long time for no reason. The Mongolian government, which has taken strong action in the absence of domestic infection, is stepping up its response to the current difficult situation. Although Mongolia has one of the strictest policies in East Asia, it is one of the most plague-prone countries in the world.

Table 3. COVID-19 Stringency Index- East Asia

Spread ranking	Country	Stringency index	Tot Cases / 1m pop ⁴⁶	Total Cases	Total deaths
1	Mongolia	85.19	42,946	143,128	707
2	China	56.94	64	92,147	4,636
3	Japan	47.22	6,566	827,772	14,990
4	South Korea	43.52	3,381	173,511	2,050
5	Taiwan	31.48	643	15,346	759

Source: “COVID-19: Stringency Index, Sep 21, 2021” n.d. Vaccination in Mongolia

On February 23, 2021, the first 150,000 doses of AstraZeneca-Oxford double-dose vaccines were delivered to Mongolia under the COVAX program, supported by Mr. M. P Singh (“Ambassador of India to Mongolia” 2020). The Indian Ambassador’s handover to the Mongolian government has given Mongolians a great hope (UNICEF 2021)

Mongolia, like other countries in the world, offers vaccination to its citizens without any coercion. Citizens also have the opportunity to choose from the following vaccines(Ganzorig.Ts n.d.): AstraZeneca-Oxford, Sputnik-V, Sinopharm-Vero cell, and Pfizer-BioNTech.

Although Ts. Ganzorig (Spokesperson for the Government of Mongolia) listed the possibility of various vaccines, in reality, people were unable to be vaccinated due to the shortage of Sputnik-V and Pfizer-BioNTech vaccines. On social media, many people stated that they will be vaccinated only by Russian vaccines.

Table 4. Vaccine Stock as of July 15, 2021

Type of Vaccine	Dosage
AstraZeneca	262,800
Sinopharm	4,300,000
Sputnik V	80,000
Pfizer-BioNTech	411,220
Total composed (77.676%)	5,054,020
Required dose	6,506,566

Source: “COVID-19 Vaccines” n.d.

A total of 3,253,283 people is expected to be vaccinated and by July 15, a total of 2,103,983 people, 64.7%, were vaccinated by the first dose and 1,798,664 people, 55.3%, were vaccinated by the second dose. Therefore, the Government of Mongolia has announced that as of May 5, 2021, those who have received a double dose of the vaccine will not be subject to PRC testings and quarantine, and will be able to travel freely between cities(Ikon.mn 2021b) As of July 15, Mongolia ranked 10th in the world in terms of vaccination rates, with 121 doses per 100 people and 55.3 percent of the total population receiving full doses, as seen on the table above (The New York Times 2021). However, 42,946 cases per 1 million population is not enough to directly measure the effectiveness of vaccination.

6. COVID-19 and the Normal Functioning of the Legislature

In many parts of the world, governments have altered their procedures or made changes to the regulations by limiting the number of people in gatherings, voting through a representative instead of directly, or hosting virtual meetings. In general, as a representative body directly elected by the people, the parliament has an important role to play in approving government policies and budgets, as well as in conducting preliminary, ongoing, and final monitoring of government actions in emergencies.

The Parliament of Mongolia continued to operate following this standard. On April 6, 2020, the

regular session of Parliament began, with the first session amending the Law on Rules of Procedure to approve the procedure for electronic meetings and electronic meetings for chambers. Although the new members of the Parliament met as usual in the beginning, they began to meet virtually starting in mid-November. At the beginning of December 2020, the Parliament switched from a fully electronic to a semi-electronic format, with members attending at the Government House, but with five chambers attending virtually.

According to the Asia Foundation's resident representative in Mongolia, Mark Koenig, the State Great Khural, the national parliament, altered its rules of procedure and continued to operate at the beginning of the spring session of the Parliament. The amendments to the law on the rules of procurement of the parliament were also found to have the following importance:

First, it is part of the government's multi-stakeholder approach to safe operations to reinforce the notion that masks and maintaining social distancing are vital and effective. Second, during the crisis, the parliament has the opportunity to convene and make decisions and legislation related to the epidemic. At the same time, Mongolia's thriving democratic tradition continues to be unabated despite the threat of the pandemic (The Asia Foundation 2020).

According to the new parliament rule, members must be divided into different meeting halls and must be seated at a distance of 1.5 meters apart. The interconnected video conferencing equipment was released in each hall, which was made available to the public (see Annex 1). Votes were collected through special voting equipment and a show of hands. This not only changed decision-making regulations but also required investment in information technology equipment which coordinated the participation of media representatives.

7. COVID-19 and Media

In May 2020, the government warned that legal action would be taken against organizations and individuals who spread false information about COVID-19. According to the European Observatory for Journalism, the warnings not only made journalists more cautious, improve their oversight, and rely more on government sources, but also reduced their tendency to criticize the government (Tamir.U and Media Council n.d.). The National Security Council, the General Police Department, the General Border Protection Agency, and the Citizenship Office monitored false and misleading information in media (European Journalism Observatory - EJO, 2020). The public was also encouraged to report false and misleading information about the pandemic (Ulziikhutag.G and Ikon.mn, 2020).

According to the Law on Violations, individuals who spread false information would be fined MNT 150,000 and organizations, MNT 1.5 million. Under the Criminal Code, offenders are required to pay fines of MNT 450,000 to MNT 1,300,000 or complete community service or imprisonment for one to three months. According to the state-owned MONTSAME news agency, as of March 25, 2020, the police had investigated 25 cases regarding the dissemination of false information and as of March 30, eight people have been convicted of spreading false information (News.MN 2020)

It can be said that people in media and journalists began to adhere to this basic principle for the following reasons. The first was to only publish information from official sources. There was a predominant tendency to utilize information from official government press conferences, the Ministry of Health, the Government Press Service, the State Special Commission, the National Center for Communicable Diseases, the World Health Organization, and the chairmen of the subcommittees of the Special Commission and the governors of the relevant administrative units. Second, the focus on official sources was due to the lack of experience of working in medical emergencies. Therefore, journalists and media outlets were careful to filter their information and to report on social media. However, it is undeniable that this was partially due to the warnings issued by the government. In addition, the Media Institute, a non-governmental organization working in the field of media, has issued a guide for media outlets to disseminate information during such health emergencies. Third, in response to government warnings, law enforcement agencies began to act against individuals and organizations that disseminated false information under the Violations and Criminal Offenses Laws, signaling increased scrutiny of false information (Eagle News 2020).

However, under a new proposed amendment to the Criminal Code, the government presented a new fine of up to 80 million MNT and imprisonment from one to five years. This not only made it possible to be prosecuted for spreading false information but also significantly strengthened the penalties. The Mongolian Union of Journalists issued a statement protesting this amendment as they saw this as the government stifling the media and the right of citizens to express their views (CMJ 2020). The draft of the new amendment was to be discussed at the January 2021 parliament session.

As mentioned above, before the presidential election, members of the Democratic Party's parliamentary group cordoned off Sukhbaatar Square in Ulaanbaatar during a hunger strike. During the hunger strike, a journalist was beaten by police and fell to the ground (Batchimeg.B and Mass.mn, 2021). Following the incident, the Union of Journalists filed a complaint with the Minister of Justice and Home Affairs and the General Police Department.

In response, the police stated that "the journalist himself fell and created a misunderstanding in society, the police did not interfere with the work of journalists, on the contrary, the journalists obstructed the work of the police." Bolormaa. Z, who is President of the Union of Journalists said, "Journalists who tried to enter the square to cover the hunger strike were forcibly pushed down by police. The victim of this incident was Ulambayar. D, a journalist at NTV (television channel). A few days after Ulambayar. D was pushed down, Gerelmaa. G, a journalist from Parliament TV, and Chintogtokh. S, a journalist from www.bolod.mn was also forced and pushed down when trying to report the situation in Sukhbaatar Square.

The conscience of police officers was surprising. Even though journalists had fallen at the feet of the police, they have not admitted guilt. During a press conference on social media, it stated that live broadcasts were edited and concluded that he fell without the intervention of law enforcement agencies. (Uuriintsolmon.E and Eguur.mn n.d.).

When clarifying the reason for journalists not being allowed in the Sukhbaatar Square, the General Police said, "During the plague, there are cases when journalists congregate in large numbers and cause

difficulties for staff. Health officials, police, and journalists working in high-risk groups have been warned by a health organization to not cause congestion. However, a small number of journalists visited Sukhbaatar Square and reported freely. The press needs to understand and be patient, as it is safe for everyone to follow the infection control regime during this pandemic. In terms of security, police protection is available not only in the Sukhbaatar Square but also in all areas of Ulaanbaatar due to the high level of public readiness (Government of Mongolia 2020).”

However, Article 3 of the Law on Freedom of the Media states otherwise. The media is responsible for what it publishes and broadcasts. The state does not censor the content of public information. The state cannot establish an organization to monitor the publication and dissemination of information in the media and does not fund such oversight activities. Therefore, the attack on the journalist is considered a violation of freedom of the press by the state (Ikon.mn 2020).

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Country Case 3: South Korea

South Korea's COVID-19 Pandemic Policy Optimization between Health and Economy

Jung Kim¹

East Asia Institute; University of North Korean Studies

1. Introduction

How have policymakers and citizens responded to the COVID-19 pandemic policy trade-off between health and the economy? Why have some nations succeeded in minimizing the trade-off between protecting lives and protecting livelihoods, but not others? Why and how has South Korea outperformed most other advanced democracies in dealing with the trade-off?

Building on a growing literature that analyzes the trade-off between health and the economy in designing and implementing national COVID-19 policy responses (Oana, Pellegata, and Wang 2021; Desierto and Koyama 2020; Cheibub, Hong, and Przeworski 2020; Ginsburg and Versteeg 2020), this study attempts to answer the above questions by examining the case of South Korea from a comparative perspective. This research argues that contrary to the conventional wisdom that social capital is the explanans of variation of national pandemic policy performances, the social risk is much more important to facilitate large-scale collective action, which is the political foundation of voluntary civic compliance with the government's non-pharmaceutical interventions (NPIs) policy recommendation and ultimately successful pandemic policy optimization between health and the economy. In addition, it finds out that there is a negative correlation between pandemic policy performance and vaccination outcomes. In other words, a country with higher social risk will outperform in managing the trade-off between health and the economy in enforcing NPIs policy during the earlier period in pandemic crisis, which, however, is more likely to result in underperformance in making people vaccinated during the later period.

A simple theoretical framework of pandemic policy optimization will be introduced in the next section. The third section describes and analyzes the variation of national policy responses across OECD countries in 2020 and early 2021. The following section provides a case study analysis on the determinants of pandemic policy optimization in South Korea. The last section concludes with a succinct summary of the findings.

¹ Assistant Professor at the University of North Korean Studies, South Korea

2. Pandemic Policy Optimization as Large-Scale Collective Action Problem

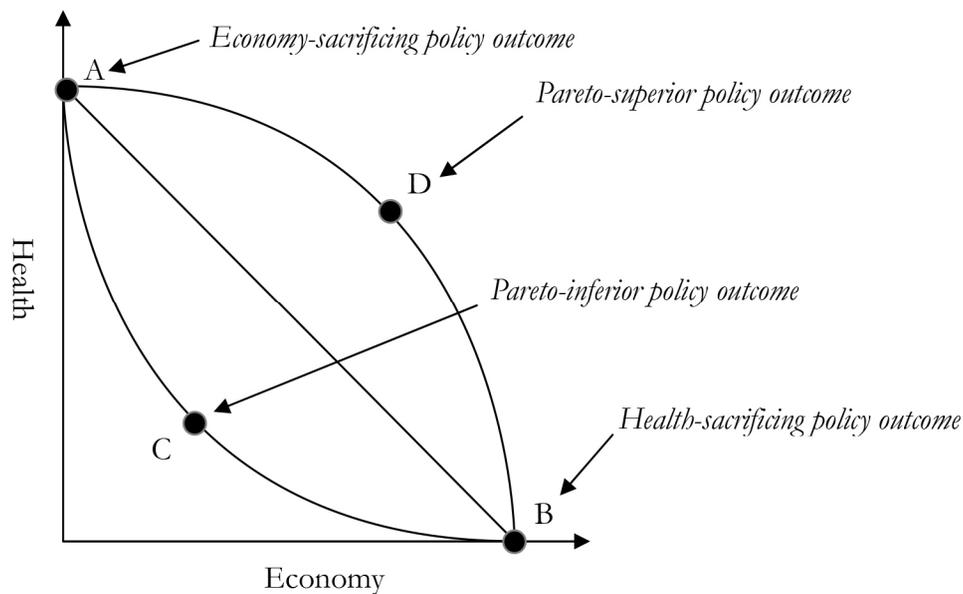
This section assumes that a simple theoretical framework of pandemic policy optimization is a large-scale collective action problem. How to suppress the spread of the virus is a vital question for pandemic-inflicted countries. A good starting point to answer this question is to analyze the effective reproduction rate (ERR), defined as the average number of infections that an infectious individual transmits to susceptible individuals. In the most basic standard model of an epidemic, the ERR(t) as of day t is given as follows:

$$\text{ERR}(t) = N(t) \times D(t) \times P(t) \times S(t)$$

In this equation, $N(t)$ is the average number of contacts per day for an individual in the community; $D(t)$ is the average number of days that an infectious individual circulates in an infectious community; $P(t)$ is the probability that contact between an infectious individual and a susceptible individual transmits the virus; and $S(t)$ is the share of the population susceptible to infections as of day t (Sachs et al. 2020: 15-19).

Each component of the equation corresponds to a specific pandemic policy profile. Figure 1 illustrates the trade-off of each pandemic policy: (1) suppressing $N(t)$ as a pandemic policy is equivalent to a temporary lockdown policy which prioritizes lives at the cost of livelihoods (A in Figure 1), which results in economy-sacrificing policy outcome; (2) suppressing $S(t)$ as a pandemic policy is equivalent to herd immunity policy which prioritizes livelihoods at the cost of lives (B in Figure 1), which results in health-sacrificing policy outcome; and (3) suppressing $D(t) \times P(t)$ as a pandemic policy is equivalent to NPIs policy which attempts to balance the two.² If the NPIs policy fails, the outcome is a negative-sum product of the health and economy (C in Figure 1), which results in a Pareto-inferior policy outcome. If the NPIs policy succeeds, the outcome is a positive-sum product (D in Figure 1), which results in a Pareto-superior policy outcome.

² NPIs include (1) social distancing measures, with the closing of workplaces and non-essential services, closing school, banning mass gatherings, and imposing travel restrictions; (2) personal and environmental hygiene, with the use of personal protective equipment and such as face masks; and (3) testing, tracking, and tracing of infected individuals, with the confinement of affected persons and large-scale testing and quarantine policies (Sustainable Development Solutions Network and Institute for European Environmental Policy 2020: 25).

Figure 1. Trade-off Between Health and the Economy in Pandemic Policy

Neither the temporary lockdown policy nor the herd immunity policy is sustainable as a pandemic policy. The temporary lockdown policy is an inefficient way to suppress the pandemic due to its economic costs. The herd immunity policy is an inefficient way to suppress the pandemic due to its health costs. Since only the NPIs policy is sustainable as a pandemic policy, it is important to understand the conditions for the policy to succeed.

It is crucial to note that non-NPIs policies, such as temporary lockdown or herd immunity, do not entail voluntary civic compliance with government guidelines. The temporary lockdown policy coerces the public to isolate under government enforcement. The herd immunity policy lacks any enforcement and lets the people move around freely. Neither case involves a large-scale collective action for the public to voluntarily comply with government intervention (Harring et al. 2021).

Since the NPIs policy as pandemic policy requires voluntary civic compliance, it is essential to understand under what conditions such large-scale collective action is facilitated. One of the most influential arguments hinges on the logic of social trust that is defined as “values and beliefs that help a group overcome the free-rider problem in the pursuit of socially valuable activities (Barrios et al. 2021).” It insists that the higher social trust is in a country, the more likely large-scale collective action is to be facilitated (Durante et al. 2021; Sabat et al. 2020). Another theory relies on the logic of confidence in authority (Fukuyama 2020). It claims that the more trust citizens have in the public authority, the less likely a large-scale free-riding problem will emerge (Elgar et al. 2020; Bargain and Aminjonov 2020).

Against these dominant logics of social capital in this field, this study suggests a contrarian approach to the question. Building on the logic of social risk defined as “the probability for a person to be affected by an unexpected, uncertain situation associated with loss of control over one’s personal action (Lupu 2019),” it contends that the worse the social risk is in a country, the more likely large-scale collective action is to be facilitated. The logic of social capital may prevail in a time of normal politics. However, regarding the issue of large-scale collective action, the logic of social risk will triumph in a

time of crisis politics, a situation that “threatens significant harm to a country’s population or basic values and compels a political response under time pressure and uncertainty (Lipsy 2020).” Even the most qualified policymakers are uncertain about what policies will succeed due to the high level of threat, time constraints, and the uncertainty surrounding the pandemic, a more or less common occurrence across countries (Backus and Little 2020). The preparedness and agility of citizens against the pandemic differ across countries, depending on how long they have been exposed to and accustomed to such a threat (Dryhurst et al. 2020).

To sum up, this study argues that the severer the level of social risk is in a country leads to the following: the large-scale free-riding problem is less likely to emerge, voluntary civic compliance with the government’s NPIs policy becomes more likely, and pandemic policy optimization is more likely to succeed in a time of crisis politics.³

3. South Korea’s Pandemic Policy in Comparative Perspective: A Descriptive Exploration

This section introduces several types of data to analyze the impact of social risk and social capital on pandemic policies of different countries. Considering possible causal heterogeneity between democracies and autocracies in responding to the pandemic (Stasavage 2020; Greitens 2020), the spatial empirical scope of this study is based on advanced industrial democracies.⁴ The temporal empirical scope of this study subdivides 2020 into four quarters and 2021 into two quarters to increase the number of observations which raises the bar to test the theoretical hypothesis.

To capture the pandemic policy performance on the health dimension, the total COVID-19 cases per million in each quarter of 2020 and 2021 are utilized.⁵ To observe the pandemic policy performance on the economic dimension, the percentage change in GDP between each quarter of 2020 and 2021 to its counterpart in 2019 and 2020, respectively, is employed.⁶ Compared to the alternative indicators, the aforementioned types of measuring the health and economic dimensions of the pandemic policy have the merit of being more straightforward, more intuitive to understand, and easier to replicate.⁷

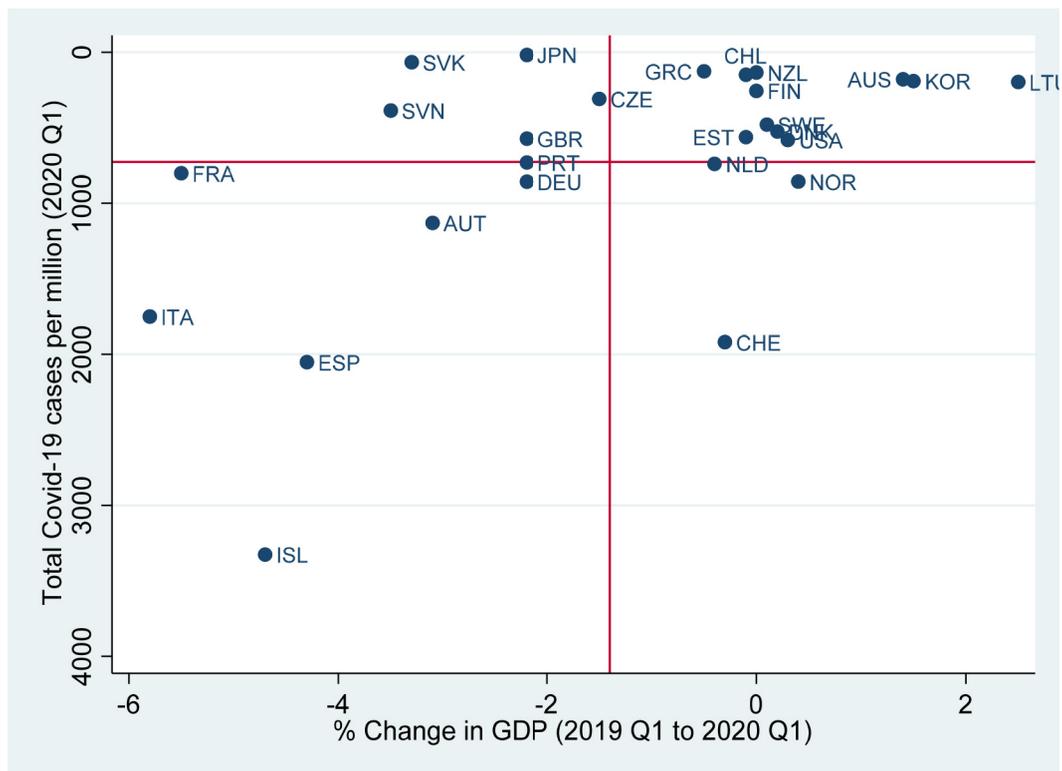
³ By implication, once the threat, time pressure, and uncertainty surrounding the pandemic crisis are subdued, and normal politics replaces crisis politics, the logic of social capital may restore its facilitator status of large-scale collective action, which is an empirical question that this study plans to tackle in next round of this research project.

⁴ Among 37 OECD member countries, Columbia, Hungary, Mexico, Poland, and Turkey are excluded due to their democratic backsliding, measured by Varieties of Democracy’s liberal democracy index score of seven or less. In addition, Canada, Belgium, Ireland, Israel, Latvia, and Luxemburg are excluded due to the unavailability of data in the seventh wave of the World Value Survey, which is the source of social capital measurement. As a result, the dataset of this study includes 26 OECD member countries: Australia, Austria, Chile, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Iceland, Italy, Japan, Lithuania, Netherlands, New Zealand, Norway, Portugal, Slovak Republic, Slovenia, South Korea, Spain, Sweden, Switzerland, the United Kingdom, and the United States.

⁵ The data on the total Covid-19 cases per million population is derived from Our World in Data <https://ourworldindata.org/coronavirus>.

⁶ The data on the percentage change in GDP is derived from OECD Data <https://data.oecd.org/gdp/quarterly-gdp.htm#indicator-chart>.

⁷ The COVID index of Sachs et al. (2020) consists of deaths per million, effective reproduction rate, epidemic control efficiency. The Covid resilience score of Chang et al. (2021) reflects the two dimensions of COVID status, which consists of

Figure 2. COVID-19 Pandemic Policy Outcomes in OECD Countries, 1st Quarter of 2020

Source: Our World in Data and OECD⁸, 2021

Figure 2 illustrates the outcomes of COVID-19 pandemic policies in OECD countries during the first quarter of 2020. The vertical axis represents the health dimension of the pandemic policy—the total COVID-19 cases per million. As the smaller number in the health dimension implies a better outcome, the scale of the vertical axis is reversed to run from maximum to minimum for the reader’s comfort. The horizontal axis represents the economic dimension of the pandemic policy—the percentage change in GDP compared to the previous period. On each axis, a linear line is superimposed to indicate the average value of each dimension, which enables the classification of OECD countries into four different pandemic policy performances along the theoretical predictions elaborated in the previous section: (a) economy-sacrificing policy outcome; (b) health-sacrificing policy outcome; (c) Pareto-inferior policy outcome; and (d) Pareto-superior policy outcome.

In the first quarter of 2020, the countries that had an (a) economy-sacrificing policy outcome are Japan (JPN; the first COVID-19 case on January 22), the United Kingdom (GBR; January 31), the Czech Republic (CZE; March 1), Slovenia (SVN; March 5), and the Slovak Republic (SVK; March 6); those who had a (b) health-sacrificing policy outcome are Switzerland (CHE; February 25), Norway (NOR; February 26), and the Netherlands (NLD; February 27); those who had (c) Pareto-inferior policy outcome are France (FRA; January 24), Germany (DEU; January 27), Italy (ITA; January 31), Spain (ESP;

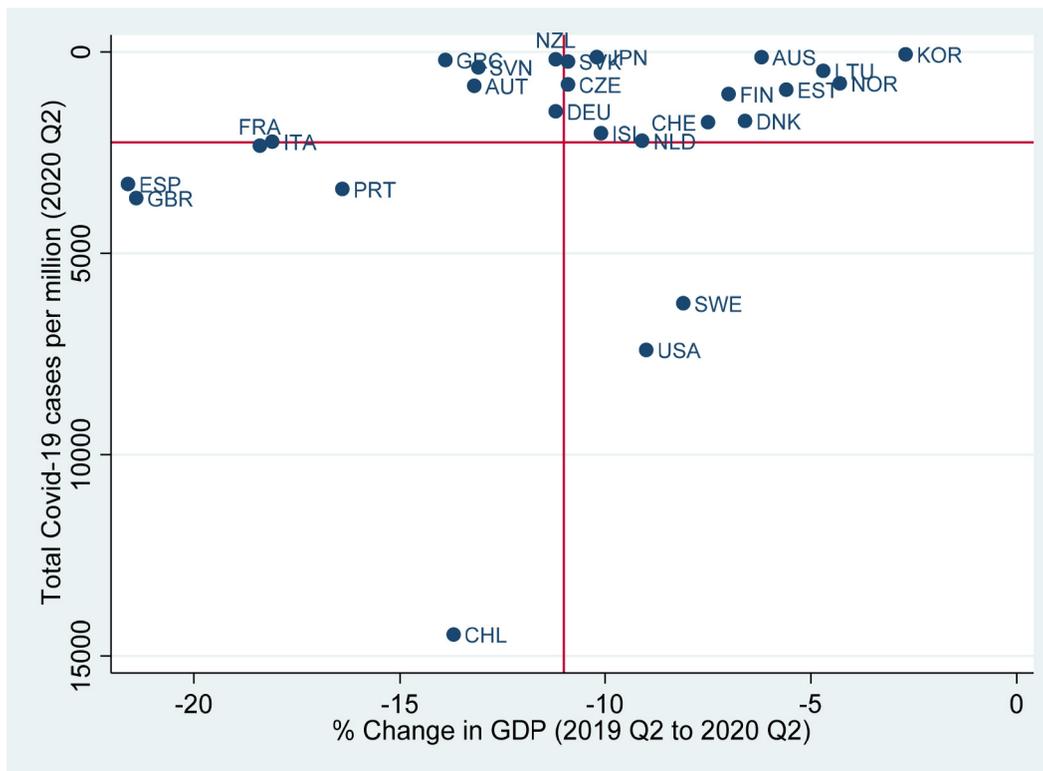
1-month cases per 100,000, 1-month case fatality rate, total deaths per 1 million, positive test rate, and access to COVID vaccines, and quality of life, which consists of lockdown severity, community mobility, 2020 GDP growth forecast, universal healthcare coverage, and human development index.

⁸ Our World in Data <https://ourworldindata.org/coronavirus> and OECD Data <https://data.oecd.org/gdp/quarterly-gdp.htm#indicator-chart>.

February 1), Austria (AUT; February 25), Iceland (ISL; February 28), and Portugal (PRT; March 2); those that had a (d) Pareto-superior policy outcome include South Korea (KOR; January 22), the United States (USA; January 22), Australia (AUS; January 26), Finland (FIN; January 29), Sweden (SWE; February 1), Chile (CHL; February 23), Greece (GRC; February 26), Denmark (DNK; February 27), Estonia (EST; February 27), New Zealand (NZL; February 28), and Lithuania (LTU; February 29).

The distribution of OECD countries along the two dimensions reflects the different timing of the COVID-19 outbreak. The magnitude of the impact was enormously heterogeneous so it may be difficult to judge the performance of each national pandemic policy in the first quarter of 2020. Therefore, if samples are divided into two groups – one made up of “early sufferers” that experienced the first COVID-19 related death before February 15, and another made up of “late-sufferers” that experienced their first COVID-19 related death after February 15 – then late sufferers such as Chile, Greece, Denmark, Estonia, New Zealand, and Lithuania will have to be reserved in qualifying policy outperformers at this moment. However, even when this exception is considered, it is noteworthy that South Korea strikingly outperformed France, Germany, or Italy in optimizing pandemic policy profiles despite the fact that these countries are early-sufferers.

Figure 3. COVID-19 Pandemic Policy Outcomes in OECD Countries, 2nd Quarter of 2020



Sources: Our World in Data and OECD

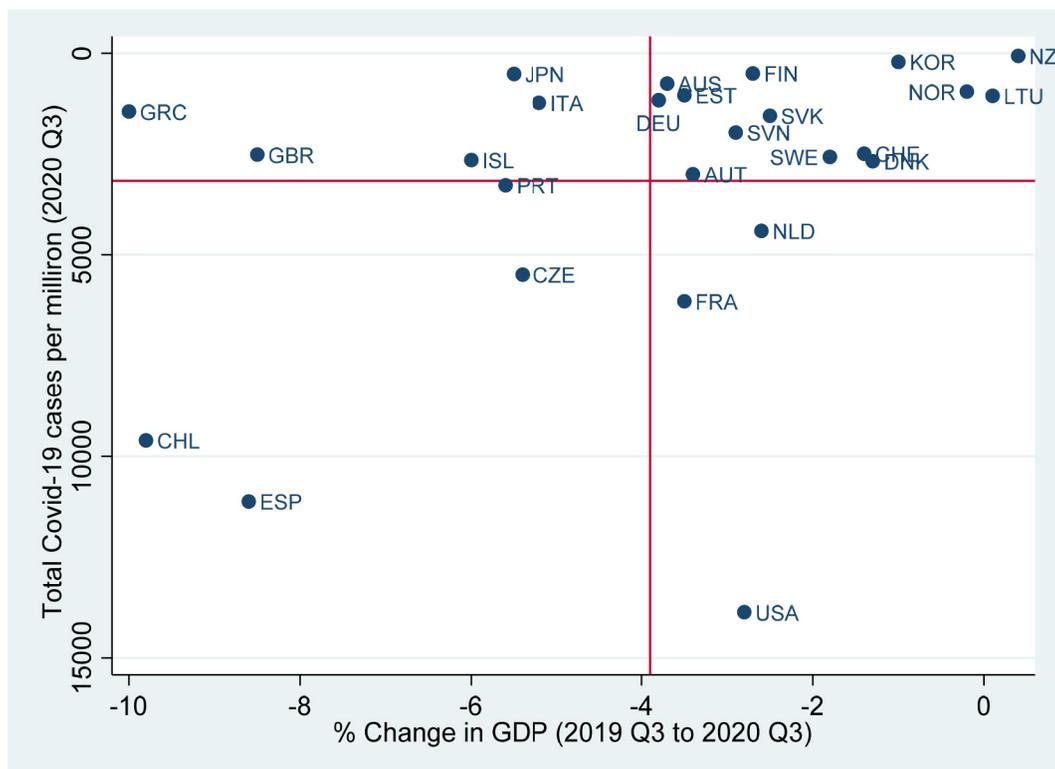
Figure 3 indicates the pandemic policy outcomes in OECD countries during the second quarter of 2020. During this period, the severity of the pandemic on both dimensions was magnified. In the health dimension, the sample average of the total COVID-19 cases per million increased from 726.5 in the first quarter to 2,244.3 in the second quarter. In the economic dimension, the sample average of the

percentage change in GDP compared to the previous period noticed a decrease from -1.4 in the first quarter to -11.0 in the second quarter. The growing severity of the pandemic may help identify whether pandemic policy overperformers were the beneficiaries of temporal good luck, and pandemic policy underperformers were victims of temporal bad luck.

Among those that belonged to (d) Pareto-superior policy outcome in the first quarter, Greece and New Zealand shifted to (a) economy-sacrificing policy outcome, the United States and Sweden shifted to (b) health-sacrificing policy outcome, Chile shifted to (c) Pareto-inferior policy outcome, and the rest of the cases remained in the same category. Among countries that belonged to (c) Pareto-inferior policy outcome in the first quarter, Austria, Germany, and Italy moved to (a) economy-sacrificing policy outcome, Iceland moved to (d) Pareto-superior policy outcome, and the rest of the cases remained in the same category. All of the countries that belonged to (b) health-sacrificing policy outcome in the first quarter shifted to (d) Pareto-superior policy outcome. Among those characterized of having (a) economy-sacrificing policy outcome in the first quarter, the Czech Republic, Japan, the Slovak Republic moved to (d) Pareto-superior policy outcome, and the United Kingdom moved to (c) Pareto-inferior policy outcome.

It can be argued that the national performance of the countries that shifted from (d) Pareto-superior policy outcome to other categories might have been overestimated. Likewise, those that shifted from other categories to (d) Pareto-superior policy outcome might have been underestimated during the initial phase of the pandemic crisis.

Figure 4. COVID-19 Pandemic Policy Outcomes in OECD Countries, 3rd Quarter of 2020

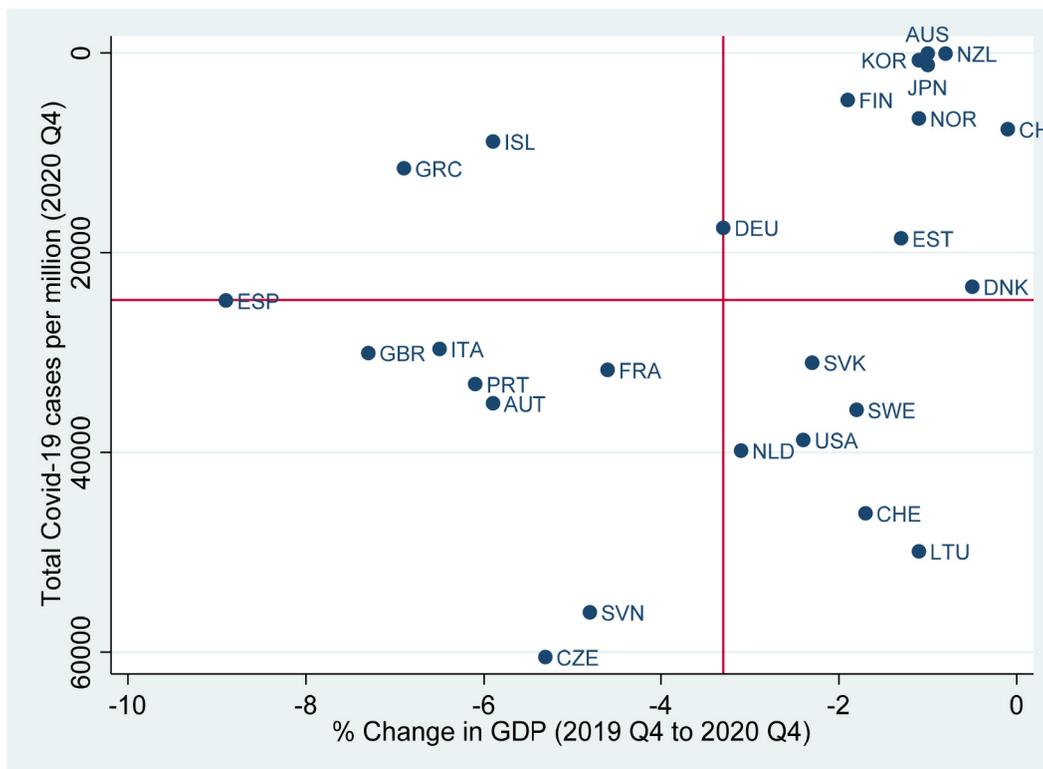


Sources: Our World in Data and OECD

The COVID-19 policy outcomes in OECD countries during the third quarter of 2020 can be observed in Figure 4. In the health dimension, the sample average of the total COVID-19 cases per million increased from 2,244.3 in the second quarter to 3,164.6 in the third quarter. In the economic dimension, the sample average of the percentage change in GDP compared to the previous period increased from -11.0 in the second quarter to -3.9 in the third quarter. The severity of the pandemic in both dimensions was eased compared to that of the second quarter.

Among countries that belong to (d) Pareto-superior policy outcome in the second quarter, the Czech Republic shifted to (c) Pareto-inferior policy outcome, the Netherlands shifted to (b) health-sacrificing policy outcome, and Iceland and Japan shifted to (a) economy-sacrificing policy outcome. In the case of (c) Pareto-inferior policy outcome, France moved to (b) health-sacrificing policy outcome, the United Kingdom moved to (a) economy-sacrificing policy outcome, and the rest remained in the same category in the third quarter. Of countries that shifted to (b) health-sacrificing policy outcome in the second quarter, only Sweden shifted to (d) Pareto-superior policy outcome in the third. Austria, Germany, New Zealand, and Slovenia shifted to (d) Pareto-superior policy outcome from the (a) economy-sacrificing policy outcome, and only Greece remained in the same category.

Figure 5. COVID-19 Pandemic Policy Outcomes in OECD Countries, 4th Quarter of 2020



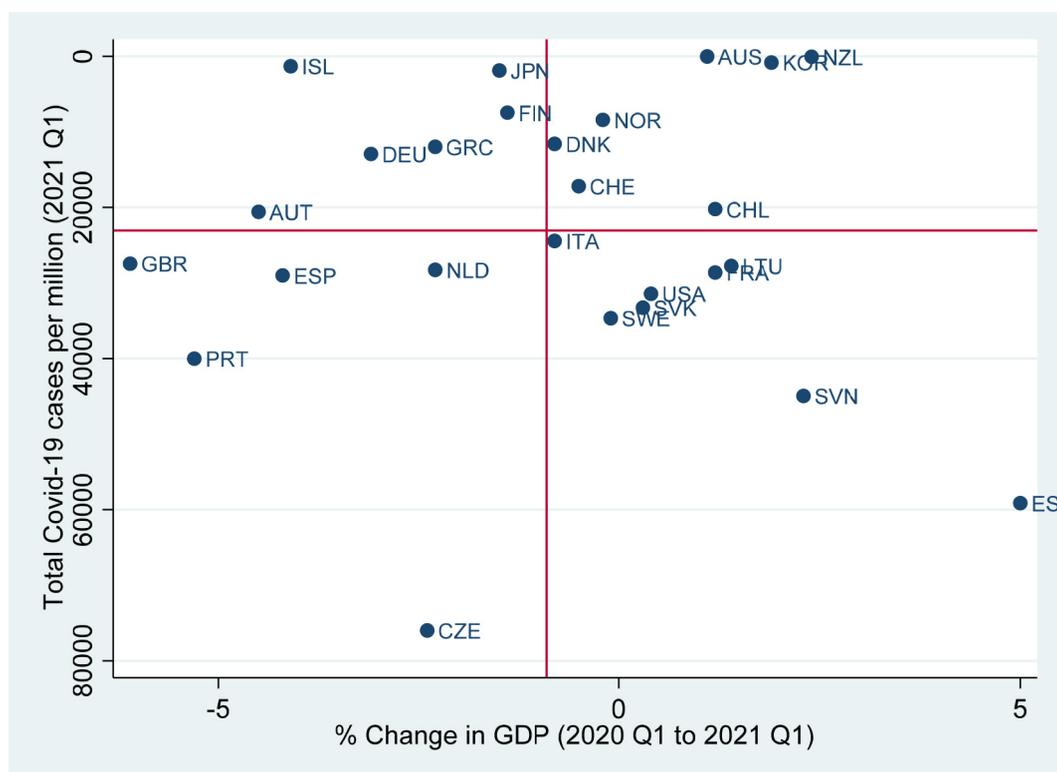
Sources: Our World in Data and OECD

Figure 5 illustrates COVID-19 policy outcomes in OECD countries in the fourth quarter. In the health dimension, the sample average of the total Covid-19 cases per million increased from 3,164.6 in the third quarter to 24,739.41 in the fourth quarter. The economic dimension experienced an increase as

the sample average of the percentage change in GDP dropped from -3.9 in the third quarter to -3.3 in the fourth quarter.

In the fourth quarter, Austria and Slovenia shifted to (c) Pareto-inferior policy outcome and Switzerland, Lithuania, and the Slovak Republic shifted to (b) health-sacrificing policy outcome instead of maintaining (d) Pareto-superior policy outcome like in the third quarter. Among countries that shifted to (c) Pareto-inferior policy outcome in the third quarter, only Chile moved to (d) Pareto-superior policy outcome category. Compared to the third quarter, of the countries that shifted to (b) health-sacrificing policy outcome, only France shifted to (c) Pareto-inferior policy outcome. Among those that moved to (a) economy-sacrificing policy outcome in the third quarter, Japan shifted to (d) Pareto-superior policy outcome, and United Kingdom and Italy shifted to (c) Pareto-inferior policy outcome.

Figure 6. COVID-19 Pandemic Policy Outcomes in OECD Countries, 1st Quarter of 2021



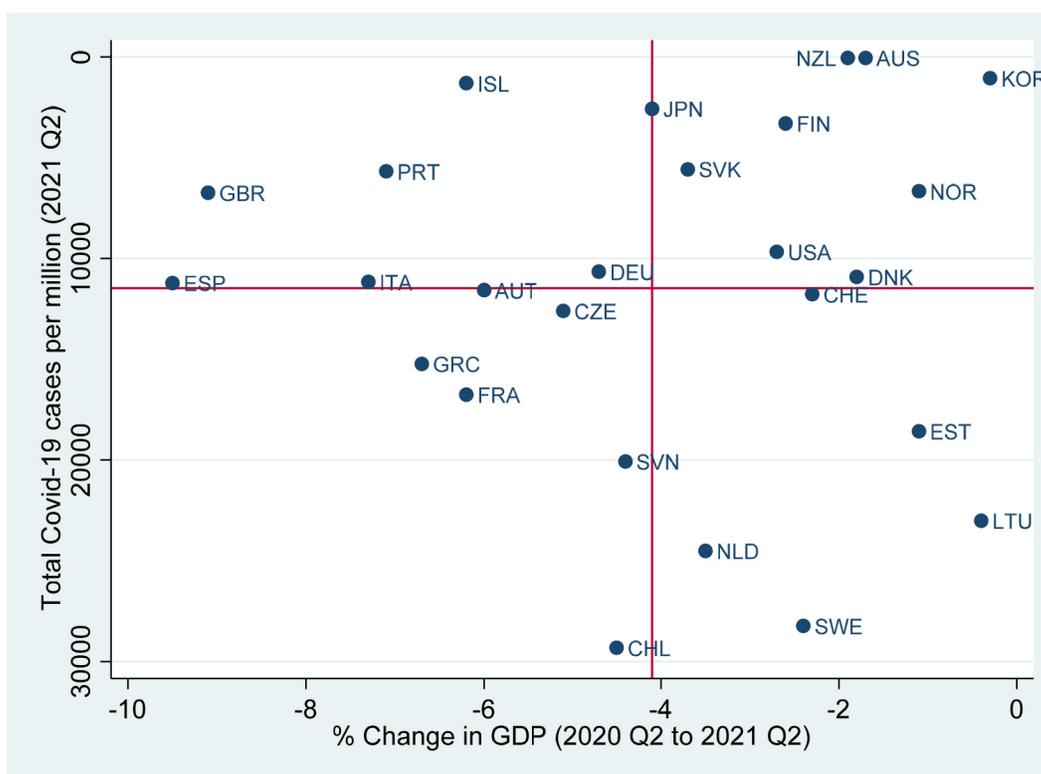
Sources: Our World in Data and OECD

Figure 6 indicates the pandemic policy outcomes in OECD countries during the first quarter of 2021. During this period, the severity of the pandemic on both dimensions was ameliorated. In the health dimension, the sample average of the total COVID-19 cases per million decreased from 24,739.4 in the fourth quarter, 2020 to 23,058.4 in the first quarter, 2021. In the economic dimension, the sample average of the percentage change in GDP compared to the previous period noticed a decrease from -3.3 in the fourth quarter of 2020, to -0.9 in the first quarter of 2021.

Among those that belonged to (d) Pareto-superior policy outcome in the fourth quarter of 2020, Germany, Finland, and Japan shifted to (a) economy-sacrificing policy outcome, Estonia shifted to (b)

health-sacrificing policy outcome, and the rest of the cases remained in the same category. Among countries that belonged to (c) Pareto-inferior policy outcome in the fourth quarter of 2020, Austria moved to (a) economy-sacrificing policy outcome, France, Italy, and Slovenia moved to (b) health-sacrificing policy outcome, and the rest of the cases remained in the same category. Among those characterized of having (b) health-sacrificing policy outcome in the fourth quarter of 2020, Switzerland shifted to (d) Pareto-superior policy outcome, and the Netherlands shifted to (c) Pareto-inferior policy outcome. All of those that belonged to (a) economy-sacrificing policy outcome in the fourth quarter of 2020 remained the same category.

Figure 7. COVID-19 Pandemic Policy Outcomes in OECD Countries, 2nd Quarter of 2021



Sources: Our World in Data and OECD

The COVID-19 policy outcomes in OECD countries during the second quarter of 2021 can be observed in Figure 7. In the health dimension, the sample average of the total COVID-19 cases per million decreased from 23,058.4 in the first quarter to 11,470.9 in the second quarter. In the economic dimension, the sample average of the percentage change in GDP compared to the previous period decreased from -0.9 in the first quarter to -4.1 in the second quarter.⁹

Among countries that belonged to (d) Pareto-superior policy outcome in the first quarter, Chile shifted to (c) Pareto-inferior policy outcome, Switzerland shifted to (b) health-sacrificing policy outcome,

⁹ As of July 29, 2021, the data on the percentage change in GDP compared to the previous period is unavailable for the second quarter of 2021. Therefore, the average of percentage changes in GDP from the first quarter of 2020 to the first quarter of 2021 is used.

and the rest remained in the same category. In the case of (c) Pareto-inferior policy outcome, the Netherlands moved to (b) health-sacrificing policy outcome, Spain and the United Kingdom moved to (a) economy-sacrificing policy outcome, and the Czech Republic remained in the same category in the second quarter. Of countries that shifted to (b) health-sacrificing policy outcome in the first quarter, the Slovak Republic and the United States shifted to (d) Pareto-superior policy outcome, France and Slovenia shifted to (c) Pareto-inferior policy outcome, Italy shifted to (a) economy-sacrificing policy outcome in the second quarter. Finland and Japan moved to (d) Pareto-superior policy outcome, and Austria and Greece moved to (c) Pareto-inferior policy outcome from the (a) economy-sacrificing policy outcome.

Table 1. COVID-19 Pandemic Policy Outcomes in OECD Countries, 2020 Q1-2021 Q2

Country	2020 Q1	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2
Australia	PSPO	PSPO	PSPO	PSPO	PSPO	PSPO
Austria	PIPO	ESPO	PSPO	PIPO	HSPO	PIPO
Chile	PSPO	PIPO	PIPO	PSPO	PSPO	PIPO
Czech Republic	ESPO	PSPO	PIPO	PIPO	PIPO	PIPO
Denmark	PSPO	PSPO	PSPO	PSPO	PSPO	PSPO
Estonia	PSPO	PSPO	PSPO	PSPO	HSPO	HSPO
Finland	PSPO	PSPO	PSPO	PSPO	ESPO	PSPO
France	PIPO	PIPO	HSPO	PIPO	HSPO	PIPO
Germany	PIPO	ESPO	PSPO	PSPO	ESPO	ESPO
Greece	PSPO	ESPO	ESPO	ESPO	ESPO	PIPO
Iceland	PIPO	PSPO	ESPO	ESPO	ESPO	ESPO
Italy	PIPO	ESPO	ESPO	PIPO	HSPO	ESPO
Japan	ESPO	PSPO	ESPO	PSPO	ESPO	PSPO
Lithuania	PSPO	PSPO	PSPO	HSPO	HSPO	HSPO
Netherlands	HSPO	PSPO	HSPO	HSPO	PIPO	HSPO
New Zealand	PSPO	ESPO	PSPO	PSPO	PSPO	PSPO
Norway	HSPO	PSPO	PSPO	PSPO	PSPO	PSPO
Portugal	PIPO	PIPO	PIPO	PIPO	PIPO	ESPO
Slovak Republic	ESPO	PSPO	PSPO	HSPO	HSPO	PSPO
Slovenia	ESPO	ESPO	PSPO	PIPO	HSPO	PIPO
South Korea	PSPO	PSPO	PSPO	PSPO	PSPO	PSPO
Spain	PIPO	PIPO	PIPO	PIPO	PIPO	ESPO
Sweden	PSPO	HSPO	PSPO	HSPO	HSPO	HSPO
Switzerland	HSPO	PSPO	PSPO	HSPO	PSPO	ESPO
United Kingdom	ESPO	PIPO	ESPO	PIPO	PIPO	ESPO
United States	PSPO	HSPO	HSPO	HSPO	HSPO	PSPO

Notes¹⁰

¹⁰ PSPO: Pareto-superior policy outcome; PIPO: Pareto-inferior policy outcome; ESPO: Economy-sacrificing policy outcome; HSPO: Health-sacrificing policy outcome.

Table 1 summarizes COVID-19 pandemic policy outcomes in OECD countries from the first quarter of 2020 to the second quarter of 2021 pursuant to the categories that this study proposed. It is noteworthy only three countries have consistently succeeded in managing the trade-off between health and economic goals of pandemic policies during the period: Australia, Denmark, and South Korea. In addition, it is possible to say that Finland, New Zealand, and Norway show relatively good performance in responding to the pandemic crisis. On the contrary, it is not unreasonable that the Czech Republic, France, Portugal and Spain have a hard time reconciling the trade-off between health and the economy in settling down the crisis. This variation of pandemic policy outcomes begs a critical question of what the determinants of it are.

4. South Korea's Pandemic Policy in Comparative Perspective: A Statistical Analysis

A statistical analysis of the relationships between social risk, social trust, and confidence in authorities, and pandemic policy optimization will be discussed in this section. The dependent variable is the measure of COVID-19 pandemic policy optimization. This consists of the sum of the standardized scores of the health and the economic dimensions per quarter.¹¹ For the variable of social risk, suicide rates are used as the proxy with the expectation that higher social risk in a country will lead to more facilitation of large-scale collective action.¹² The variable of social trust is based on the percentage of respondents who answered that “most people can be trusted” during the seventh wave of the World Value survey. It is expected that the higher the social trust is in a country, the more likely the free-riding problem will be overcome.¹³ For the variable of confidence in authorities, the percentage of the respondents who chose “a great deal” and “quite a lot” to the question of how much confidence they have in the government in the seventh wave of the World Value Survey will be used as we assume that the higher the confidence in authorities, the more likely large-scale collective action is to be facilitated.¹⁴

In the analysis of the statistical models, three control variables are included: (1) population density with the expectation that the higher the population density, the more likely the virus will spread, and the less likely the pandemic policy optimization is to be implemented¹⁵; (2) the percentage of the population aged 65 and above in the total population with the expectation that the higher the percentage of the population over 65 is in a country, the more the total population is health-vulnerable, and the less likely the pandemic policy optimization will be implemented¹⁶; and (3) the self-employment rate with the

¹¹ The total COVID-19 cases per million are standardized from the minimum of 0 to the maximum of 1. The value is reversed because the smaller number indicates a better outcome. The percentage change in GDP in the previous period is standardized from the minimum of 0 to the maximum of 1. The COVID-19 pandemic policy optimization is the sum of the two standardized values.

¹² The data on suicide rates is derived from OECD Data <https://data.oecd.org/healthstat/suicide-rates.htm>.

¹³ The data on social trust is derived from World Value Survey <http://www.worldvaluessurvey.org/WVSONline.jsp>.

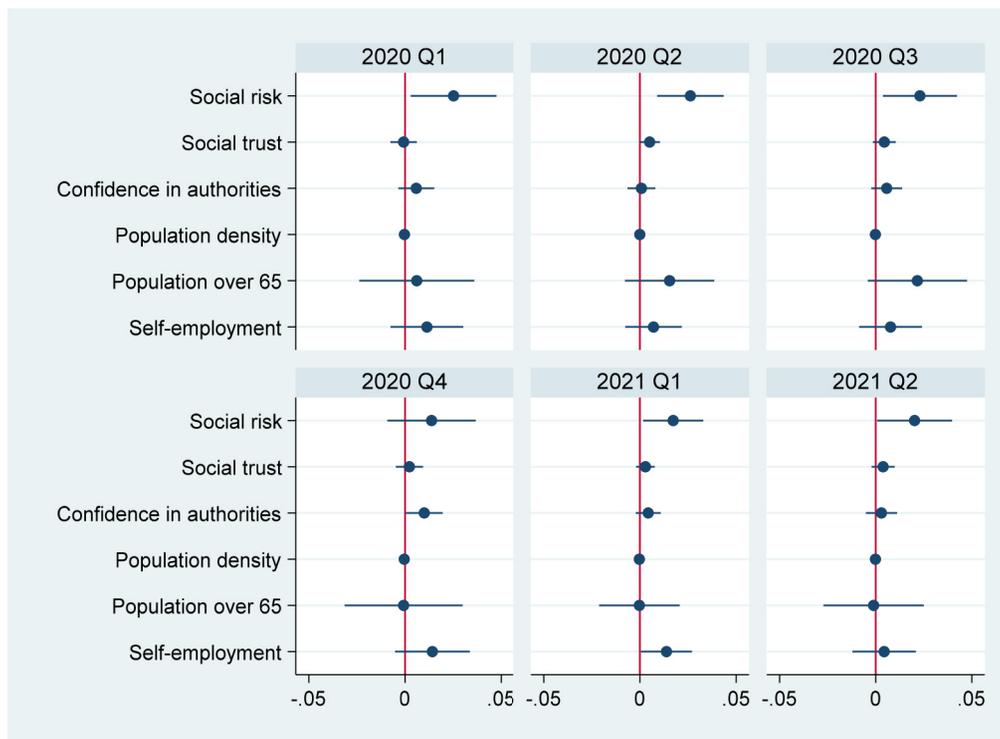
¹⁴ The data on confidence in authorities is derived from World Value Survey <http://www.worldvaluessurvey.org/WVSONline.jsp>.

¹⁵ The data on population density is derived from World Bank Data <https://data.worldbank.org/indicator/EN.POP.DNST>.

¹⁶ The data on population ages 65 and above is derived from World Bank Data <https://data.worldbank.org/indicator/SP.POP.65UP.TO>.

expectation that the higher the self-employment rate is in a country, the more the population is economy-vulnerable, and the less likely the pandemic policy optimization is to be implemented.¹⁷

Figure 8. Determinants of COVID-19 Pandemic Policy Optimization



Notes¹⁸

An ordinary least square regression is utilized to estimate the statistical models, whose results are reported in Figure 8. The first notable finding is that the results demonstrate a strong and positive correlation between social risk and pandemic policy optimization even after including the social trust variable, the confidence in authorities variable, and other control variables. The social risk takes positive signs and is highly statistically significant in the 2020 Q1 model through the 2021 Q2 model except for the 2020 Q4 model.

Analysis of social trust and confidence in authorities shows that contrary to conventional wisdom, they turn out to be statistically not significant.¹⁹ In addition, the other control variables prove to be statistically not distinguishable from zero. In fact, the social risk is the only variable with a statistically significant positive impact on pandemic policy optimization except for the fourth quarter of 2020.

To sum up, the statistical analysis on the determinants of COVID-19 pandemic policy optimization confirms the theoretical prediction that the level of social risk is the most influential in explaining the performance of the COVID-19 policy, not social capital. In a time of crisis politics, which is characterized by the high level of threat, time constraint, and uncertainty, the high level of preparedness

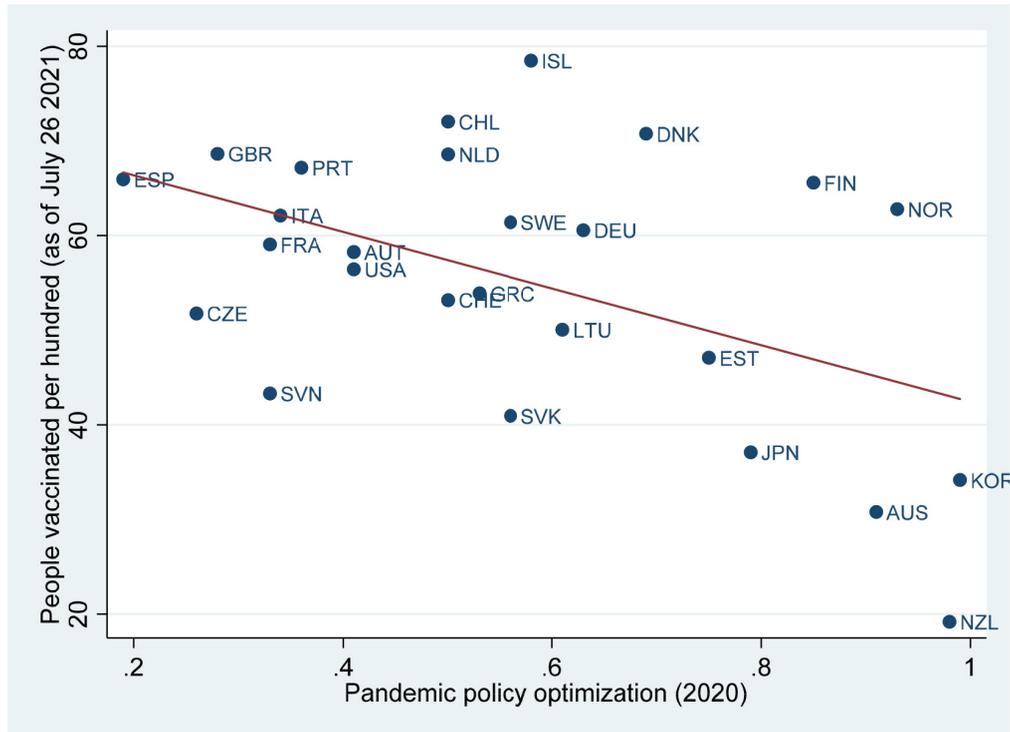
¹⁷ The data on self-employment rate is derived from OECD Data <https://data.oecd.org/emp/self-employment-rate.htm>.

¹⁸ Number of observations: 26; R-squared: 0.35 in 2020 Q1 model; 0.49 in 2020 Q2 model; 0.52 in 2020 Q3 model; 0.43 in 2020 Q4 model; 0.45 in 2021 Q1 model; and 0.41 in 2021 Q2 model.

¹⁹ The confidence in authorities is statistically significant only in the 2020 Q4 model.

and agility of citizens who are faced with a high level of social risk are the facilitators of large-scale collective action that induces voluntary civic compliance with the government NPIs policy. This was found to result in the successful optimization of the pandemic policy between health and the economy.

Figure 9. COVID-19 Vaccination Outcomes in OECD Countries, as of July 26, 2021



Sources: Our World in Data and OECD

The association between the pandemic policy optimization of 2020 and the COVID-19 vaccination outcomes as of July 26, 2021, in OECD countries can be observed in Figure 9 with regression line.²⁰ The regression coefficient of the pandemic policy optimization on the COVID -19 vaccination outcomes is -29.9 with a p-value of 0.011. To substantiate the statistical founding, an increase of 0.1 in the pandemic policy optimization will result in a decrease of three people who vaccinated per hundred. In other words, the better a country performs in enforcing NPIs policy to deal with the pandemic crisis, the worse it makes the people vaccinated.

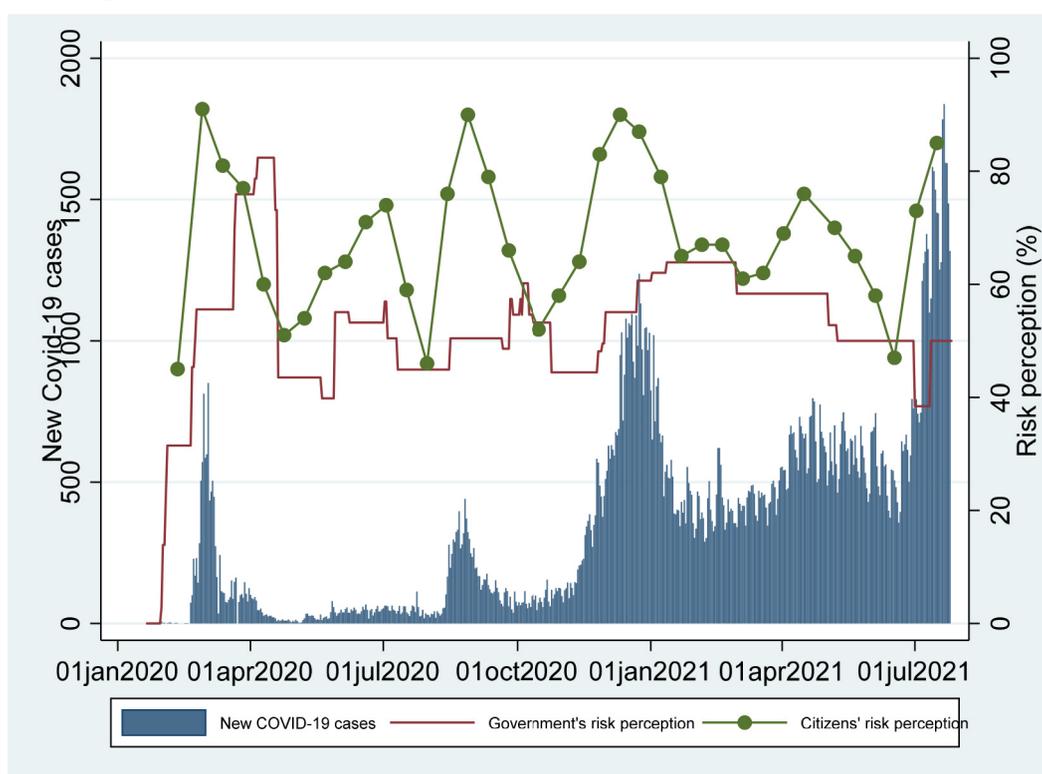
The underperformers in enforcing NPIs policy, including the Czech Republic, France, Portugal, and Spain, turn out to be overachievers in undertaking vaccination. Australia, New Zealand, and South Korea, which outperformed in pandemic policy optimization. are caught in a low-vaccination trap. This clear negative association between the pandemic policy outcomes and vaccination performance will entice scholars to account for the cause in days to come.

²⁰ The total COVID-19 cases per million as of December 31, 2020, is standardized from the minimum of 0 to the maximum of 1. The value is reversed because the smaller number indicates a better outcome. The GDP growth rate of 2020 is standardized from the minimum of 0 to the maximum of 1. The 2020 COVID-19 pandemic policy optimization is the sum of the two standardized values. The COVID-19 vaccination outcomes reflect the number of people vaccinated in hundred as of July 26, 2021.

5. South Korea's Pandemic Policy as a Case Study: A Descriptive Exploration

This section tests the large-scale collective action based on the social risk hypothesis on pandemic policy optimization by studying South Korea as a case. For starters, it shows that civil agility is higher than government agility to the change of new COVID-19 cases, tracing their risk perceptions of the pandemic. Second, it reveals that rational fear is the main driving force that makes large-scale collective action possible, examining the reasons behind the compliance with the social distance recommendations. Lastly, it demonstrates that the risk of contagion is the most important variable that induces voluntary civic compliance with NPIs policy through statistical analysis.

Figure 10. Risk Perceptions and New COVID-19 Cases in South Korea



Sources: Our World in Data and Hankook Research²¹

Figure 10 illustrates how risk perceptions of the government and citizens of new COVID-19 cases have changed from January 21, 2020, to July 26, 2021, in South Korea. The bar graph illustrates new COVID-19 cases.²² The line graph indicates the risk perception of the government, which is measured by the ‘government stringency index’ based on nine response indicators, including school closures, workplace closures, and travel bans rescaled to a value from 0 to 100 (100 = strictest).²³ The circle-maker line graph shows the risk perception of citizens, which is measured by the sum of the percentage of respondents who answered that “it is severe” or “it is very severe” to the question that “how severe do

²¹ New COVID-19 cases and government’s risk perception: Our World in Data <https://ourworldindata.org/coronavirus>; Citizen’s risk perception: Hankook Research <https://hrcopinon.co.kr/archives/series/covid-19>.

²² The data on new COVID-19 cases is derived from Our World in Data <https://ourworldindata.org/coronavirus>.

²³ The data on the risk perception of the government is derived from Our World in Data <https://ourworldindata.org/coronavirus>.

you think the spread of COVID-19 is in the country?" during the thirty-seven waves of Hankook Research surveys from January 2020.²⁴

First of all, it is possible to confirm that there have been five COVID-19 waves since January 2020. The first wave peaked on March 3, 2020, in which new COVID-19 cases rose to 851; the second wave on August 26, 2020, when new COVID-19 cases rose to 441; the third wave peaked on December 24, 2020, when new COVID-19 cases rose to 1,237; the fourth wave peaked on April 22, 2021, when new COVID cases rose to 797; and the fifth wave peaked on July 21, 2021, when new COVID cases rose to 1,838.

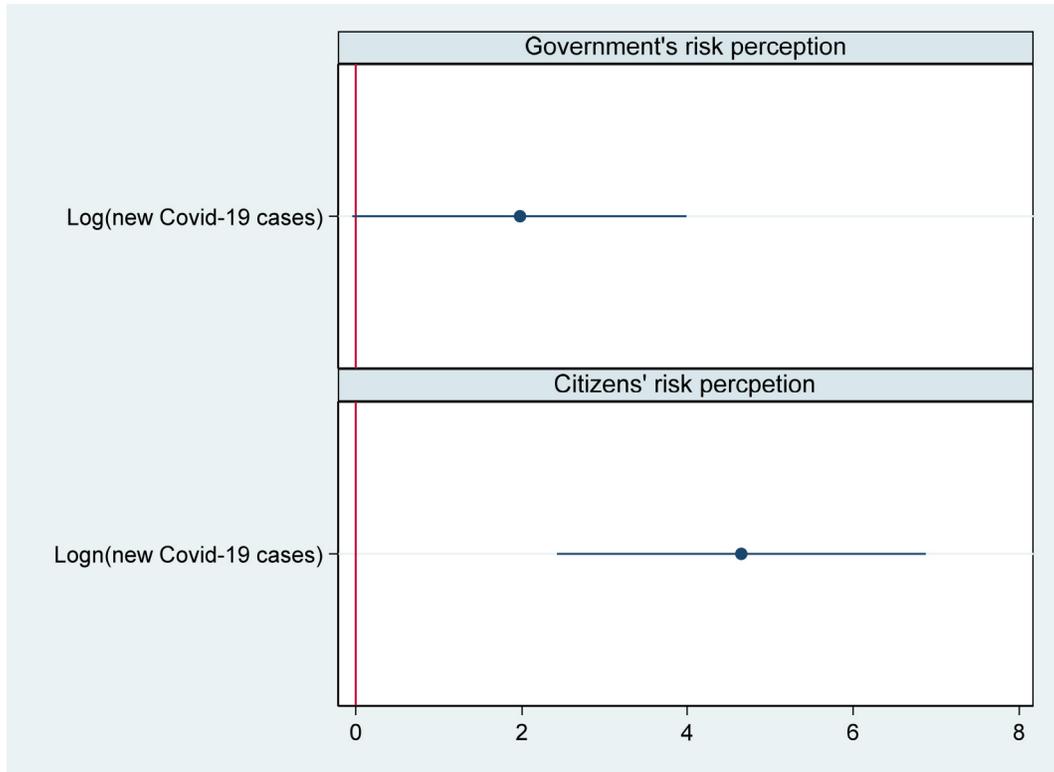
Second, the risk perception of the government, scoring 55.56 on March 3, 2020, took 34 days to reach the highest point of 82.41 on April 6, 2020, during the first wave. Scoring on 50.46 on August 26, 2020, it took 40 days to reach the highest point of 60.19 on October 5, 2020, during the second wave. From 60.65 on December 24, 2020, it took 19 days to reach the highest point of 63.38 on January 12, 2021, during the third wave. It took an average of 31 days for the risk perception of the government to catch up with the peaks of COVID-19 waves. In the fourth wave, the risk perception of the government was 58.33 on April 22, 2021, which declined to 52.78 on May 3, 2021. In the fifth wave, the risk perception of the government was 50 on July 21, 2021, which is lower than that of the fourth wave despite the number of new COVID-19 cases reaching a new highest point in the pandemic.

Third, during the first wave, the risk perception of citizens reached 91% on February 28, 2020, three days before the peak point of new COVID-19 cases, declining to 60% on April 10, 2020, four days after the highest point of risk perception of the government. During the second wave, it reached 90% on August 28, 2020, two days after the peak point of new COVID-19 cases, declining to 52% on October 5, 2020, when the risk perception of the government was on the highest point. In the third wave, it reached 87% on December 24, 2020, when new COVID-19 cases rose to the highest point, declining to 79% on January 12, 2021, four days before the highest point of risk perception of the government. During the fourth wave, it reached 76% on April 16, 2021, six days before the peak point of new COVID-19 cases, declining to 70% on May 7, 2021, four days after the government lowered its risk perception. In the fifth wave, it reached 85% on July 16, 2021, five days before the peak point of new COVID-19 cases. Compared to the risk perception of the government that shows some time lag between its rise and the peaks of the waves, citizens' risk perception corresponds largely to the change of the waves.

Figure 11 illustrates regression coefficients of (logged) new COVID-19 cases on the risk perception of the government and that of citizens. The regression coefficient of (logged) new COVID-19 cases on the risk perception of the government is 1.98 with a p-value of 0.055. The regression coefficient of (logged) new COVID-19 cases on the risk perception of citizens is 4.65 with a p-value of 0.00. It is clear that citizens respond to the change of new COVID-19 cases more agilely than the government does.

²⁴ The data on the citizens' risk perception is derived from Hankook Research <https://hrcopinion.co.kr/archives/series/covid-19>.

Figure 11. Agility to New COVID-19 Cases in South Korea

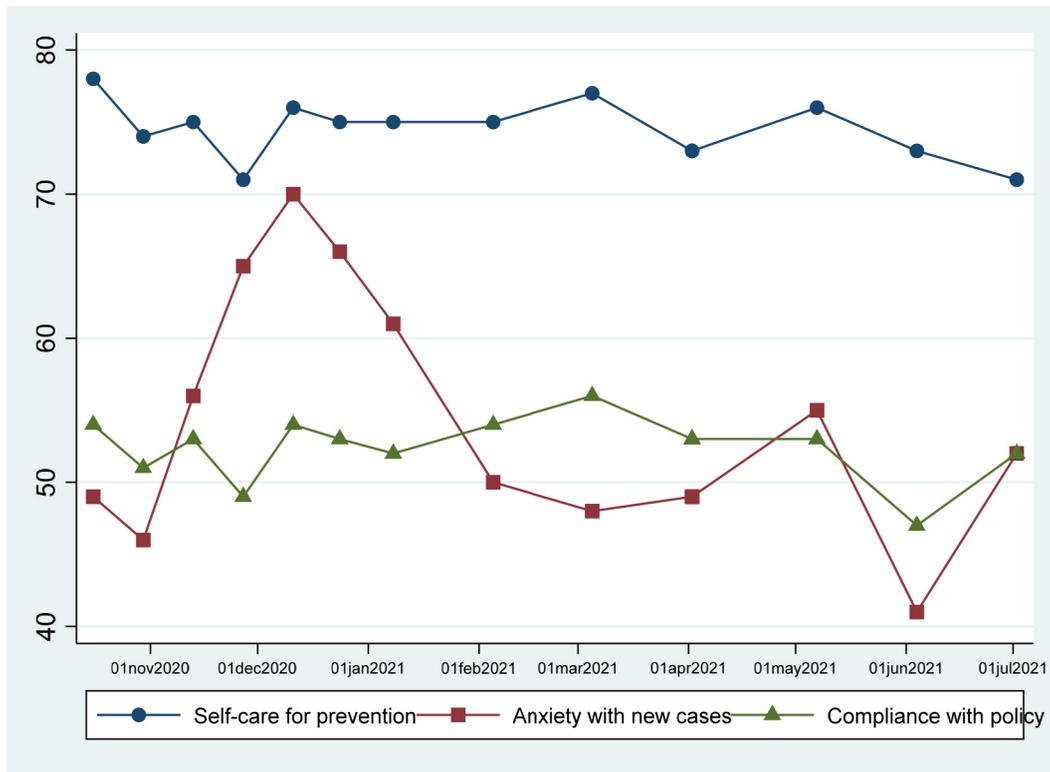


Notes²⁵

These findings imply that the agile response of the government is key to the successful testing and quarantine dimension of NPIs policy. At the same time, the voluntary compliance of citizens is vital to the successful social distancing and personal hygiene dimension of NPIs. If the government, facing the COVID-19 wave, swiftly adjusted its NPIs policy stringency to the point of temporary lockdown policy, the consequence could have been economy-sacrificing policy outcomes. The voluntary civic compliance with NPIs policy on the dimension of social distancing and personal hygiene bridges the gap in the delay of the government responses on the dimension of testing and quarantine. This is why researches that argue that South Korea’s pandemic policy optimization was mainly due to the agile policy response are incomplete at best (Cha 2020; Lee, Hwang, and Moon 2020; Moon 2020; Oh 2021).

²⁵ Number of observations: 37; R-squared: 0.10 in government’s risk perception model; 0.34 in citizens’ risk perception model.

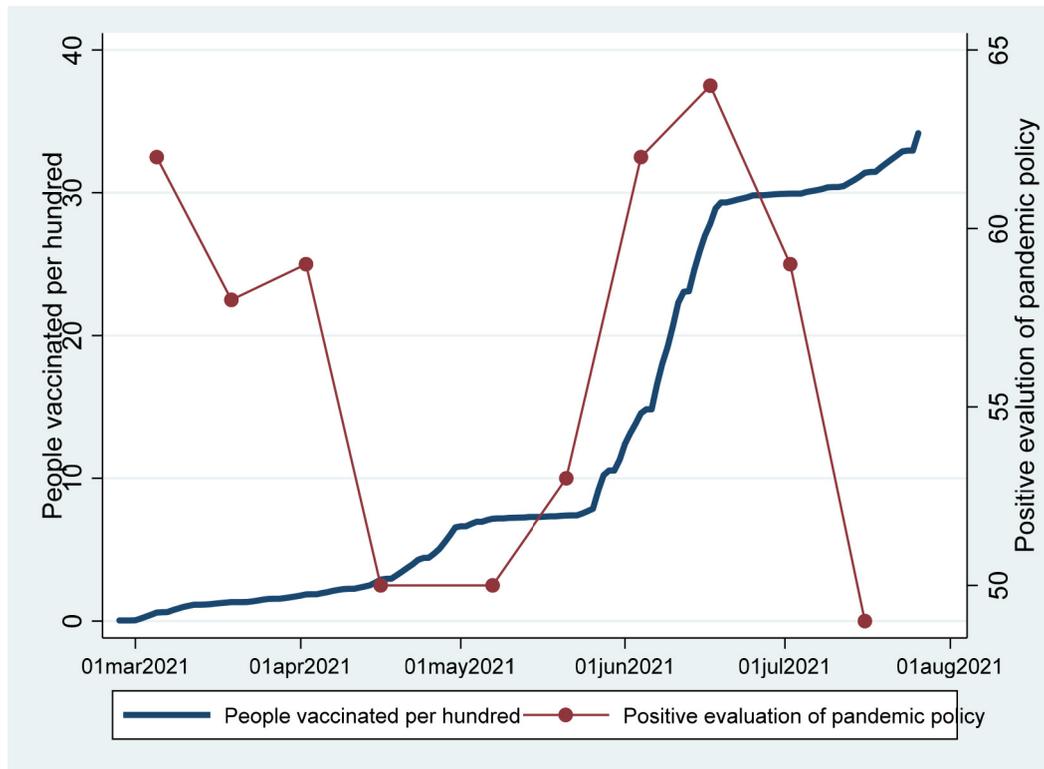
Figure 12. Reasons for Complying with Social Distancing Measures in South Korea



Sources: Hankook Research²⁶

Figure 12 shows the survey results of the reasons for complying with social distancing measures during the fourteen waves of Hankook Research since October 2020. The circle-maker line graph captures the percentage of respondents who answered “self-care for prevention,” the square-maker line graphs those who answered “anxiety with new cases,” and the triangle-maker line graphs those who answered “compliance with policies.” The average percentage of those who answered “self-care for prevention” is 74.5%, while those who answered “compliance with policy” is 52.4%. A two-tailed t-test shows that the means of the two samples are different, with statistical significance at .00. In addition, the changes in the percentage of those who answered “anxiety with new cases” corresponds in large part to the movement of the third and fourth COVID-19 waves, which implies that the sensitivity of citizens to the risk of contagion is the main driver for complying with social distancing measures.

²⁶ Hankook Research <https://hrcopinion.co.kr/archives/series/covid-19>.

Figure 13. COVID-19 Vaccination Outcomes and Evaluation of Pandemic Policy in South Korea

Sources: Our World in Data and Hankook Research

Figure 13 illustrates the relationship between COVID-19 vaccination outcomes and citizens' positive evaluation of the government's pandemic policy in South Korea since March 2021. It shows that the positive evaluation of pandemic policy declined from 59.0% on April 2 to 50.0% on April 16. The decline may be due to the stagnation of vaccination during the period (from 1.9 to 2.9 per hundred). The rise of the positive evaluation on pandemic policy to 62.0% on June 4 from 53.0% on May 21 appears to associate with the vaccination progress during the period (from 7.4 to 14.6 per hundred). The decline from 59.0% on July 2 to 49.0% on July 16 in the positive evaluation of pandemic policy is likely to correlate with the stagnation of vaccination during the period (from 30.0 to 31.0 per hundred). This finding suggests that vaccination outcomes, in addition to NPIs policy performance, become one of the most important elements in assessing the effectiveness of the government's pandemic management in South Korea.

6. South Korea's Pandemic Policy as a Case Study: A Statistical Analysis

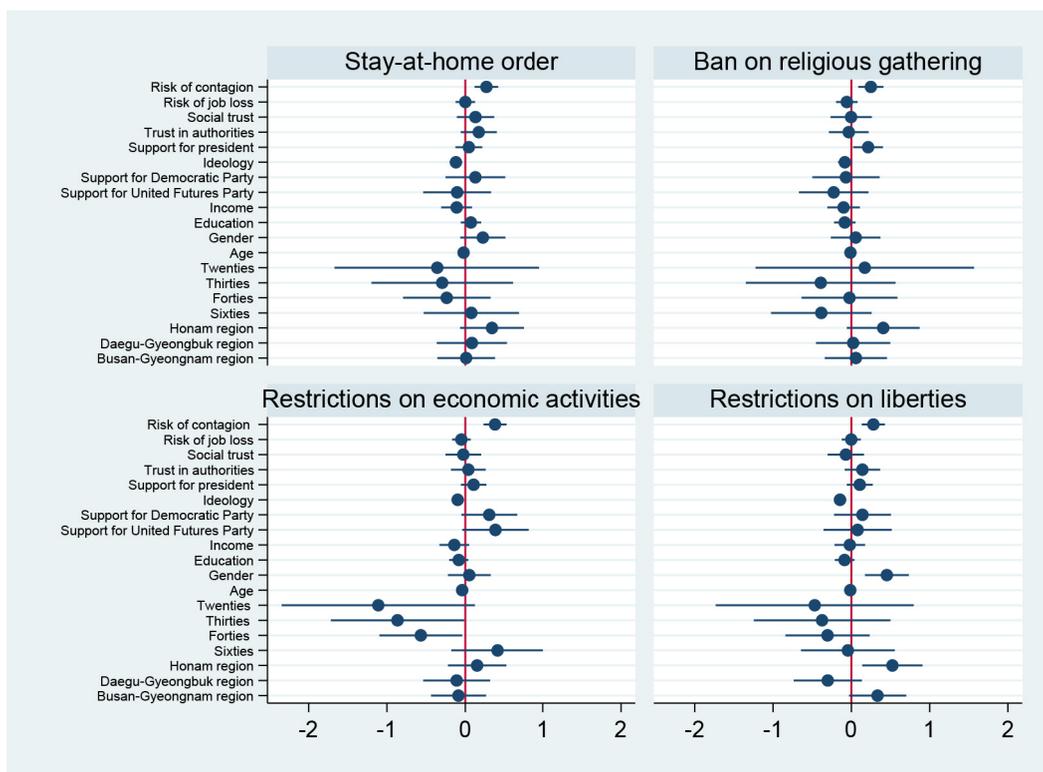
Figure 14 shows the results of ordered logistic multivariate regression on the compliance with "stay-at-home order," "ban on religious gathering," "restrictions on economic activities," and "restrictions on liberties," assigning 1 to "greatly oppose," 2 to "oppose," 3 to "support," and 4 to "greatly support."²⁷

²⁷ The survey was designed by Social Science Korea research team on the quality of government and varieties of governance and conducted by Hankook Research between August 19, 2020, and August 24, 2020.

Above all, the risk of contagion positively affects compliance with stay-at-home orders, the ban on religious gathering, restrictions on economic activities, and restrictions on liberties with statistical significance at .05. The higher an individual perceives the risk of contagion, the more supportive s/he is to varieties of NPIs policies. The finding corroborates the hypothesis that large-scale collective actions based on social risk were the key to pandemic policy optimization in South Korea.

Social trust and trust in authorities do not affect compliance with any categories of pandemic policies. The finding refutes the validity of the social capital-based explanation for pandemic policy optimization in South Korea.²⁸

Figure 14. Determinants of Compliance with Pandemic Policies in South Korea



Notes²⁹

²⁸ Of control variables, ideology has a negative impact on compliance with all pandemic policies except the ban on religious gatherings. The more conservative an individual perceives in her/his ideological self-placement, the less supportive s/he is to most NPIs policies. Support for the president has a positive effect on compliance with the ban on religious gatherings. The more an individual is supportive of the president, the more s/he is willing to sacrifice her/his religious liberties. Compared to individuals in their fifties, those in their thirties and forties are less supportive of compliance with the restrictions on economic activities. Compared to individuals born in non-Honam and non-Youngnam regions, those born in the Honam region are more supportive of compliance with the restrictions on liberties. Compared to male individuals, females are more supportive of compliance with restrictions on liberties. All the other variables, including party support, income, education, and age were not statistically significant.

²⁹ Number of observations: 895; log-likelihood: -746.63 in stay-at-home order model; -689.47 in the ban on religious gathering model; -887.76 in restrictions on economic activities model; and -814.47 in restrictions on liberties model.

7. Conclusion

This study addresses how policymakers and citizens solved the trade-off between health and the economy during the COVID-19 pandemic and why national performances have varied in responding to the challenges among advanced industrial democracies.

Contra conventional wisdom, this study insists that social risk, rather than social capital such as social trust or confidence in authorities, explains the variation of national policy responses to the trade-off between lives and livelihoods. In order to prove its argument, this study first offers a descriptive comparison across OECD countries over quarterly periods in 2020 to ascertain pandemic policy overperformers and underperformers. The research then provides a statistical analysis in which the determinants of COVID-19 pandemic policy optimization are examined. The descriptive and statistical investigations confirm the argument of this study that social risk is the main factor of large-scale collective actions that account for the variation of national pandemic policy performances. Additionally, this study finds out that there is a clear negative association between COVID-19 pandemic policy optimization and COVID-19 vaccination outcomes.

This study traces the risk perceptions of the government and citizens in South Korea to the COVID-19 waves, finding that the agility of citizens to the spread of COVID-19 is the key to successful pandemic policy optimization. It reveals that South Korean citizens incorporate vaccination outcomes in addition to NPIs policy performance as one of the most important components in assessing the government's management of the pandemic crisis. It also reports the results of a statistical analysis in which the determinants of voluntary civic compliance with NPIs policy, showing that the risk of contagion, rather than social trust or trust in authorities, is one of the most decisive factors that explain how large-scale collective actions are possible in South Korea in responding COVID-19 pandemic crisis.

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Country Case 4: Indonesia

Indonesia's Experience to Conquer COVID-19 Pandemic

Sri Nuryanti¹

Indonesian Institute of Sciences

1. Introduction

The first COVID-19 case of an Indonesian citizen was reported to be on March 2, 2020. During the early stage of the pandemic, many thought that the virus would fade away naturally with time. Therefore, Indonesia was already mid-pandemic when policies were applied to contain COVID-19. In the very beginning, Indonesia's policies consisted of evacuating the Indonesian citizens from Wuhan, China, and designating specific hospitals in Galang Island (Riau Islands province) to treat COVID-19 patients. The hospital offered services including monitoring, shelter, and quarantine facilities to control the spread of COVID-19 on Galang Island. The facility could hold 1,000 beds, and construction was completed on April 6, 2020 (CNBC Indonesia 2020).

The policies above show that the Indonesian government tried to counter the spread of the virus by treating the infected patients on a secluded island. Furthermore, the Indonesian government established a special team to accelerate the efforts to combat the spread of the virus under the coordination of the BNPB (*Badan Nasional Penanggulangan Bencana*/ Indonesia National Board for Disaster Management). As creating a coordinated COVID-19 response between the government, ministerial departments, and other stakeholders was complicated and new policy dilemmas emerged, maximizing efforts to control the pandemic was challenging (Wibowo 2020).

¹ Researcher at the Research Center for Politics at Indonesian Institute of Sciences (LIPI)

Figure 1. Bloomberg COVID Resilience Ranking

RANK	CHANGE	ECONOMY	BLOOMBERG RESILIENCE SCORE	1-MONTH CASES PER 100,000	1-MONTH CASE FATALITY RATE	TOTAL DEATHS PER 1 MILLION	POSITIVE TEST RATE	ACCESS TO COVID VACCINES
20	▲4	Bangladesh	59.2	34	1.6%	44	10.2%	5%
21	▼7	Germany	59.2	692	2.1%	309	11.5%	172.4%
22	▲7	Malaysia	58.4	122	0.3%	13	6.5%	24.6%
23	▲3	Switzerland	57.5	1,310	2.3%	763	16%	97.5%
24	▲1	Egypt	57.1	12	4.4%	69	–	61%
25	▲7	Saudi Arabia	56.8	17	6.1%	176	0.4%	5%
26	▲13	Iraq	56.5	128	1.6%	315	3.8%	5%
27	▼11	Sweden	55.5	1,573	1%	791	14.8%	172.4%
28	▲10	Chile	54.8	239	2.4%	842	4.8%	139.3%
29	▼2	Pakistan	54.8	38	2%	42	7.1%	26.5%
30	▼2	U.K.	54.6	785	2.4%	990	6.4%	294.7%
31	▲11	Nigeria	53.6	6	0.4%	6	14.2%	5%
32	▼13	Indonesia	52.9	62	2.3%	72	21.1%	50%
33	▲8	Spain	52.6	514	2.6%	1,046	6%	172.4%
34	▲11	France	52.4	546	3.4%	927	6.1%	172.4%
35	▲11	Philippines	51.7	39	2.1%	81	4.2%	6.2%
36	▲1	Brazil	51.4	561	1.5%	877	–	63.5%
37	▼19	U.S.	51.2	1,734	1.1%	955	13.3%	153.7%
38	▼3	South Africa	50.9	252	2.5%	414	20.3%	5%
39	▼5	India	50.6	69	1.4%	105	2.6%	85.4%
40	▼7	Portugal	50.3	1,189	1.9%	595	11.9%	172.4%
41	▼5	Austria	50.2	1,131	2.9%	578	11.2%	172.4%
42	▲7	Czech Republic	49.2	1,226	2.5%	959	23.1%	172.4%
43	▲5	Colombia	48.5	516	2%	791	–	32.7%
44	▲6	Belgium	48.4	605	4.6%	1,600	6.9%	172.4%
45	▼15	Turkey	47.6	1,860	0.4%	212	14.8%	30.1%
46	▲1	Iran	47.1	385	3%	636	21.3%	5%
47	▼3	Poland	47.1	990	3.3%	667	32.6%	172.4%
48	▼5	Romania	46.3	961	2.5%	743	21.6%	172.4%
49	▼9	Italy	45.8	980	3.4%	1,132	10%	172.4%
50	▼19	Greece	44.7	409	6.3%	394	8.1%	172.4%
51	–	Peru	40.6	138	3.1%	1,118	–	37.7%
52	–	Argentina	37.8	394	2.8%	924	32.5%	47.7%
53	–	Mexico	35.3	223	5.9%	914	40%	119.2%

Source: Bloomberg 2021²

Bloomberg, a private financial, software, data, and media company based in the U.S., launched a report called the “COVID Resilience Ranking” for each country. This report follows the development of the COVID-19 responses, fatality rate, number of infected cases, and PCR tests completed from various countries. Reports are released monthly, taking into account the social and economic disruptions. The report also gives an overview of the capacity of local health care systems, the impact of virus-related restrictions, and other COVID-19 related issues.

From Bloomberg’s COVID Resilience Ranking, dynamics of the COVID-19 pandemics in many countries can be observed. This research utilized data that was published in December 2020. The Bloomberg COVID Resilience Ranking is an analysis of many datasets, indicators, and indexes based on three fundamental criteria: the comprehensiveness of the data, the currentness of the data, and the reputable data collectors. Therefore, Bloomberg’s COVID Resilience Ranking is useful in comparing the

² Bloomberg, “The Covid Resilience Ranking: The Best And Worst Places to Be as Reopening, Variants Collide,” *Bloomberg.Com*, July 28, 2021, <https://www.bloomberg.com/graphics/covid-resilience-ranking/>.

situations of different countries amid COVID-19 pandemics.

From the data above, it seemed that many democratic countries tend to have poorer performances than authoritarian countries. Although Bloomberg has not mentioned the differences in the country's responses towards the COVID-19 pandemic based on regime type, it seems that the data collected can be interpreted from a different angle. The U.S. and India recorded low performances compared to authoritarian countries such as China and Vietnam, which successfully combated the spread of the virus. Hence, the question of whether democratic values are suitable for coping with the pandemic has been raised. Substantial evidence states that succeeding in containing COVID-19 with the least disruption could lead to high levels of trust and societal compliance. However, it is also important to note that the impact of the pandemic and the response of countries have significantly affected the national economy. Indonesia, like other countries, is also facing common challenges. Therefore this study aims to explain the following research questions: 1) What are the challenges faced by Indonesia in health, economy and politics?; 2) What are the prescriptive policies to tackle COVID-19 pandemic while sustaining the economy and defending democracy?; 3) How is the bottom-up policy consumption in the related sectors and on the society level?

2. Literature Review

When faced with such an emergency, democratic countries which usually welcome civic participation in the policy-making process are faced with a dilemma in a way the country needs to formulate the best and fast decision or policy-making process to overcome problems that enacted emergency, between health and economic. The culture of democratic countries asserts the involvement of various actors in deciding the policy and stating the emergency, resulting in long disagreement. Therefore, the government is often reluctant to formulate effective policies in overcoming the pandemic situation.

Mulligan and Martin state that democratic regimes generally choose policies that are more favorable to the poor compared to the non-democratic regimes (Mulligan et al. 2004). On a similar note, after the first COVID-19 case was reported, the Indonesian government announced that policies would be executed to control the rapid spread of the virus. The government gave priority to the underprivileged group by providing health care, giving money to low-income families, and distributing food assistance to the needy. At the same time, the government urged people to implement social and physical distancing, such as wearing a mask when outside and preventing unnecessary meetings. The government also distributed various assistance like providing food for daily consumption and financial assistance for the unemployed.

The government, in the beginning, is appointing the special task force to curb the COVID-19 pandemic with the involvement of all Ministries. After a while, the government is assigning Airlangga Hartarto, the Coordinating Minister of Economy, to be the chairperson of the Committee for overcoming COVID-19 Pandemic and National Economic recovery. The government is also appointing Airlangga as the chairperson for developing the vaccine. In the Committee, Luhut Binsar Panjaitan, the coordinating minister for Maritime and Investment, is assigned as one of the vice-chairpersons. The replacement of the

special task force to curb COVID-19 is considering that overcoming the COVID-19 pandemic is interlinked with economic recovery. Therefore, to support the work of the committee, there are many ministries involved.

The government of Indonesia appointed the Ministry of Foreign Affairs to contain and suppress the spread of COVID-19 cases resulting from international travel and other cross-border activities. This contradicts the theory by Miroslav Nincic, which states that foreign affairs should be left solely to the experts with as little interference as possible from citizens and non-experts within the government (Harriott 1993). In this case, the foreign policy interferes with other agendas, which are obtaining the vaccine and combating the COVID-19 pandemics. The ministries are working together with other Ministries and institutions. So that, the interference of the non-experts within the government institution is possible.

Regarding the policy dilemma, Campbell and Conolly, as quoted by Mark McGovern, claim that the end goal of preserving democracy provides the un-problematized and ultimate justification for pursuing policies (McGovern, 2011). Although McGovern uses this framework to portray the dilemma faced by the government amid terrorism cases in the UK, the COVID-19 pandemic fits the situation where the government holds power to declare an emergency.

Another interesting theory offered by Giorgio Agamben is on “State Exception.” Agamben argues that when a state is in an emergency, the state tends to neglect the existing law (Agamben 2005) and searches for the field logic to create a policy (Giordanengo 2016). Therefore, in pandemic situations, the government may employ specific considerations for policies to be applied.

Based on the theoretical perspectives mentioned above, this study aims to find the answer to the policy dilemma of the government; whether the state should control the spread of the virus or focus more on the economic access of the public or defending democracy. These factors create a policy dilemma that makes the policies’ implementation less effective rather than the strict government response shown by the authoritarian type of government.

3. Challenges and Policy Prescriptions: Intersections between health, economy, democracy

How did Indonesia face the challenge of preventing the spread of COVID-19 while hosting local elections on December 9, 2020, and sustaining economic development? This section focuses on the challenges of Indonesia in maintaining democracy and dealing with economic challenges while protecting the safety, health, and political right of its citizens. The main challenge lies in implementing health protocols while balancing safety, economic stability, and democracy.

3.1. Health Challenges

To overcome the increasing number of COVID-19 Pandemic Casualties, the government established an

institution focusing on COVID-19 response by the COVID-19 Task Force. The COVID-19 Task Force is chaired by the Head of the National Disaster Management Agency, General Doni Monardo, and its main role is to create necessary arrangements to control the spread of the virus. The COVID-19 Task Force coordinates with provincial and municipal level local government. Policies including tracing, tracking, and treatment of the people affected by COVID-19 were implemented by this institution.

The Indonesian government responded to the pandemic by implementing domestic policies to overcome COVID-19 pandemics which are: to increase health facilities, economic assistance, social precautions, and some travel restrictions.

The government released Presidential Instruction No. 6/2020 on the Disciplinary Intensification and Enforcement of the Health Protocol Law in the Prevention and Management of COVID-19. The document instructs all ministers, the COVID-19 task force, law enforcement officials, governors, regents, and mayors, to take all necessary steps to intensify their efforts to prevent the spread of the virus infection.

The government had signed an MOU with UNICEF on getting the vaccine as part of the Access to COVID-19 Tools (ACT) Accelerator - COVAX Facility of the World Health Organization (WHO).

3.2. Challenges on Economy

Studies estimate that COVID-19 pushed 100 million people globally into extreme poverty (World Bank 2020). More research suggests that global trade may fall by an annual rate of 9.2%, depending on the depth and extent of the global economic crisis brought on by COVID-19 (WTO 2020). The economic fallout from the pandemic could continue labor dislocation due to high unemployment rates. The Indonesian government applied many policies to tackle this issue. Currently, the biggest economic challenge is on using the state budget in the allocation of financial aid.

President Joko Widodo had issued Presidential Regulation No. 82/2020 concerning the Establishment of the Committee for Handling COVID-19 and the National Economic Recovery.³ Following the above policy, the Ministry of Finance issued the Regulation of the Minister of Finance Number 118/PMK.06/2020 concerning the Government Investment in the National Economic Recovery Program. The government also issued tax reductions and provided financial subsidies.⁴

President Joko Widodo also announced that the government plans to allocate IDR 356.5 trillion (US\$ 24 billion) for the acceleration of the National Economic Recovery Program in the 2021 state budget. The budget was to be allocated to six sectors, namely health (IDR 25.4 trillion), social protection (IDR 110.2 trillion), ministries or institutions, and local government for sector-based improvements (IDR 136.7 Trillion), micro, small and medium enterprises (IDR 48.8 Trillion), corporate funding (IDR 14.9 Trillion), and business incentives (IDR 20.4 Trillion) (Kontan 2020).

Within a couple of months in 2020, the government appointed the National Economic Recovery Task

³ The announcement of Presidential Regulation No. 82/2020 on Committee for Handling Covid 19 and the National Economic Recovery by the Coordinating Minister for Economic Affairs Airlangga Hartarto on Monday, July 20, 2020.

⁴ The government issued Government Regulation Number 48 of 2020 concerning amendments to Government Regulation Number 81 of 2015 concerning Import and/or Delivery of Taxable Strategic Items exempted from Value Added Tax.

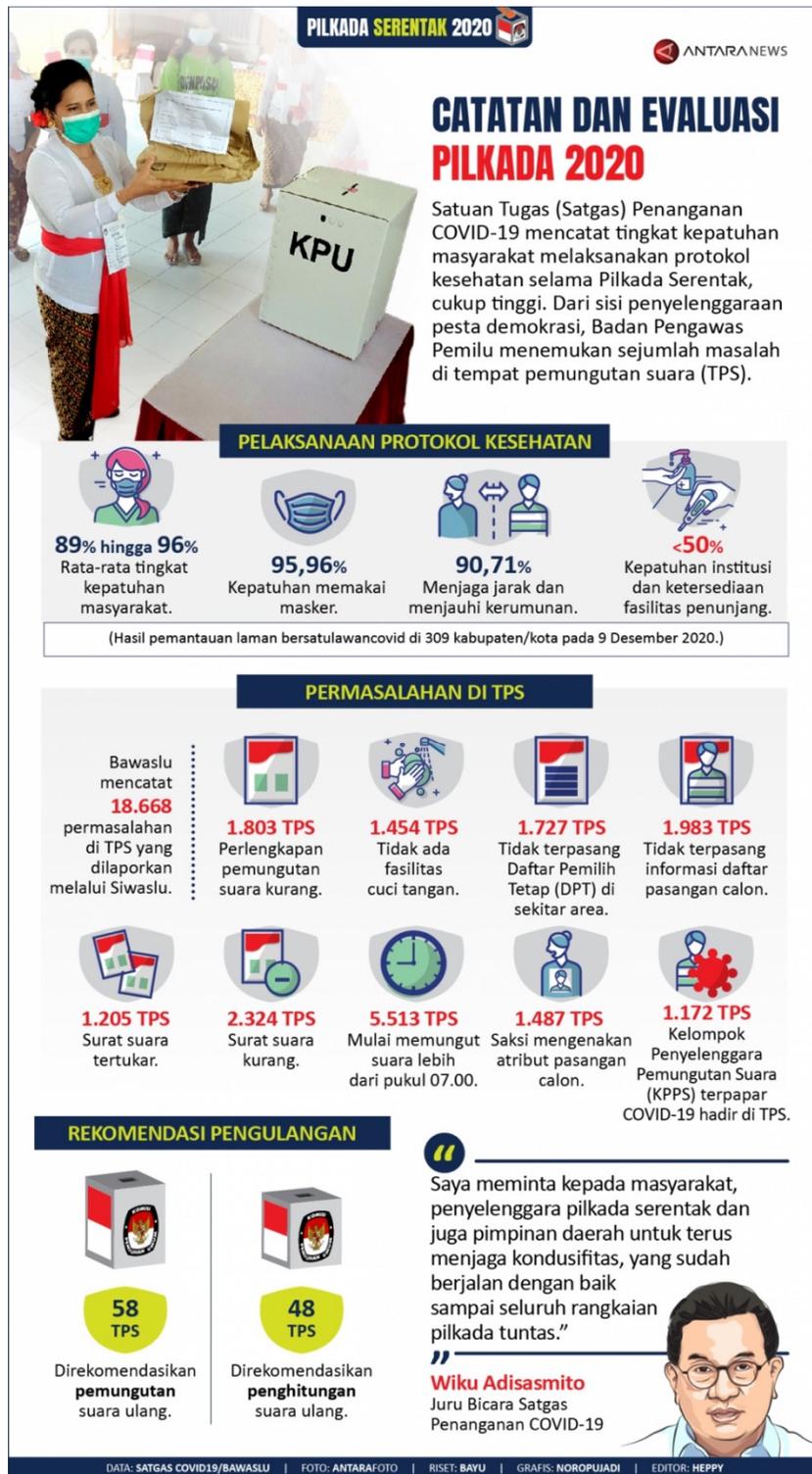
Force, chaired by Deputy Minister for State-Owned Enterprises Budi Gunadi Sadikin. The regulation further appointed Erick Thohir, Minister of State-Owned Enterprises, as the Chief Executive of the new Task Force. The main task was to coordinate the efforts of the two task forces (the COVID-19 Task Force and the National Economic Recovery Task Force) to ensure the effective implementation of government policies in tackling COVID-19 while maintaining economic recovery.

3.3. Challenges to Democracy

The COVID-19 pandemic is giving a tremendous challenge in politics. During the pandemic, democratic countries are forced to resume democratic activities or postpone the activities with uncertain dates to continue the program. According to the data recorded (IDEA 2020), from February 20 to December 13, 2020, at least 75 countries and territories worldwide decided to postpone national and subnational elections due to COVID-19. At least 40 countries and territories decided to postpone national elections and legislative referendums. A total of 76 countries and territories decided to hold national or sub-national elections as planned. Despite concerns about the spread of COVID-19, nine countries have already held national elections or legislative referendums. The parliamentary election of Iran (February 21, 2020) and the by-election in Taiwan (February 22, 2020) are just rare examples of countries that have continued to implement general elections.

In order to maintain democracy, the Indonesian General Election Commission proposed three alternatives for implementing the Simultaneous Regional Elections. The first option was to hold elections on December 9, 2020, if the pandemic ameliorated by May 2020. However, if the situation did not get better, the Simultaneous Regional Election was proposed to be held on March 17, 2021. The third alternative proposed to postpone the Simultaneous Regional Elections until September 29, 2021, at the latest. Some pros and cons were discussed as to whether the Simultaneous Regional Election will be held under the pandemic circumstance.

Figure 2. Note and Evaluation of the 2020 Local Elections

Source: Antaranews 2020⁵

On May 4, 2020, President Joko Widodo finally issued a Government Regulation in lieu of Law of

⁵ Antaranews.com, “Infografik Catatan Dan Evaluasi Pilkada Serentak 2020 [Infographic Notes and Evaluation of the 2020 Simultaneous Elections],” *Antara News*, December 12, 2020, <https://www.antaranews.com/infografik/1891888/catatan-dan-evaluasi-pilkada-serentak-2020>.

the Republic of Indonesia Number 2 of 2020. This Government Regulation in lieu of Law of the Republic of Indonesia Number 2 of 2020 orders that the Simultaneous Regional Elections of 2020 be held on December 9, 2020.

By facilitating coordination between the government, Member of Parliaments, the General Election Commission, the Oversight Body of Election, and the Special Task Force, the Simultaneous Regional Election is decided to be hosted on December 9, 2020. The General Election Commission then was applied the strict health protocol in implementing the Simultaneous Regional election on December 9, 2020, by ordering everyone to wear face masks, wash hands before casting the ballot, and measure body temperatures prior to entering the polling station.

Assessing the local elections in 270 regions in Indonesia, it can be seen that there was successful conduct of local elections, despite taking place during the pandemic. *Antara* News, the newsroom in Jakarta recorded the detail as can be seen from Figure 1. The above infographic on the Notes and Evaluation of the 2020 Concurrent local elections can be divided into three categories namely the implementation of health protocols, the problems at the polling place, and the recommendation to retake the particular processes.

From the infographic as mentioned above, especially on the section mentioning the implementation of health protocols, the following statistic was collected. overall 89% to 96% of people obey the implementation of health protocols; 95.96% is the average rate of people to wear face masks; 90.71% people obey to distancing and avoiding crowds; and less than 50% institutions obedience to health protocols and lack of provision of support system. The problems at the polling place from the infographic above can be seen in the following table:

Table 1. Problems at the Polling Place

No	Number	Explanations
1	18,668 problems	Reported to the Oversight Body of Election through <i>Siwaslu</i> (System of Overseeing Election)
2	1,803 polling places	Lack of equipment
3	1,454 polling places	They have no washing hand facilities
4	1,727 polling places	They do not put the voter rolls on the board panel
5	1,983 polling places	They do not put the information of the candidates at the board panel
6	1,205 polling places	Their Ballot papers have exchanged
7	2,324 polling places	They lack of ballot papers
8	5,513 polling places	They started the voting after 7 am (They supposedly start the voting at 7 am)
9	1,487 polling places	The witness was wearing the candidates' attributes
10	1,172 polling places	Assumed to have people affected by COVID-19 were coming to the polling places

Lastly, in the infographic above, it can be seen that 58 polling places were recommended to retake the voting, and 48 polling places were recommended to recount the ballots. Regarding the voter turnouts,

the General Election Commission has released data that the average participation for the Simultaneous Local Election in 2020 is 76,09%. The participation of the local election at a provincial level is 69,67%, at the regency level, the participation level shown at 77,52% and the participation at the city level is 69,04%.⁶ From this point of view, it can be seen that the local election held at 270 regions were conducted successfully.

4. A Bottom-Up Policy Consumption

A “work from home” regulation was applied throughout Indonesia during the pandemic, and all business processes were conducted online. This led to increased interest in online shopping and self-sufficient household activities such as gardening, cooking, and other ‘at home’ activities.

“Large Scale Social Distancing” was applied in many provinces, especially in places that experienced a significant increase in COVID-19 patients. Many spaces for public meetings, such as markets, malls, schools, and train stations, were closed. The operation of long-distance trains, flights, and intercity buses was also terminated under this regulation.

Shops were allowed to operate only for a limited time, and were mandatory to close at 6 p.m. Therefore, many grocery stores started to offer direct delivery to customers. Restaurants were allowed to sell take-aways but were required to follow restrictions for dine-in customers. A clear glass border between diners or seating arrangements following the social distancing regulation was necessary for restaurants to serve ‘dine-in’ customers. Many members of the civil society engaged in social solidarity activities by donating some raw food materials such as rice, vegetables, eggs and giving meals for the needy. To avoid the rapid transmission of the virus, they also voluntarily implemented ‘local lockdown’ in housing compounds. This societal response controlled the spread of the virus by preventing non-residential people from wandering around the housing complex. Some people collected donations to help people in need like ‘ojek online (motor-taxi)’ drivers and others whose livelihoods were seriously jeopardized by the pandemic or the unemployed.

The private sector, such as companies, trading activities, and the hospitality industry, such as hotels, restaurants, were also affected by the pandemic. Some private companies discontinued their services, and some were unable to continue paying their workers. In this challenging situation, the government was not allowing the private sectors to operate normal hours, the restaurants, the public transportations, and other private business sectors were asked to discontinue their service to prevent the spread of COVID-19. With this policy, the private sectors understood the government policy to prioritize the health sector rather than the economic sector.

Aside from the above policy consumption, it is also seen that there was a significant changing behavior due to COVID-19 pandemic. Two significant changes should be noted: Firstly, there was

⁶ KPU, “Tingkat Partisipasi Pemilih 2020 Capai 76,09 Persen [2020 Voter Participation Rate Reaches 76.09 Percent],” Komisi Pemilihan Pemilu, January 7, 2021, https://www.kpu.go.id/koleksigambar/Rilis_Tingkat_Partisipasi_Pemilih_di_Pemilihan_2020_Revisi_7_Jan.pdf.

disruption on many manual processes as many activities were forced to be completed by Information Technology. Therefore, all sectors are forced to adjust to the condition by employing IT, using mainly the online system and internet-based activities. Secondly, everyone was urged to implement health protocols in every place, even if they are at home. Thus, the government policies during the pandemic mostly contained the obligation to implement strict health protocols in any activities such as wearing face masks and face shields, applying social distancing, avoiding crowds, and many more.

5. COVID-19 Vaccination Program

In early December 2020, the Ministry of Health decided on the type of vaccine as a follow-up to the Presidential Decree on vaccine procurement set in early October 2020. Minister of Health Terawan Agus Putranto, on December 3, 2020, stipulated Minister of Health Decree Number HK.01.07/Menkes/9860/2020 concerning Determination of Vaccine Types for the Implementation of Covid-19 Vaccination. The types of Covid-19 vaccines set by the Ministry of Health are vaccines produced by Bio Farma, AstraZeneca, China National Pharmaceutical Group Corporation (Sinopharm), Moderna, Pfizer Inc. and BioNTech, and Sinovac Biotech Ltd. These types of vaccines are still in the implementation stage of the third stage of clinical trials or have completed the third stage of clinical trials at that time. Regarding the vaccine plan, on December 16, 2020, in a press release through the Presidential Secretariat channel, President Jokowi revealed that the public would not be charged for the Covid-19 vaccine.

Throughout Semester II-2020, the Government of Indonesia has continued to strive to deal with Covid-19, including mass campaigns for wearing masks, maintaining distance, and washing hands with soap (3M). Given the rapid spread of COVID-19, there was a call to develop a vaccine. Vaccines are the only solution to protect those who are vaccinated and the broader community by reducing the spread of COVID-19.

The data from the Ministry of Health shows the following information from the latest update date of July 31, 2021.

Table 2. Vaccination Data in Indonesia

Target of Vaccination 208,265,720 people	1 st round of vaccination 47,474,168 people
	2 nd round of vaccination 20,673,079 people

Source: The Ministry of Health, 2021⁷

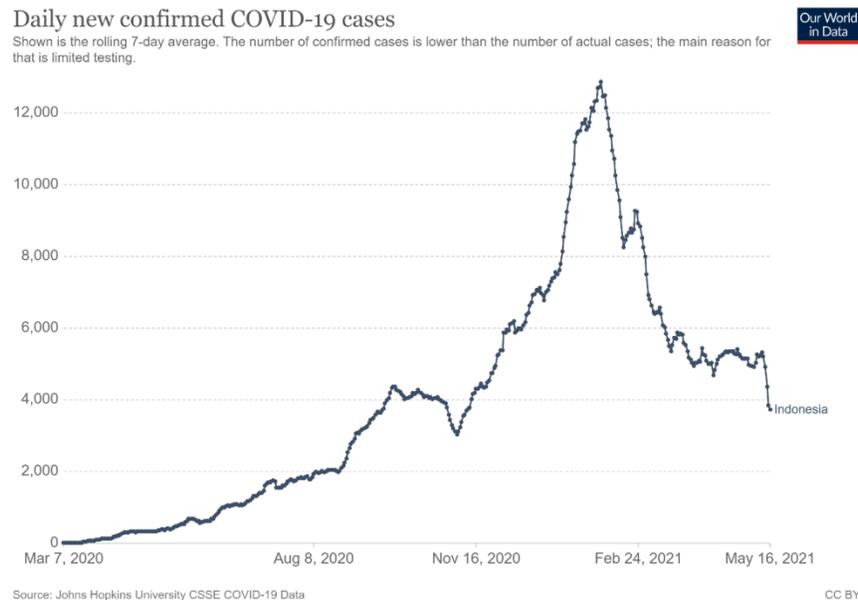
From the updated vaccination data above, it is evident that the government is enforced to implement

⁷ Ministry of Health, "Vaksinasi COVID-19 Nasional [National COVID-19 Vaccination]," Kementerian Kesehatan Republik Indonesia, 2021, <https://vaksin.kemkes.go.id/#/vaccines>.

the simultaneous application of vaccines and other policies, the government also announced that Indonesia's Airlangga University is developing Red and White Vaccine (*Vaksin Merah Putih*) and is at the clinical testing stage on May 2021 status.⁸

From the data gathered by John Hopkins University CSSE COVID-19 Data, the confirmed daily cases in Indonesia as of May 16, 2021, decreased.

Graph 1. CSSE COVID-19 Confirmed Daily Cases Data in Indonesia May 2021

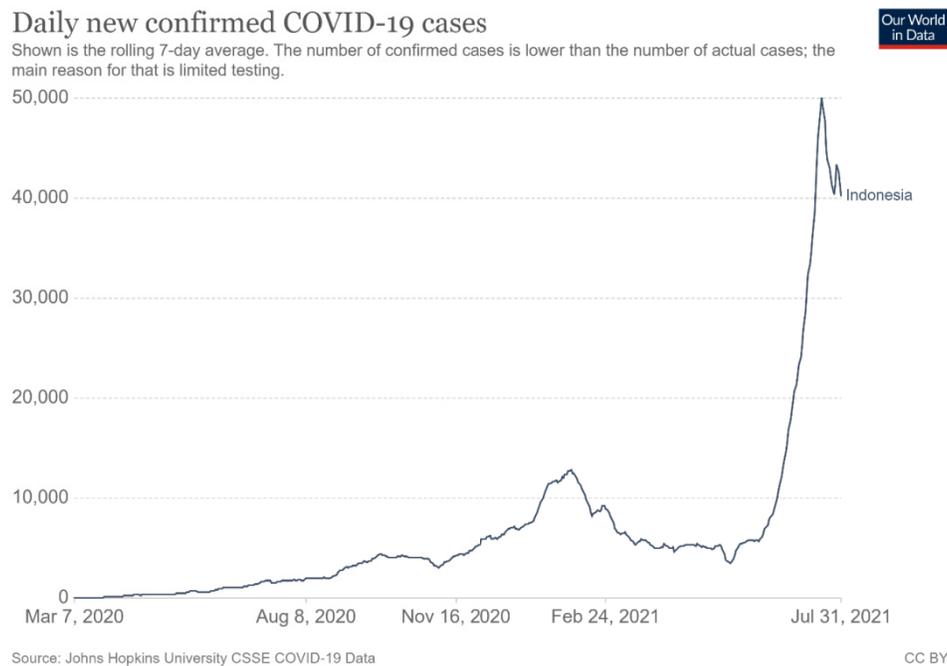


Source: Our World in Data, 2021⁹

However, data on July 31, 2021, showed differently. It showed a very significant peak of the cases as can be seen in the graph below.

⁸ The COVID 19 Special Task Force, “Vaksin Merah Putih Masuk Program Vaksinasi Pemerintah [Merah Putih Vaccines Enter the Government Vaccination Program],” <https://covid19.go.id/>, May 19, 2021, <https://covid19.go.id/berita/vaksin-merah-putih-masuk-program-vaksinasi-pemerintah>.

⁹ Ritchie, Hannah, Edouard Mathieu, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diana Beltekian, and Max Roser. “Coronavirus Pandemic (COVID-19).” Our World in Data, March 5, 2020. <https://ourworldindata.org/coronavirus/country/indonesia>

Graph 2. CSSE COVID-19 Confirmed Daily Cases Data in Indonesia July 2021

Source: Our World in Data, 2021¹⁰

The question strongly addresses why the data shows a sudden peak. There is a number of reasons why the cases of COVID-19 extremely increased in July 2021. There are several arguments as follows:

1. In Indonesia, where it is mostly inhabited by Moslem (people with Islamic religion), many have had *Eid ul Adha* celebration, where family members are usually gathered together.
2. Although the government is nationally imposing a travel restriction, especially from July 4th, 2021, until July 20th, 2021, many people have traveled to their hometown before the travel restriction was imposed. Therefore, during the *Eid* celebrations, many people have gathered with family members in their hometown already.
3. Although the local restriction is also being imposed, and there is a restriction in terms of store closing or social activities, it does not affect much in lowering the case.
4. Tracing COVID-19 casualties is already done at a local level. From the tracing activities, many cases are found at family clusters.

6. The Indonesian Government Policy Review One Year After the COVID-19 Pandemic

In order to combat the pandemic, the Indonesian Government's COVID-19 policies should be reviewed.

¹⁰ Ritchie, Hannah, Edouard Mathieu, Lucas Rodés-Guirao, Cameron Appel, Charlie Giattino, Esteban Ortiz-Ospina, Joe Hasell, Bobbie Macdonald, Diana Beltekian, and Max Roser. "Coronavirus Pandemic (COVID-19)." Our World in Data, March 5, 2020. <https://ourworldindata.org/coronavirus/country/indonesia>

General policies related to handling COVID-19 issued by the central government in 2020 include increasing discipline and enforcement of health protocols, accelerating behavior change, and establishing a national vaccination program. The policies are still effective in 2021. The government increases discipline and enforces health protocol laws through Presidential Instruction No. 6 of 2020 concerning Increasing Discipline and Enforcement of Health Protocol Laws in the Prevention and Control of COVID-19. The Presidential Instruction signed by President Jokowi on August 4, 2020, is addressed to Ministers, the TNI Commander, the National Police Chief, Heads of the Non-Ministerial government institutions, Governors, and Regents/Mayors. These regulations provide legal certainty to act against people who do not comply with health protocols. The obligation to carry out health protocols is aimed at individuals, business owners, managers, event organizers, or people in charge of public places and facilities. Violations of this health protocol can be subject to sanctions in the form of verbal or written warnings, social work, administrative fines, and even a termination or temporary closure of business operations. Overall, there is a need to have a policy review to determine the effectiveness of the policy.

6.1. Presidential Instruction Number 4, Year 2020 (March 20, 2020)

The Indonesian President Joko Widodo signed a Presidential Instruction 4/2020 concerning ‘Refocusing of Activities, Budget Reallocation, and Procurement of Goods and Services in the Context of Accelerating the Handling of Corona Virus Disease 2019 (COVID-19).’ In this policy, the President issued the following seven instructions to all ministries and local governments.¹¹

First, the existing budgets for activities that accelerate the handling of the pandemic were instructed to be allocated. Second, the refocusing of activities and budget realization through the budget revision mechanism was encouraged to be accelerated. Third, the procurement of goods and services to support the control of COVID-19 was asked to be accelerated. Fourth, the Government Goods and Services Procurement Agency, as well as the State Development Audit Agency in procuring Goods and Services for Handling COVID-19 were required to be involved. Fifth, procuring goods and services for medical devices for handling COVID-19 according to health requirement standards was demanded. Sixth, the Minister of Finance was asked to facilitate the budget revision process; the Minister of Home Affairs to take further steps in using the State Budget; the Minister of Public Works and Housing to accelerate the preparation and development of infrastructure; and the Minister of Health to accelerate the provision of registration and purchase the medical devices for handling COVID-19. Seventh, all of the president's instruction is asked to be implemented with full responsibility.

6.2. Government Regulation In Lieu of Law 1/2020 (March 31, 2021).

The President of the Republic of Indonesia, Joko Widodo signed Government Regulation In Lieu of Law Number 1 2020 on the State Financial Policy and Financial System Stability for Handling the COVID-19

¹¹ Presidential Instruction, “Refocussing Kegiatan, Realokasi Anggaran, Serta Pengadaan Barang Dan Jasa Dalam Rangka Percepatan Penanganan Corona Virus Disease 2019 (Covid-19),” Pub. L. No. SK No 022697 A, 4/2020 Instruksi Presiden (2020), <https://www.kemenkeu.go.id/media/14702/inpres-nomor-4-tahun-2020.pdf>.

Pandemic and/or in the Context of Facing Threats That Endanger the National Economy and/or Financial System Stability.¹² Through this regulation, the government increased the 2020 State Budget expenditure and financing budget for handling COVID-19 to IDR 405.1 trillion. The budget is allocated for health, social protection, stimuli for individual business credit, credit structuring, and guarantees and financing for businesses. On June 16, 2020, the government announced that the COVID-19 budget would increase to IDR.696.2 trillion.

6.3. Minister of Health Regulation Number 9/2020 (April 4, 2020)

The Minister of Health, Terawan Agus Putranto, issued the ‘Guidelines for Large-Scale Social Restrictions in the Context of Accelerating Handling of Corona Virus Disease 2019 (COVID-19).’ This policy became a guideline for local governments to enact social restriction policies. Local governments wishing to implement the Large-Scale Social Restriction (*PSBB/Pembatasan Sosial Berskala Besar*) must meet specific criteria and obtain approval from the Ministry of Health.

6.4. Implementation of a Large-Scale Social Restriction in DKI Jakarta (April 13, 2020)

DKI Jakarta applied the Large-Scale Social Restriction after obtaining permission from the Ministry of Health. The implementation of the inaugural of a Large-Scale Social Restriction (*PSBB/Pembatasan Sosial Berskala Besar*) lasted 14 days with restrictions on transportation to reduce mass interaction. This policy was then applied to a number of other provinces.

6.5. The New Normal Policy (June 1, 2020)

The New Normal Policy was implemented to reduce the impact of continuous restrictions. This is because, at that time, a number of companies began to face economic downturns that led to layoffs. Through this policy, the government was eager to pay attention to three major problems: health, economy, and social. Therefore, in this framework, the government put great attention to implementing health-related policies such as wearing masks, washing hands with soap and preferably with running water, and implementing physical distancing. In terms of the economy, the government gave incentives and financial aids. Lastly, for the social, the government implemented policies such as ‘Restrictions on Social Mobility,’ ‘Restriction on Community Activities,’ and many others (Kompas 2020).

6.6. Decree of the Minister of Health (July 13, 2020)

On July 13, 2020, the Ministry of Health revised the Guidelines for the Prevention and Control of COVID-19. The guidelines are stipulated through the Decree of the Minister of Health Number

¹² Government of Indonesia, “Peraturan Pemerintah Pengganti Undang-Undang (Perpu) Tentang Kebijakan Keuangan Negara Dan Stabilitas Sistem Keuangan Untuk Penanganan Pandemi Corona Virus Disease 2019 (COVID-19) Dan/Atau Dalam Rangka Menghadapi Ancaman Yang Membahayakan Perekonomian Nasional Dan/Atau Stabilitas Sistem Keuangan,” 1/2020 (2020), <https://peraturan.bpk.go.id/Home/Details/135060/perpu-no-1-tahun-2020>.

HK.01.07/Menkes/413/2020. This 207-page rule is the 5th revision. The Ministry of Health has again revised the guidelines because the risk of COVID-19 is still high with the spread that has almost touched all parts of Indonesia. The specific purpose of this regulation is to understand prevention strategies and indicators, carry out epidemiological surveillance, laboratory diagnosis, clinical management, prevention and control of transmission, implement risk communication for community empowerment, and provide resources and essential health services.

6.7. The Creation of COVID-19 Task Force and the Economic Recovery (July 20, 2020)

On July 20, 2020, through Presidential Decree No. 82 of 2020, the government formed a Committee for the Handling of COVID-19 and the recovery of the national economy. The committee expands the scope and tasks that the Task Force has carried out for the Acceleration of Handling COVID-19 (Covid-19 Task Force). The committee is subdivided into three sections: the Policy Committee, the COVID-19 Handling Task Force (*Satuan Tugas Penanggulangan COVID-19/STPC-19*), and the National Economic Recovery and Transformation Task Force. With the expansion of this policy strategy, efforts to overcome Covid-19 in the health sector will continue to be carried out. This effort is in line with the 2 (two) general goals of handling COVID-19 issued by the WHO, namely reducing the spread of COVID-19 and reducing deaths due to COVID-19. Every country has to adapt its strategies based on risk, capacity, and vulnerability (WHO 2002). Various activities to reduce the spread of the virus can be summarized in five keywords, namely finding, testing, case isolation, contact quarantine, and social restrictions. Meanwhile, activities to reduce deaths are carried out by expanding health services, adding important/vital health facilities, and strengthening medical personnel.

Entering the final quarter of 2020, the government is focusing on procuring COVID-19 vaccines. This is marked by the issuance of Presidential Decree No. 99 of 2020 concerning Vaccine Procurement and Vaccination Implementation in the Context of Overcoming the COVID-19 Pandemic.¹³ In the regulation stipulated by President Jokowi on October 5, 2020, it is stated that the government policy to overcome the COVID-19 pandemic includes vaccine procurement, vaccine administration funding for vaccine procurement, as well as support and facilities for ministries, institutions, and local governments (article 1). In addition, it was also emphasized that the government, in this case, the Ministry of Health, is authorized to determine the type and number of vaccines, with consideration of the COVID-19 Handling Committee and National Economic Recovery and the Food and Drug Supervisory Agency (article 2). The Presidential Regulation also states that the government prioritizes the procurement of COVID-19 vaccines from domestic suppliers (Article 6). For the procurement of vaccines, the Presidential Regulation assigns *PT Bio Farma* and its subsidiaries, namely *PT Kimia Farma Tbk* and *PT Indonesia Farma Tbk*. This procurement comes both in cooperation with foreign and domestic counterparts. Meanwhile, international institutions and agencies that are cooperating with the Indonesian government include the Coalition for Epidemic Preparedness Innovations (CEPI) and The Global Alliance for

¹³ Presidential Regulation, "PERPRES No. 99 Tahun 2020 Tentang Pengadaan Vaksin Dan Pelaksanaan Vaksinasi Dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (Covid-19)," Pub. L. No. LN.2020/No.227, 99/2020 (2020), <https://peraturan.bpk.go.id/Home/Details/147944/perpres-no-99-tahun-2020>.

Vaccines and Immunizations (GAVI). This shows that the Indonesian government is committed to addressing public health needs.

6.8. The Large-Scale Restriction Phase 2 in Jakarta Province (September 14, 2020)

The Governor of Jakarta, Anies Baswedan, pulled an emergency brake to implement the Large-Scale Restriction Phase 2 for two weeks. This policy responded to the increasing number of COVID-19 cases and the limited amount of hospital space. It was implemented as the Large-Scale Restriction Phase 1 was seen successful in decreasing the number of confirmed COVID-19 cases in Jakarta. Therefore, when the number of cases increased after the end of the restriction, the governor implemented the Large-Scale Restriction Phase 2 (Bisni 2020).

6.9. Revision of the 2020 National Holidays (December 1, 2020)

This announcement was revised at least twice through a Joint Decree of three ministers, namely the Minister of Religion, the Minister of Manpower, and the Ministry of Administrative and Bureaucratic Reform. After revising the holiday announcement on March 9, the government, once again, changed the holiday announcement on December 1, 2020. The period between December 28 to December 30, 2020, was initially designated as a substitute for the *Eid* holiday. However, these days were canceled since people tend to go out of town during the holidays. It was predicted that holidays would lead to the increase of COVID-19 cases.

6.10. Prohibition for Foreigners to Enter Indonesia (January 1, 2021)

This policy was announced by the Minister of Foreign Affairs, Retno LP Marsudi. This policy does not apply to foreign nationals holding diplomatic or official passports and holders of Temporary or Permanent Stay Permit Cards.

6.11. Implementation of The Restrictions on Community Activities (January 11, 2021)

The government implemented the 'Restrictions on Community Activities' throughout Java and Bali Islands for two weeks starting January 11, 2021. This policy was said to be ineffective as the number of COVID-19 cases increased.

6.12. The Restriction on Community Activities at the Micro-level (February 9, 2021)

The Restriction on Community Activities at the micro-level was the alternative to the earlier policy applied throughout Java and Bali Islands. The government planned to implement this policy until March 8, 2021, but it was extended until March 22, 2021. It is said that provinces that implemented this policy experienced a positive impact on their economy (Anatranews 2021).

6.13. Travel restriction due to *Eid ul Fitri* Mubarak 2021

The government has released a travel restriction no.13/2021 regarding the travel restriction before and after *Eid ul Fitri* Mubarak, which was applied from May 6, 2021- May 24, 2021

6.14. Travel Restriction due to *Eid ul Adha* Mubarak 2021

Another travel restriction was imposed prior to the celebration of *Eid ul Adha* Mubarak, which was applied from July 3 to July 25, 2021. This regulation asked the police to bring people to their original location when they were found on the street.

6.15. Implementation of The Restrictions on Community Activities

The Restriction on Community Activities was imposed by the government at a local level, ranging from level I to level IV. Level I implies that there are minor casualties in the local area. The more casualties, the more level is imposed. Level IV is imposed by limiting the service of shops and mobility in the particular area where many COVID-19 cases are found. This policy was effective until August 2021, and will possibly be extended indefinitely.

7. Conclusion

From the findings above, it is evident that the Indonesian government tried its best to curb the pandemic that affected the lives of Indonesian citizens. It is undeniable that at the beginning, the government tried to overcome COVID-19 related health issues by institutionally establishing the special task force as well as formulating and implementing policies to overcome the pandemic. Secondly, the government decided to host the national election in December 2020 with strict health protocols during the campaigning and actual election periods. Third, the government implemented policies for economic recovery. This is also related to the import of COVID-19 vaccines from China and other vaccine-producing countries. The responses of the government, private sectors, and society are complementary to each other. The government was faced with the dilemma of choosing between combating the pandemic and saving the economy. At the beginning of the pandemic, the government was seen as sacrificing economic stability and the public's access to economic resources in order to combat the spread of COVID-19. However, the government was able to overcome this challenge by implementing policies that covered both health and financial issues, providing aid and other types of assistance, and conjuring economic recovery plans.

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Country Case 5: The Philippines

Democratic Backsliding and Pandemic Governance in the Philippines

Francisco A. Magno¹

Jesse M. Robredo Institute of Governance

1. Introduction

The strong predisposition towards autocratic governance was spreading across the globe even before the outbreak of the Corona Virus Disease (COVID)-19 in late 2019 (cooper et al. 2020). However, the pandemic exacerbated this tendency. In many countries, it provided an opportunity for authoritarian leaders to expand their powers. As the pandemic raged, these elected chief executives demanded and received even more authority from the legislature to manage the health crisis.

Various forms of democratic recession or backsliding worldwide are seen to have intensified more than a decade ago. Backsliding involves the erosion of democratic governance features within any regime (Waldnr 2018). This occurs through an incremental process where elected populist leaders draw up measures to weaken the countervailing power exercised by institutional checks such as the political opposition, independent media, and civil society that are important in a vibrant democracy (Diamond 2021).

The military takeovers and electoral violence prevalent during the Cold War have waned in the contemporary period. Instead of fomenting regime change, current forms of democratic backsliding tend to produce political systems that are ambivalently democratic or hybrid. According to Bermeo (2016), executive aggrandizement becomes the more common type of backsliding. This happens when elected executives dilute the constitutional checks on executive power through concerted actions that erode the power of independent groups to offer alternate options and challenge executive choices (Bermeo 2016).

The Philippines presents an exemplar case of democratic backsliding that accelerated with the election of a populist leader, Rodrigo Duterte, as President in 2016. Populism is considered a thin-centered ideology that portrays society as divided into two homogeneous and contending camps: the pure people versus the corrupt elite (Mudde et al. 2018). Populism is a recurring feature of Philippine politics (Magno 2021). However, it was under Duterte's populist presidency that executive aggrandizement was pushed to the hilt. Pappas (2019) argued that when populism cannot settle on the point of political equilibrium, it often swings at either end of the spectrum, at times towards mending liberalism, at other times veering

¹ Professor at De La Salle Universtiy (DLSU) and the Foundign Director of the Jesse M. Robredo Institute of Governance

towards autocracy (Pappas 2019). Under Duterte's rule, the autocratic version of populism became dominant, which has facilitated democratic backsliding in the Philippines.

This paper examines how democratic backsliding has affected pandemic governance in the Philippines. The rise of autocratic populism weakened democratic institutions and systems of checks and balances within the state and society. The concentration of power in the executive, coupled with the lack of willingness to consult with stakeholders and the limited capacity to integrate various proposals, prevented the government from mounting a coherent policy response to the crisis. Democratic backsliding has contributed to poor pandemic governance, especially in responding to health and economic problems, as well as in addressing the second-order issues of ensuring accountability in public expenditure management under emergency conditions.

2. The Arrival of COVID-19 in the Philippines

The COVID-19 pandemic is acknowledged to have begun on November 17, 2019, with the first recorded case of the disease in the city of Wuhan in Hubei Province, China. In the following weeks, cases of people infected with the virus piled up. However, the government kept a tight lid on health data and even reprimanded the local doctors who warned of the new disease. The Chinese government informed the World Health Organization (WHO) of the existence of the virus only on December 31, 2019. Such lack of transparency prevented health authorities globally to take preventive action and contain the transmission of the COVID-19 virus across cities, nations, and borders (Steingrüber et al. 2020).

The Inter-Agency Task Force Against Emerging Infectious Diseases (IATF) was convened in January 2020 to deal with the COVID-19 problem in the Philippines. The policy architecture to address the crisis took shape in response to previous contagious diseases. Executive Order No. 168 that created the IATF was originally issued in 2014 to confront emerging infectious diseases (EIDs). These include Avian Influenza, Ebola, Severe Acute Respiratory Syndrome (SARS), and the Middle East Respiratory Syndrome Coronavirus (MERS-COV), which can easily spread due to heightened mobility of travelers and products brought by globalization. The IATF is designed to facilitate cross-sectoral collaboration and efficiently manage the effects of any potential epidemic or pandemic.

The functions of the IATF include establishing a system to identify, screen, and assist those suspected or confirmed to be infected with EIDs. It is expected to prevent or minimize the entry of suspected patients into the country, through rigid screening and identification of EID carriers, and institutionalizing a surveillance system in all ports of entry. The IATF is tasked to prevent the local spread of EID through contact tracing and quarantine procedures. It also strives to lessen casualties by strengthening clinical management, healthcare facilities, and public safety measures.

To combat COVID-19, the reconstituted IATF proposed temporary restrictions on travel to and from Hubei Province, China, and the institution of quarantine protocols for returning Filipinos from the area under Resolution No. 1, dated January 28, 2020. The first COVID-19 infections in the Philippines were detected in a tourist couple from Hubei Province who entered the country through Hongkong. They were

admitted to the San Lazaro Hospital, which is a national infectious disease referral hospital in Manila. While the first patient recovered, her companion's condition deteriorated and was confirmed as the first COVID-19 death outside of China on February 1, 2020 (Edrada et al. 2020).

3. Series of Lockdown Policies

On March 8, 2020, President Duterte signed Proclamation No. 922, declaring a state of a public health emergency. At that time, there were only 20 confirmed COVID-19 cases. Classes were suspended in Metro Manila. A few days later, on March 12, Duterte placed the National Capital Region under lockdown. Travels going in and out of Metro Manila were banned.² Another executive edict was released on March 16, 2020. Under Proclamation No. 929, the entire country was placed under a state of calamity. This measure enabled local government units (LGUs) to tap their local calamity funds for COVID-19 related expenditures. It also extended the strict lockdown policies in Metro Manila to the entire island of Luzon. The most stringent restrictions were applied under this lockdown category, officially known as enhanced community quarantine (ECQ).

Under ECQ protocols, the movement of people was severely restricted. Mass public transportation services were suspended, while land, air and sea travel was restricted. The restrictions included transport network vehicle services. All establishments were closed, except those that provide necessities like supermarkets, convenience stores, hospitals, medical clinics, pharmacies, banks, food preparation and delivery services, and water-refilling stations. Government offices, business process outsourcing companies, and export-oriented industries were allowed to operate with skeletal staff. Work in the private sector went on under work from home arrangements (Gregorio 2021).

While the IATF crafts policy recommendations to the President, the National Task Force Against COVID-19, headed by Secretary Delfin Lorenzana of the Department of National Defense, handles the operational command. There is also an Incident Command System that functions as an on-scene disaster response mechanism to manage hazards and other consequences associated with COVID-19.

The IATF may call upon any department, bureau, office, agency, or instrumentality of the government, including Government-Owned-or-Controlled Corporations (GOCCs), government financial institutions (GFIs), LGUs, non-government organizations (NGOs), and the private sector for assistance. On the other hand, the Joint Task Force COVID-19 Shield was established to enforce quarantine protocols and manage border checkpoints. It is composed of elements of the Philippine National Police (PNP), Armed Forces of the Philippines (AFP), Philippine Coast Guard (PCG), Bureau of Fire Protection, and Barangays.

The Duterte administration sought the support of Congress to legitimize emergency powers for the President to deal with the COVID-19 crisis. Republic Act No. 11469, otherwise known as the *Bayanihan*

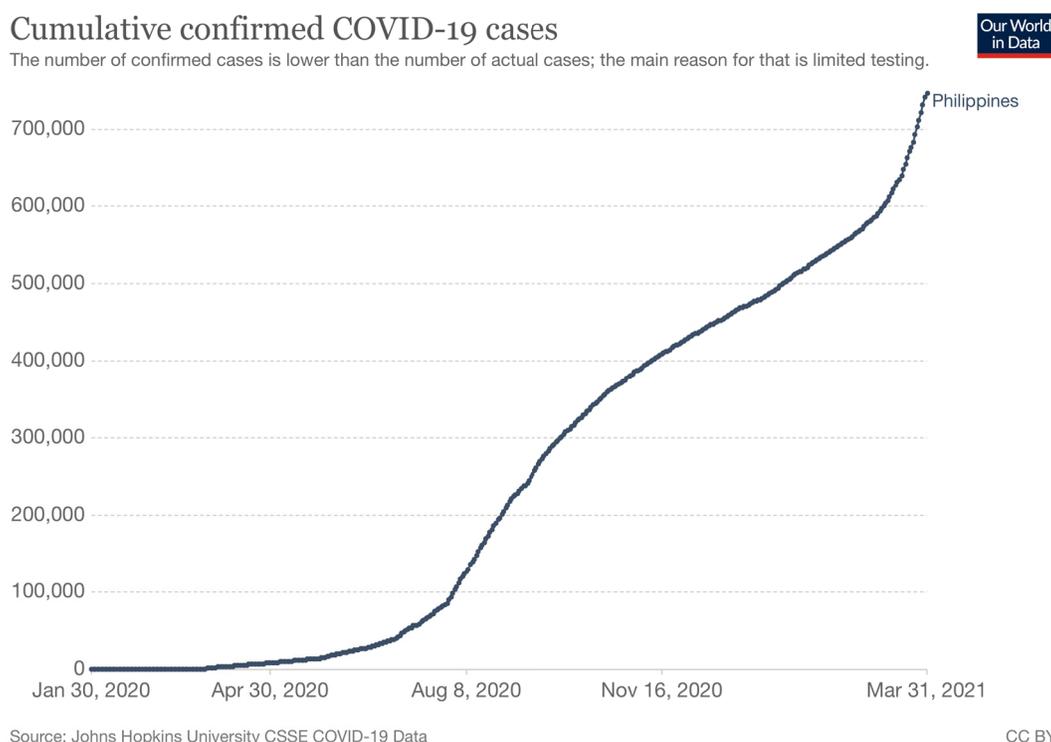
² Presidential Communications Operations Office, "Gov't imposes community quarantine in Metro Manila to contain coronavirus," March 13, 2020, https://pcoo.gov.ph/news_releases/govt-imposes-community-quarantine-in-metro-manila-to-contain-coronavirus/ (accessed May 6, 2021)

to Heal as One Act, was enacted on March 25, 2020. It contained policy measures to curb the spread of the virus, strengthen the healthcare system, and provide the affected sectors with social assistance. The law authorized the President to exercise temporary budgetary measures and effectively allowed the executive branch to discontinue government programs to generate savings as well as realign, reallocate and reprogram funds to implement COVID-19 measures.

The legislation provided the President with special powers not only to launch aid programs but also to punish people disobeying the emergency regulations. In this regard, people faced prison sentences for breaking lockdown regulations. More than 76,000 people were arrested between March and July 2020. Among those apprehended were homeless people and street vendors. Indeed, the capacity to observe quarantine regulations varied across income classes (Holmes et al. 2020). The law punished those violating restrictions with up to two months' imprisonment or fines up to PHP 1 million (USD 20,000). These sanctions also applied to individuals or groups found to be creating or spreading false information regarding the COVID-19 pandemic.

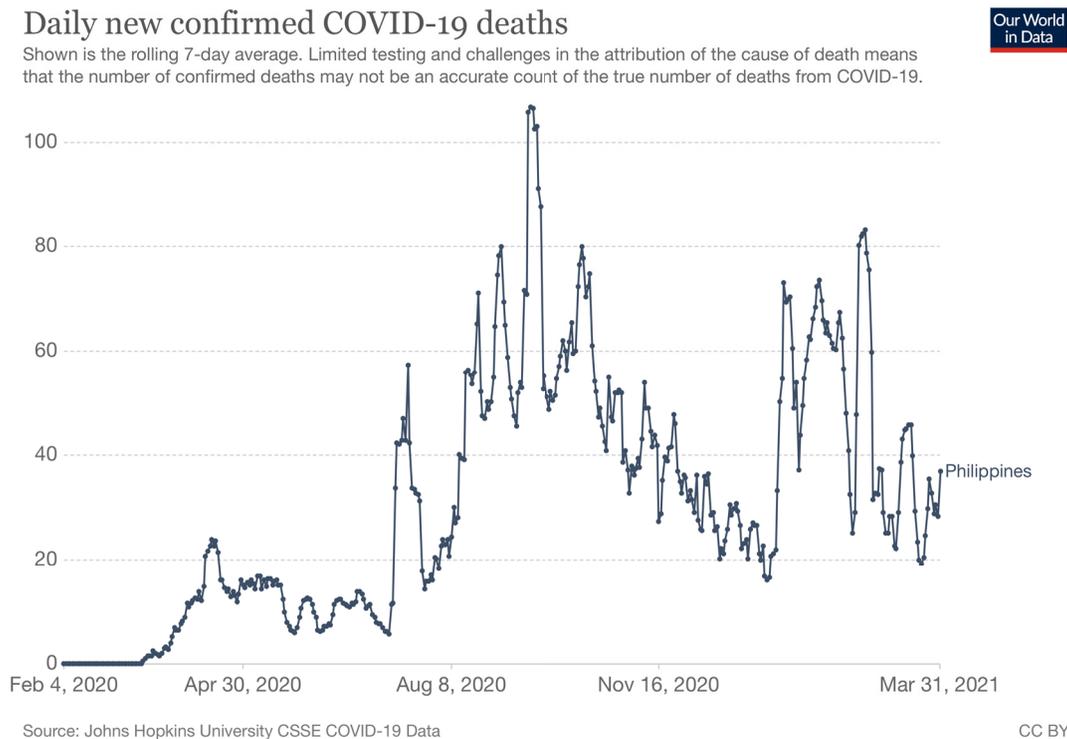
The series of lockdown measures in the Philippines was relatively successful in keeping the COVID-19 virus at bay during the early part of the pandemic. It bought time for the government to strengthen the capacity of its medical treatment, testing and quarantine facilities. The stringent lockdown measures appeared to work at the start. Based on data from Johns Hopkins University, the cumulative confirmed COVID-19 cases in the country during the initial four months of the lockdown from March to June 2020 were kept below 50,000 cases. From only 2,084 cases registered on March 31, 2020, the total cases increased steadily in the succeeding months. It reached 37,514 by the end of June 2020 (See Figure 1).

Figure 1. Cumulative Confirmed COVID-19 Cases (January 30, 2020 – March 31, 2021)



The Philippines recorded the first COVID-19 death outside of China in February 2020. The imposition of stern lockdown policies starting in March 2020 helped not only in controlling the rise of COVID-19 cases but also in preventing high death rates, especially in the early months of the pandemic. The data indicates that cumulative deaths were below the 2,000-mark from March to June 2020. From a death tally of only 88 on March 31, 2020, the number increased to 1,266 on June 30, 2020 (See Figure 2).

Figure 2. Daily New Confirmed Deaths (February 4, 2020 – March 31, 2021)



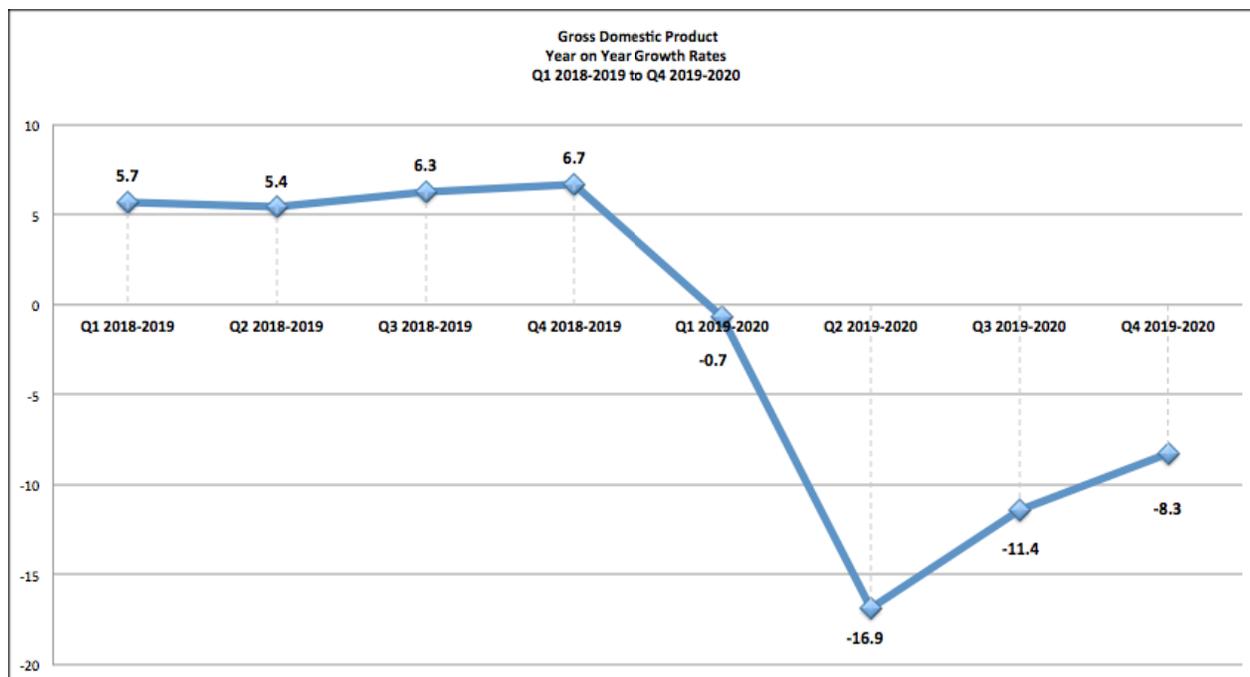
4. Lockdown and Economic Downturn

The response of the Filipino government to the pandemic shows the negative effects of the trade-off between health and the economy. The administration of harsh lockdown measures prevented the spike in COVID-19 cases that would overwhelm the capacity of the health care system but came at the expense of plunging the country into a deep economic recession. At the onset of the pandemic, the Philippines registered a gross domestic product (GDP) growth rate of -0.7 percent during the first quarter of 2020. The impact of stringent restrictions was dramatically felt when the economy contracted by 16.9 percent in the next quarter. The economy continued to falter in the following quarters, with GDP growth rates of -11.4 percent in the third quarter and -8.3 percent in the fourth quarter of 2020 (See Figure 3).

The economy slightly improved but was still down by 4.2 percent in the first quarter of 2021. The negative growth for five successive quarters represents the most prolonged recession faced by the country since the 1985 debt crisis. The Philippines posted the worst growth record among peers in the Southeast Asian region in the first quarter of 2021, including Thailand (- 2.6 percent), Indonesia (-0.7 percent),

Malaysia (-0.5 percent), and Vietnam (4.5 percent). The contraction was pushed by the decline in private domestic demand due to inflation, income losses, and protracted lockdown measures (World Bank 2021, 10).

Figure 3. GDP Growth Rate (2019-2020)



Source: *Philippine Statistics Authority*, 2021.

In 2020, the number of persons who were in the labor force was estimated at 43.9 million. This number represents the economically active population, either employed or unemployed, accounting for a 59.5 percent labor force participation rate (LFPR) of the 73.7 million 15 years old and over. This annual LFPR is the lowest since adopting the new definition of unemployed in April 2005, reflecting the effect of the various community quarantine controls, business closures, and physical distancing measures put in place in the Philippines in response to the pandemic.

The unemployment rate surged to 17.6 percent at the height of the lockdown restrictions in April 2020. It dropped to 10 percent in July 2020. It slid down further to 7.1 percent in March 2021, which is the lowest reported rate covering the period of the COVID-19 pandemic since April 2020 (See Table 1).

Table 1. Unemployment Rate (April 2020 – March 2021)

Philippines	Mar 2021p	Feb 2021p	Jan 2021p	Oct 2020f	Jul 2020f	Apr 2020f
Labor Force Participation Rate(%)	65	63.5	60.5	58.7	61.9	55.7
Employment Rate (%)	92.9	91.2	91.3	91.3	90	82.4
Underemployment Rate (%)	16.2	18.2	16	14.4	17.3	18.9
Unemployment Rate (%)	7.1	8.8	8.7	8.7	10	17.6

Source: *Philippine Statistics Authority*, Labour Force Survey, March 2021. Notes³

The economic fallout from the prolonged lockdown measures is also reflected in the involuntary hunger experienced by Filipino families due to the loss of employment and livelihood opportunities.

In a September 2020 survey, the Social Weather Stations (SWS) reported a hunger rate of 30.7 percent (7.6 million families). The hunger rate went down to 16 percent (4 million families) in November 2020.

The average hunger rate for 2020 was 21.1 percent which exceeds the previous record of 19.9 percent in 2011 and 2012, and is double the average 9.3 percent for 2019. The survey showed that Metro Manila has the highest incidence of Hunger at 23.3 percent (780,000 families), followed by Mindanao at 16.0 percent (909,000 families), Balance of Luzon at 14.4 percent (1.6 million families), and the Visayas at 14.3 percent (674,000 families).

5. Vaccination Woes

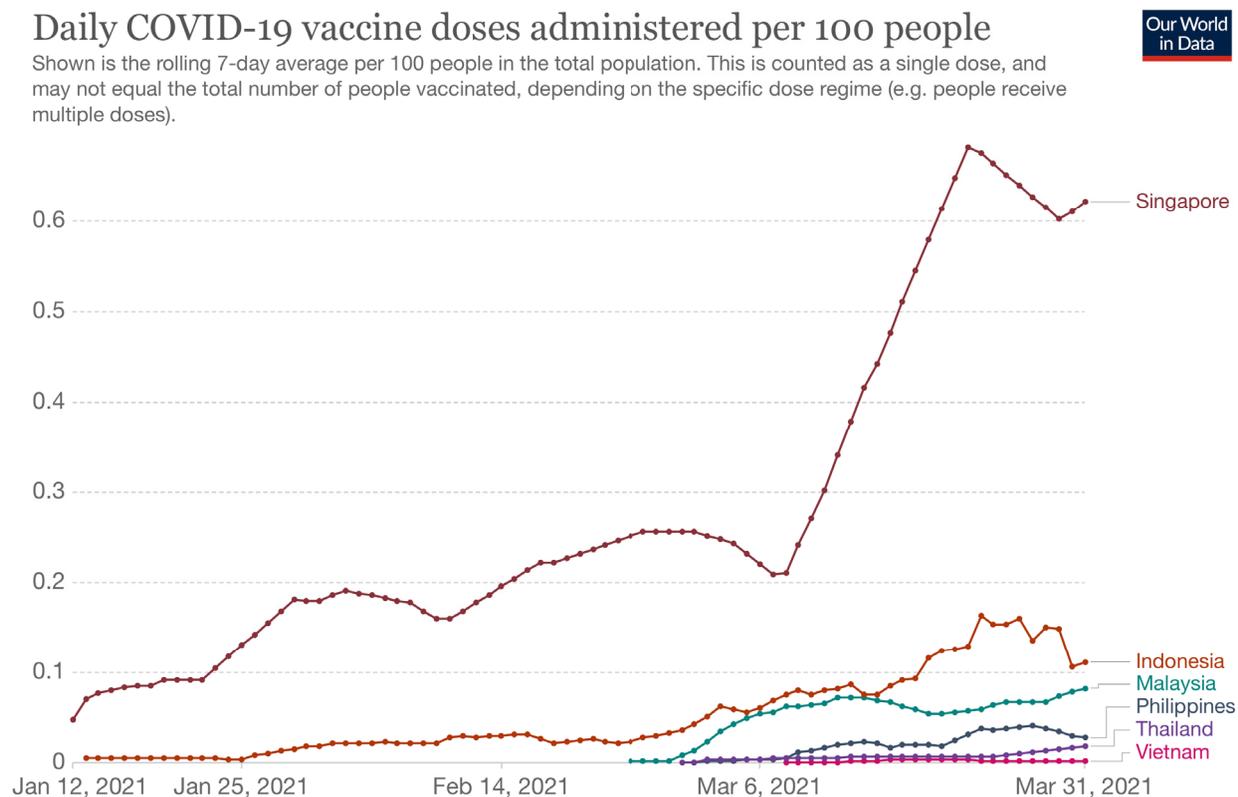
On March 1, 2021, the Philippines became the last country in Southeast Asia to roll out a national vaccination program against COVID-19. The absence of a law providing for an indemnity fund had delayed the shipment of the vaccines. Congress had to rush the approval of a bill creating a PHP 500 million National Vaccine Indemnity Fund to cover compensation for the potentially adverse effects stemming from the doses' emergency use. President Duterte signed R.A. No. 11525, otherwise known as the COVID-19 Vaccination Program Act, on February 26, 2021.

The indemnity law grants COVID-19 vaccine manufacturers immunity from lawsuits for claims from people experiencing any adverse effects from the COVID-19 vaccines. It was confirmed that pharmaceutical companies, which asked for an indemnification clause from the government, were fearful that what happened to Sanofi in the anti-dengue vaccine case would happen (Valderama 2021).

Figure 4 shows how the Philippines lagged behind the other countries in Southeast Asia, including Singapore, Indonesia, and Malaysia, in its vaccine rollout. Like the Philippines, Thailand and Vietnam had limited the administration of COVID-19 vaccine doses to their people as of March 31, 2021. However, these two countries had comparatively fewer COVID-19 cases than the Philippines.

³ p - Estimates are preliminary and may change, f - Final Estimates

Figure 4. Vaccine Doses Administered in Selected Countries in Southeast Asia



Source: Official data collated by Our World in Data – Last updated 6 June, 15:10 (London time) OurWorldInData.org/coronavirus • CC BY

6. Democratic Backsliding: Laying the Ground for Weak Pandemic Governance

With his ascendancy to the highest position of the land in 2016, President Duterte nurtured the rise of autocratic populism. This triggered a process of democratic backsliding characterized by executive aggrandizement reflected in a series of actions that undermined the independence of state and societal institutions. The executive encroached on the powers of the co-equal government branches and destabilized the system of checks and balances in an already fragile democracy. There were also moves to control media and civil society mobilization.

The executive extended its reach to the bicameral legislature. A supermajority coalition of parties supportive of the new president was established in the House of Representatives of the Philippine Congress in 2016. The PDP-Laban led the coalition, the party of the new executive, together with the Nacionalista Party, National People’s Coalition, National Unity Party, Lakas-CMD, and various Party-list Organizations. Ironically, the bulk of the elected representatives from the Liberal Party, the former administration party, opted to join the majority instead of the minority bloc. There was a similar realignment in the upper chamber with the parties identified with the new administration forming a majority bloc to support the president’s legislative agenda. Unlike the lower house, however, a substantial minority bloc was formed in the Senate.

The judiciary did not escape executive aggrandizement. Solicitor General Jose Calida initiated a quo warranto proceeding in the Supreme Court against Chief Justice Maria Lourdes Sereno. It is a legal procedure for removing a public official on the ground that the individual has no legal right to the office. Prior to her removal, Sereno voiced the need to observe the rule of law in the war on drugs and to respect legal procedure in dealing with judges accused by Duterte of involvement in the drug trade. In May 2018, the Supreme Court, by a vote of 8-6, ruled that Sereno's appointment was invalid (Deinla et al. 2021).

Aside from whipping the legislature and judiciary into line, the executive also challenged the independence of constitutional bodies. During a press conference after his second State of the Nation Address in July 2017, Duterte responded to criticisms by the Commission on Human Rights (CHR) on the conduct of the drug war by calling for the abolition of the agency. The CHR is an autonomous body created under the 1987 Constitution authorized to investigate all forms of human rights violations. Although patently unconstitutional, the threat to dissolve the office was carried out through great lengths as the House of Representatives initially adopted a resolution to allocate a PHP 1,000 budget for the fiscal year 2018 to the CHR. However, lawmakers from the lower house later provided a budget to the beleaguered agency following a meeting with CHR Chair Jose Luis Martin Gascon. The appropriation for the office even increased after reconciliation with the Senate version of the budget.

President Duterte pushed for the impeachment of former Ombudsman, Conchita Carpio Morales, after her agency said it was investigating the Duterte family's wealth (Esmaque II 2017). The Office of the Ombudsman has a constitutional mandate to investigate and prosecute public officials accused of crimes, especially graft and corruption. When Morales finished her term in 2018, Samuel Martires was appointed as Ombudsman. While his predecessor took a strong stand in favor of public transparency, Ombudsman Martires did the opposite. He issued Memorandum Circular (MC) No. 1, series of 2020, that restricted the release of public officials' Statement of Assets Liabilities and Net Worth (SALN).

Under Section 1 of MC No. 1, series of 2020, a copy of the SALN will be furnished to the requester on the following conditions: (a) he/she is the declarant or the duly authorized representative of the declarant; (b) the request is upon lawful order of the court in relation to a pending case; and (3) the request is made by this Office's Field Investigation Office/Bureau/Unit (FIO/FIB/FIU) for the purpose of conducting fact-finding investigations. This was used to deny a Freedom of Information (FOI) request based on Executive Order No. 1, series of 2016, filed by lawyers Dino de Leon, Josef Leroi Garcia, and Teddy Rigoroso, on President Duterte's SALN before the Office of the Ombudsman in 2020 (Fernandex 2021).

Republic Act No. 671 was passed in 1989 and established the Code of Conduct and Ethical Standards for Public Officials and Employees. It expressly declares that "public officials and employees have an obligation to accomplish and submit a declaration under oath of, and the public, has the right to know, their assets liabilities, net worth and financial and business interests including those of their spouses and of unmarried children under eighteen (18) years of age living in their households."

Another constitutional body that earned the ire of the chief executive was the Commission on Audit (COA) after the agency flagged the deficiencies of the Department of Health (DOH) in the administration

of PHP 67.3 billion COVID-19 emergency funds. These include purchases deemed to be disadvantageous to the government, as well as defects in the sworn statements in contracts, non-posting of procurement information on government websites, and non-provision of technical specifications in contracts. However, Duterte dismissed the 2020 COA report as inadequate and merely indicated missing paperwork rather than corruption (Cator et al. 2021).

The COA is the supreme audit institution in the country. Under the Constitution, it is mandated to prepare an annual report covering the financial condition and operation of the Government, its subdivisions, agencies, and instrumentalities, including government-owned or controlled corporations and non-governmental entities subject to its audit. The institution, then, should recommend measures to improve its effectiveness and efficiency. An audit report is a useful tool for the President, as head of government, and Congress in the performance of its oversight function in the budget process. It also caters to the public as a user of data in the context of fostering transparency and accountability.

Non-state actors like the media play a key role in democratic oversight as suppliers of information fostering reasoned debate in society. This critical function of media was severely tested as lawsuits were filed against Maria Ressa of the online news platform Rappler, while the legislative franchise of broadcasting firm ABS-CBN was not renewed. It stopped its broadcast operations on May 5, 2020, following the issuance of a cease-and-desist order by the National Telecommunications Commission. On July 10, 2020, the House Committee on Legislative Franchises denied the media firm's application for another 25-year franchise. The reasons cited included the dual citizenship of ABS-CBN chairman emeritus Eugenio Lopez III, the possible breach of the constitutional limits on foreign ownership, reported labor and tax infringements, and other violations of the terms of its franchise. On January 4, 2021, Senate President Vicente Sotto III re-filed a bill to provide ABS-CBN with a new legislative franchise. The following day, Congresswoman Vilma Santos-Recto submitted a counterpart bill at the House of Representatives. However, President Duterte continued to oppose attempts to grant a legislative franchise to ABS-CBN (Gita-Carlos 2021).

Media harassment and coordinated bashing from electronic trolls generated a chilling effect that drove media practitioners to exercise self-regulation. Civil society organizations feared that political criticisms become more dangerous with the passage of the 2020 Anti-Terrorism Act. The law provides for establishing an Anti-Terrorism Council, consisting of members appointed by the chief executive. Under the new policy, people who are identified as terrorists by the Council can be arrested without a judicial warrant and can be detained without charges for up to 24 days before they are presented before the courts (Wescott et al. 2021). This represents another case of executive aggrandizement.

7. Presidential Power of Appointment

As democratic backsliding proceeded apace, executive aggrandizement led to the erosion of legislative and judicial independence and weakened the institutional checks exercised by constitutional bodies. The power of appointment was also used to expand the political control of the chief executive. It becomes a matter

of public concern whether loyalty or competence are the driving factors for personnel recruitment in key positions in the bureaucracy. Congressional oversight in confirmation of appointees becomes perfunctory with strong executive influence over the legislature. Under presidential systems, the waning clout of traditional actors such as party organizations over personnel selection has given a wide latitude for the chief executive to choose loyalists in the context of accomplishing the administration's policy and political goals in the bureaucracy (Lewis 2011). It is acknowledged in Philippine development planning documents that the integrity of the civil service has been diminished by an appointment process based on political accommodation rather than merit, which partly stems from the president's broad powers of appointment and discretion.⁴

The appointment of retired generals in key cabinet posts, and other high executive positions, is not new. However, the high ratio of such appointments is evident under the Duterte administration. There were more than 60 former military officers holding ranking positions in the government as of early 2021 (Parrocha 2021). When the pandemic struck the Philippines in 2020, President Duterte tapped former military officials, who were already in the cabinet, to lead the COVID-19 response. Defense Secretary Delfin Lorenzana was assigned to serve as chairman of the National Task Force against COVID-19, with Local Government and Interior Secretary Eduardo Año as vice-chairman. Carlito Galvez, Jr., Presidential Adviser on the Peace Process, became the country's vaccine czar and chief implementer of the government's national response against COVID-19. Environment Secretary Roy Cimatu was asked to oversee the COVID-19 response in Cebu City in 2020. Other Cabinet officials who have military backgrounds and perform key functions in the COVID-19 efforts include Social Welfare and Development Secretary Rolando Bautista and Information and Communications Technology Secretary Gregorio Honasan. The Office of the President issued a statement that the country needs "men and women trained in the art of warfare," since "we are in a state of war against an unseen enemy."⁵

In battling COVID-19, the Philippines imposed one of the longest lockdowns in the world. Entire provinces and cities were put into lockdown under a variety of quarantine classifications. The government relied heavily on the police and the military to ensure that order was maintained and that all health protocols, including mobility restrictions, wearing of masks, and social distancing, were followed through punitive action (Hapal 2021). It was only in September 2021 that a more contained, granular lockdown approach was adopted. Various sectors have criticized the militarized approach to the pandemic for not paying enough attention to the health and economic dimensions of the problem.

The poor pandemic performance of the government drove health front-liners to call for a medical time-out at the end of July 2020. During a press conference, Jose Santiago, president of Philippine Medical Association, said that the medical time-out should be used to refine pandemic control strategies by addressing "hospital workforce efficiency, failure of case finding and isolation, failure of contact tracing and quarantine, transportation safety, workplace safety, public compliance with self-protection,

⁴ NEDA, *Philippine Development Plan 2011-2016*, Pasig City: National Economic and Development Authority, p. 201.

⁵ Vince Ferreras, "Duterte defends military men in war vs. COVID-19: You need not be a doctor here," *CNN Philippines*, March 25, 2021; <https://cnnphilippines.com/news/2021/3/25/Duterte-defends-military-men-in-war-vs.-COVID-19--You-need-not-be-a-doctor-here.html> (accessed September 21, 2021).

social amelioration.”⁶ Since the pandemic, the community of health professionals has suggested many bright ideas on how to manage the health crisis. For instance, the Healthcare Professionals Against COVID-19 (HPAAC), a coalition of over 170 medical groups, advised the recalibration of the DOH One Hospital Command into a One COVID-19 referral network that will integrate other health facilities aside from hospitals, such as barangay health centers, clinics, laboratories, and even pharmacies. This will expand care provision in communities and prevent hospitals from being inundated by sick patients. An additional measure to address the difficulty of getting medical attention, especially where social distancing measures are in place, is to enhance telemedicine services. The medical group likewise recommended strengthening the role of science and experts in making decisions, specifically by tapping the Health Technology and Assessment Council (HTAC) created by the Universal Health Care Law (Tomacruz 2021).

The insidious effects of democratic backsliding on introducing an appropriate pandemic response are felt under conditions where key stakeholders are not consulted, and alternative viewpoints are abandoned as politically motivated. The recommendations generated under legislative oversight proceedings are summarily rejected by a chief executive with a track record of ignoring the system of checks and balances in a democratic government. Repeated calls by the Senate for Health Secretary Francisco Duterte III to step down due to poor performance in handling the COVID-19 crisis were left unanswered.

There were three instances when the Senate asked DOH Secretary Duque to resign. In April 2020, at least 14 senators signed Senate Resolution No. 362 which cited Duque’s “poor planning, delayed response, lack of transparency, and misguided and flip-flopping policies and measures in addressing the COVID-19 pandemic that endangered and continue to endanger the lives of our healthcare professionals, other front liners, and the Filipino people.”⁷ The Senate reiterated a call for Duque to leave as part of their final report on their investigation of alleged enormous corruption in the Philippine Health Insurance Corporation (PhilHealth) (Gotinga 2020). For the third time, the Senate asked for the replacement of Duque as DOH Secretary after auditors of the Commission on Audit (COA) flagged over P67 billion “deficiencies” in the handling of COVID-19 health funds. President Duterte refused to heed the suggested course of action, saying that his presidential appointee did nothing wrong (CNN 2021).

8. Corruption in Pandemic Times

Previous studies indicate that established democracies show lower levels of corruption than authoritarian regimes or young democracies (Kubbe et al. 2018). In this regard, it is interesting to consider how authoritarian tendencies have diminished the role of democratic institutions and systems of checks and

⁶ Katrina Hallare, “Medical frontliners to gov’t: ‘Time-out,’ revert Mega Manila back to ECQ,” *Inquirer.net*, August 1, 2020; <https://newsinfo.inquirer.net/1315204/medical-frontliners-to-govt-time-out-revert-metro-manila-back-to-ecq> (accessed September 27, 2021).

⁷ Christia Marie Ramos, “Senators seek Duque’s ‘immediate resignation’ over ‘failure’ in handling COVID-19 crisis,” *Inquirer.net*, April 16, 2020; <https://newsinfo.inquirer.net/1259630/senators-seek-duques-immediate-resignation> (accessed September 20, 2021).

balances that control corruption. The outbreak of corruption scandals that accompanied the Corona Virus Disease (COVID)-19 health crisis in 2020 exemplifies how the democratic recession has negatively affected the state of public accountability in the Philippines.

This study probes into whether the COVID-19 pandemic further promoted democratic recession and corruption risks in the Philippines. It examines the patterns of irregularities emerging from implementing public programs aimed at responding to the crisis. Poorly designed institutional arrangements and weak democratic controls foster opportunities for the commission of illicit transactions in delivering public goods and services. Finally, it considers the importance of reviving democratic institutions as a key effort in fighting corruption on a long-term basis.

The eruption of the COVID-19 pandemic brought to the fore severe corruption vulnerabilities in many countries. However, even before the pandemic, it is estimated that an average of 10-25 percent of a public contract's value may be lost to corruption (UNODC 2013). Globally, over USD 7.8 trillion are allocated annually for public health (WHO 2019). With more public funds being made available to fight the pandemic, better safeguards are needed to prevent corruption.

The COVID-19 crisis aggravated corruption. The potential for corruption in pandemic times is greater, especially when pressures for swift government action may lead to shortcuts that damage the integrity of institutional processes. The main risk areas include the withholding of accurate health data, irregularities in public procurement, the purchase of sub-standard equipment, and misappropriation of health budgets (Steingrüber 2020).

The corruption risks in the health sector surfaced in a big way with the eruption of allegations regarding the misuse of funds by the Philippine Health Insurance Corporation (PhilHealth) at the height of the COVID-19 crisis in 2020. The PhilHealth case brought to the fore the weak exercise of institutional control mechanisms in the state-run agency. The resigned anti-fraud officer and head executive assistant of PhilHealth became whistleblowers in revealing information that led to investigations by the Senate, House of Representatives, and Presidential Anti-Graft Commission on the malpractices in the government corporation. Previous to that, rampant financial violations were observed in reports rendered by the Commission on Audit (COA). These indicate the importance of legislative and audit oversight agencies as accountability institutions within a system of checks and balances.

In the case of PhilHealth, it was reported that COA had a hard time auditing the agency due to the difficulty of obtaining documents from its central office. Corruption is perpetrated when there is a deviation from legal and institutional norms. The system of checks and balances to combat corruption can be improved by adopting an integrated approach. This requires promoting a comprehensive strategy that includes the facilitation of basic democratic standards, participation of a strong civil society engaged in transparency and accountability work, and the consistent application of the rule of law.

Minimizing information asymmetry can reduce corruption vulnerability. The poor information technology system of PhilHealth paves the way for the processing of fraudulent claims in the agency. It is also said that key officials in the agency have strong political backers. There are also regional officials in the agency that have managed to avoid being assigned to other jurisdictions. Public personnel corruption is encouraged by a political culture driven by patronage. Likewise, the regular rotation of key

officers and staff will lessen the risks of unhealthy relationships and corruption risks.

Corruption should not be simplified as mere irregularities or the act of individuals who went astray. The focus should be on corrupt systems. Corruption prevention strategies should look for ways to reduce monopoly power, limit and clarify discretion, and promote transparency and accountability in governance. As a crime of calculation, corruption could be countered by converting it into a high-risk activity through the judicious application of institutional controls, checks and balances, social accountability, and the rule of law.

It is disconcerting that a spate of allegations had been raised on the misuse of public funds amid the uphill battle of the Philippines to control the COVID-19 crisis. The Senate investigated the questionable disbursement of funds by the Philippine Health Insurance Corporation (PhilHealth) drawn from the P30-billion Interim Reimbursement Mechanism (IRM). The IRM is an emergency support program for hospitals taking care of COVID-19 patients. During the Senate hearings, Senator Panfilo Lacson wondered why P231 million from the IRM were released to 48 dialysis centers and four maternity clinics with no COVID-19 related cases (Marie Ramos 2020). On the other hand, Senator Francis Tolentino disclosed that some hospitals were able to collect benefit claims for COVID-19 cases even if the patients were admitted for other ailments (Marlon Ramos 2020).

The COVID-19 crisis affected not just people's health but also public finance in a very injurious way. As the crisis deepened, it began to unravel that the use of the IRM fund is just one of the many alleged corrupt practices happening in these pandemic times. Rent-seeking operations are seen to be at play in other emergency response programs as well. There are a number of suspected irregular actions to benefit from COVID-19 response funds. These include the cash allocation to poor citizens that have been marred with allegations of corruption against local government officials, the ghost payments, or deceased patients still receiving support for hospitalization from PhilHealth, and the Department of Health (DOH) purchase of overpriced personnel protective equipment, ventilators, and other medical supplies for hospitals and quarantine facilities. The Office of the Ombudsman opened its own investigation on the accountability of the DOH on accusations of corruption in 2020 (Dolores 2020).

Corruption perception in the Philippines has been on the rise even before the pandemic. The country slipped 14 spots in the 2019 global corruption index released by Transparency International (TI). The CPI is a composite index, a combination of 13 surveys and assessments of corruption by experts and businesses, retrieved by a variety of respected institutions. Perceptions of high levels of corruption in society tend to erode confidence in the sustainability of democracy in the country. The Philippines scored 34 out of 100 in the 2019 Corruption Perception Index (CPI) of TI, ranking 113 out of 180 countries. This was lower than the country's score of 36 in the CPI 2018, ranking 99th. As the Philippines continue to perform poorly in the CPI, it is appropriate to analyze the reasons for the decline and find potential remedies.

9. Internal Controls and Oversight Agencies

A mega task force led by the Department of Justice (DOJ) was formed in October 2020 to investigate corruption in the bureaucracy. Apart from the DOJ, the task force is comprised of the National Bureau of Investigation (NBI), the Office of the Special Assistant to the President (OSAP), the Presidential Anti-Corruption Commission (PACC), the National Prosecution Service (NPS), the DOJ Office of Cybercrime (OOC), and the Anti-Money Laundering Council (AMLC). The inter-agency body will concentrate its probe on allegations involving top government officials, more than a billion pesos worth of alleged stolen funds, and key agencies offering crucial public services, especially PhilHealth and the Department of Public Works and Highways (DPWH) (Coredro 2020). The government appears to be singularly focused on the investigation as to its anti-corruption program.

Under the law, the CSC administers and enforces the merit system for all levels and ranks in the Civil Service. It promulgates policies, standards and guidelines for the Civil Service and adopts plans and programs to promote the economical, efficient, and effective personnel administration in the government. It also renders opinions and rulings on all personnel and other Civil Service matters, binding on all heads of departments, offices, and agencies which may be brought to the Supreme Court on certiorari. The CSC established a *Contact Center ng Bayan* that is a feedback mechanism designated as the government's main helpdesk where citizens can request for information and assistance on government frontline service procedures, and report recommendations, appreciation, complaints, and feedback. Its Career Executive Service Board manages leadership and integrity development training for career officials in the bureaucracy. However, political appointees are not subjected to this rigorous capacity-building program. A high percentage of executives in government are political appointees.

The Office of the Ombudsman is legally mandated to investigate and prosecute on its own or on a complaint by any person, any act or omission of any public officer or employee, office, or agency when such an act or omission appears to be illegal, unjust, improper, or inefficient. Its primary jurisdiction covers cases cognizable by the Sandiganbayan, and it may take over, at any stage, from any investigatory agency of Government, the investigation of such cases. The agency is hampered by the lack of lawyers and other resources, given its workload. It is engaged in partnerships with stakeholders and previously convened a Multi-Stakeholder Advisory Council (MSAC) with the participation of civil society organizations.

Political development is fostered through democratic inclusion and public participation anchored in promoting good governance, civil society development, and the rule of law. Formal constitutional and organizational arrangements have meshed with informal institutional practices. While formal checks and balances might appear suitable on paper, the actual practices might spell a different picture (Buendia 2020). Sustaining democratic political development requires adequate measures to strengthen the rule of law by improving the institutional constraints on government powers, promoting fundamental rights, and curbing the use of public office for private gain. Improving the rule of law would assure the citizens that their health and future are protected from the deadly impact of corruption in the age of COVID-19.

10. Civil Society as Co-Producers in Fighting Corruption

The allegations of widespread misuse of public funds by PhilHealth represent the continuing problem of corruption in the country. All over the world, it has been shown that the battle against corruption is waged not by government accountability agencies alone. Civil society organizations have proven themselves to be reliable co-producers in fighting corruption.

Ostrom defined co-production as the process through which inputs used to produce a good or service are contributed by individuals who are not in the same organization (Ostrom 1996). The early formulation confined the definition of who co-produces to consumers, thereby seemingly ruling out a co-productive role for other actors, such as citizens, volunteers, or non-governmental partners (Alford 2014). Given this expanded definition, co-production implies that citizens can play an active role in producing public goods and services of consequence to them. Civil society can co-produce anti-corruption programs with public and societal stakeholders as an organized entity working for citizen interests,

The function of civil society in fostering rules-based governance is globally shown in the work of Transparency International founded in 1993. With headquarters in Berlin, TI has accredited national chapters in more than 90 countries. The TI chapter in the Philippines was launched in 1995. In a forum that celebrated the 25th anniversary of TI-Philippines, Dolores Espanol, TI-Philippines Chair, narrated the contributions of her organization in the co-production of inputs that were utilized over the years in various anti-corruption campaigns (Espanol 2020). The 1987 Constitution acknowledges the role of civil society in governance and development. Article 1, Section 23 of the Charter stipulates that “the State shall encourage non-governmental, community-based, sectoral organizations that promote the welfare of the nation.”

In its early years, TI-Philippines produced a directory of government agencies and civil society organizations doing anti-corruption work. This provided an important database for the public, business, and civil society sectors during that time as they explored networking and collaborative activities on corruption prevention. TI-Philippines was a key player in the formation of Integrity Circles in government. In partnership with the Civil Service Commission and the support of the United Nations Development Programme, the organization conducted a program that resulted in the production of a 2010 manual on *Organizing Integrity Circles*.

TI-Philippines cooperated with several government agencies including the Government Service Insurance System, DPWH, Philippine Navy, and Philippine National Police, in implementing the Integrity Circles Program. In this program, the integrity circles were set up in each agency’s critical or corruption vulnerable sections. Each integrity circle consisted of 5-10 personnel from the same office who perform similar or related functions. They are committed to abide by the values of honesty and professionalism and to improve their delivery of public services.

Integrity circles are working groups tasked to develop tools for diagnosing corrupt practices and creating action plans to address the identified problems. Top-level management personnel are designated to be part of the Integrity Circle Committee that reported work progress. Aside from working with agency personnel, the program tapped outside organizations to constitute Integrity Circle Support Groups

whose job is to help monitor, evaluate, and reward the honesty and performance of the integrity circles.

The TI-Philippines manual emphasized that the integrity circles would be most useful in agencies prone to corruption. These organizations suffer from the following features: (1) loose management controls; (2) unclear ethical and performance standards; (3) weak personnel recruitment and selection systems; (4) patronage-driven promotion systems; and (5) blurred service procedures for clients.

The findings from the Senate and House of Representatives probe on alleged corruption in PhilHealth indicate that the insurance agency would be a prime candidate for an integrity check based on the criteria provided by TI-Philippines. Arguably, the level of civil society engagement in anti-corruption work, including that of TI-Philippines, has declined in recent years. It is welcome news that TI-Philippines intends to revive its dormant programs and introduce work related to transparency and accountability to a younger audience.

The tools, manuals and programs developed by TI-Philippines can be recalibrated to suit the contemporary governance context. The new co-production mechanisms can be established to address the new emerging practices, contravene the rule of law, and use public office for private benefits. It would be in the best position as a knowledge intermediary to organize forums and roundtable discussions to discuss the findings from the Corruption Perceptions Index (CPI) scores and country rankings.

11. Conclusion

This paper examines how democratic backsliding has affected pandemic governance in the Philippines. The tendency towards autocratic governance was spreading around the world prior to the outbreak of the COVID-19 crisis. However, the pandemic exacerbated this tendency. In many countries, the pandemic provided an opportunity for authoritarian leaders to expand their powers. As the pandemic raged, these elected chief executives demanded and received even more authority from the legislature to manage the health crisis.

With his ascendancy to the highest position of the country in 2016, President Duterte encouraged the rise of autocratic populism. This triggered a process of democratic backsliding characterized by executive aggrandizement reflected in a series of actions that undermined the independence of state and societal institutions. Aside from whipping the legislature and judiciary into line, the executive also challenged the independence of constitutional bodies. There were also moves to control media and civil society mobilization.

The series of lockdown policies in the Philippines kept the COVID-19 virus at bay during the early part of the pandemic. It bought time for the government to strengthen the capacity of its medical treatment, testing and quarantine facilities. Democratic backsliding led to the weakening of democratic institutions. Mass media practitioners have turned to self-regulation. Civil society organizations have become less active in confronting public malfeasance. Given the government's lack of intolerance for contrary opinions, the quality of political debate and discussions went down immensely. The democratic erosion that autocratic populism induced also weakened the institutional ecosystem that pushed back

corruption in the country. The outbreak of corruption scandals that accompanied the COVID crisis exemplifies how democratic backsliding has negatively affected the state of public accountability in the Philippines. The revival of democratic institutions is crucial in fighting corruption in a judicious and systematic manner.

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Country Case 6: Thailand

The Pandemic and Democratic Governance in Thailand

Thawilwadee Bureekul¹, Ratchawadee Sangmahamad² & Nuchaprapar Moksart³
King Prajadhipok's Institute

1. Introduction

The COVID-19 pandemic has spread throughout the world from the beginning of 2020. The first recorded case was reported in Wuhan, China and the first confirmed case outside China occurred in Thailand on January 13, 2020. Thailand became an early hub of the pandemic which prompted various countries to warn their citizens against traveling to Thailand. Since then, Thailand has faced three COVID-19 outbreaks. In response to COVID-19, the Thai government led by Prime Minister Prayut Chan-o-cha declared a state of emergency decree. Because normal laws fell short of responding to the COVID-19 pandemic, the COVID-19 Situation Management Center was established in March 2020 to provide information and organize emergency measures to protect people from the virus (Ministry of Public Health 2020). Legislation and regulations were implemented to manage the spread of COVID-19, including limiting what groups of people could enter the country, mandatory 14-day state quarantine upon entry to Thailand, COVID-19 checkpoints, and a smartphone application, Thai Cha-na, to track people and to aid contact tracing. The partnership between the government and civil society has become a crucial factor for Thailand to be able to manage the pandemic.

During the first outbreak (February-November 2020), the Thai government was effective at limiting the spread of the virus. The government launched measures to control the rapid increases of new cases including political, economic, social, legal, and regulatory actions. From this success, Thailand was selected by the World Health Organization (WHO) to film a documentary on successful models to handle and curb the spread of COVID-19 (Wipatayotin 2021).

The present study focuses on the Thai government's response to the COVID-19 pandemic from January 2020 to May 2021. In this paper, the social, economic, political, and health implications of the pandemic and the government responses are investigated and lessons are drawn for the benefit of the continued response to COVID-19 and for future potential pandemics. The authors recognize that Thailand is now experiencing the most severe wave of the pandemic which will be the subject of a future paper.

¹ Director of the Research and Development Office at King Prajadhipok's Institute

² Researcher assigned to the Research and Development Office of King Prajadhipok's Institute

³ Researcher assigned to the Research and Development Office of King Prajadhipok's Institute

Although COVID-19 has been well-controlled in Thailand, uncertainties remain and the risk of further outbreaks persists. Most key informants warn that low-level transmissions are likely to occur, with the occasional small outbreaks until vaccines have been distributed throughout the population (United Nations Thailand 2020). While the government has begun administering vaccines, progress has been slow. As of July 17, 2021, only 15.45 percent of the population in Thailand has received at least one vaccine dose (Our World in Data 2021).

Following the first and second working paper titled “Pandemic Crisis and Democratic Governance in Thailand (Bureekul 2021),” this paper updates and summarizes the COVID-19 situation in Thailand, including responses from the government and other sectors, lessons learned from the pandemic in Thailand, and policy recommendations.

The objectives of this paper are: 1) to study COVID-19 in Thailand and how the government and various sectors have responded to it; 2) to study the lessons learned and impacts from COVID-19; 3) to propose policy recommendations to address the pandemic. The methodology of the present study includes a literature review on democratic governance, the collection of statistics on the COVID-19 pandemic, participant observation, in-depth interviews with medical doctors, civil society, and ordinary people, and content analysis.

2. Literature Review on the Concept of Democratic Governance

The United Nation Development Program (UNDP) proposed a broad definition of democratic governance as a concept, implementation, and the goal of good and effective governance (UNDP 2002). Brinkerhoff proposed that the concept of democratic governance combines the characteristics of a political system in which citizens can have the right to govern themselves (democratic system) and mechanisms that can be used as tools to manage public affairs and public safety that follow rules and procedures (governance) (Brinkerhoff 2000). Qian highlighted that the democratic process affects the quality of governance, in which better democratic processes can enhance the quality of governance (Liu 2012).

Eberlei described the characteristics of governance in a democratic context, in which democratic governments must be elected through fair and free elections. Additionally, the government in a democratic context requires a well-performing bureaucracy that can effectively implement government policies (Erberlei 2011). Democratic governance is related to the creation of social order and social security since it is considered to be an approach that combines the state and capitalists, which have been achieved in order to generate social order, to provide space for different interests of the citizenry, and to manage transitions and conflict in society (Barten et al. 2002). This type of relationship between democratic governance and social order requires space for different citizen interests and other issues which supports the UNDP’s explanation regarding democratic governance and human rights. Democratic governance is considered the fulfillment of all human rights, including civil, political, cultural, and social. The process of democratic governance and institutions can protect the rights of all citizens, ensure the distribution of power, and enhance public accountability which are the primary factors to enhance human rights (UNDP

2009).

Guzmán cited the study of Sojo which described the following three dimensions of democratic governance: 1) strengthening, which refers to the support of the rule of law concept and accountability of the government sector to citizens; 2) institutionalization which refers to political implementation and practices and also includes the structures of the political system that affect different interests and solve conflicts; and 3) social performance as a consequence of political dialogue and the economic system (Guzmán 2004).

3. COVID-19 in Thailand

Thailand first became exposed to the COVID-19 outbreak in January 2020. During the first wave (February-November 2020), the COVID-19 infection rate was relatively low, and approximately 40 detected cases were reported in February 2020. However, after an event at the Lumpini Muay Thai Boxing Stadium, the infection rate rapidly increased with over 100 cases per day. After this, the COVID-19 outbreak spread to 60 of Thailand's total 77 provinces. Lockdown measures were announced and travel was banned in some areas at the provincial and sub-district levels. The Thai government declared a state of emergency decree to prevent a nationwide COVID-19 outbreak. The first state of emergency period lasted from March 26 to May 31, 2020, which included a ban on foreigners entering the country, 14-day mandatory state quarantine for Thai citizens who were able to enter Thailand, a nationwide curfew from 10 p.m. to 4 a.m., recommendations to avoid inter-provincial movement, measures encouraging 50 percent of workforce to work from home, and the wearing of facemasks were mandated.

The COVID-19 Situation Management Center was established as a single information communication center to provide updates and reports to the country on COVID-19 in Thailand.

Due to public awareness and government measures to cope with COVID-19, there was a partnership between public organizations, civil society, health volunteers, and various sectors. As of May 4, 2020, no COVID-19 infections had been reported. Thailand was likely to succeed with its COVID-19 crisis management and in July 2020, the World Health Organization (WHO) selected Thailand to record/produce a documentary on successful models to handle and curb COVID-19.

On October 16, 2020, a new cluster was reported which marked the beginning of the second wave of COVID-19 infections. Illegal migrants from Tachileik who crossed the Myanmar-Thai border into the Mae Sai district in the north of Thailand were detected with the disease. Those who had been in close contact with them were required to undergo quarantine. This case brought illegal immigration to the fore of the political landscape. Until mid-December 2020, an outbreak occurred in Samut Sakhon province, the center of Thailand's fishing industry. Migrant workers from Myanmar were suspected as a major source of the second outbreak. Over 1,300 cases in 27 provinces were reportedly traced to a fish market and a few days later a new cluster emerged in Rayong province, linked to a gambling den that involved illegal businesses. Since the gambling dens were illegal, those who were found to be infected with COVID-19

were unwilling to provide their true timeline to officers, thus precipitating a rapid, nationwide outbreak. In response, local authorities set up lockdown measures in high-risk areas.

The partnership between the government and civil society became a crucial factor for Thailand to manage the pandemic. Thailand strengthened its civil society, known as “the warriors in grey shirts” which played an important role in helping local communities (Boonlert 2021). Approximately 1.04 million village health volunteers conducted house-to-house visits to monitor the health of community residents (WHO 2020).

In January 2021, the opposition filed a censure motion against Prime Minister Prayut Chan-o-cha over his mishandling of the COVID-19 pandemic (Post 2021). On February 17, 2021, the Thai government was scrutinized in parliament over its COVID-19 vaccine policy. Opposition lawmakers accused authorities of delaying the start of vaccinations and relying on a single vaccine producer (Panarat 2021). In February 2021, the first 200,000 doses of Sinovac and 117,600 doses of AstraZeneca arrived in Thailand. Vaccinations were to be provided to those over the age of 60, and those with chronic diseases, in addition to doctors, nurses, and medical staff working closely with infected patients. The Prime Minister and the Cabinet were also part of the first group to receive the vaccine to help build confidence and trust in the vaccination program. The vaccines’ arrival boosted public confidence and many speculated that the public health situation in Thailand would improve. Meanwhile, on February 22, 2021, a new COVID-19 infection cluster became apparent in the Pornpat market in the Thanyaburi district of Pathumthani province. This area was infected with COVID-19 from Samut Sakhon and the virus then spread to other provinces (Bangkok Post 2021).

Thailand has been experiencing a third wave of infections since April 2021 until now. The highly contagious alpha COVID-19 variant, commonly known as the UK variant, was reported in Thailand which resulted in a new nationwide outbreak centered on nightspots in Bangkok’s upmarket Thong Lor area and the Krystal Club where some politicians were alleged to have been involved. April 2021 saw a sharp rise in new infection cases. The outbreak centered on the Krystal Club which marks a scandalous state failure to control the pandemic, low public awareness, limited law enforcement, and ineffective government management. The outbreak rapidly hit all 77 provinces within two weeks after the government allowed people to return home for the Songkran festival.

After Songkran day, a new cluster was found in a Klong Toey slum community in central Bangkok. At least 50 people in the community were confirmed to have been infected with COVID-19. Since there were many patients, the National Innovation Agency used an online platform to track patients, record their health information, and allow them to chat with doctors via remote chatting and video calls. In addition, vaccines were provided to the community.

In mid-May 2021, a new field hospital called “Busarakam” was opened by the Prime Minister at the IMPACT complex in Muang Thong Thani, Nonthaburi province. This field hospital can support up to 5,000 COVID-19 patients with moderate symptoms from Bangkok and neighboring provinces (Wipatayotin 2021).

Figure 1. A view of the beds set up at the field hospital at IMPACT, Muang Thong Thani.



Source: Bangkok Post 2021⁴

In June 2021, new clusters were found at construction camps in Bangkok. More than 100 construction sites were closed and the workers were prevented from leaving their camps for one month. In addition, certain construction sites in some provinces neighboring Bangkok and four sites in the south near Malaysia were also closed (Reuters 2021). Many workers travelled home after the government's announcement, including more than 2,000 Cambodian migrants who reportedly returned to Cambodia at the Chong Chom border crossing in Surin province. Among them, 239 migrants were found to be infected with COVID-19. Moreover, 189 infected workers were reported as a new cluster at a worker camp site in Phanom Sarakham district and 339 cases from Koh Khanum, in Chachoengsao province.

Amid the widespread outbreak and high numbers of infections, on July 1, 2021, the Tourism Authority of Thailand (TAT) initiated the Sandbox program in Phuket, a pioneer project to allow vaccinated Thai and foreign travelers. This project aimed to restart the Thai tourist industry. The Prime Minister, cabinet ministers, and senior health officials greeted incoming tourists at Phuket airport. However, six infections were found among the 3,917 tourists. The public became enraged since cabinet members were seen relaxing at a beach in Phuket beach without wearing face masks, despite this being mandatory (The Phuket News 2021). After the Prime Minister and his cabinet returned to Bangkok, the cabinet isolated themselves and worked from home.

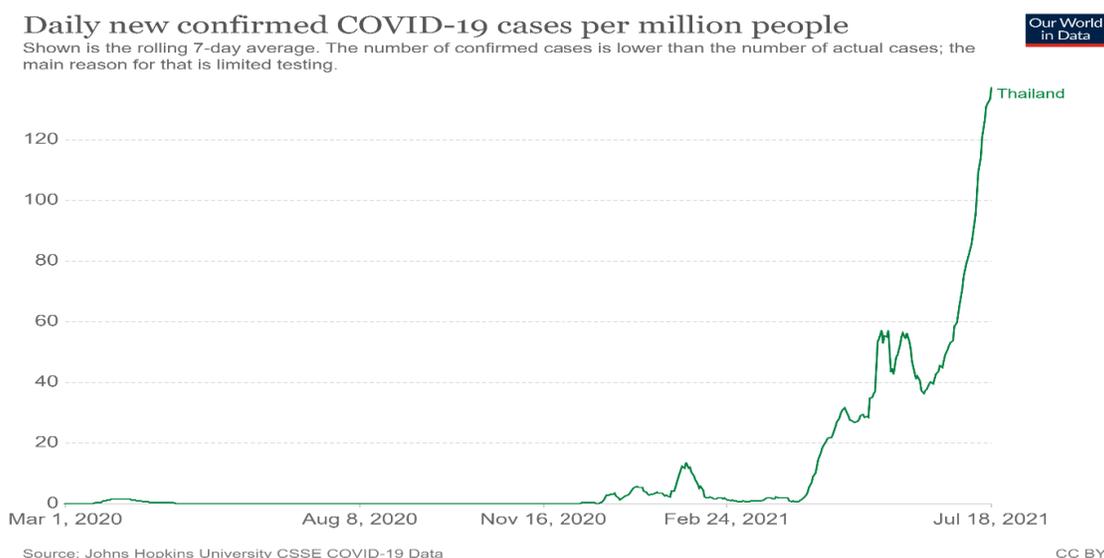
TAT reported that there were 9,358 foreign visitors between July 1-21, 2021, while room reservations between July and September 2021 totaled 244,703 room nights which should generate 534 million baht. Thus, in the next phase starting from August 1, 2021, the cabinet plans to allow foreign visitors participating in the Phuket Sandbox scheme to be able to visit other approved tourist locations after spending 7 days in Phuket. The approved pilot areas include nine islands in Surat Thani province, Krabi province, and Phang-nga province (The Secretariat of the Prime Minister 2021).

As of 22 July 2021, there have been 13,655 new confirmed daily cases of COVID-19 with 3,697 deaths, and 3,856 serious cases recorded throughout the pandemic (Department of Disease Control 2021).

⁴ Apinya Wipatayotin, "Impact opens doors to virus patients," Bangkok Post, May 22, 2021, <https://www.bangkokpost.com/thailand/general/2116775/impact-opens-doors-to-virus-patients>. And

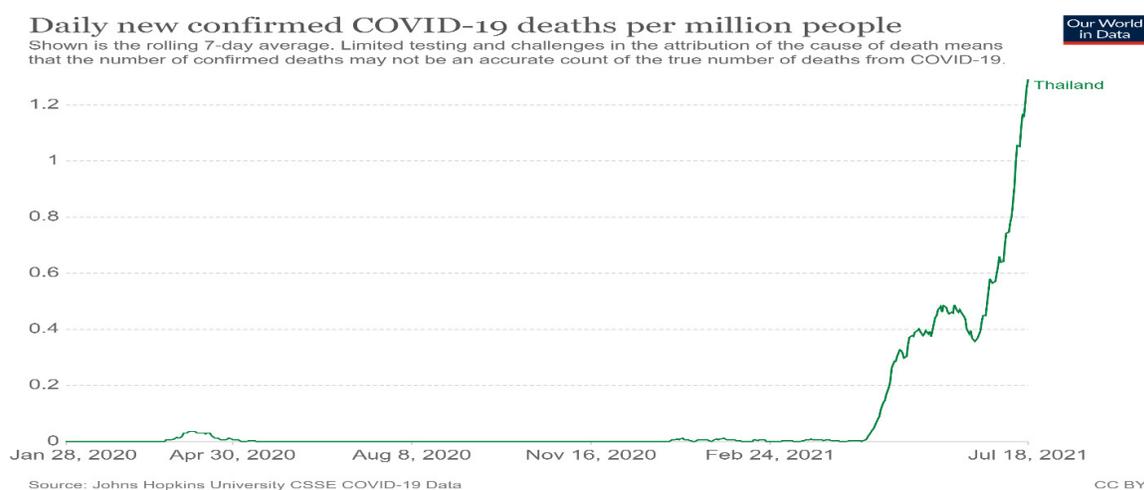
Since January 2020, a total of 453,132 COVID-19 cases have been recorded, including 312,317 of whom have recovered. As shown in Figures 2 and 3, the number of COVID-19 cases and deaths has increased continuously since April 2021. At the beginning of June, the number of new confirmed cases decreased a little, but the number of cases has since increased until the point at which this paper was written at the end of July 2021. Meanwhile, the number of deaths related to COVID-19 increased significantly from just over 100 deaths up to April 18, 2021, and reached 1,000 deaths on May 30, 2021.

Figure 2. Daily COVID-19 Cases per 1 Million People in Thailand from February 2020 to April 2021.



Source: Our World in Data, July 22, 2021⁵

Figure 3. Daily COVID-19 Death Rate in Thailand Per One Million People from February 2020 to April 2021.



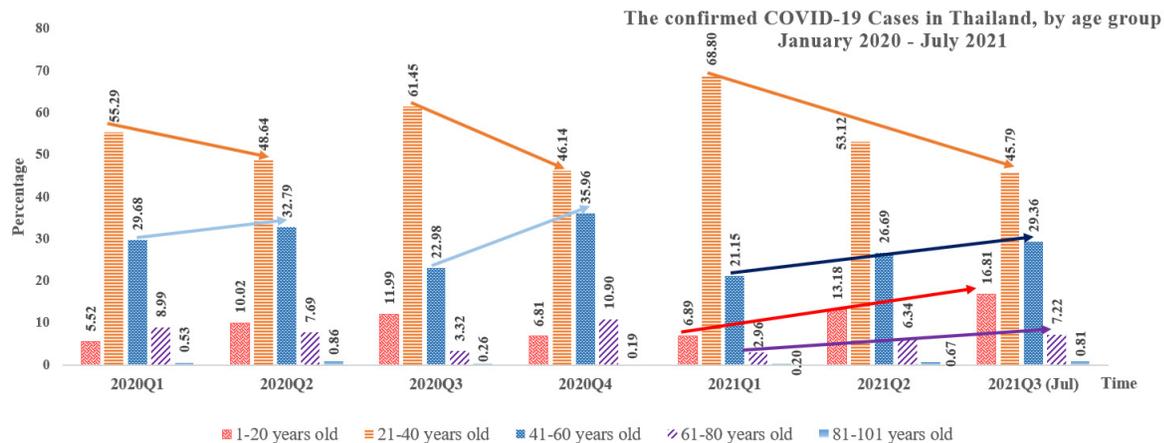
Source: Our World in Data, July 22, 2021.⁶

⁵ Our World in Data, “Thailand: Coronavirus Pandemic Country Profile,” July 22, 2021, <https://ourworldindata.org/coronavirus/country/thailand>.

⁶ Our World in Data, “Thailand: Coronavirus Pandemic Country Profile,” July 22, 2021,

From Figure 4, when comparing by age groups and quarters, cases among the 1 – 20-year-old -age group increased from Q4 2020 until now. In the 61 – 80 age group, cases have increased since the beginning of 2021. Meanwhile, the 21 - 40 age group presents the highest number of infection cases. For infants under the age of 1, the first case was reported in Q1 2021. The number of cases per quarter increased to 642 cases and 849 cases in Q2 and Q3 2021, respectively.

Figure 4. Comparison of Confirmed Cases by Age Group and Quarter.



Source: Department of Disease Control⁷

Since the beginning of the third outbreak, the government’s mismanagement of the situation has sparked national protests and calls for the Prime Minister to resign. On July 19, 2021, the government extended the curfew in red zones until August 2, 2021. As of July 2021, there were 13 provinces in the red zone, including Bangkok, Nonthaburi, Samut Prakan, Samut Sakhon, Pathum Thani, Nakhon Pathom, Narathiwat, Pattani, Songkhla, and Yala. The restrictions include the closure of all stores in shopping malls at 20.00, except for retailers deemed essential, and restaurants are not permitted to allow customers to dine in. The lockdown measures were to be extended beyond August 2, 2021, if the number of infections in those areas did not improve.

4. Response from the government and other sectors

4.1. Government response

4.1.1. COVID-19 Vaccine Distribution

The Permanent Secretary of Public Health, Dr. Sophon Mekthon, stated that the vaccination program would target five groups in the following order: 1) medical personnel (1.2 million people); 2) frontline personnel (1.8 million); 3) chronic disease patients, including respiratory disease, heart, and blood vessel disease, chronic kidney failure, brain vessel, cancer, diabetes, and obesity (4.3 million); 4) the elderly

<https://ourworldindata.org/coronavirus/country/thailand>.

⁷ Department of disease control, “COVID-19 daily day,” July 21, 2021, <https://data.go.th/en/dataset/covid-19-daily>.

over 60 years (11.7 million); and 5) the remaining adult population (31 million people). Each group is required to register for a vaccination via the “Mor Prom” or “Doctors ready” application.

Medical and frontline personnel were the first vaccine target groups to complete vaccinations by the end of May 2021. Chronic disease patients and the elderly were next, with vaccinations planned between June and July 2021 (reservations opened on May 1). The remaining adult population are then scheduled to start receiving vaccines from August 2021 (reservations opened on July 1) (Hfocus team 2021). The “Mor Prom” application was launched to register patients to receive a vaccine and to receive information from the Ministry of Public Health (Wipatayotin 2021).

The government initially aimed to vaccinate 70% of the population, or 50 million people, by the end of 2021, but this is unlikely to be achieved due to an insufficient supply of vaccines, the Sinovac vaccine being deemed less effective against the Delta variant, a slow vaccination program, and suboptimal effective vaccine allocation. Consequently, many people cannot access the vaccine program and many are seeking to receive an mRNA vaccine from private hospitals. The government’s crisis management failures related to the vaccination program led to a national COVID-19 outbreak and severe health crisis in Thailand.

4.1.2. State of Emergency Decree

The Prime Minister announced the 13th revision of the state emergency decree between April 1 and May 31, 2021, to detect COVID-19 infections in various locations, especially local markets and communities (TAT Newsroom 2021). The decree included a nighttime curfew, a ban on reporting, selling, distributing, or disseminating any media content that could frighten people, a prohibition on the use of certain buildings or places, and the mandatory wearing of facemasks outside the home. Breaking these rules incurs a fine of up to 20,000 baht under Section 51 of the 2015 Disease Control Act (Bangkok Post).

4.1.3. Economic Support

Thailand’s economy has been severely impacted by the COVID-19 pandemic. Almost all households have experienced income decline. In particular, working mothers are more likely to have experienced a reduction in their income than working fathers. Meanwhile, household expenditures have increased. Almost all households require family support in addition to cash subsidies, state welfare, job creation, and debt repayment waivers. Moreover, children who must stay at home and study online may be unable to catch up with school lessons which could impact their future attainment and study opportunities (Mahidol University 2020).

In response to the pandemic, during the first outbreak, the government provided a 5,000 baht allowance for three months (April – June 2020) for unemployed people and vulnerable groups who had been severely affected by COVID-19 and those who were not eligible for support from the Social Security Act B.E.2533, section 33. Applicants could register to receive the funds via the website “Rao Mai Ting Kan”, or “we will not leave each other”. The government also launched the application “Poutang” or “the money wallet” to encourage people to spend money and boost national consumption. People could download the application and join in the “Kon La Kreng”, or “half-half copayment

campaign”. The government provided 3,000 baht (per person? per business?) during the first round and 3,500 baht (per person? per business?) in the second round. The stores that were allowed to join this campaign were largely small businesses that were affected by the pandemic. The Labour Ministry then announced the “Mor 33 Rao Rak Kan [We Love Each Other]” program to offer financial relief to private employees covered by Section 33 of the Social Security Act (SSA) and non-state welfare cardholders. To qualify for financial relief, the recipient’s savings must not exceed 500,000 baht, including fund investments, bonds, or government savings bank lottery contributions. This scheme is expected to cost about 40 billion baht (Bangkok Post 2021). Those not covered by section 33, including the self-employed and freelancers, who registered for sections 39 and 40 were provided with 5,000 baht each. Operators who hire workers under the social security system were to receive compensation equal to 3,000 baht per employee, but this was not to exceed 600,000 baht in total (Bangprapa).

However, the slow response to control the pandemic and the government’s decision to not join COVAX and import an mRNA vaccine to reduce the infection rate affected the healthcare system and also resulted in severe economic impacts. During the third wave, the government sought to boost the economy and provided funds to support businesses and individuals. In 2020, the government borrowed 1-trillion-baht as an emergency loan decree to deal with COVID-19 and mitigate its social and economic impacts, but the budget was insufficient and ran out after the third outbreak. In May 2021, the government passed a new Emergency Decree which permitted the Ministry of Finance to seek an additional 500 billion baht loan (\$16 billion) to tackle the spread of COVID-19 (National News Bureau of Thailand 2021) and to help fund relief measures aimed at small and medium-sized enterprises that struggled to access credit (Chuwiruch et al. 2021). About 300 billion baht (\$9.6 billion) was to be used for direct assistance to individuals and businesses, 170 billion baht (\$5.5 billion) to create jobs and stimulate the economy, and 30 billion baht (\$962 million) for medical equipment, research, and medicine (Ekvittayavechnukul 2021).

On July 27, 2021, the cabinet agreed to increase the debt by 150 billion baht to about 1.8 trillion baht for a fiscal year to September 2021, in line with a borrowing plan to ease the outbreak’s impact (Thai Post 2021).⁸ Moreover, the cabinet approved 13 billion baht for the National Health Security Office (NHSO) to provide COVID-19 tests for at-risk groups, treatment, and assistance to people suffering from side-effects of COVID vaccinations (Thai Post 2021).⁹ Moreover, the government approved a 2,000-baht reduction of tuition fees for all university and school students required to study online due to the government’s prevention measures for the first semester (Thai Post 2021).¹⁰

The House of Representatives passed the bill without being informed of details about how the money

⁸ “*Khoromo Sang Prap Plan Borihan Ni Pi Ngop 64 - Kho Ku Phoem 1.5 billion baht Phrom Rop COVID-19* [Cabinet ordered to adjust the fiscal year of 2021 - increase 1.5 billion baht to fight against COVID-19],” ThaiPost, July 28, 2021, <https://www.thaipost.net/main/detail/111309>.

⁹ “*Kho rom mo Anumat 1.3 trillion baht Hai NHSO truat klum siang, Dulae Phupuai, Yiaoya lang Chid Vaccine* [Cabinet approved 1.3 trillion baht for NHSO to test for at-risk group, treatment the detected patients, assistance after COVID vaccinations],” ThaiPost, July 28, 2021, <https://www.thaipost.net/main/detail/111290>

¹⁰ “*Kho rom mo Henchop Mattrakan Yiaoya Phupokkhong 2000-baht tor 1 student, lod kha term Nisit* [Cabinet approves measure to reduce the tuition fee for 2000 baht per student],” ThaiPost, July 28, 2021, <https://www.thaipost.net/main/detail/111278>.

would be spent and the plan for future vaccines. The Public Debt Management Office projected that by the end of 2021, the proportion of public debt to GDP would rise to 58.6 percent (Chantanusornsiri 2021). Fiscal mismanagement and economic crises are now commonly discussed throughout Thailand due to the ineffectiveness of the government in dealing with the pandemic.

4.2. Responses from Other Sectors

4.2.1. Provision of Medical Equipment and Support to Coordinate between COVID-19 Patients and Hospitals

Patients dying while waiting for COVID-19 hospital treatment have encouraged the private sector, and civil society such as volunteers, celebrities, and individuals to launch campaigns to help those infected. Some have sent necessary supplies to those unable to work or who are required to quarantine at home for 14 days (Bangkokbiznews 2021).¹¹ The private sector and civil society groups have provided medicine, PPE, paper field hospital beds, vehicles, and coordinators to COVID-19 patients and hospitals. Donations have been provided by various sectors including local government and the private and civic sectors. Meanwhile, hospitals overwhelmed with patients have encouraged the public to respect quarantine areas and apply to access health services and hospital treatments.

5. Result of Mismanagement

5.1. Nationwide Outbreak

Government mismanagement has resulted in rising cases and deaths throughout the country. By July 2021, Thailand has had 453,132 recorded COVID-19 cases and 3,697 deaths. The vaccination process which originally targeted 500,000 doses administered per week has fallen far short for many weeks, with most weeks amounting to around 300,000 shots. Only 12 percent of the population has received the first dose and less than 5 percent have received two doses.

Individuals and medical personnel who have received two doses of Sinovac or Astra Zeneca have been infected with COVID-19, some of whom have died despite receiving a vaccination dose. Hospital beds, particularly in Metropolitan Bangkok, reached its maximum capacity which resulted in health and economic damage. Many underprivileged people with no social connections died while waiting at home. A few committed suicide due to economic crisis-induced despair (Bangkokbiznews 2021).¹² As a consequence, some crematoriums required rebuilding due to excessive use (Bangkok Post 2021).¹³

The high number of cases and death toll prompted the government to declare a hard lockdown in

¹¹ “*Ha teang hai pu puay covid perm chong tang sue dara roundoay choy kan* [‘Finding a bed’ for patients with ‘Covid’ increase media channels - celebrities help together],” Bangkokbiznews, April 29, 2021, <https://www.bangkokbiznews.com/news/detail/934568>.

¹² Ibid.

¹³ Online reporters, “Crematorium needs to be rebuilt due to heavy use,” Bangkok Post, July 24, 2021, <https://www.bangkokpost.com/thailand/general/2153783/crematorium-needs-to-be-rebuilt-due-to-heavy-use>.

Bangkok and in 13 high-risk provinces from 12 to 25 July 2021. Lockdown measures included the closure of shopping malls and department stores while pharmacies, supermarkets, and banks can operate until 20.00. Public parks may also remain open until 8 p.m., and a curfew is in place from 9 p.m. to 4 a.m. (Fronde 2021). Thailand has imposed a ban on gatherings of more than five people and an overnight curfew to quell the COVID-19 outbreak during this period.

5.2. mRNA Vaccine Campaign

The vaccine shortage, slow inoculation process, and the Delta variant which vaccines are less effective against are the primary causes of the high rate of COVID-19 cases in Thailand. Additionally, it is expected that the vaccines will be unlikely to offer sufficient herd immunity and protection against the Delta variant (Fronde 2021). In July 2021, the “Mor Mai Thon” (Doctors Won’t Tolerate) group demanded that the government should procure mRNA vaccines such as Pfizer and Moderna and use them as Thailand’s main vaccines for frontline doctors and medical staff (The Nation 2021).¹⁴ The group submitted 215,409 signatures from a campaign launched on change.org to the Parliament’s president and politicians from the government and opposition parties to pressure the government to procure more effective vaccines to fight the new variants (Bangkok Post 2021).¹⁵ Private hospitals have also ordered a million doses of COVID-19 vaccine ahead of regulatory approval and have opened vaccine reservations (Setboonsarng 2021).

5.3. Low Trust in Government

According to a Thairat poll survey on trust in the government, 1.8 percent of respondents stated that they trust the government, while 87.3 percent said that would never trust the government, and 10.9 percent said that they used to trust the government but no longer trust the government due to mismanagement (Thairat Poll 2021). The poll explored the reason behind the low public trust in government. The result yielded multiple explanations including the government’s failure to purchase highly effective vaccines, the slow inoculation process, the vaccine monopoly, failure to provide economic support such as compensation to small businesses and the majority of people, failure to communicate and lack of a single command, non-democratic leadership, and the lack of good governance practice including transparency, accountability, rule of law, and value for money. Accordingly, many groups openly discussed related issues on the Club House, a social media application, to criticize the government.

5.4. Protest Against the Government

The government faces widespread criticism over the pandemic recovery plans by failing to secure adequate vaccine supplies. The government has also been blamed for the economic slump caused largely

¹⁴ “Medics urgently need mRNA jabs, say doctors,” The Nation, July 14, 2021, <https://www.nationthailand.com/in-focus/40002889>.

¹⁵ Aekarach Sattaburuth and Mongkol Bangprapa, “Pressure mounts to procure better shot,” Bangkok Post, July 14, 2021, <https://www.bangkokpost.com/thailand/general/2145143/pressure-mounts-to-procure-better-shots>.

by measures to contain the pandemic which has resulted in serious political conflict in the country, including nationwide protests.

Before the situation worsened, the student-led pro-democracy movement demonstrated against the military government, focusing on its political legitimacy and ineffective administration. Many groups of people gathered on the streets to demand the Prime Minister's resignation and proposed the dissolution of parliament ahead of an election (Khaosodenglish 2021).¹⁶ However, the ultimate purpose of the pro-democracy protest is to end the military regime and stop the authoritarian dictatorship in Thailand. In addition, some groups have begun litigation against the Prime Minister and other ministers for their mismanagement (The Nation 2021).¹⁷

5.5. Economic Hardship

According to the World Bank, Thailand will face economic hardship in dealing with COVID-19. Since the pandemic, the number of low-income people in Thailand has risen to 40 million or two-third of the total population of 67 million (Nitthawom 2021). People who have an income lower than 150 baht (5 dollars per day) rose from 4.7 million to 9.7 million (Posttoday 2021).¹⁸

Moreover, at present, the public debt is 55 percent of GDP (7.65 billion baht) (Public Debt Management Office 2021), while household debt has risen to 91 percent of GDP (14 million baht), the highest in 18 years or since the 1997 Tom Yum Kung crisis (Prachat 2021). In particular, economic inequality between the rich and poor has widened. The number of poor people has rapidly increased in the last three years and the rich now own 20 times more assets than the poor (Matichon 2021).¹⁹ Structural problems, corruption, and limited good governance practices of the government have resulted in low confidence for foreign investors. Meanwhile, Thailand continues to have unfair trade and business competition since the government pays less attention to supporting small business enterprises when competing against big business (Bangkokbiznews 2021).²⁰

In addition, in 2021 Thailand has also faced a weakening currency due to economic sluggishness during the pandemic. The low number of tourists in the country resulted in an income shortage as the Thai economy is reliant upon the tourist industry and international exports. Bloomberg indicates that

¹⁶ "Pro-Democracy Activists March against Government," Khaosodenglish, July 12, 2021, https://www.khaosodenglish.com/news/crimecourtsclamy/2021/06/25/pro-democracy-activists-march-against-government/?fbclid=IwAR2TyJm1SSC1JQ-tqX4DXBY3ou3dHmCHE08N0U23CBCM_gbipKcYWmjA5iE.

¹⁷ The Nation, "Family of Covid victim sues Prayut, CCSA for THB4.5m," The Nation Thailand, July 27, 2021, <https://www.nationthailand.com/in-focus/40000889>.

¹⁸ "Ni kou reuan pit rai settakit thai [Household debt affect to Thai'economic]," Posttoday, July 19, 2021, <https://www.posttoday.com/finance-stock/news/639770>.

¹⁹ "Sapapat paui thai lerm lam pung rob sip pee roy chon hangkan sungsud yeesibtao [The National Council for Peace and Order (NCPO) reveals Thailand has been lagging in the past 10 years. The richest is 20 times the difference. Household debt to GDP has risen more than 80 percent]," Matichon (online), July 12, 2021, https://www.matichon.co.th/economy/news_2359806.

²⁰ "Tam mai kum covid dai ta settakit mai to [Why can control COVID-19, but the economic don't growth]," Bangkokbiznews, July 12, 2021, https://www.bangkokbiznews.com/news/detail/910375?fbclid=IwAR0AHT_fuBdlm4RUGWnTSbBiE6Mka305Jo4Cf0vggFODuczRg7Bi006Tz6g.

Thailand's slow vaccination program will result in higher rates of infection, many of which will go unreported since many people will not be tested. Thailand's ineffective management of the pandemic has resulted in low foreign investor confidence who are concerned about both financial asset shortage including low demand for the Thai baht (Thanthong-Knight et al. 2021). Moreover, the United States has encouraged global investors to invest in the United States during the pandemic due to the country's success at creating jobs and providing high returns for investors. Hence, internal and external factors have affected the strength of the Thai baht.

Although the government launched measures to overcome the economic crisis, the cash handout schemes are insufficient to help 3.2 million SMEs in Thailand survive the financial hardship they face. Structural problems such as economic monopolies have increasingly resulted in the bankruptcy of small businesses. The liquidity and bankruptcy of SMEs will damage the country's economic capacity to recover, leading to low trust and confidence in the government. Approximately 1.3 million graduate students and 6 million workers have been unemployed during the pandemic (Bangkokbiznews 2021).²¹ Furthermore, the Thai economy is expected to take three years to recover to its pre-pandemic level (Krungsri Research 2021).

5.6. The Private Sector and Public Participation in Response to COVID-19

The slow vaccine rollout resulted in rapid increases in the number of infections and deaths while waiting for COVID-19 hospital treatment. This has encouraged the private sector and civil society groups, including volunteers, celebrities, and individuals to launch campaigns to help those affected and send necessary supplies to those unable to work or who are required to quarantine at home for 14 days (Bangkok Biznews 2021). The closure of work camps and the hard lockdown in 13 high-risk provinces including Bangkok have impacted workers and people, which has prompted the private sector, civil society groups, and volunteers to help people by providing medicine, PPE, paper field hospital beds, vehicles, consumer supplies, areas for community isolation, and coordinators between COVID-19 patients and hospitals. Social media is the main platform that these groups have used to contact one another to help underprivileged people survive. In July 2021, in response to a spike in cases in Bangkok, rural doctors from six hospitals proactively visited COVID-19 risk areas in Bangkok to provide antigen tests for people in slum communities (The Standard 2021). The response of the public sector and people's alliances reflect the failure of the vaccination program and the negligence of the government to do their duty in the form of compensation measures and crisis management.

Furthermore, for the purposes of self-reliance, some researchers have started research on a national COVID-19 vaccine. As of July 2021, Thailand's first COVID-19 vaccine, 'ChulaCov19', was tested on humans (CU news 2021).

²¹ "Pitcovid Konthaitokngan Jopmaitefoon Raipanoam [Covid poisoning, Thai people lose their jobs]," Bangkokbiznews, April 19, 2021, <https://www.bangkokbiznews.com/news/detail/932552>.

5.7. The Development of a Thai Herb to Fight Against COVID-19

COVID-19 is a type of coronavirus which is caused by mutations that can spread rapidly. Currently, the vaccination program for Thai people is not yet comprehensive and the vaccine used, Sinovac offers limited protection against COVID-19, although no vaccines offer total protection against the virus. In addition, COVID-19 mutates quickly and many patients present no symptoms which makes disease control difficult. Past pandemics show that vaccines alone cannot control the scope and rapidity of the outbreak, so drug production must go hand in hand with vaccines (Chula Communication Center 2021).

Thailand has many types of medicinal plants and herbal medicine recipes. Traditional medicine experts have studied Thai herbs in the treatment of COVID-19 to strengthen the body's immune system and make it resistant to disease. Several Thai herbs have been used to treat COVID-19, such as "Fah Talai Jon" or "green chiretta" (*Andrographis paniculata*) and "Ka Chai Khao" or "fingerroot" (*Boesenbergia rotunda*). "Triphala" has properties for detoxification and helps build immunity. To protect patients from COVID-19, Thai herbs can be used to block the virus from spreading and prevent its rapid spread. Taking immunosuppressant drugs can allow the body to heal itself. Fingerroot and green chiretta are both effective at inhibiting the virus (News Dir 2021). Each participant received 60mg of andrographolide three times per day for five days. The amount of andrographolide is three times higher than the typical dose to treat the common flu. Nonetheless, further research is required to thoroughly investigate the efficacy of treatments using traditional Thai herbs.

The Department of Traditional Thai Medicine delivered paniculata drugs to hospitals in 76 provinces nationwide. Doctors can use it for treating COVID-19 patients with mild symptoms or can be used with patients in field hospitals. Several Thai herbs such as Krachai Khao and Pha Talai Bandit, which have properties that can inhibit COVID-19, are in the process of being developed into a modern medicine that can be exported and could potentially result in revenue for the country (News Dir 2021). Moreover, these treatments could help overcome high prices of imported medicines because Thailand could manufacture medicines domestically.

On July 27, 2021, the Cabinet approved in principle to promote the use of green chiretta (*Andrographis paniculata*) as an alternative medicine to treat mild and asymptomatic COVID-19 patients (The Secretariat of the Prime Minister 2021). Moreover, the Ministry of Justice instructed prisons throughout the country to grow herbal medicines, especially green chiretta and fingerroot (*Boesenbergia rotunda*) (Thai Post 2021).

6. Lessons from the First and Second Outbreaks for the Management of COVID-19 in Thailand

During the first outbreak, Thailand's COVID-19 response was deemed to be successful because many mechanisms were implemented. This includes strong leadership, a strong, well-resourced, and inclusive medical and public health system, highly effective and capable local health volunteers, efficient

administrative systems, well-organized governance practices, close collaboration, a single command and information distribution system, and law enforcement and crisis management regulations.

1. Strong government leadership at different levels effectively responded to the pandemic by allowing health professionals to manage the situation. The Prime Minister established the COVID-19 Situation Management Center to monitor and communicate daily updates on COVID-19 to the public. The center significantly reduced potential issues and built public trust and confidence.
2. A strong, well-resourced, and inclusive medical and public health system contributed to the prompt responses. Before the outbreak, Thailand already had an established and excellent healthcare system with a decentralized health budget, plentiful medical instruments and hospitals, and medical staff working in local hospitals. Thailand successfully introduced a free healthcare system in 2002 dubbed “thirty-baht healthcare”, which enabled 48 million Thais to access hospital healthcare services for just 30 baht (less than 1 US dollar). This program later became a free universal healthcare program. Thailand’s healthcare services now include over one million health volunteers working in 72,000 villages. With an existing healthcare system, Thailand could successfully limit and control the pandemic during the first and second outbreaks.
3. Administrative systems adapted to the changing demands of government measures and public health measures to control the virus. Following the March 2020 outbreak, the government introduced lockdown measures between March and mid-June 2020 to limit the spread of COVID-19. The government declared a national curfew between 10 p.m. and 4 a.m. and encouraged the public to protect themselves against the risk of infection, such as avoiding high-risk areas and wearing facemasks. Meanwhile, the government decentralized and distributed power to local governments and actively communicated with health professionals. Consequently, governors, local authorities, community leaders, and health volunteers were involved in monitoring and reporting new cases to local authorities and provincial governors.
4. Close collaboration with academia and the public sector helped Thailand manage COVID-19. Civil society played an important role in helping local communities. Local health volunteers, civil society groups, and private organizations distributed food packages for people affected by COVID-19. In early May 2020, the “Too Pan Sook”, or “Pantries of Sharing” project was launched to share food with the underprivileged. The “Rice for Fish Exchanges” was a cooperative program between network partner organizations. Academic institutions and health professionals provided guidelines to prevent the transmission of the virus, such as health experts providing knowledge about personal hygiene practices to avoid infection, while the COVID-19 Situation Management Center and journalists updated the public about the COVID-19 situation, including the number of new daily cases and deaths, laws and regulations, and government measures. Various sectors such as the private sector, entrepreneurs, non-profit organizations, and people’s organizations have made donations.
5. Cultural norms such as non-contact greeting and mask-wearing, supported by consistent and transparent communication have improved levels of public compliance (WHO 2021).

7. Lesson Learned From the Management of the Third COVID-19 Outbreak in Thailand

The third wave started in April 2021, one month after targeted vaccinations began. The COVID-19 situation deteriorated with increasing numbers of deaths and infections, especially after the fast spread of the Delta variant. Previous experiences did not help prevent these issues. The authors would therefore like to draw lessons learned from COVID-19 management failures during the third, ongoing outbreak which are related to the inefficiency of law enforcement and crisis management, ineffective communication, and limited good governance practices such as administration, transparency, and accountability.

1. During the first and second waves, the government enforced an emergency decree to limit the spread of the virus. The decree has however been criticized for limiting freedom of speech and expression and public rights and liberties. The Public Assembly Act has been used against anti-government protesters and to control the Thai student movements since its promulgation in 2015. Since the government enforced the emergency decree in March 2020, hundreds have been punished for breaking the law and the decree has been extended 12 times. Although the COVID Management Center spokesman insisted that the emergency decree helped control COVID-19, it was insufficient to control the third wave. The Prime Minister avoided drastic preventative measures after the new cluster in April 2021. A lockdown in Bangkok was necessary to stop the outbreak, yet the government allowed travel for the Songkran festival in April for economic reasons, which subsequently limited law enforcement and public awareness.
2. Public trust in government has been declining. During the first and second waves, the government implemented a single command for public communication and decentralized powers to provincial governors. After the third outbreak in April 2021, cases of the Alpha strain were reported in Thailand for the first time. The government responded with a single command system to improve the efficiency of the national COVID-19 vaccination drive, aiming to inoculate about 30 million people over the next three months and 50 million by the end of the year. The government sought to improve state and private agency cooperation to ensure broad vaccine distribution. Meanwhile, alternative vaccination centers were planned to be installed in meeting halls, sports centers, and hotels to prevent hospital overcrowding. A minimum of 300,000 doses of vaccines was targeted to be administered daily. The government also planned to use spaces at religious organizations, government agencies, and universities as field hospitals and for vaccine allocation. The Prime Minister instructed all involved agencies to procure over 100 million vaccine doses by the end of 2021. Yet the administration of this plan has not succeeded. The Prime Minister, Minister of Public Health, and government agencies have failed to communicate the COVID-19 management strategy and vaccine allocation to the public. There was no effective response from the Prime Minister to control the outbreak. The slow pace of vaccinations and insufficient hospital beds and medical equipment have marred the plan. Many people waiting for a hospital bed have died at home, with some even dying in the streets. This has resulted in a significant increase in the number of cases and deaths, and in July 2021 alone there were more than 350,000 infections and

2,847 deaths related to COVID-19 (Workpointnews 2021).

3. Low good governance in crises management

3.1 Administration

In the third outbreak of COVID-19, the government has failed to communicate to create public understanding and trust to properly respond to the pandemic. The single command of the Centre for COVID-19 Situation Administration, the Minister of Public Health, and the Prime Minister contributed to public confusion. Government announcements have not prepared people for the social and economic impacts, for example, the prompt response on law enforcement, closure of work camps which dispersed COVID-19 throughout the country, prompt announcements to close restaurants and stores at midnight on June 26, 2021, without public warning, and the announcement of a hard lockdown in the Bangkok metropolitan area between July 12-25, 2021, after the virus was already widespread across the country. Moreover, the government has not sufficiently responded to requests for financial support from small business enterprises, restaurants, supermarkets, convenience stores, night clubs that have been affected by the government measures.

3.2 Transparency and Vaccine governance

The Thai government initially aimed to vaccinate 70% of the population or 50 million people by the end of 2021 (DW Akademie 2021). The slow and ineffective vaccination process has resulted in a high infection rate and many people have died waiting at home for a hospital bed at home, while others died even after receiving the Sinovac or AstraZeneca vaccine due to their limited efficacy, particularly against the Delta variant. There is social frustration at the government that it is over-reliant on the AstraZeneca and Sinovac vaccines, while the government refuses to sign a contract with mRNA vaccines companies to import the Moderna and Pfizer vaccines. Information about the price, quantities, and date of vaccine deliveries is also absent.

The slow vaccine rollout and the ineffectiveness of the vaccines used have resulted in public distrust of the government and the vaccine they received. People have called for alternative vaccines such as Pfizer and Moderna. Due to the mismanagement of vaccines, some people in Thailand have paid 3,400 baht to reserve two doses of an mRNA vaccine at private hospitals. These vaccines were expected to have begun being used in February 2021 yet in July 2021, many are still waiting to be vaccinated. The slow draft purchase contract for the Moderna COVID-19 vaccine created public anger and has been criticized as the Government Pharmaceutical Organisation (GPO), a government agency responsible for the contract, did not send the contract to the Office of Attorney General (OAG). Instead of responding to the comments, the GPO registered complaints with police by defaming Dr. Boon Vanasin, Thonburi, Healthcare Group (THG) chairman (Bangkok Post 2021),²² who revealed information regarding the slow progress of the Moderna vaccine contract to the public.

Moreover, the transparency of information was also jeopardized when the government did not

²² "GPO sues THG chairman over Moderna vaccine comments," Bangkok Post, July 19, 2021, <https://www.bangkokpost.com/thailand/general/2148683/gpo-sues-thg-chairman-over-moderna-vaccine-comments>.

reveal information about vaccine contracts both on Sinovac and Oxford-AstraZeneca. There was a joint commitment between Siam Bioscience, AstraZeneca, and the Public Health Ministry to make the COVID-19 vaccines available in Thailand and in Southeast Asia (The Nation 2021). Last year, Siam Bioscience received a 600 million baht subsidy from the Thai government to develop the capacity to manufacture AstraZeneca vaccines (Bangkok Post 2021).²³ Yet while the AstraZeneca vaccine factory is in Thailand, those vaccines are not entirely for the people in Thailand which has upset some people. In July 2021, it became clear that the vaccine would not be manufactured in time, causing more infections and damages. In addition, the overreliance on these two manufacturers resulted in criticism of the vaccine monopoly and these vaccines had little protection against the Delta variant which would not be sufficient to build herd immunity and control the outbreak in the country (Rojanaphruk 2021).

Mixing Sinovac and AstraZeneca vaccine doses has recently been announced by experts, causing public confusion. Criticism also emerged because it contradicts a warning from the World Health Organization that individuals should not mix and match different vaccines because the efficacy and safety of doing so are not fully understood. Overreliance on one vaccine can cause a high infection rate and people are unsure of the side effects and the efficacy of the vaccines (DW Akademie 2021).

Up to July 2021, 14,223,762 million doses had been administered, accounting for about 16.16% of the population (The Standard 2021) which lags behind most Southeast Asian countries (DW Akademie).

Vaccine management has become a political issue. In February 2021, the opposition began debating a no-confidence motion against the Prime Minister and nine Cabinet members with accusations of economic mismanagement and bungling the provision of vaccines. Moreover, public criticism on social media and on television has become common in recent months. The Prime Minister and the Minister of Public Health have refused to take responsibility for mismanagement, including the slow vaccine rollout. Limited leadership responsibility has fostered panic and fright among people, while public frustration at the government's vaccine strategy has prompted the private sector to request better mechanisms.

3.3 Accountability

The government cannot integrate the public and private sectors to fight the virus. Moreover, the government defended the decision not to join the COVAX vaccine alliance (the WHO-sponsored coronavirus vaccine program) which resulted in the failure of government measures to prevent the outbreak. The Director of the National Vaccine Institute (NVI) announced that Thailand would join COVAX 9 months later after several months of facing severe health crises. Vaccine trial delays indicate poor crisis management. Moreover, there is also a lack of information on the vaccination purchasing process, a lack of proper planning for vaccine allocation, and limited

²³ “Thanathorn ordered to erase vaccine supply criticism,” Bangkokpost, July 14, 2021, <https://www.bangkokpost.com/thailand/politics/2060179/thanathorn-ordered-to-erase-vaccine-supply-criticism>.

communication to boost public confidence and trust. The lack of cooperation between government agencies has resulted in dissatisfaction of various sectors. Mismanagement is also related to transparency and the accountability principle. Although the government increased spending to protect the economy and provide aid to the vulnerable groups, the failure to control the pandemic, communication mistakes, and information confusion on vaccines has damaged the healthcare sector's potential to control the virus and the ability of the commercial sector to restore the economy.

Additionally, rising cases have prompted concerns about the ability of Thailand's medical sector to handle increased infection cases. Furthermore, the bureaucratic system, laws, and regulations are significant obstacles to addressing the COVID-19 situation (Thai Post 2021). People reportedly find it difficult to access healthcare services due to insufficient hospital beds, and long queues for vaccinations, including getting required documents such as medical certificates to transfer patients.

The government's failure to respond to COVID-19 due to the lack of transparency over vaccine purchases and mismanagement relating to the state response to the pandemic resulted in Thailand facing a health and economic crisis. Hence, social frustration has emerged, and resignations and responsible actions from the Prime Minister and the Minister of Public Health are required.

8. Conclusion

Thailand successfully handled the first outbreak of COVID-19, yet the third outbreak, which started in April 2021, saw Thailand facing high rates of infections and over 3,600 deaths (Workpointnews 2021). The Centre for Covid-19 Situation Administration has been criticized for being ineffective, while some doctors and state officers have provided confusing information about vaccines to the public.

In periods of high infection rates, delays in the procurement of vaccine supplies have put the government's plans at risk and sparked a crisis of confidence among the public. There is a high rate of fake news and the dysfunction of law enforcement and the administration of the government. Crisis management in the context of the good governance principle is being criticized, especially regarding the vaccine monopoly and corruption. The low quality of the vaccines used, the vaccine monopoly, and the lack of transparency on vaccination contracts have sparked accusations against the government's crisis management.

The outbreak also shows the paradox issues of health and the economy. Mismanagement of vaccines has resulted in public dissatisfaction, especially high rates of infections and a significantly greater death toll in the country, while the hard lockdown has also affected many businesses and will have severe economic impacts. Since the COVID-19 outbreak, Thailand has also faced political and economic challenges. The call for the Prime Minister to resign is getting louder. After COVID-19, Thailand faces a long road to recovery and Thailand will likely suffer more infections, loss of lives, and face further

economic damage. These are more political conflicts that add to the existing conflicts within the country.

9. Policy Recommendations

Although the Thai government's management of COVID-19 proved effective during the first and second outbreaks, Thailand presently faces many challenges. The authors propose the following policy recommendations to address future crises.

9.1. Democratic Governance Practices

To prevent COVID-19, the government should apply democratic governance practices by enforcing related laws and regulations to create public awareness and protect citizens from COVID-19. Lockdown measures may be necessary for some areas. Remedy measures and compensation for small businesses and workers are also necessary. Government trust should be enhanced, especially regarding the vaccination process.

To reduce deaths and infections, mRNA vaccines should be procured and distributed to manage the third outbreak. The government should allow the private sector to import alternative vaccines and let citizens decide which vaccine to take. Vaccine accessibility and COVID-19 treatment services should be simplified and everyone should have the right to receive an effective, standardized vaccine.

9.2. Economic Measures

The third wave severely hit the economy so the government should provide sufficient financial support to small businesses, ensure the wellbeing of its citizens, and reduce the social and economic impacts.

In the short term, vaccine distribution and financial support are crucial for people to overcome COVID-19 and public welfare should be provided. There should be effective economic measures in order to build trust and confidence between government officials and healthcare professionals. In the long term, the government must address the social security system and economic development in various dimensions such as encouraging foreigners and Thais to travel within Thailand, strengthening healthcare capacity to become a medical hub for COVID-19 treatment, and ensuring safe travel for tourists. Further, cooperation between the public and private sectors should be enhanced to minimize negative economic impacts and foster job creation.

9.3. Information Management and Communication

An open government system is required to reduce fake news. Data should be easily accessible via various sources such as government organizations, private enterprises, non-government organizations, civil society, academic institutes, and reliable media agencies. A single communication source such as the COVID-19 Single Management Center may be effective to communicate technical information to the public, yet a more interactive means of communication is required to build trust, awareness, and partnerships with

various interest groups.

Additionally, effective and integrated communication for specific groups of people is required and efficient public communication mechanisms for crisis management should be established. The government should integrate different sectors such as the private sector, civil society, the media, and the public to participate in public communication to avoid contradicting information. Effective and strategic communication can establish trust and confidence in government agencies during crises. Knowledge and information can reduce public chaos and panic, which is crucial to restoring the national economy.

9.4. Future Prevention Mechanisms

COVID-19 has impacted all parts of Thai society. To reduce the socioeconomic impacts of COVID-19 and create a crisis management strategy, the following policies and strategies should be considered.

9.4.1. Social Policy

The impact of COVID-19 reflects Thailand's existing economic, social, and justice inequalities, in addition to its law enforcement issues. In response, a sustainable social support or social safety net should be introduced, particularly to aid vulnerable groups and improve quality of life. COVID-19 offers lessons for Thailand to deal with health and economic crises. Many people, especially informal laborers, grassroots organizations, and the middle class have had to fight for their basic rights and have no choice but to return to work despite the risk of infection. Social security would provide basic guarantees for such people.

At the height of the pandemic, Thailand successfully controlled the virus in the first wave by promoting inter-sector cooperation. Strong social partnerships between local governments, provincial and national authorities, health professionals, the private sector, civil society, the public, and health volunteers have been success factors to cope with COVID-19. Inclusive social partnerships were crucial mechanisms for Thailand to cope with COVID-19 during the first and second waves. Inter-sector partnerships should therefore be fostered and encouraged to effectively respond to future crises.

9.4.2. Economic Policy

COVID-19 has significantly affected Thailand's economy by increasing public and private debt.²⁴ To minimize the economic effects and prevent a social crisis, the grassroots economy should be strengthened by enabling social and economic empowerment among the public, the government, and private sectors. Moreover, the government should place greater emphasis on expanding the scope and definition of financial benefits, including making welfare accessible to guarantee the quality of life. This will also maintain a healthy democracy, economy, and social partnerships for the benefit of the people and limit household debt. Decentralization of government power and redistribution of resources to reduce economic inequality are necessary to achieve this. In the long term, the government should support accessible

²⁴ Office of the National Economic and Social Development Council, "NESDB clarified the fact of high household debt," May 4, 2021, https://www.nesdc.go.th/ewt_news.php?nid=9809&filename=index.

healthcare, economic opportunities, education, and technology and improve political engagement to recover the economy. Economic opportunities will enable a healthy democracy. Furthermore, Thailand's economic structure requires reform to erase big business monopolies and develop social security to improve living standards. Healthy relationships between the state, private sector, and the people will expand national resources, reduce household and public debt, and strengthen democratic governance. Meanwhile, strong socio-economic security will help prevent and offer resilience against future social crises.

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Country Case 7: Bangladesh

Pandemic Crisis and Democratic Governance in Bangladesh: An Analysis

Rezwan UI-Alam¹

Manusher Jonno Foundation

1. Introduction

Bangladesh's COVID-19 situation took a serious turn with rising deaths and infections during the ongoing second wave. The government's efforts to control the outbreak COVID-19 do not appear to have produced the desired outcome, while public suffering has continued unabated as a result of continued slides in various governance indicators. This working paper, the third and final paper in the series, highlights the governance challenges from May 31 to August 11, 2021.

The objectives of this paper are:

1. To provide updated information on the overall situation of the spread of COVID-19 and its effect on the economy;
2. To examine various policy trends of the government in response to COVID-19 and associated key governance indicators; and
3. To offer policy recommendations to the government to overcome governance challenges surrounding COVID-19 and beyond.

2. Methodology

This paper was produced through desk research using secondary materials available on the internet. Additional explanation is also provided using a model developed by the author in the second article to analyze the ongoing governance challenges in Bangladesh centering on COVID-19 management.

3. Update on the COVID-19 Situation

Bangladesh is now in the midst of the second wave, with the Delta variant having become dominant

¹ Director, Manusher Jonno Foundation

since June, accounting for 78 percent of confirmed cases of community transmission (Dhaka Tribune 2021). Since the first COVID-19 case was detected in the country on March 8, 2020, the death toll now stands at 23,398 with a total of 1,386,742 confirmed cases, among which 1,248,075 have recovered (COVID-19 Dynamic Dashboard for Bangladesh 2021).

4. Literature Review

A Google search for “COVID-19 research Bangladesh” showed some 270,000,000 entries as of July 22, 2021. For this working paper series, more than 30 studies were reviewed to focus on Bangladesh’s governance challenges in managing the virus. The literature review was performed by both national and international researchers and practitioners. The focus of the studies included ranged from perception and behavioral studies to clinical studies, including some governance-specific studies.

A study (Biswas et al. 2020) found that the lack of preparation and the cumbersome coordination mechanisms, including the absence of good governance, among others, were responsible for poor handling of the pandemic by the authorities. Khandakar Farid Uddin (2021) observed that the government’s indifferent attitude to accommodating the suggestions of experts prevented the country from mounting a coordinated response against the pandemic.

A perception study found that weak governance and insufficient preparations for the vulnerable populations created anxiety among the public (Shanmi et al. 2020). A regional study found that Bangladesh ranked the lowest among all reporting Asian countries for critical care facilities (Molla Et al. 2021). Another study found that governance problems in the global value chain persisted in the COVID-19 era in Bangladesh (Frenkel and Schuessler 2021). A study on the status of higher education found that real learning from online education during the pandemic could not be achieved in rural areas due to poor attendance, weak connectivity, and a lack of critical electronic devices (Md Awal et al. 2020).

Transparency International Bangladesh (TIB 2021)² squarely blamed the government for its corruption for leading to the surge in transmission of the disease. It also alleged that the health ministry officials favored use of a third party to procure vaccines, which ultimately created a crisis of vaccine shortages in the country. A study by Suresh R. Basak found that religious confusion led to religious followers ignoring scientific warnings instead of adhering to the health guidelines (Basak 2021).

5. Updates on Inoculations

Bangladesh recently revised its target for administering vaccines from 39,500,000 people to 117,856,000. As of August 11, 2021, a total of 28,955,722 people have registered, which is 24.6 percent of the target

² “Tackling Coronavirus Pandemic: Governance Challenges in COVID-19 Vaccine Management.”
https://www.tibangladesh.org/beta3/images/2021/report/COVID_Response_tracking_III_ES_English_080621_.pdf.

population. Out of the total registered, 12 percent, or 14,556,745, have received the first dose, while just 4 percent, or 4,732,129 have received the second dose. The total number of people who have experienced side effects following immunization is 9,927 (COVID-19 Dynamic Dashboard for Bangladesh 2021).

Bangladesh is currently administering four types of COVID-19 vaccines: AstraZeneca- Covishield, Pfizer, Moderna, and Sinopharm. The following table gives a breakdown of doses administered as of August 11, 2021.

Table 1. Status of COVID Vaccines Administered by Source Producing Countries

Brand	First Dose	Male	Female	Second Dose	Male	Female	Total AEFI
AstraZeneca- Covishield	5,870,753	3,647,794 62%	2,222,959 38%	4,557,840	2,900,065 64%	1,657,775 36%	1,005
Pfizer	50,299	43,269 50,299 86%	7,030 14%	3,160	2,502 79%	658 21%	1
Sinopharm	6,890,466	3,815,229 55%	3,075,237 45%	211,435	116,225 55%	95,210 45%	15,473
Moderna	2,061,502	1,204,375 58%	857,127 42%	3,786	2,229 59%	1,557 41%	2

Source: COVID-19 Dynamic Dashboard for Bangladesh, 2021³

It may be mentioned here that following a shortage of AstraZeneca vaccines, Bangladesh struggled to procure vaccines as per the plan from India. This forced the government to search for alternative sources and finally, after hectic diplomatic negotiations, Bangladesh was able to secure enough vaccines to roll out a mass vaccination drive. The prime minister told Parliament that enough money had been allocated in the national budget to ensure free vaccination for all (Dhaka Tribune 2021).⁴

The government of Bangladesh should be praised for managing COVID-19 vaccine procurement despite unforeseen hiccups. A female senior government official inadvertently disclosed the price of Chinese vaccines during a press conference,⁵ creating an odd situation for Bangladesh. That official was put on special duty⁶ by the government to ease the situation with China. The disclosure of the vaccine price in violation of the contractual confidentiality clause also created debate in Sri Lanka, which was procuring the same vaccines at a higher price.⁷

³ “COVID-19 Dynamic Dashboard for Bangladesh,” the Government of Bangladesh, accessed August 11, 2021, <http://103.247.238.92/webportal/pages/covid19.php>

⁴ “PM Hasina: Massive vaccination from July,” Dhaka Tribune, June 29, 2021, accessed July 7, 2021, <https://www.dhakatribune.com/bangladesh/parliament/2021/06/29/pm-vaccines-will-be-secured-for-our-country-no-matter-what-the-cost>.

⁵ “Purchase of Sinopharm Vaccine: Price disclosure sparks confusion,” Daily Star, May 27, 2021, accessed July 7, 2021, <https://www.thedailystar.net/frontpage/news/purchase-sinopharm-vaccine-price-disclosure-sparks-confusion-2100137>

⁶ “Additional Secretary made OSD soon after disclosing price of Chinese vaccine,” The Business Standard, June 6, 2021, <https://www.tbsnews.net/coronavirus-chronicle/covid-19-bangladesh/additional-secretary-made-osd-soon-after-disclosing-price>

⁷ “Expensive Chinese Vaccines Stir Hornet’s Nest in Bangladesh, Sri Lanka - Times of India. The Times of India. <https://timesofindia.indiatimes.com/world/south-asia/expensive-chinese-vaccines-stir-hornets-nest-in-bangladesh-sri-lanka/articleshow/83138927.cms>.

As elaborately explained in the second part of this article, Bangladesh found itself trapped in vaccine diplomacy, which created uncertainty as to whether Bangladesh's National Vaccine Deployment Plan would be implemented successfully. As of this writing, Bangladesh has been able to secure over 20.73 million vaccine doses. Procurement status is shown in the table below.

Table 2. Current Vaccine Status

Country	Brand	Procured	Gift	In Pipeline/Remarks
India	AstraZeneca-Covishield	10.3 million	3.3 million	India stopped the export to Bangladesh due to higher local demand. The Indian High Commissioner to Bangladesh said his country is working to resume supplying vaccines to Bangladesh. ⁸
USA (via Covax)	Moderna Pfizer	2.5 million	5.5 million	
China	Sinopharm	9.8 million	1.1 million	Cabinet Committee on Government Purchase (CCGP) Affairs okayed the purchase of 60 million doses on August 11. ⁹ Bangladesh approved emergency use of the second Chinese vaccine, CoronaVac. ¹⁰
Japan (via Covax)		1.6 million	2.75 million	
Covax	Johnson & Johnson			70 million

Source: Daily Star 2021, Xinhua 2021

It may be mentioned here that Bangladesh will need some 260 million doses of COVID vaccines to fully inoculate 80 percent of its population in the next two to three years. Given the vaccines available at hand from various sources, some 13 percent of the population are likely to be vaccinated (daily Prothom Alo 2021), assuming there is no further trouble in the coming days in procuring the planned vaccines.

While the procurement of COVID vaccines has been managed through hectic diplomatic efforts, a stronger initiative is needed by the government to increase its vaccine storage facilities where a great deficit exists. For example, according to scenario analyses shown in the National Deployment and Vaccination Plan of the Bangladesh government, an estimated 1,095 ultra-low temperature freezers would be required from the national to the Upazila level to store COVID vaccines. The following table illustrates the COVID-19 vaccine space required at the national, district, and Upazila levels in different

⁸ "Working to resume vaccine export to Bangladesh: envoy," The Daily Star, July 23, 2021, accessed July 25, 2021, <https://www.thedailystar.net/health/disease/coronavirus/fallouts-fightback/vaccine/news/working-resume-vaccine-export-bangladesh-envoy-2135621>

⁹ "Bangladesh approves purchase of a batch of COVID-19 vaccines from China," Xinhua, August 11, 2021, accessed August 12, 2021. http://www.xinhuanet.com/english/2021-08/11/c_1310121761.htm.

¹⁰ "Bangladesh approves second Chinese vaccine for emergency use," Xinhua, June 6, 2021, accessed August 9, 2021, http://www.xinhuanet.com/english/asiapacific/2021-06/06/c_139992410.htm,

scenarios.

Table 3. Scenarios of COVID-19 Vaccine Space Required at Various Levels

Scenario	Total Number of Doses	Space required assuming 3.5 cm ³ per dose (Single dose vial)		
		National	District	Upazila
2 percent of the total doses arrive	3,836,368	13.43 m ³	0.21 m ³	0.03 m ³
3 percent of the total doses arrive	5,754,552	20.14 m ³	0.31 m ³	0.04 m ³
5 percent of the total doses arrive	9,590,921	33.57 m ³	0.52 m ³	0.07 m ³
10 percent of the total doses arrive	19,181,842	67.14 m ³	1.05 m ³	0.14 m ³
20 percent of the total doses arrive (single supply)	38,363,683	134.27 m ³	2.10 m ³	0.27 m ³

The Bangladesh government is also in discussions with Russia to procure five million Sputnik vaccines (Dhaka Tribune 2021).¹¹ Local Gonoshasthaya Nagar Hospital, the sole distributor of Sputnik vaccines in Bangladesh, asked the government to buy 20 million vaccines. However, they have not yet received a response (Sadi 2021). It may be mentioned here that Bangladesh is yet to implement its decision to produce both Chinese and Russian vaccines locally (Kamruzzaman 2021).

Meanwhile, the Bangladesh prime minister, who urged (Hindustan Times 2021) world leaders to declare COVID vaccines a “global public good,” announced in Parliament that the country would be setting up an international vaccine institute with the help of South Korea (The Business Standard 2021). This vaccine institute will be set up in the factory of the state-owned Essential Drugs Company Limited (EDCL) in Gopalganj (The Financial Express 2021), the home district of the prime minister.

In another development, the Bangladesh Medical Research Council (BMRC) conditionally granted ethical permission, five months after the application, to Globe Biotech to conduct a trial of Bangavax, the country’s first company to announce it would be developing a COVID vaccine in July 2020 (Dhaka Tribune 2021).¹² This private company has the monthly capacity to produce 10 million COVID vaccine doses (Globe Biotech 2021). A Nepalese company showed interest in buying two million doses of Bangavax in October 2020 (Daily Star 2020).¹³

¹¹ “FM: Want to procure 5 million Sputnik V vaccine jabs from Russia as soon as possible,” Dhaka Tribune, June 6, 2021, accessed July 7, 2021,

<https://www.dhakatribune.com/bangladesh/2021/06/06/fm-want-to-procure-5-million-sputnik-v-vaccine-jabs-from-russia-as-soon-as-possible>.

¹² “Bangavax trial: BMRC conditionally grants ethical permission,” Dhaka Tribune, June 16, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/bangladesh/2021/06/16/bangavax-covid-vaccin-bmrc-gives-fresh-conditions-to-globe-biotech-for-human-trials>,

¹³ “Nepalese company to buy 2 million shots of Globe Biotech's Covid-19 vaccine if it passes trials”, the Daily Star, October 22, 2020,

<https://www.thedailystar-net.cdn.ampproject.org/c/s/www.thedailystar.net/country/news/nepalese-company-buy-2-million-shots-globe-biotech-covid-19-vaccine-if-it-passes-trials-1982537?amp&fbclid=IwAR0DVUGPHygtRjadtNwqGORWjA9pDUyvrYdLDnPwC-BbYyYRLOjzvn-S2w.%201982537?amp&fbclid=IwAR0DVUGPHygtRjadtNwqGORWjA9pDUyvrYdLDnPwC-BbYyYRLOjzvn-S2w> , accessed on August 9, 2021

While we stated in the second article how Bangladesh became a victim of vaccine diplomacy, the long delay (Wikiwand 2021) in approving the local production of COVID vaccines by Globe Biotech and the denial of permission to Gonoshasthaya to manufacture rapid test kits (Daily Star 2020)¹⁴ clearly demonstrate the crude reality of political-economy dynamics of pandemic management in Bangladesh.

6. COVID-19 Economic Stimulus Packages

To help low-income groups, the government announced on July 13, 2021, five new stimulus packages worth USD \$372 million to ease the suffering of day laborers, transport workers, small traders, and water transport workers (Global Times 2021).¹⁵ The total amount of all 23 packages passed by the government thus far stood at BDT 1.31 trillion (Financial Express 2021).¹⁶ It may be mentioned here that Bangladesh lost some \$17 billion in the last two fiscal years due to COVID-19 (Dhaka Tribune 2021).¹⁷

7. The Politicians vs. Bureaucracy Debate

The pre-eminence of the bureaucracy in the overall operations of pandemic management stirred an interesting debate in the Bangladesh Parliament during the recent budget session (Business Standard 2021).¹⁸ On June 28, a veteran politician of the ruling Awami League Mr. Toafel Ahmed lamented that the bureaucracy dominates everywhere, although MPs are above them per the warrant of precedence (daily Prothom Alo 2021).¹⁹ This remark from a senior ruling party leader encouraged other MPs to speak out against the dominance of the bureaucracy in all affairs of the state. They alleged that the supremacy of the elected representatives is being systematically undermined (bdnews 2021).²⁰

¹⁴ “Government denies Gonoshasthaya coronavirus testing kits approval,” Bdnews24.com, June 26, 2020, accessed August 9, 2021, <https://bdnews24.com/bangladesh/2020/06/26/government-denies-gonoshasthaya-coronavirus-testing-kits-approval>

¹⁵ “Bangladesh announces stimulus packages to help low-income groups amid COVID-19 lockdown,” Global Times, July 14, 2021, accessed August 9, 2021, <https://www.globaltimes.cn/page/202107/1228608.shtml>

¹⁶ “PM announces five new stimulus packages worth Tk 32.0b,” Financial Express, July 13, 2021, accessed August 9, 2021, <https://thefinancialexpress.com.bd/economy/bangladesh/pm-announces-five-new-stimulus-packages-worth-tk-320b-1626171071>,

¹⁷ “PM: Bangladesh’s economy lost \$17bn to Covid-19,” Dhaka Tribune, June 29, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/business/economy/2021/06/29/pm-budget-implementable-will-take-bangladesh-a-step-forward>

¹⁸ “Excess dependency on bureaucrats heats up parliament,” Business Standard, June 29, 2021, accessed August 9, 2021, <https://www.tbsnews.net/bangladesh/politics/dependency-bureaucrats-heats-parliament-267577>

¹⁹ ‘Anger over dependency on bureaucracy, politicians warn to be on guard’ (translated from Bengali), daily Prothom Alo, 28 June 2021,

<https://www.prothomalo.com/politics/%E0%A6%B8%E0%A6%B0%E0%A6%95%E0%A6%BE%E0%A6%B0%E0%A7%87%E0%A6%B0-%E0%A6%86%E0%A6%AE%E0%A6%B2%E0%A6%BE%E0%A6%A8%E0%A6%BF%E0%A6%B0%E0%A7%8D%E0%A6%AD%E0%A6%B0%E0%A6%A4%E0%A6%BE%E0%A7%9F-%E0%A6%95%E0%A7%8D%E0%A6%B7%E0%A7%8B%E0%A6%AD-%E0%A6%B8%E0%A6%A4%E0%A6%B0%E0%A7%8D%E0%A6%95-%E0%A6%B9%E0%A6%A4%E0%A7%87-%E0%A6%AC%E0%A6%B2%E0%A6%9B%E0%A7%87%E0%A6%A8-%E0%A6%B0%E0%A6%BE%E0%A6%9C%E0%A6%A8%E0%A7%80%E0%A6%A4%E0%A6%BF%E0%A6%95%E0%A7%87%E0%A6%B0%E0%A6%BE> accessed on 9 August 2021

²⁰ ‘Tofayel vents over bureaucrats in the Parliament’ (Translated from Bangla), 28 June 2021, <https://bangla.bdnews24.com/politics/article1907618.bdnews> accessed on 9 August 2021

The background of these negative reactions from the politicians goes back to last year, when the government assigned secretaries to supervise all COVID-related activities in 64 districts. This directive came from the prime minister, who asked 64 secretaries to supervise COVID-related health services and related activities, monitor law and order in respective districts, and report back to the Cabinet about various challenges in pandemic management (Prothomn Alo 2021).²¹ The anger of the politicians also stemmed from a remark made by the planning minister, a former bureaucrat, who commented that the bureaucracy dominated even during the rule of the Pharaohs in ancient Egypt (Daily Ittefaq 2021).²²

It may be mentioned here that bureaucrats belonging to the Bangladesh Administrative Service have been the most powerful among all professionals within the civil administration. The incumbent government's successive assumption of power for the last three consecutive terms through one-sided and voterless elections is attributed to the "unholy alliance" among the civil, military, and police bureaucracies (Sarkara 2021). Critics have observed that the present government's new Cabinet members are mostly inexperienced, which led to the prime minister's decision to put the bureaucracy in charge of COVID-19 policy management (Hasan 2021). One academic commented that an unchecked bureaucracy cannot remain impartial and may contribute to the rise of authoritarianism (Titumir 2021).

A large number of retired bureaucrats occupy leading positions, either as chair or member, of various commissions such as the Election Commission, the Public Service Commission, and the Anti-corruption Commission, including the Bangladesh Bank and various autonomous government corporations. Citing elaborate examples, one commentator termed Bangladesh "The Republic of BUREAUCRATS (Bhattacharjee 2021)." One former bureaucrat, who vehemently justified the government's actions, finally concluded that "politicization, nepotism, widespread corruption and inefficiency are ruining the bureaucracy that is supposed to be a vanguard of democracy (Daily Star 2021)."²³ Such interesting public debates, however, could not deter the government from appointing a retired senior government official who was sworn in as the state minister for planning (Dhaka Tribune 2021).²⁴

²¹ "Covid-19: Govt assigns 64 secretaries to deal with health services in 64 districts," Prothomn Alo, April 10, 2021, accessed August 9, 2021,

<https://en.prothomalo.com/bangladesh/government/covid-19-govt-assigns-64-secretaries-to-deal-with-health-services-in-64-districts>

²² 'Even Pharaoh and Khalifas were confined within the bureaucracy' (Bangla Translation), the Daily Ittefaq, June 8, 2021, <https://www.ittefaq.com.bd/national/250127/%E0%A6%AB%E0%A7%87%E0%A6%B0%E0%A6%BE%E0%A6%89%E0%A6%A8-%E0%A6%96%E0%A6%B2%E0%A6%BF%E0%A6%AB%E0%A6%BE%E0%A6%B0-%E0%A6%86%E0%A6%AE%E0%A6%B2%E0%A7%87%E0%A6%93-%E0%A6%95%E0%A7%87%E0%A6%89-%E0%A6%86%E0%A6%AE%E0%A6%B2%E0%A6%BE%E0%A6%A4%E0%A6%A8%E0%A7%8D%E0%A6%A4%E0%A7%8D%E0%A6%B0%E0%A7%87%E0%A6%B0-%E0%A6%AC%E0%A6%BE%E0%A6%87%E0%A6%B0%E0%A7%87-%E0%A6%AF%E0%A7%87%E0%A6%A4%E0%A7%87-%E0%A6%AA%E0%A6%BE%E0%A6%B0%E0%A7%87%E0%A6%A8%E0%A6%BF>, accessed on 9 August 2021

²³ "Letters to the Editor: Why do bureaucrats always get the blame?" The Daily Star, June 20, 2021, accessed August 9, 2021, <https://www.thedailystar.net/opinion/news/why-do-bureaucrats-always-get-the-blame-2114757>

²⁴ "Dr. Shamsul Alam takes oath as state minister," Dhaka Tribune, July 18, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/bangladesh/statecraft/2021/07/18/dr-shamsul-alam-takes-oath-as-state-minister>

8. The Health Minister and the Debate in Parliament

The last day of the budget session in the Bangladesh Parliament on July 23, 2021 became a noisy scene when opposition MPs blasted the health minister (Daily Star 2021)²⁵ for failing to ensure a supply of oxygen for COVID patients in various districts. Incidentally, the health minister was absent during the debate (Dhaka Tribune 2021).²⁶

One MP called the health minister “shameless,” saying, “Is he human? He has no shame. Has he even for a single day visited a hospital to see how things were being managed? He just joins Zoom meetings (Prothom Alo 2021).”²⁷ The outraged MP also demanded the resignation of the health minister. Another MP criticized the health minister for evading the issue of corruption in the purchase of masks, saying the project director told the Parliamentary Standing Committee for Ministry of Health that masks were procured at a higher price.

The MP’s anger was triggered by the health minister’s comment during the passage of the budget in the Parliament on June 30 where he defended his ministry’s actions, saying as chairs of District Hospital Committees, MPs also have a role to play (Risingbd Online 2021)²⁸ in containing mismanagement and irregularities in hospitals.

Meanwhile, a faulty transfer order by the Directorate General of Health Services (DGHS) of 200 physicians and 1,000 officials created another controversy when it was revealed by the media that the names of deceased and retired doctors were included in the list (New Age 2021).²⁹ The reshuffle order was meant to improve management of the rapidly deteriorating COVID-19 situation. The health ministry later suspended the order, citing the mistakes as “unintentional (Dhaka Tribune 2021).”³⁰ Irregularities and corruption are the hallmarks of the health ministry. Commenting on this faulty transfer order, one online editorial asked: “But looking at the decision of the ministry, it seems that they have woken up from an indefinite sleep. Will the ministry continue like this?”

It may be mentioned here that in the 2021-22 budget, BDT 22,834 crore was allocated for the Health Services Division, while BDT 6,362 crore was designated for the Ministry of Health and Family Welfare (United News of Bangladesh 2021).³¹ Although the finance minister said that the health sector received the highest priority in order to address the impact of the pandemic (Bdnews 2021),³² experts felt that

²⁵ “Opposition MPs lambast health minister, demand his resignation,” Dhaka Tribune, July 3, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/bangladesh/2021/07/03/opposition-mps-denounce-health-minister-in-parliament-demand-resignation>

²⁶ “Shortage of Oxygen, MPs flay Health Minister in JS,” The Daily Observer, July 4, 2021, accessed August 9, 2021, <https://www.observerbd.com/news.php?id=320249>

²⁷ “Health minister under fire again for oxygen crisis,” Prothom Alo, July 3, 2021, accessed August 9, 2021, <https://en.prothomalo.com/bangladesh/health-minister-under-fire-again-for-oxygen-crisis>.

²⁸ “Health Minister’s speech sparks uproar in Parliament,” Risingbd Online Bangla News Portal, June 30, 2021, accessed August 9, 2021, <https://www.risingbd.com/english/national/news/80582>.

²⁹ “Bangladesh suspends ‘faulty orders’ of doctors’ transfer,” New Age, July 6, 2021, accessed August 9, 2021, <https://www.newagebd.net/article/143013/bangladesh-suspends-faulty-orders-of-doctors-transfer>

³⁰ “Names of deceased, retired doctors on major reshuffle list,” Dhaka Tribune, July 6, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/bangladesh/2021/07/06/names-of-deceased-retired-doctors-on-transfer-list>

³¹ “Parliament passes budget for 2020-21 FY,” United News of Bangladesh, June 30, 2020, accessed August 9, 2021, <https://unb.com.bd/category/Bangladesh/parliament-passes-budget-for-2020-21-fy/53886>.

³² “Bangladesh boosts health budget by 4%. And analysts lament a ‘missed opportunity,’” Bdnews24.com, June 4, 2021,

Bangladesh missed the opportunity to reform its health sector (Light Castle 2021). Moreover, given the health ministry's track record of failing to spend three-fourths of its allocation of the annual development plan during the first year of the pandemic (Mamun 2021), it is now of utmost importance to ensure both transparency and accountability at all levels to strengthen the country's health sector governance.

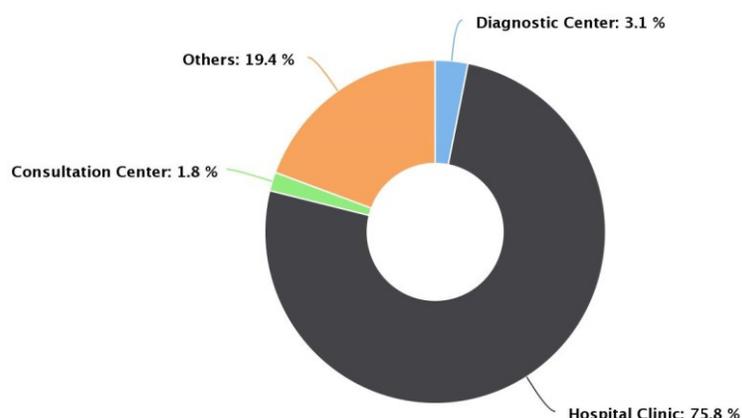
The health ministry's recent newspaper advertisement on July 9, 2021, defending its position with regard to the management of the pandemic raised more questions from critics. This advertisement was placed in the national dailies after the health minister canceled his scheduled news briefing on July 7 (Moral 2021). The health ministry claimed in the advertisement that it has been successfully managing the pandemic with limited resources and that any allegations of mismanagement, irregularities, and corruption are overblown by critics and the media (Murtaza 2021). It earnestly appealed to citizens to maintain the lockdown to contain the spread of the virus.

Analysts, however, identified a long list of erroneous information in the advertisement (Chowdhury 2021). They raised more questions about corruption in various procurement actions by the health ministry, suggesting that the ministry must clarify the dubious information contained in the advertisement. The following are just some highlights of the inconsistent information contained in the advertisement:

1. The price of the vaccine as quoted by the ministry was much higher than the market price.
2. The ministry maintained that it did not purchase any masks. However, it gave a report to the Parliamentary Standing Committee showing evidence of the purchase of masks.
3. The daily cost of treating each COVID-19 patient as given by the ministry was much higher than the actual cost in the market.
4. The cost of setting up PCR labs was quoted as much higher than the market price.
5. The expenditure figures as quoted in the advertisements were exaggerated and a cause for concern. The Anti-Corruption Commission must investigate corruption of COVID-19 related purchases by the health ministry.

The health ministry has not yet responded as of this writing to these critical issues raised by commentators.

As of July 24, 2021, the health ministry received nominal complaints related to COVID-19 patient admission and treatment. The largest complaints came against hospital clinics, followed by diagnostic and consultation centers. The following official chart (Ministry of Health 2021) provides a picture of the ministry's grievance redress system, which lacks data about mitigating or resolving these complaints.

Figure 1. Complaints Related to COVID-19 Patient Admission and Treatment

Since the COVID-19 pandemic began in Bangladesh in March 2020, the health ministry's activities have come under close scrutiny by the media, researchers, and health-rights activists. Judging from the ministry's reactive responses including supplying wrongful and erroneous information to the media and the public, it is evident that the government lacks a comprehensive communication strategy for pandemic-specific communication. Although the ministry has been coordinating with several related ministries, WHO, UNICEF, and other UN agencies to supervise activities under the Global Risk Communication and Community Engagement Strategy (RCCE), the negative media coverage it has received for mismanagement, irregularities, and corruption has done a great deal of damage to its reputation, which has also tarnished the image of the government.

Ironically, the prime minister of Bangladesh certified in 2020 that the health ministry did well in managing the pandemic. She also took a swipe at the critics of health ministry, saying, "There's a section of people who have the habit of criticizing [the government], but they themselves do nothing (The Daily Star 2020)."³³ However, an official agency found that despite the strong emphasis given to the health sector during the pandemic by the government, the sector performed badly in terms of implementing the annual development programs in the current fiscal 2020-21. As noted by the Implementation Monitoring and Evaluation Division, the performance of the health sector was the lowest among the top 15 ministries in implementing the ADP (Dhaka Tribune 2021)."³⁴ An analysis by the Financial Express revealed that the ministry has on average failed to spend more than 83 percent of its development budget allocations in each of the last 10 years since FY 2010-11 (Obaed 2021).

UN bodies like WHO and FCDO also bear some responsibility for promoting and patronizing the health ministry through the financing of the health minister's national awards program when allegations of corruption against past³⁵ and present health ministers abound (WHO 2020). It is also puzzling as to why

³³ "Health ministry did well in dealing with pandemic: PM," The Daily Star, September 17, 2020, accessed August 9, 2021, <https://www.thedailystar.net/country/news/health-ministry-did-well-dealing-pandemic-pm-1962869>

³⁴ "Health Ministry fails to spend 3 quarters of ADP budget in pandemic," Dhaka Tribune, May 10, 2021, accessed August 9, 2021, <https://www.dhakatribune.com/bangladesh/2021/05/10/health-ministry-fails-to-spend-3-quarters-of-adp-budget-in-pandemic>

³⁵ Rock Ronald Rozario, "-19 deals mortal blow to freedom of speech," Union of Catholic Asian News, June 23, 2020,

the World Bank has continued to pump in millions of dollars when its own assessment found a host of governance and corruption challenges in Bangladesh's health sector (World Bank 2014).

9. Media Situation

While the wholesale attack on the freedom of expression and media by the authorities eased a bit during May 31 to July 25, 2021, nonetheless, the overall situation remains tricky as the “Sword of Damocles” continues to hang over Bangladesh's independent and critical media. The US State Department recently expressed deep concern about the infamous Digital Security Act (DSA) and urged the government of Bangladesh “to protect freedoms of expression, association, including for members of the press, and to ensure fair trial guarantees for all of those who have been detained under the Digital Security Act (Price 2021).”

The Bangladesh government did not officially react to this statement from the US government. Interestingly, Bangladesh's pro-government senior media leaders indirectly supported the government's use of the DSA, suggesting that similar laws also exist in other countries. Many said that it was necessary to enact the DSA to contain the spread of Islamic radicalization through social media (Daily Amadershomoy 2021).³⁶

The Bangladesh government, however, reacted sharply after the Paris-based Reporters without Borders (RSF) put Bangladesh's prime minister on its list of “predators of press freedom (Times of India 2021)”³⁷ on July 6. Sheikh Hasina, along with India, Pakistan, and Sri Lanka, were named with 37 other world leaders as having engaged in willful crackdowns on media freedom. The Bangladesh government blocked this site (Reporters Without Borders 2021)³⁸ after the release of this story, while the Bangladesh media completely blacked out the news.

However, the rebuttal by the minister for information and broadcasting which obliquely referenced the RSF story was given due prominence by the Bangladesh media. The minister said that some international agencies were selling statements, instigated by local collaborators (Information Minister 2021). The pro-government Bangladesh Federal Union of Journalists (BFUJ) also rejected the RSF report saying it was “malicious” and cited a host of pro-media policies of the government created to enable media freedom in Bangladesh (Khokon 2021). At the same time, another faction of BFUJ that supports the opposition stated that the Bangladesh media freedom situation is actually “harsher” than RSF reported (Daily Nayadiganta 2021).³⁹

<https://www.ucanews.com/news/-19-deals-mortal-blow-to-freedom-of-speech/88488>

³⁶ ‘The US concern over application of DSA Act: Reactions’ (Translated from Bangla), daily Amadershomoy, 23 July 2021, <https://www.amadershomoy.com/bn/2021/07/23/1421079.asp> Accessed on 9 August 2021.

³⁷ ‘Press freedom: India, Pakistan PMs among 37 world leaders on 'predators' list, Times of India, July 6, 2021, http://timesofindia.indiatimes.com/articleshow/84165166.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cpst, accessed on 9 August 2021

³⁸ “RSF's 2021 'Press freedom predators' gallery- old tyrants, two women and a European,” Reporters Without Borders, July 2, 2021, access banned, retrieved by web cache August 9, 2021, <https://rsf.org/en/news/rsfs-2021-press-freedom-predators-gallery-old-tyrants-two-women-and-european>

It may be mentioned here that Ain o Salish Kendra, a reputable Bangladesh legal and human rights NGO, recorded a total of 120 journalist harassment cases between January and June 2021 (Kendra 2021). Among these, six threats were made by ruling party members or their associates. This data is also consistent with the international findings issued by RSF in April, which ranked Bangladesh 152 among 180 countries in the World Press Freedom Index (The Daily Star 2021).⁴⁰

The government's high-handed policy against the media-inspired the civil surgeon of Dhaka to issue an official order not to share hospital-specific information with the media without the consent of the authorities (New Age 2021).⁴¹ Amidst the subsequent media uproar, the notice was modified. TIB's Executive Director observed that this was done to aid those who are corrupt, "It is a complete violation of the constitutional right to free media and free flow of information and the right to information under the Right to Information Act (TIB 2021)."

Meanwhile, Rozina Islam, a senior correspondent of daily Prothom Alo who exposed health sector corruption during COVID-19 through a series of investigative reports and who was harassed by the health ministry officials in May, resumed her duty after receiving bail from the Court (Prothom Alo 2021).⁴²

The Bangladesh Foreign Trade Institute (BFTI), a research arm of the Ministry of Commerce, recently signed an MOU with CNN International to promote Bangladesh's different export sectors globally under the Made in Bangladesh campaign. A steering committee of the commerce ministry will supervise this campaign (Daily Star 2021).⁴³

One interesting feature of government-media relations during the pandemic has been the wholehearted support of pro-government media leaders when the authorities found themselves cornered by national and international criticism for their poor track record of handling media freedom in Bangladesh. Pro-government media leaders were found to be batting for the government on every occasion. They have praised the government for giving licenses to so many television and radio stations, including online portals, and using these as an example of the government's pro-media attitude (Khojon 2021). Such a cozy patron-client relationship is contrary to Bangladesh's history, as the media were always found to be "anti-establishment." The pro-government journalists union in Bangladesh received a hefty donation from

³⁹ 'The situation in the media in Bangladesh is worse than the RSF report' (Bangla translation), 8 July 2021, daily Nayadiganta, <https://www.dailynayadiganta.com/more-news/593515/%E0%A6%86%E0%A6%B0%E0%A6%8F%E0%A6%B8%E0%A6%8F%E0%A6%AB%E0%A7%87%E0%A6%B0-%E0%A6%AA%E0%A7%8D%E0%A6%B0%E0%A6%A4%E0%A6%BF%E0%A6%AC%E0%A7%87%E0%A6%A6%E0%A6%A8%E0%A7%87%E0%A6%B0-%E0%A6%9A%E0%A7%87%E0%A7%9F%E0%A7%87%E0%A6%93-%E0%A6%96%E0%A6%BE%E0%A6%B0%E0%A6%BE%E0%A6%AA-%E0%A6%AA%E0%A6%B0%E0%A6%BF%E0%A6%B8%E0%A7%8D%E0%A6%A5%E0%A6%BF%E0%A6%A4%E0%A6%BF-%E0%A6%AC%E0%A6%BE%E0%A6%82%E0%A6%B2%E0%A6%BE%E0%A6%A6%E0%A7%87%E0%A6%B6%E0%A7%87%E0%A6%B0-%E0%A6%B8%E0%A6%82%E0%A6%AC%E0%A6%BE%E0%A6%A6%E0%A6%AE%E0%A6%BE%E0%A6%A7%E0%A7%8D%E0%A6%AF%E0%A6%AE%E0%A7%87> , Accessed on August 9, 2021

⁴⁰ "Bangladesh 152nd out of 180 countries in World Press Freedom Index," The Daily Star, April 20, 2021, accessed August 9, 2021, <https://www.thedailystar.net/world/news/world-press-freedom-index-finds-journalism-blocked-over-100-countries-2080641>.

⁴¹ "Dhaka CS bars media from talking to patients, relatives," New Age, July 9, 2021, accessed August 9, 2021, <https://www.newagebd.net/article/143251/dhaka-cs-bars-media-from-talking-to--patients-relatives>.

⁴² "Rozina Islam Is Back at Work," Prothom Alo, July 8, 2021, accessed August 9, 2021, <https://en.prothomalo.com/bangladesh/city/rozina-islam-is-back-at-work>.

⁴³ "CNN to brand Bangladesh," The Daily Star, June 3, 2021, accessed August 9, 2021, <https://www.thedailystar.net/business/news/cnn-brand-bangladesh-2103933>

the prime minister of Bangladesh as a gift to help needy journalists affected by the pandemic (Daily Star 2021).⁴⁴

When a TV editor criticized the health ministry in a Facebook post for publishing a half-page advertisement in newspapers for its “commendable work” during the pandemic, a senior editor of a Bangla online news portal defended the health ministry in an open letter, saying such wholesale attacks on the health ministry were unwelcome (AmaderShomoy.com 2021).

While such generous financial support from the head of the government in the hour of need is indeed laudable, it is not an acceptable tradeoff in the name of undermining press freedom when viewed through the lenses of media accountability and ethical media standards. It is, however, not baffling at all why a section of the media in Bangladesh has entered into a prolonged collaboration with the government. A study by Riaz and Rahman on 48 media outlets found the “nexus between the political parties and media” where the big business groups in banks and financial institutions, insurance, energy, and real estate own powerful media houses in Bangladesh (Riaz and Rahman 2021).

The pandemic has clearly exposed the political economy of the cozy relationship between the media and government in Bangladesh, which is likely to dominate for a long time. This makes achieving coveted media freedom an even more difficult challenge for critical and independent voices in the coming days.

10. Policy Trends

In the first part of this article, it was revealed that the Bangladesh government developed a guideline (Mozid 2021) on COVID-19 management in late January 2020, some two months before COVID-19 hit the country. Despite preparing this document and a host of others, it is now clear that the authorities flip-flopped seriously in terms of maintaining policy coherence in the management of the virus.

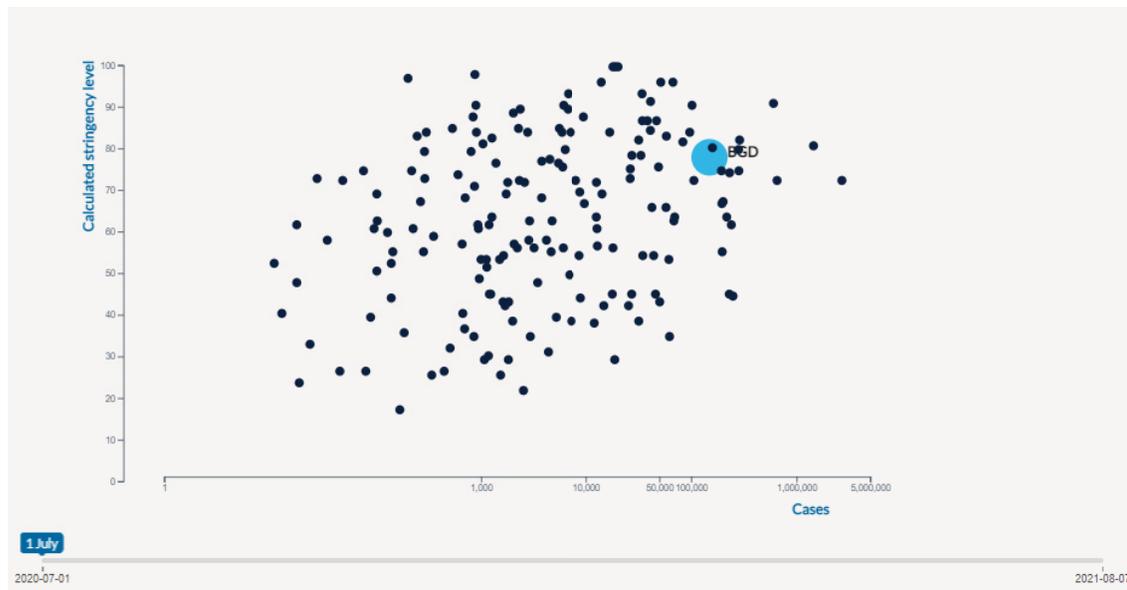
To analyze the Bangladesh government’s various policies on pandemic management, the author used a policy tracker tool developed by the University of Oxford. Known as the Oxford COVID-19 Government Response Tracker (OxCGRT), this tool has collected data across 23 indicators since January 2020 and provided ongoing updates on the types of policy measures taken by more than 180 countries throughout the pandemic (Hale 2021).

The most prominent index of the OxCGRT is the Stringency Index, a composite measure of various response metrics, which includes school closures; workplace closures; cancellation of public events; restrictions on public gatherings; closures of public transport; stay-at-home requirements; public information campaigns; restrictions on internal movement; and international travel controls. Bangladesh’s level in the Stringency Index was averaged 74.54, as of August 8, 2021, since July 1, 2020, which does not necessarily mean the country was doing better than others lower on the index (Our World in Data

⁴⁴ “Covid-19: PM provides Tk 10cr for journalists,” The Daily Star, April 28, 2021, accessed August 9, 2021, <https://www.thedailystar.net/city/news/pm-provides-tk-10cr-journalists-2085061>

2020).

Figure 2. Bangladesh in COVID-19: Stringency INDEX



Interestingly, the OxCGRT did not take into account any of the various governance indicators of the World Bank, such as voice and accountability, political stability and absence of violence, government effectiveness, regulatory quality, rule of law, and control of corruption (IISD 2018).

The International Network for Government Science Advice (INGSA) initiated a COVID-19 Evidence to Policy Tracker. However, the data used for Bangladesh was old as INGSA is now overhauling the dataset to make it more comprehensive (INGSA 2021). The Varieties of Democracy (V-Dem) has also developed a dashboard combining two important datasets: a) The Pandemic Violations of Democratic Standards Index (PanDem) and b) The Pandemic Backsliding Index (PanBack). The combined dataset is meant to provide a snapshot on “how emergency responses to COVID-19 may be affecting the quality of democracy within the country (Varieties of Democracy 2021).”

According to the dashboard, Bangladesh’s PanDem score between March 2020 and June 2021 was 0.25, ranking the country 64th among 144 countries. The country’s PanBack score was 0.06, ranking 104th among 144 countries. According to the PanDem Dashboard, the time period between March 2020 and June 2021 was the worst (maximum) violations observed across the whole of the time that was tracked in Bangladesh.

Bangladesh’s policy fluctuation on lockdowns has been bizarre and characterized by a serious lack of coordination among major actors and agencies. While it is true that the pandemic has been a new issue for Bangladesh, this is no different than many of the countries affected. From the very beginning, the government struggled to give legal coverage to lockdown orders. Sadly, there was no such law in Bangladesh that would legally cover the lockdown. The state of emergency was also not covered by the Constitution, as the framers didn’t anticipate a pandemic. So the official legal coverage for lockdowns was given first through official holidays by executive order and extended several times based on the

severity of the spread of the virus. The prime minister's directive, first with 31 instructions and later with 10 guidance notes, was used as the administrative guideline in implementing COVID-19 plans.

Unfortunately, there has been unprecedented chaos in terms of the implementation of various lockdown plans. The government was under various pressures from vested groups, especially garment factory owners. On at least four occasions, garment factory owners forced the government to allow the opening of factories on the pretext of losing export orders. This resulted in a mad rush of garment workers returning to work in defiance of all restrictions. No sufficient lead time was provided to workers to plan ahead, nor was any transport support provided to the garment workers to safely return home. In fact, those lockdowns became comical and may have actually contributed to the spread of the virus in the country.

The government should, however, be credited for putting in place regulatory requirements for the administration of emergency use COVID-19 vaccines. Directorate General of Drug Administration (DGDA) used clause 3(b) of the Drug Act 1940 and clause 4.2 of the National Drug Policy 2016 to publish a gazette notification May 17, 2020, and the Drugs (Control) Ordinance, 1982 to authorize the emergency use of COVID-19 vaccines, including the issuance of a no-objection certificate to the import of COVID-19 vaccines.⁴⁵

However, the announcement of the recent mass vaccination plan was full of confusion. Without having the full picture of the availability of the stock, the authorities first announced that they would embark on a week-long mass vaccination program to cover 10 million people. Later this was revised to 3.2 million and began on August 7. The crowd who gathered at the inoculation centers across the country may have unwillingly spread the virus to a large number of people. The lack of coordination became evident when a senior minister declared that those without vaccinations coming out into the streets would be arrested. Following public criticism, the minister retracted his remarks.

As we have seen from our own analyses of Bangladesh's pandemic management in both the first and second articles, the following policy trends have been observed:

1. The authorities acted alone, ignoring various calls to involve the citizens and other stakeholders in the pandemic management processes.
2. The government has been dismissive of all criticism and adopted a policy of denial. Ignoring public opinion has been a disaster for the government in terms of reputation and credibility, as it seriously lacked a strategic communication approach.
3. The authorities clamped down heavily on media and other critics who questioned the official narratives.
4. Instances of corruption soared many times during the pandemic.
5. Poor planning created a chaotic situation in administering mass vaccines.
6. While vaccine diplomacy initially put the country under strain, for which official policy is to be blamed, the procurement of vaccines was later managed well, although the real picture will

⁴⁵ National Deployment and Vaccination Plan, Government of Bangladesh, Ministry of Health 2021.

emerge in due course as to whether those diplomatic efforts really paid off.

7. The over-reliance on the civil bureaucracy has sharply divided the effectiveness of the government's implementation plans.
8. The government's favoritism towards the business community has been evident from the very beginning. The collaboration with a section of media, businesspeople, and CSOs may have temporarily served official interests, but in the long run, public trust in the government has seriously waned.
9. The official lip-service to accommodate the interests of the marginalized and members of the leave-no-one behind community has been cosmetic, as the economic stimulus packages offered were very inadequate and failed to reach many of them.
10. The public perception of the government's performance in pandemic management, as analyzed through social media reactions and online newspaper comments can be summed up like this: the government of the one percent, for the one percent, by the one percent.

11. Analysis

In the first article, a governance framework called CAR (Capability, Accountability, and Responsiveness) was applied to examine Bangladesh's pandemic management challenges. It was concluded at that point in time that the COVID-19 pandemic had starkly exposed the linkage between public health outcomes and democracy, human rights, and governance in Bangladesh. In the second article, a model developed by this writer was used to analyze the tripartite relations between the government, the third sector, and the public. Drawing upon several sources of evidence, it was concluded that the health sector was captured by the three axes of the corruption triangle: political leadership, bureaucrats, and businesspeople.

The conceptual framework of CAR and the model of the author are further expanded in the third article. It is evident that the government capitalized on the pandemic and further strengthened its political stronghold over all institutions of accountability covered under the National Integrity System (Government of the People's Republic of Bangladesh 2021). Under the NIS, nine⁴⁶ state institutions and six⁴⁷ non-state institutions were listed as NIS pillars to ensure that integrity prevails in all organizations of the state, business, and civil society and that citizens become ethical in both their public and private lives. The combined analyses of all three articles covering the period from July 2020 until August 9, 2021, demonstrate that the COVID-19 pandemic has eroded the credibility of all 15 pillars of the NIS at the cost of moving away from building a robust, transparent, and accountable governance system in the country.

⁴⁶ Executive Organ and Public Administration, the Parliament, the judiciary, the Election Commission, the Attorney General, the Public Service Commission, the Comptroller and Auditor General, the Anti-Corruption Commission and local government institutions.

⁴⁷ Political parties, industrial and commercial organizations in the private sector, NGOs and civil society, family, educational institutions, and the media.

The pandemic has also provided golden opportunities for corrupt politicians, bureaucrats, and businesspeople to accumulate wealth. Apart from the loss of life due to COVID-19, the suffering of the common people throughout the pandemic has been enormous due to fluctuating lockdown policies. The efficient management of public resources could have been utilized with some coordinated national efforts.

The government's overall response to the COVID-19 pandemic, covering health, the economy, society, and politics was largely ad-hoc in spite of the fact that well-articulated policy documents were in place. The implementation of the response plan suffered heavily due to a lack of coordination among agencies at the national and sub-national levels. The government has continued to approach the pandemic in a state of urgent panic and failed to learn many lessons from COVID-19 across the country, let alone put such lessons into practice. The politicization, monopolization, and bureaucratization of the pandemic management, ignoring the people's participation in the overall process, has eroded public confidence in the state's ability to respond to such crises in the future.

Although half-hearted and truncated, nonetheless, the government should also be credited for its political commitment and the various measures taken so far to tackle the pandemic in spite of multipronged governance challenges.

12. Recommendations

The following recommendations are placed for the better management of the third wave of the pandemic.

1. A scientific approach should prevail instead of political considerations in managing the pandemic. A vaccination drive should be conducted to inoculate the majority of the population to achieve herd immunity.
2. As the current coordination mechanism has not delivered the expected outcome, a central command structure should be put in place to manage the pandemic, and a multi-stakeholder partnership approach should be an integral part of this new coordination structure.
3. To strengthen the NIS, there is no alternative to accountable and transparent governance. Under no circumstances should democratic governance principles be undermined at the expense of political scoring. Democratic governance issues are constitutional, and putting those in jeopardy will result in raising the question of legitimacy.
4. The people should be further educated to motivate them to participate in the pandemic management processes.
5. While the COVID-19 pandemic is likely to settle down across the globe in the coming days, a deadlier pandemic may hit anytime in the future. A separate contingency plan supported by new legal sanctions should be developed immediately to tackle such a situation. Lessons learnt from COVID-19 should be used as guidance in this regard to avoid repeating the same governance mistakes.

13. Conclusion

The second wave of COVID-19 has further exposed the fault lines of pandemic management in Bangladesh. While the severity of the malfunctioning of the democratic governance indicators has slowed down over the last year, the overall tendency of the authorities to quash dissent, shrink civic space, postpone elections, silence human rights defenders or journalists, or deny other human rights are still hanging over the country's future. There are hardly any measures in place to monitor the conduct of security services in the context of lockdowns. A full-fledged rights-based response to COVID-19 still remains a big challenge for Bangladesh. Pandemic information is not provided in indigenous languages, leaving these communities excluded from access to information. The most affected groups and society at large are not consulted in the design and delivery of the pandemic response.

The pandemic emerged as a big development challenge for Bangladesh. In spite of the sincere political commitment of the prime minister to rise to the occasion, a section of officials, politicians, and businesspeople have indulged in various bad practices, including corruption. The official zero tolerance policy against corruption has become a mockery, along with blatant violations of the national and international standards of freedom of expression and the media.

To regain the trust and confidence of the public, the government must adhere to global practices of democratic governance during the pandemic period and beyond. The government must rise above partisan political influence and ensure professionalism, integrity, and effectiveness of administration, law enforcement, and justice across all 15 pillars of the National Integrity System. Above all, corruption must be controlled because it is at the heart of the democratic governance deficit in the country.

The authorities must realize the fact that the fallout from its pandemic management will be more challenging in the coming days for Bangladesh and cannot be handled with lofty commitments alone, nor by muzzling critical voices. The love and passion for authoritarian leadership at the expense of rule of law and pervasive kleptocracy at the expense of democratic, transparent, and accountable governance will certainly not auger well for the country. COVID-19 is not a traditional health crisis; it is a serious governance crisis, which has all the potential to become a human rights crisis at any moment in time.

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Country Case 8: India

Governance in India During Pandemic

Kaustuv Kanti Bandyopadhyay¹, Kaustuv Chakrabarti²
Participatory Research in Asia

1. Introduction

The primary responsibility of governing a country rests with the state. The state, using its various apparatus, enacts policies and procedures to enable institutions to provide political, social, and economic public goods and services to their people (Wachira 2020). An effective state does this by mitigating and managing risks particularly for those people who are vulnerable with lesser capacities. The leadership at the helm of governance must steer the policies, programs, and institutions within the democratic frameworks of a county, especially in times of crisis.

The COVID-19 pandemic has shaken the foundations of governance in India as much as in many parts of the world. The lessons emerging from the pandemic clearly reveal that a capable, accountable, inclusive, and participatory state is essential to effectively address the challenges posed by the pandemic, which will have long-lasting ramifications. It is an unthinkable miracle that such principles and capacities would emerge overnight after a crisis has already hit a nation. This would require experience, strategies, and operational abilities along with decisive and participatory leadership for a state to rise to the occasion.

India identified its first COVID-19 infection case in Kerala on January 27, 2020. Since then, as of July 18, 2021, India had recorded 31,106,065 cases of infections and 413,640 deaths. A total of 30,269,796 persons have recovered, which means nearly 99 percent of all the people who got infected have recovered (Worldometer 2020). In the wake of the first wave of the COVID-19 pandemic, on March 24, 2020, the Indian government announced a country-wide total lockdown. This sudden lockdown caused immense problems for the public, particularly for informal migrant workers. Nevertheless, the daily cases kept on increasing until the third week of September 2020, numbering between 92,000 to 97,000. As the daily cases started to decline between the months of October 2020 and February 2021, the Indian government, along with many state governments, recklessly allowed massive religious gatherings, political rallies, and sports events. As a result, the daily cases surged again from the first week of March 2021

¹ Director of Participatory Research in Asia (PRIA)

² Independent Author, previous senior program officer at PRIA

and in the first week of May when daily cases reached more than 400,000. The Indian health minister prematurely and exaggeratedly claimed that the COVID-19 end game had arrived even as the second wave of COVID-19 was gaining traction. The Indians in the following months witnessed the worst healthcare and pandemic management that resulted in thousands of deaths and the suffering of millions.

Over the past 14 months, the two successive waves of the COVID-19 pandemic have immensely impacted the lives and livelihood of millions of people in India. The pandemic-induced lockdowns and frequent curfews have added unprecedented misery and suffering to the poor, vulnerable, and informal workers. The economy, which was already on weak footing even before the pandemic, has suffered the most. The weak and unprepared health system in the country proved to be grossly inadequate to handle a pandemic of this magnitude. The education system—from primary to higher education—has literally collapsed, jeopardizing the futures of millions of children, adolescents, and young people. The gendered impact of COVID-19 on girls and women is palpable. Democratic governance has been under stress for many years, with democratic practices and ethos alarmingly waning, and the pandemic has provided a perfect excuse for the ruling dispensation for centralizing authorities and further clamping down on dissent and civic engagement.

2. The Pandemic and the Indian Economy

Like other parts of the world, the COVID-19 pandemic hit India at a time when the Indian economy was going through one of its worst phases, with growth in the gross domestic product (GDP) falling to an eleven-year low of 4.2 percent in 2019-2020. The economy grew by 3.1 percent in the January-March quarter of 2019-2020, against 5.7 percent at the same time a year ago, the slowest growth in at least eight years (Sahoo 2020). Decelerating GDP growth, a significant decrease in industrial output, falling tax revenues, and a massive reduction in power demand were all recorded well before the impact of the lockdown (Radhakrishnan et. al 2020).

Jobless growth in India had already become a concern among many economists, who repeatedly questioned why jobs were not growing as fast as the country's GDP. They warned that the rate of jobless growth could severely impact India's economy, which depends heavily on the middle-class population that is engaged primarily in salaried jobs and entrepreneurship (Das 2020). The demonetization imposed by the previous NDA³ government in November 2016 has also had an effect on the slowing of the economy and resulting unemployment in the country, which the government emphatically denied.

This concern over unemployment was reinforced by the findings of a National Sample Survey Office (NSSO) study. The survey was the first on employment by a government agency since demonetization. The government delayed the publication of this report, but it was purportedly leaked to the media. The government eventually published NSSO's annual report (July 2017 to June 2018) of the Periodic Labor Force Survey (PLFS), which pegged the all-India unemployment rate at 6.1 percent in the given year.

³ The National Democratic Alliance is a coalition of political parties led by the Bhartiya Janata Party (BJP) which has ruled the union government in India since 2014.

This unemployment figure was a 45-year high. The report also revealed that unemployment was higher in urban areas compared to rural areas. In the rural areas, the unemployment rate was 5.3 percent, while in the urban areas it was 7.8 percent. Among the rural men, the unemployment rate was 5.8 percent while among the women it was 3.8 percent. Among the urban men, it was 7.8 percent while it was 5.7 percent among urban women (Patel 2019). Facing vociferous criticism from the opposition political parties and prominent economists, the government issued a statement that said that comparing the recent jobs data with past data was faulty as the study had used a new design methodology for the survey.

Despite all major economic indicators showing a downward spiral, the government remained in denial. The country's finance minister had blamed India's unprecedented economic slump on "an act of god." The government insisted these are extraordinary "once in one-and-a-half century" times. The chief economic adviser of India attributed the deceleration to "exogenous factors," referring to the COVID-19 pandemic and the lockdowns it necessitated. In a nutshell, the government line has been that the virus had slowed down the economic growth in all countries and there was nothing particularly unique or alarming about India's recession (Scroll 2020).

3. The Government Response to Public Health Governance

India's response to COVID-19 was consistent with its 2019 scores on the Global Health Security Index (GHS 2019). The GHS Index assesses and compares the capacity of countries in terms of outbreak preparedness. In 2019, India's overall GHS Index score was 46.5, placing it 57th out of 195 countries receiving a score. India's score was above the global average of 40.2 but lower than other Southeast Asian countries like Thailand and Indonesia, which received scores of 73.2 and 56.6 respectively. The scores under all six categories⁴ were in the moderate range for preparedness, indicating room for improvement on all fronts (Bharali et. al 2020).

The first three COVID-19 infection cases occurred on January 30, 2020, and February 3, 2020, in Kerala as a group of students returned from Wuhan, China. The state government's response was effective and received accolades from the United Nations. The state of Kerala's investment in public healthcare and experience in tackling the Nipah outbreak in 2018 might have contributed to its capacity and preparedness to swiftly handle the COVID-19 outbreak. Nevertheless, in less than five months, the COVID-19 outbreak in India had spread to all states and union territories, infecting thousands of people. Not all states were prepared as well.

According to the National Health Profile 2019, there were 713,986 total government hospital beds available in India. This amounted to 0.55 beds per 1000 people, which was abysmally low, and an epidemic like COVID-19 could very quickly complicate the problem even further. The elderly population (aged 60 and above) was especially vulnerable, given the additional complications which were reported for patients in this age group. The availability of beds for elderly people in India was 5.18 beds per 1000

⁴ Six categories under which the countries are scored are prevention, detection and reporting, rapid response, health system, compliance with international norms, and risk environment.

people. According to Singh et al (2020), many states are below the national level figure (0.55 beds per 1000 people).

An estimated 5 to 10 percent of total patients would require critical care in form of ventilator support. There were no official figures on the number of ventilators available in the public sector. However, the same analysis (ibid) provided an estimated figure of 17,850 to 25,556 ventilators in the country. Even in the best-case scenario where all ICU beds were equipped with ventilators, India had a maximum of 57,000 ventilators to cater to a growing number of COVID-19 patients.

Human resources are the most important building block of public health. The availability of an adequate number of human resources with a suitable skill mix and their appropriate deployment at different levels of healthcare is essential for providing effective healthcare services for the population. WHO recommends a ratio of one doctor for every 1,000 patients. India had one government doctor for every 10,000, according to the 2019 National Health Profile.

Hence, at the onset of the pandemic, the country's healthcare system was ill-equipped to cope with an avalanche of patients with a contagious respiratory infection. India's continued inability to deal with the epidemic of tuberculosis speaks to that struggle (Krishnan 2020).

Public healthcare infrastructure in India has long suffered from neglect and a chronic lack of funding. Between 2009 and 2019, India invested less than two percent of its GDP in public health. This percentage has continued to drop, with barely 1.1 percent of the GDP going towards public health last year (PRS 2020). This lack of investment has come home to roost, with India unable to cope effectively with the ongoing COVID-19 pandemic. The handling of this crisis has exposed the weaknesses in the public healthcare system in the country and raised questions about the decades of neglect and abdication of responsibility by the successive governments, both at the center and in the states.

This is despite an early recognition of the fact that a universal public healthcare system was essential to the growth and development of the nation. India ranks 184 out of 191 countries in terms of the percentage of GDP spend on healthcare, as per WHO. At USD \$85 (approximately INR 6044), the average healthcare spending per person in India is amongst the lowest when compared to other countries. Even countries like Sri Lanka, China, and Thailand invest three to four times more per capita in healthcare.

Even though almost 70 percent of India's population lives on less than USD \$2 a day, the country continues to have one of the highest out-of-pocket expenditures on health. It is estimated that 62.4 percent of the total current health expenditure is paid for by the patients themselves, and the government only contributes 16.7 percent (Basu and Srivastava 2020). While the National Health Policy of 2017 envisages an increase in health spending to 2.5 percent of the GDP by 2025, there has been very little movement in this direction.

The COVID-19 pandemic has made the need for a universally available and holistic healthcare system starker than ever before. This is possible through a synergic approach by the union and state governments of India, seen in the past with efforts to eradicate polio, or replicating successful healthcare systems in states such as Kerala, Goa, and Chhattisgarh.

In the wake of the pandemic, the government of India sanctioned INR 15,000 crore⁵ for the India COVID-19 Emergency Response and Health System Preparedness Package to fund dedicated treatment facilities, ramp up the number of testing facilities, procure personal protective equipment (PPE), isolation beds, ICU beds, ventilators, and other essential equipment for treating COVID-19.

India realized the need to provide PPE to its frontline workers and quickly leveraged its domestic manufacturing sector to produce up to 450,000 PPE kits per day. With initial imports of testing kits from China facing quality issues, India decided to depend on test kits from domestic manufacturers. With only 19,398 ventilators available, the government encouraged the domestic manufacture of medical equipment and ordered 60,000 ventilators from domestic vendors.

India designated specific public health facilities for COVID-19 case management. These facilities fell under three broad categories. Category I included dedicated COVID-19 hospitals, category II included dedicated COVID-19 health centers, and category III included dedicated COVID-19 care centers. According to the Union Health Minister (Economic Times 2020), as of December 2020, there were 15,359 facilities across the country. In total there were 15,00,000 isolation beds, 270,000 oxygen-supported beds, 80,727 ICU beds, and 40,575 ventilators.

The government installed 29 surveillance units at international airports across the country. Universal thermal screening for all international arrivals has been in effect since March 3, 2020. Two COVID-19 surveillance systems have been put in place to monitor trends in COVID-19 infections at the district level. The first is a facility-based survey across all districts, initially using throat/nasal swabs and testing for the virus, which would later be replaced by serum testing for antibodies. The second is a population-based sero-survey (testing serum for antibodies) in selected districts to detect exposed populations in high-risk areas and containment zones. ASHA (Accredited Social Health Activists) health workers played a key role in community surveillance by (i) conducting house to house surveillance on symptoms, (ii) contact tracing, and (iii) providing information to households on preventive public health measures. Other non-health workers, like functionaries of Panchayati Raj Institutions,⁶ Red Cross volunteers, and Anganwadi⁷ staff have been provided training to support community surveillance. For contact tracing, the government of India launched the “Aarogya Setu” app to enable people to evaluate themselves for COVID-19 risk based on their interaction with others.

COVID-19 testing has been free for all at government public facilities, and since April 4, 2020, both testing and treatment have been made free for eligible beneficiaries under India’s Pradhan Mantri Jan Arogya Yojana (PMJAY), the publicly funded health insurance program benefitting the poorest households in India. While the cost of testing in private labs was initially capped at INR 4,500 (USD \$60), the cap has since been removed and states are allowed to fix their own prices.

India began vaccinating on January 16, 2021. Since then, according to data available on Our World in Data, 3.1 percent of India’s population had received both doses of the vaccine while 11.4 percent had received a single dose as of May 26, 2021. Vaccination in India has slowed at present because there is

⁵ 1 crore is equal to 10 million

⁶ Local governance institutions in rural areas

⁷ Early childcare centers

a limited supply of vaccines. The country has gone from a daily average of 3.65 million doses being administered from April 1 to April 10, 2021, to an average of 1.8 million doses a day in the month of May (Joseph 2021). This was an area of concern as India had a head start in vaccine production even over many developed nations. India is among the world's largest vaccine manufacturers and held early human trials of COVID-19 vaccines. Domestic vaccine development has also shown great promise.

Nonetheless, the speed of vaccination has remained painfully slow, despite India's deployment of its two vaccines – Covishield of Serum Institute of India (SII) and Covaxin of Bharat Biotech. The country as a whole did not have the capacity to produce, supply, and vaccinate all its people, and therefore a plan was put in place for vaccination in phases, and rules were framed. This plan, by design, was made to slow down the pace of the vaccination program so that the country's healthcare system, production, and supply logistics could be handled most efficiently. The union government should have realistically assessed the capacity of the two institutions shortlisted to manufacture the vaccines. Together, these two were capable of manufacturing 110 million doses a month. With each patient requiring two doses, India would need close to two billion units to protect its adult population. This fact should have prompted the government to book a larger quantity of vaccines in advance, just as the US, UK, and other countries had done with other manufacturers. Further, knowing that these two firms would find it practically impossible to meet demand, contracts with other companies should have actively been explored.

The union government smugly continued its lackadaisical policy until the second wave hit the country in March 2021. Then, in quick succession, the union government first announced that those above 45 years of age would be eligible for vaccinations. In May 2021 anyone above 18 years old was told to join the queue. Almost overnight, 750 million people were waiting for vaccination, even though both Indian firms said they would only be able to boost production by July 2021. The decision to begin the third phase of the vaccine strategy seems to have been made to increase vaccination numbers. However, this has tripled the demand for doses, thereby further contributing to the vaccine shortfall.

In April 2021, the union government announced that the states would be responsible for procuring vaccines for the 18 to 45-year-old age group and that the procurement prices would be pre-declared by the vaccine manufacturers themselves. The union government's decision to decentralize vaccine procurement and liberalize pricing was extremely controversial, especially in the face of a supply crunch. This led the Supreme Court of India to advise price rationalization. In addition to making the states responsible for procuring the vaccines, states will have to pay almost double compared to the union government. According to Raman and Paliath (2021), India's most socioeconomically backward states may have to spend as much as 30 percent of their health budgets to procure COVID-19 vaccines for their populations. Moreover, the union government has used only 8.5 percent of the INR 35,000 crore budgetary allocation for COVID-19 vaccination for the financial year 2021-22. The remaining INR 32,000 crore is more than enough to procure vaccine doses for India's entire adult population. It was only on June 7, 2021, when the union government changed the policy and took responsibility for procuring vaccines centrally. The state governments will be responsible for setting vaccine priorities.

In this context, India's "vaccine diplomacy" has drawn significant criticism. According to the ministry of external affairs (MEA), until April 16, 2021, India had either donated or exported almost 67

million doses of vaccines to 95 countries. Approximately 10.7 million doses have been donated as aid, of which 7.85 million doses were donated to India's neighbors and 200,000 were given to UN Peacekeeping forces (Joseph 2021). According to Raman (2021), at the current pace of vaccination, India will not be able to meet its target of vaccinating 300 million people by August 2021 and may be delayed until October 2021.

4. The Pandemic, Lockdowns, and Governance Response to Informal Migrant Workers

According to the Census 2011, India has over 400 million migrants, a large proportion of which are internal migrants. This includes inter-state migrants as well as intra-state migrants. Some of these migrants move seasonally from one state to another in lean agricultural periods to sustain their livelihoods through wage employment in urban areas. The circular migrants are more permanently settled in urban destinations and return to their rural homes during festivals, marriages, and other ceremonies. These two categories of migrants constitute a large portion of the country's rural migrants, who are highly mobile.

COVID-19 has exposed the glaring inequalities that exist in society, and unsafe and undignified migration often exacerbates such inequalities. Informal migrant workers in India were the hardest hit group during the pandemic. To arrest the spread of the pandemic, the Indian government imposed one of the most stringent lockdowns in the world. The lockdown resulted in a complete shutdown of economic activities throughout the country for almost 10 weeks between the end of March and early June 2020. In India, most migrant workers were not paid their wages during the lockdown. They had no access to food or cash to pay for rental accommodations, or social welfare schemes because of the lack of transferability (between their place of origin and place of migration) of welfare services. Many did not have bank accounts or they had identification documents which were valid only in their states of origin. Language barriers in any case add to the discrimination they face; this stigma worsened when urban locals began calling them "corona carriers," thereby reducing their chances of becoming employable in the near future.

According to the International Labor Organization, the pandemic could push 400 million informal workers in India into deeper poverty. The migrant crisis had made clear that no government authority, at the center or in the states, had a comprehensive understanding of the scale and type of migrant workers. In response to the multifaceted crises of the migrant workers, the government announced a number of relief, welfare, and recovery measures. However, as the recent GDP figures showed a sharp contraction of the economy, there were doubts as to whether these program measures would be implemented at all. The state governments have fewer resources to implement many of these public programs, which brings further uncertainty regarding the return of migrant workers to urban locations. With such grave challenges faced by migrants towards their livelihoods, government accountability and urgent migrant welfare interventions have become the need of the hour.

In India, inter-state migrants account for approximately 60 million people (Economic Survey 2017). The migrant labor force in India mostly operates through informal recruitment channels, where workers

are forced to work in high risk, unsafe, and exploitative working conditions. Their livelihoods are dependent on meager daily, weekly, or monthly wages. Women migrants remain the most vulnerable, given that they are exposed to a much higher risk of violence, exploitation, and deprivation. There is a huge array of social protection schemes which are financed and delivered by different levels of government (Srivastava 2020). These include food-based schemes for the distribution of subsidized food items (Public Distribution System); nutritional supplemental schemes such as the Integrated Child Development Scheme (ICDS); and various social security schemes for the poor and informal sector workers (Srivastava 2020). Some examples of such schemes are Pradhan Mantri Ujjwala Yojana (PMUY) providing clean cooking fuel through fifty million LPG connections to below poverty line (BPL) families; the Ayushman Bharat Yojana or National Health Protection Scheme, wherein beneficiaries get an e-card that can be used to avail health services at an empaneled hospital, public or private, anywhere in the country; and Pradhan Mantri Awas Yojna, a credit-linked subsidy scheme for housing for the marginalized. However, institutional failures and lack of a clear understanding and policies in place between the union and state governments has ensured that migrant workers remained ignored and steeped in poverty throughout the decades, despite having constitutionally guaranteed rights as equal citizens of the country.

Despite having policies and legislation in place, COVID-19 uncovered the institutional, legal and socio-cultural cracks in the unorganized labor economy. Migrants faced different sets of problems in source and destination states. In destination states, most of the welfare schemes for migrants remained ineffective during COVID-19 due to registration gaps; lack of transferability of benefits; and an absence of infrastructural and informational support provided to the migrants. Migrant workers who live away from their homes do not have access to the bank accounts opened in their home states, which meant that they could not access any cash benefits transferred to their bank accounts. They do not carry their ration cards with them, and therefore could not access food benefits from ration shops in their localities. Daily wage earners lost their employment overnight and had to look to nearby neighborhood retail shops who lent them money and food during the lockdown. Migrant workers in destination states have also faced challenges in housing and sanitation for decades. These migrants live in “jhuggis,” or densely populated informal settlements, controlled by powerful landlords. The landlords started harassing migrants for rent during the lockdown, cutting their electricity and demanding that they pay or leave. Maintaining hygiene and physical distancing was a distant reality in these informal settlements where houses are tightly packed right next to each other, having shared toilets and water for domestic use. The messaging to protect people from COVID-19, namely “social distancing,” only facilitated the stigmatization of migrants. Language, religion, and cultural values all played a huge role in enhancing this stigmatization of the workers, especially in urban centers.

Returning migrants confronted a different set of barriers. They had families to feed, but no access to food, jobs, health facilities, or education. They also faced stigma by the administration and neighbors in their home states. The union government decided to expand the funding for the Mahatma Gandhi National Rural Employment Guarantee Scheme (MGNREGS), a scheme guaranteeing one hundred days of wage-employment in a financial year to a rural household whose adult members volunteer to do unskilled

manual work. There have been over 8.3 million new households who have been issued job cards under the scheme during the first five months of the current financial year. The state governments also collaborated with organizations such as the Border Roads Organization (BRO) to hire returning migrants for road construction and other infrastructure projects. However, these projects do not provide a permanent solution for skilled and semi-skilled migrants, who are not being employed in jobs which match their skill sets. Recently, the government launched an e-SHRAM portal to facilitate the registration of all informal workers, including migrant workers.

In the wake of the second wave, migrant workers across Indian cities watched the rising COVID-19 cases and increasing restrictions such as lockdowns and night curfews with trepidation. The dread of economic uncertainty haunted them more than fear of the virus as memories of last March were still fresh in their minds. This time, many migrants in Maharashtra, Gujarat, Delhi, Tamil Nadu, and Karnataka quickly queued up at train reservation counters as the first rounds of lockdowns were announced in the respective states.

5. Democratic Regression During the Pandemic

The political landscape of India has been shaped by instances of popular protests while the country was grappling with flattening the COVID-19 curve. This section examines how the ruling dispensation both in the union and in the states responded to such displays of public dissent.

While the Indian electorate continues to invest their faith in the Hindu majoritarian ruling party and Prime Minister Narendra Modi's popularity remains unshaken, the opposition political parties are on the back foot. Yet, the protests and assertions of rights represent a critical juncture in Indian politics. Democracy is defined as much by elections as it is by the social processes that moderate and hold state power accountable. This is the power of protests and their centrality in India's current political moment. As we look back at 2020-21, it is worth reflecting on the possibilities and limitations of our politics expressed through the following critical events.

5.1. Crackdown on Anti-Citizenship (Amendment) Act (CAA) Protests

The year 2020 began with protests against the Citizenship (Amendment) Act (CAA). This popular uprising was a beacon of secularism. CAA protesters raised a brief glimmer of hope for new politics. This brand of politics that promoted secularism was an antidote to the majoritarian Hindutva brand of politics of the ruling dispensation. These protests laid bare the anxiety among India's Muslims, increasingly alienated by the Hindutva politics that leverage the state machinery to strengthen its ideological project by polarizing the populace on communal grounds.

According to Ghosh (2020), just before the lockdown in March 2020, there were many peaceful protests across the country against the new citizenship law that would effectively give lower status to Muslims. Some of these were met with violence from police and armed supporters of the ruling party. The union government used the opportunity presented by the lockdown not just to prohibit any kind of

public protest, but also to arrest several of those who had participated in peaceful protests while protecting supporters of the ruling party. Women peacefully protesting the new citizenship law at the protest site in Shaheen Bagh in New Delhi were forced to move from the site on March 24, 2020, as the lockdown was imposed (Firstpost 2020). When they refused, the protestors were subjected to legal action as the assembly was unlawful. The deputy commissioner of police in Southeast Delhi told ANI that the protesters who refused to disperse were detained (The Free Press Journal 2020). The Times of India (2020) reported that the Delhi police also told the Shaheen Bagh agitators that more than four people would not be allowed to sit in for the protest until March 31 and that those protestors should sit three meters apart from each other. They were also asked not to use microphones since Section 144 of the Criminal Procedure Code was imposed.

Amidst the COVID-19 lockdown, the government resorted to the use of draconian laws, divisive media reporting, and jail terms for students, lawyers, human rights activists, journalists, and academics. The Delhi police, controlled by the union government, were searching homes and offices; confiscating phones and documents; and questioning, detaining, and arresting large numbers of people. It was instructive that these arrests were being made even as the Supreme Court of India had directed governments to decongest jails to prevent the spread of COVID-19 (Mander and Verma 2020). The charges leveled against those arrested related to their alleged role in organizing protests against the discriminatory amendments to India's citizenship law, the proposed National Register of Citizens, and the National Population Register. They were further accused of instigating and participating in the violent communal carnage that engulfed working-class settlements in Northeast Delhi in February, which were the gravest Hindu-Muslim riots in the capital since Partition of 1947. They were charged under the draconian Unlawful Activities Prevention Act. This rise in detention and arrests—after a brief respite following the imposition of the lockdown—reportedly came after the Home Ministry's instructions to the crime branch at the end of March (Marnal 2020).

In the last few years, several activists and academics have either been arrested or booked under the counter-terrorism, sedition, or other related laws for merely expressing their discontent against the current dispensation. In states where the BJP was in power, the local police worked overtime profiling and targeting critical voices. In other states, central agencies like the National Investigations Agency (NIA), the Enforcement Directorate (ED), and the Central Bureau of Investigation (CBI) were deployed (Shantha 2020).

The purpose of such continued repression during a period of national calamity appears to be to teach a lesson to those who had interrogated the government's intentions and actions and to intimidate others. Unfortunately, this also means that the government's own ability to create a wide social consensus and atmosphere of trust in which to combat the pandemic is correspondingly reduced.

5.2. Amendment of Labor Laws

The passage of three crucial labor law bills during the Monsoon Session of Parliament in September 2020—in the absence of the opposition who were away protesting against the farm bills—has been called into

question by the worker's rights groups. Both the Lok Sabha and Rajya Sabha passed the Occupational Safety, Health, and Working Conditions Code, 2020, the Industrial Relations Code, 2020, and the Code on Social Security, 2020, while the opposition was not in the House (Sharma 2020).

Analysts have pointed out that these bills are significantly different from earlier ones introduced in 2019 and should thus be again referred to a standing committee. The workers' rights groups have claimed that these bills are anti-worker, as they paved the way for a "hire and fire" policy and restrict the right to strike and protest.

They also said the new norms would adversely affect workers by allowing easy retrenchment and exempting certain categories of companies from adherence to the laws that safeguard their rights. The rights groups and opposition have alleged that under the pretext of the COVID-19 pandemic, the government has resorted to fast-tracking the passage of such bills without any democratic debate in the parliament. Opposition leaders have raised the issue of little time being given to members of parliament to consider the provisions of the bills or to debate them. They sought to have these bills referred to a standing committee. It has been pointed out that the bills were introduced on Saturday, September 19, 2020, and the Business Advisory Committee of the Lok Sabha allocated three hours for discussion before passing them during the following week. This was despite these bills having 411 clauses and 13 schedules, running into 350 pages.

5.3. The Hurried Passage of the Foreign Contribution (Regulation) Amendment Bill

The passing of the Foreign Contribution (Regulation) Amendment Bill in September 2020 in both Houses of Parliament without any real deliberations poses deeply troubling and ominous messages for civil society and democracy in India. The bill was introduced in the Lok Sabha on September 20, 2020. Until that afternoon, no one even had a clue that this bill was in the offing. The very next day it was passed by the Lok Sabha and, on September 23, by the Rajya Sabha. The bill received the president's assent on September 28 and by September 29, or in just over a week's time, it was law (ICJ 2020).

The primary reason for such an amendment by the government was the need for greater accountability of civil society. However, the government did not give any evidence to demonstrate a lack of accountability regarding the FCRA money. According to Behar (2020), the perceived narrative was of foreign-funded NGOs and civil society groups "misusing" funds for development by investing them in religious conversions. No data was shared to substantiate this perception. It needs to be highlighted that this perception is far from the truth, as most foreign funding has no church origin, nor do an overwhelming majority of the receiving entities have anything to do with religion. Their work is completely dedicated to people's issues like education, health, and livelihoods. A more nuanced discussion, in a select committee, for instance, would have thrown light on the potential hazards posed by this bill to development and democracy. The amendment reflects a deeply flawed understanding of democracy in which it has been reduced to electoral democracy or a quest for state power, and any other form of democratic action is seen with suspicion and as illegitimate.

According to Srinath (2020), the timing of the FCRA bill was most bewildering as it was tabled in

the midst of an unprecedented pandemic, in which civil society has played a stellar role in reaching out and supporting millions of poor Indians by providing food, clothing, shelter, transportation, and other basic necessities. This praise has come from the highest quarters, including Prime Minister Narendra Modi as well as NITI Aayog.

5.4. Farmers' Protests

The standoff between the Indian government and its farmers began in September 2020 following the passage of new regulations designed to open up the country's enormous agricultural sector to private investment (a move that would enable farmers to sell directly to companies instead of to the government marketplace, which guarantees a minimum price for certain crops). Although the authorities have framed the reforms as necessary to modernize India's farming industry, which employs more than half of the country's 1.35 billion people and is rife with mismanagement and waste, many farmers fear that the changes will ultimately drive down crop prices, devastating their livelihoods (Mohan 2019). The farm bills will disempower the farmer, forcing them to sell at prices that will eventually be dictated by large corporations who will buy produce (Parsai 2020). They will have to switch to crops that are in demand by big buyers and will have little or no legal recourse left in case of a dispute. Instead, a local bureaucrat will decide the merits of the case (Sainath 2020). The present system of selling through the Agricultural Produce Market Committees (APMCs) is flawed, but the so-called reforms are worse.

These fears have prompted tens of thousands of farmers, predominantly from the northern states of Punjab and Haryana, known as India's "food bowl," to set up makeshift barricades of tractors and trailers across roads, railway lines, and highways leading to Delhi. More than 450 farmers' unions and organizations expressed their support in a nationwide strike, and the protests have attracted the backing of the opposition. However, the BJP-led governments in Haryana and Uttar Pradesh tried to prevent the farmers from crossing state boundaries. When the farmers burst through the barricades, they were met with police batons, tear gas, and water cannons (Lalwani 2020).

By bringing in three highly contentious farm laws without draft bills for discussion, then mooting the final bill discreetly during the peak of the pandemic, and then eventually bulldozing the passage of the laws in the Parliament, the union government has left no room for itself to bring farmers on its side (Mahaprashasta 2020).

In addition, the BJP and its spokespersons have spared no effort to rubbish the farmers, both online and on television. The BJP, its supporters, and compliant media platforms initially sought to defame the farmers' movement by labeling them "Khalistanis," and then called it "Naxal-influenced." After these attacks failed, the trolls and even some ministers attacked "the *tukde tukde* gang" for orchestrating the protests.

Farmers' unions have been unconcerned about what they see as BJP propaganda. They have already conveyed to the center that they will not settle for anything less than a complete repeal of the laws, and have even threatened to intensify their agitations in the days to come. The farmer protests have continued for more than a year.

6. Policy Implications and Ways Forward

6.1. Ramping Up the Healthcare System

Adequate investment in strengthening the public health system is needed to deliver universal health coverage (UHC) and ensure system preparedness to withstand any kind of public health emergency. As experienced during the COVID-19 pandemic, with many government facilities being converted into dedicated COVID-19 hospitals, a large number of non-COVID-19 patients needed facilities and providers to take care of their healthcare needs. A higher level of budget allocation is urgently required to increase health infrastructure, equipment, and trained human resources.

In such a situation, private hospitals have a crucial role to play in managing the affordable treatment of non-COVID-19 patients. Constraints for healthcare, both at the center and in the states, along with a weak public health infrastructure necessitates a greater engagement of the private sector to equally join to provide healthcare services overall and in the fight against the pandemic in particular. In addition, the vaccination drive needs to ramp up to cover a larger number of people quickly.

6.2. Social and Economic Security of Migrant Workers

The report issued under the chairmanship of Dr. Arjun Sengupta (2007) observed that migrant workers are left without employment security, work security, and social security. This dire situation calls for immediate steps to ensure conducive working conditions for informal workers and to protect their lives and livelihoods. Governments must implement the existing provisions of the Inter-State Migrant Workmen Act, 1979 in letter and spirit. A renewed approach must be developed to create Inter-State Migration Policies which encourage greater cooperation and coordination between state governments to promote the welfare of migrants. Strengthening information channels, securing housing and sanitation, financial inclusion through bank linkages, and incentivizing self-employment in peri-urban and urban areas will create a stimulus for the working conditions of migrant workers. Digitalizing registration, reinventing recognition and upgrading the skills of migrants, promoting worker health, providing legal counseling services dedicated to migrant workers, and heightened coordination in migration corridors between states are all imperative for ensuring the protection of migrants. Much of this implementation aspect can be achieved by setting up Migrant Support Resource Centers (MSRCs) in both the source districts and in destination cities with higher numbers of migrants. These can be created and managed by civil society organizations and social entrepreneurs in the high emigration cities and can prove very useful in providing end-point access to information, services, training, and support to the most vulnerable migrant workers.

Although a data mapping exercise has now been ramped up in some states in India, the accreditation of prior skills and skill upgrades of migrant laborers have not been given their due importance. Skill recognition and upgrade schemes are critical at this juncture to make returning migrants employable. Large-scale registration of migrants is equally crucial to bridge the gap between the workers and the welfare benefits laid down for their use.

6.3. Enhancing Democratic Spaces

The democratic spaces for public deliberation and dissent on public policies and independent functioning of democratic institutions must be restored within the constitutional provisions and values. The self-regulation of media and civil society is critical to instill faith in the rule of law and democratic governance. The civic space characterized by freedoms of expression, assembly, and association needs to be nurtured within a secular fabric. The aspiration of “*sabka sath, sabka vikas, and sabka vishwas*” cannot be achieved with a parochial majoritarian view of India’s democracy and pro-people governance.

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Country Case 9: Pakistan

Pandemic Crisis and Democratic Governance in Pakistan

Aasiya Riaz¹

Pakistan Institute for Legislative Development and Transparency

1. Pakistan: An Overview

With a population of over 220 million people, Pakistan is the fifth most populous country in the world. Its population is equivalent to 2.83 percent of the world's total population. The total land area of Pakistan is 770,880 km² (297,638 sq. miles) and its population density is 287 per km (742 people per mi²) (Worldometer 2021). Situated in South Asia, Pakistan is bounded by Iran to the west, Afghanistan to the northwest, China to the northeast, and India to the east and southeast. The coast of the Arabian Sea forms its southern border (Britannica 2021).

Pakistan is an Islamic Republic with a federal parliamentary democracy. It has a bicameral legislature at the federal level, while each of the four provinces has a unicameral legislature. At the federal level, the prime minister is elected from the National Assembly, a population-based house, where seats are allocated to each province and federal capital based on population. In the National Assembly, elections are held by the First-Past-The-Post (FPTP) system and seats reserved for women and non-Muslim populations are chosen by the proportional representation (PR) system. The National Assembly and Provincial Assemblies each have a five-year term. The executive authority of the federation is exercised in the name of the president by the federal government, consisting of the prime minister and the federal ministers. This is similar in the provinces, where chief ministers, together with provincial cabinets, exercise executive authority over each of the four provinces. Seats in the Senate of Pakistan are equally allocated to each of the four provinces and are filled through a PR system through the single transferable vote. The Senate does not dissolve when elections for half of its seats are carried out every three years (Constitution of the Islamic Republic of Pakistan).

The latest general election in Pakistan was held in 2018, which resulted in Mr. Imran Khan's party, Pakistan Tehreek-e-Insaf (PTI), forming the federal government and provincial governments in three out of four provinces in Punjab and Khyber-Pakhtunkhwa, and a coalition government in Balochistan. Only one out of four provinces, i.e., Sindh, is governed by the Pakistan Peoples Party (PPP).

This paper examines how the COVID-19 pandemic has affected democratic governance in Pakistan,

¹ Joint Director, Pakistan Institute for Legislative Development and Transparency

an electoral democracy, which is continuously characterized as a “hybrid regime” in The Economist’s Democracy Index Regime (The Economist 2021)² owing to the role and influence of the military in politics and the ongoing concerns regarding the rule of law in Pakistan.

2. The Phenomenon of the COVID-19 Pandemic

Since the novel coronavirus (COVID-19) emerged in China in December 2019, globally, it has caused the deaths of nearly 5 million people, infected many millions more, and compelled governments around the world to lock down their populations (The Economist 2021).³ The pandemic has upended global life, the global economy, and national and global health systems, and it has affected democratic governance around the world and forced many governments and systems to grapple with policies and actions that it is feared will leave behind significant geopolitical wreckage.

Even though the first statement regarding the cluster of pneumonia cases in Wuhan, China was made on January 8, 2020, it took the World Health Organization (WHO) over eight weeks to declare the COVID-19 outbreak a global pandemic. This declaration was made on March 11, 2020, as more than 118,000 cases were detected in more than 110 countries and territories. By the end of May 2020, more than 5.5 million COVID-19 cases had been reported around the world.

Several leading studies from as early as May 2020 indicated that COVID-19 was undoing years of progress in curbing global poverty as the number of the poverty-stricken, which had been steadily decreasing earlier in the year, suddenly increased rapidly (The Economist 2021).⁴ Studies stated that the pandemic started a human development crisis that was equivalent to levels of deprivation during the mid-1980s. The sectors that were affected were the following: *income* (with the largest contraction in economic activity since the Great Depression), *health* (directly causing a death toll of over 300,000 and indirectly leading potentially to an additional 6,000 child deaths every day from preventable causes over the next six months), and *education* (with effective out-of-school rates—meaning, the inability to access the internet—in primary education expected to drop to the levels of the actual rates of the mid-1980s) (UNDP2020).

Many countries have had to declare a state of emergency to protect public health. From March 2020 to May 2020, at least 62 countries and territories had to postpone national and subnational elections, out of which at least 18 countries and territories decided to postpone national elections and referendums (IDEA2020). In countries with weak democratic safeguards, there were concerns of autocrats using COVID-19 as an excuse to grab and hold onto power (The Economist 2020).⁵ Social scientists and

² “Global democracy has a very bad year,” *The Economist*, accessed April 28, 2021.

<https://www.economist.com/graphic-detail/2021/02/02/global-democracy-has-a-very-bad-year>.

³ “Our coverage of the coronavirus,” *The Economist*, accessed June 10, 2021. <https://www.economist.com/coronavirus-pandemic>.

⁴ “Covid-19 is undoing years of progress in curbing global poverty,” *The Economist*, accessed May 28, 2020. <https://www.economist.com/international/2020/05/23/covid-19-is-undoing-years-of-progress-in-curbing-global-poverty>.

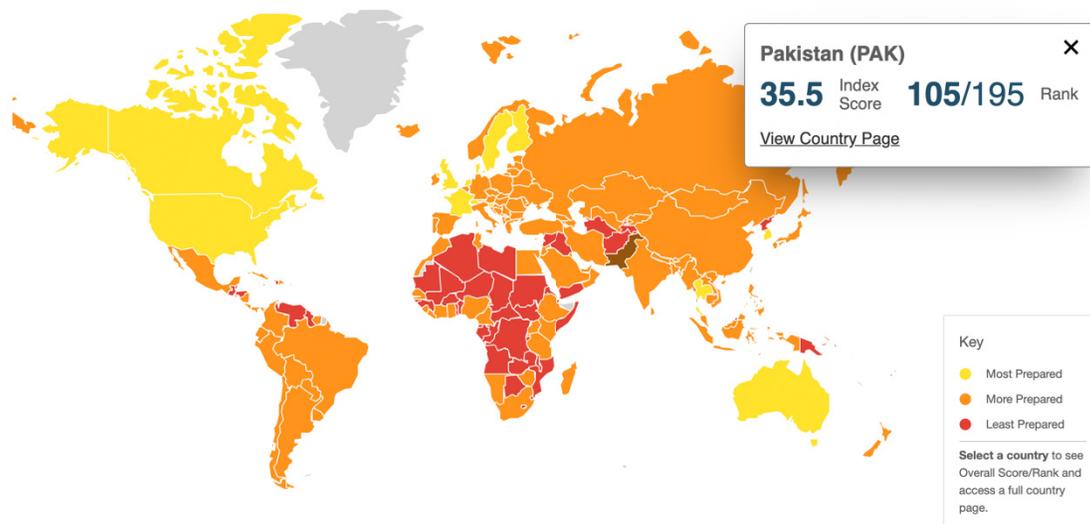
⁵ “Would-be autocrats are using covid-19 as an excuse to grab more power,” *The Economist*, accessed May 28, 2020. <https://www.economist.com/international/2020/04/23/would-be-autocrats-are-using-covid-19-as-an-excuse-to-grab-more-power>.

analysts argued that the pandemic might disrupt national politics (Wenner 2020) leading to political instability, especially in developing countries already suffering from economic crises (Cheeseman 2020).

3. COVID-19 in Pakistan

The Global Health Security (GHS) Index shows Pakistan on the list of “more prepared” countries with an index score of 35.5 against the overall average GHS Index score of 40.2 out of a possible 100. The GHS Index average highlights that collectively, international preparedness for epidemics and pandemics remains very weak (GHS 2021).

Figure 1. 2019 Global Health Security Index Map



Source: Global Health Security Index, 2021⁶

3.1. The First Wave

From the last week of February 2020, when the first Pakistani citizen was diagnosed with the virus, to the third week of June, when COVID-19 cases are said to have peaked, Pakistan witnessed what is called the “first coronavirus wave (Junaidi 2021).”

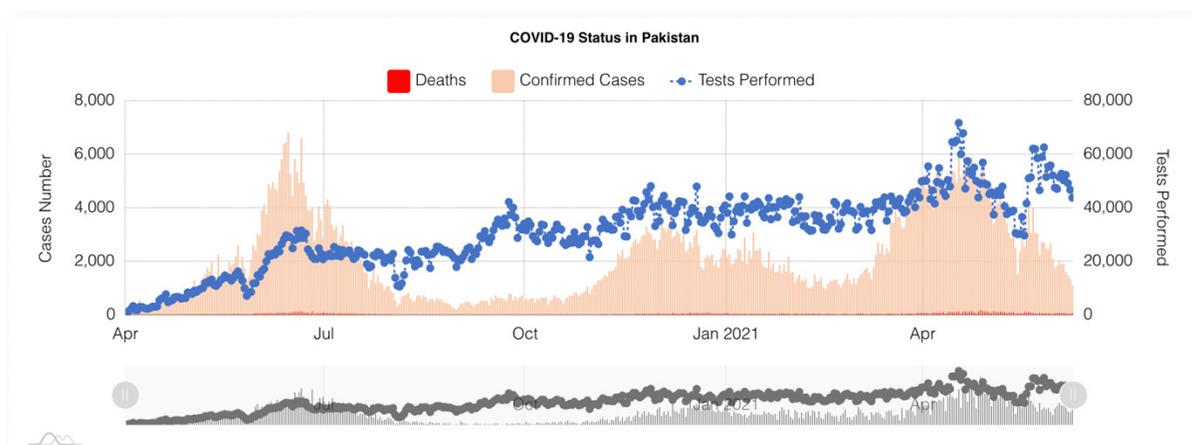
COVID-19 started figuring in news cycles in December 2019. By January 2020, China was groaning under its pressure and by February 2020, it was clear that the pandemic was spreading quickly across the globe, and specifically in Pakistan’s neighborhood. Yet even as Iran saw a spike in cases and it became well known that it was only a matter of time before the infection would appear in Pakistan, the federal and provincial governments remained relatively slow in their response. Precious time was wasted in debating the pros and cons of a lockdown, which led to confusion in the context of the “lives vs.

⁶ “GHS Index Map,” *ghsindex.org*, accessed June 10, 2021. <https://www.ghsindex.org/>.

livelihood” framing of a response. It was only on March 13, 2020, that Prime Minister Mr. Imran Khan convened a meeting of the National Security Committee on the “emerging public health threat of the COVID-19 pandemic (Prime Minister's Office 2020).” This confusion at the top percolated down to government policymaking and the administrative machinery, leading to half-hearted measures at a time when firm handling of the situation could have saved both times and possibly lives. The federal and provincial governments experienced an unending series of crises, challenges, and uncertain policy outcomes. These months also witnessed a steep learning curve for decision-makers as they struggled to fight against the virus while weighed down by weak governance structures and acute political polarization (Husain 2021).

However, the curve began to flatten by August 2020 in what many internationally called a “dramatic” reversal of cases and deaths, down more than 80 percent from the peak. The Wall Street Journal wrote that during the first wave peak, Pakistan appeared to be “headed for disaster” as it hit nearly 7,000 new infections a day in June 2020 compared with Brazil, another developing country with similar population size. In August 2020, Pakistan recorded 903 new cases and 27 deaths, the lowest death count in months. This happened despite India and Iran, Pakistan’s neighboring countries, which had peaking infections and deaths at the time. In addition, Pakistan Prime Minister Mr. Imran Khan had “resisted advice from the World Health Organization, declaring in May that lockdowns are too costly for the poor and reopening the economy (Shah 2020).” The Wall Street Journal attributed the success in flattening the curve of infections and deaths in the first wave to a strategy of targeted lockdowns that closed the economy, schools, and marriage halls. However, it noted that modeling had predicted that in August 2020 Pakistan might see a scenario of 30,000 deaths a day.

Figure 2. Status of COVID-19 Cases in Pakistan



Source: Government of Pakistan, 2021⁷

3.2. The Second and Third Waves

A more lethal second wave began in October 2020. On October 29, 2020, Pakistan reported over 1,000 COVID-19 cases, which showed a rising peak following August 2020 when Pakistan first appeared to

⁷ “Covid-19 Status in Pakistan,” *Covid.gov.pk*, June 10, 2021, accessed June 29, 2021. <https://covid.gov.pk/>.

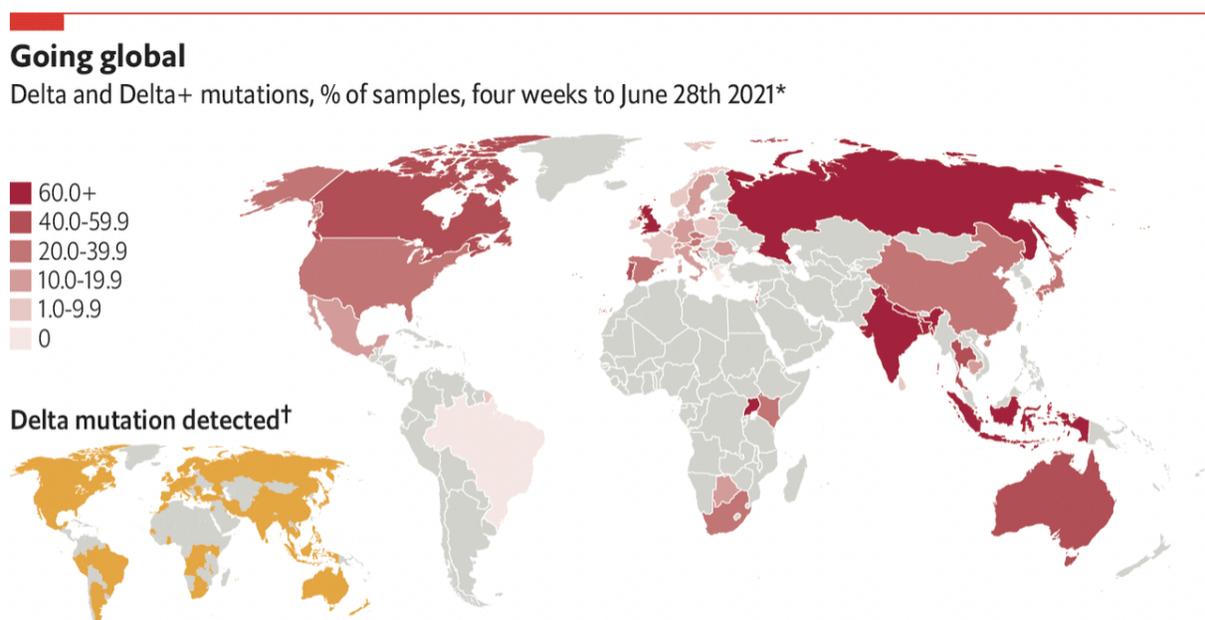
have gotten the pandemic pretty much under control.

However, the curve of infections only dipped briefly before spiking again in March 2021, crossing over 4,000 new cases a day. The rate of infection continued to climb in April 2021, termed the third wave, as daily infections crossed over 6,000 new cases a day. Much like the rest of the world, there was little public appetite for strict lockdowns, considering the impact on the economy. A large sector of the population believed that academic institutions should open and economic activity should not be halted.

3.3. The Delta Variant

As the delta variant, the most contagious strain of COVID-19 around the world, emerged, fresh concerns also emerged in Pakistan. In June 2021, the country had only begun to flatten the curve of the third wave.

Figure 3. Delta Variant Infections around the World



Source: GISAID

*Or most recent with at least 20 samples sequenced †Virus sequences submitted to GISAID

The Economist

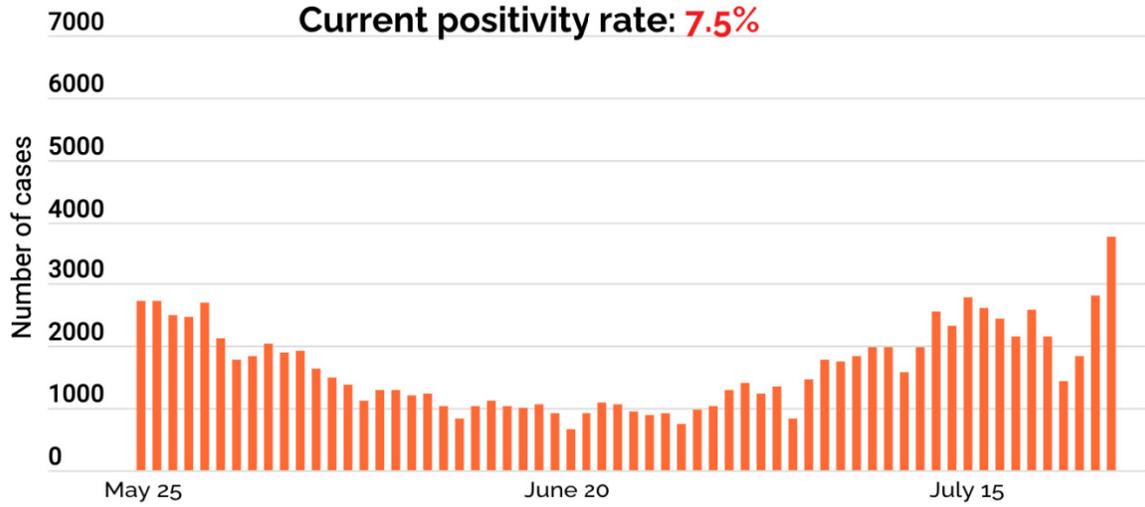
Source: The Economist, 2021⁸

While the onset of the delta variant appeared slow, infections have been on the rise again, sparking renewed fears in Pakistan. The daily infection rate, which had plummeted to under 1 percent, rose to above 7 percent towards the end of July 2021 (Dawn 2021).⁹ On July 27, 2021, Pakistan's death rate of 2.30 percent to 2.37 percent surpassed the worldwide death rate in July 2021 of 2.15 percent to 2.17 percent (The News 2021).¹⁰

⁸ "Delta is fast becoming the World's dominant strain of SARS-CoV-2," *Economist.com*, June 29, 2021, accessed July 29, 2021. <https://www.economist.com/graphic-detail/2021/06/29/delta-is-fast-becoming-the-worlds-dominant-strain-of-sars-cov-2>.

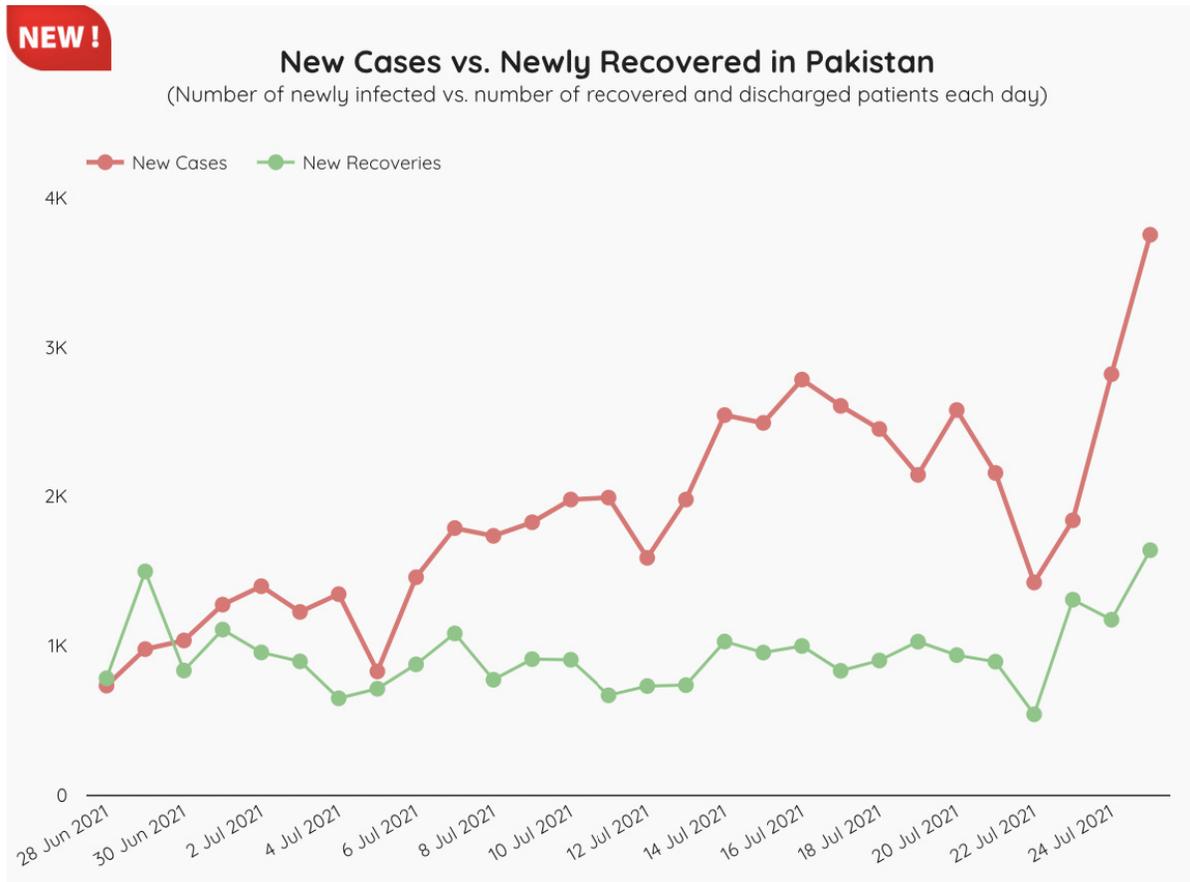
⁹ "Coronavirus in Pakistan," *Dawn.com*, July 26, 2021, accessed July 27, 2021. <https://www.dawn.com/>.

Figure 4. COVID-19 Cases in Pakistan (July 2021)



Source: Dawn, 2021¹¹

Figure 5. COVID-19 Cases versus Recoveries in Pakistan (July 2021)



Source: Government of Pakistan 2021¹²

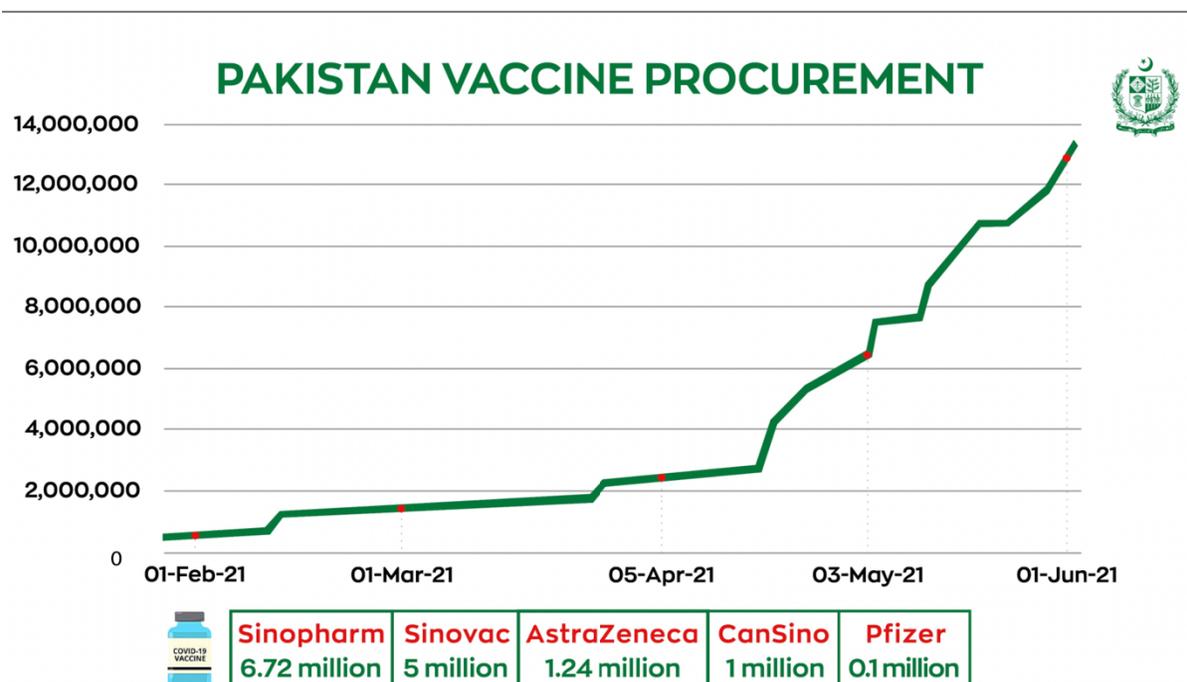
¹⁰ "Pakistan's coronavirus fatality rate crosses global level in July," *The News*, July 27, 2021, accessed July 28, 2021. <https://www.thenews.com.pk/latest/869446-pakistans-coronavirus-fatality-rate-crosses-global-level-in-july>.
¹¹ "Status of Coronavirus Cases in Pakistan," *Dawn.com*, July 26, 2021, accessed July 27, 2021. <https://www.dawn.com/>.
¹² "Covid-19 Status in Pakistan," *Covid.gov.pk*, July 27, 2021, accessed July 28, 2021. <https://covid.gov.pk/>.

Global data showing the cumulative number of confirmed cases of COVID-19 illustrates that with 19 cases per million people, Pakistan has managed to avoid some of the most catastrophic impacts of the virus seen around the world. The country has recorded just 0.33 deaths per million due to COVID-19.

4. Vaccination in Pakistan

In December 2020, the World Health Organization (WHO) began listing various COVID-19 vaccines for WHO Emergency Use Listing (WHO 2021). Pakistan, however, only began administering vaccines to the general population in March 2021, beginning with Sinopharm and Sinovac, vaccines developed and donated by China to Pakistan. Since then, more vaccines have become available in Pakistan including AstraZeneca, CanSino, and Pfizer/BioNtech through COVAX (WHO 2021).

Figure 6. Vaccine Procurement in Pakistan (February 1-June 1, 2021)



Vaccination is the key to unlocking a COVID-free Pakistan!

Get yourself vaccinated. Send your CNIC to 1166.

WWW.COVID.GOV.PK

Source: Sutan, Faisal 2021¹³

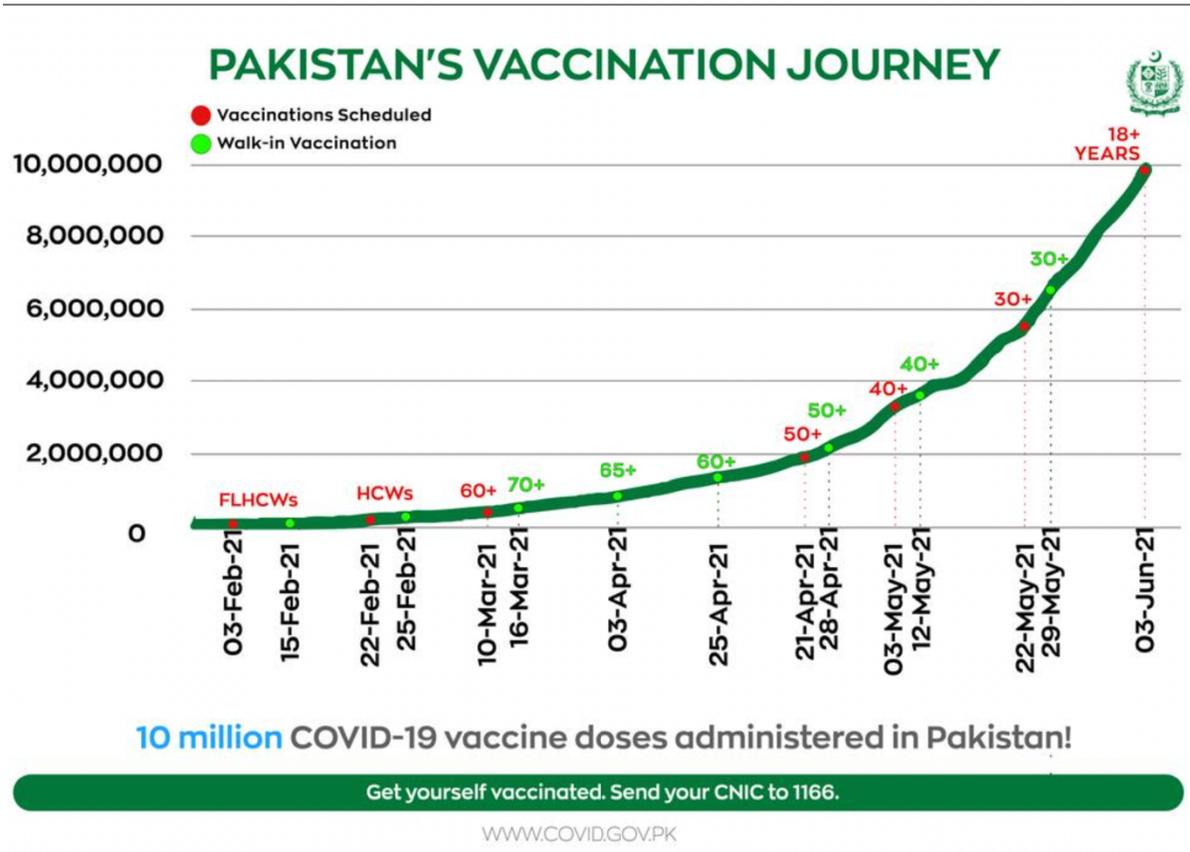
On June 8, 2021, Pakistan administered the 10 millionth COVID-19 vaccine dose (Dawn 2021).¹⁴ By the end of July 2021, Pakistan had administered over 25 million doses (NCOV 2021).¹⁵ The country

¹³ Faisal Sultan, Twitter Post. June 9, 2021, 07:32 pm, accessed June 10, 2021. <https://twitter.com/fslsltn/status/1402634782371155968>.

¹⁴ "Pakistan administers 10 millionth Covid vaccine dose," *Dawn*, June 8, 2021, accessed July 1, 2021. <https://www.dawn.com/news/1628416/pakistan-administers-10-millionth-covid-vaccine-dose>.

plans to vaccinate 70 million members of its adult population by the end of 2021.

Figure 7. Vaccination in Pakistan



Source: Sutan, Faisal 2021¹⁶

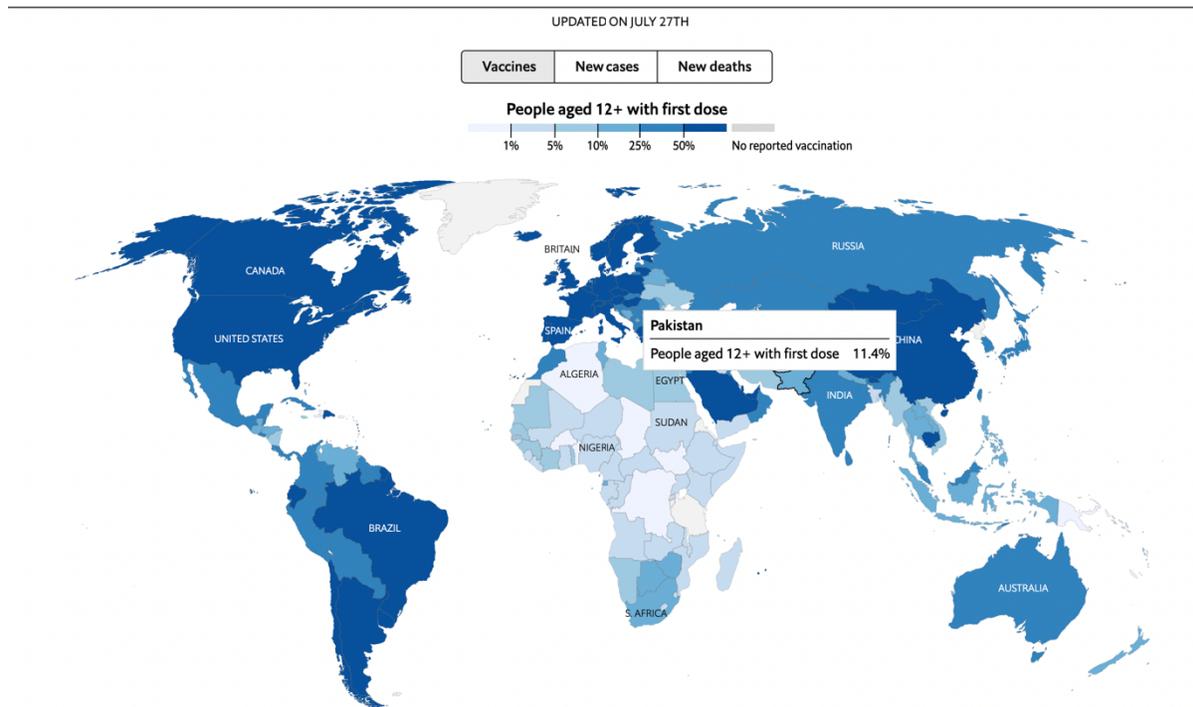
Owing to the size of the population and the growing phenomenon of vaccine apartheid (Reuters 2021),¹⁷ a global comparison shows that Pakistan had only managed to vaccinate 11.4 percent of its adult population with a first dose towards the end of July, which was up from 4 percent at the end of June 2021 (The Economist 2021).¹⁸

¹⁵ "Vaccine Stats," *Ncoc.gov.pk*, July 27, 2021, accessed July 28, 2021. <https://ncoc.gov.pk/>.

¹⁶ Faisal Sultan, Twitter Post. June 10, 2021, 02:33 pm, accessed June 10, 2021. <https://twitter.com/fslsltn/status/1402921959420276737>.

¹⁷ "World has entered stage of "vaccine apartheid" - WHO head," *Reuters*, May 17, 2021, accessed July 1, 2021. <https://www.reuters.com/business/healthcare-pharmaceuticals/world-has-entered-stage-vaccine-apartheid-who-head-2021-05-17/>

¹⁸ "Tracking covid-19 across the world," *The Economist*, July 27, 2021, accessed July 28, 2021. <https://www.economist.com/graphic-detail/tracking-coronavirus-across-the-world>.

Figure 8. Status of COVID-19 Vaccinations around the World

Source: The Economist, 2021¹⁹

5. The Lives Versus Livelihoods Argument

After the partial lockdown that took place during the first wave, Pakistan did not opt for a full lockdown to avoid crippling the economy. Even though World in Data calculates the Pakistan government stringency index score at 63.43 (Our World in Data 2021) in terms of strict policy response to COVID-19, only partial or smart lockdowns have been put in place at various stages throughout the pandemic. These actions tightened social distancing measures and restrictions on movement and public gatherings. The public largely did not favor strict lockdowns as they negatively impacted the economy. This has meant that partial lockdowns allowed industry, transport, and the economy to remain functional. This, however, has not completely protected Pakistan's economy from the impact of COVID-19. Pakistan's economy began to face negative GDP growth in 2019-2020 (Zaidi 2021). As the IMF declared the economic downturn due to the COVID-19 pandemic to be the worst since the Great Depression (IMF 2021), the World Bank warned of potentially significant economic, social, and poverty impacts of this pandemic in Pakistan (World Bank in Pakistan 2021). Local analyses also predicted rising levels of poverty and inequality (Pasha et al. 2020). While the incumbent government in Pakistan has celebrated wins such as improvements in the current account and an increase in foreign remittances, it has also estimated a GDP growth rate of 3.94 percent, way above the 1 percent growth rate predicted by the IMF, owing to policies designed to boost agriculture, industry, and services (Khan 2021).

¹⁹ "Tracking covid-19 across the world," *The Economist*, July 27, 2021, accessed July 28, 2021. <https://www.economist.com/graphic-detail/tracking-coronavirus-across-the-world>.

So, despite the challenges faced by developing countries in terms of health, the economy, and lack of robust democratic governance structures, how has Pakistan managed to evade some of the worst fallout of the pandemic while its South Asian neighbors, such as India, have suffered more intensely?

6. Response: From Democratic Governance to Hybrid Structures

Pakistan's response to the management of COVID-19 has had a deep impact on democratic governance. Despite being an electoral democracy with functioning institutions, it is perhaps the role and influence of the military in politics and concerns about rule of law that characterizes Pakistan consistently as a hybrid regime. The management of COVID-19 has further exacerbated the hybrid nature of Pakistan's de-facto system of democratic governance.

Even before COVID-19, Pakistan was faced with multiple democracy crises of electoral legitimacy and electoral meddling, populism and partisan accountability, institutions overreaching their constitutional domains, weak political parties, public distrust of politics, and democratic governance performance. In short, Pakistan's fledgling democracy, struggling to evolve out of the authoritarian shadows of the past, appeared to forever fall short of delivering promised dividends to citizens and the divine democratic promise of constructing a perfectly just and egalitarian society.

The Pandemic Backsliding Project, which captures the extent to which state responses to COVID-19 have violated democratic standards for emergency responses, shows that in managing the pandemic, Pakistan's response has recorded "some violations" affecting the quality of democratic governance (V-Dem 2020).

This is indeed the case. Instead of utilizing existing civilian institutional structures of democratic governance, Pakistan has, instead, succumbed to its hybrid governance tendencies and created new structures under the administration of the military to respond to the pandemic. While the response seems to have helped Pakistan to deal with the pandemic reasonably well, this has deeper implications for an already strained civil and military relationship and the expanding role of the military in governance. The management of COVID-19 has further exacerbated the hybrid nature of Pakistan's de-facto system in its democratic governance.

In understanding the scale of this global public health crisis, comparisons have been drawn to earlier plagues and pandemics in the history of the world. One such comparison is drawn with the mid-1300s bubonic plague that resulted in the loss of half of Europe's population and the fall of the Roman empire. The second, and most recent comparison, is made to the deadly influenza pandemic of 1918 and 1919 that infected 500 million and killed 50 million people worldwide. However, in making such comparisons, historians have cautioned that crises like plagues and pandemics do not break societies, systems, and global order, but instead only exacerbate existing crises by revealing what is already broken (Reis 2020).

Applying this analogy to the current challenges on Pakistan's democracy, it can be argued that COVID-19 has only revealed what was already strained in the system of democratic governance in Pakistan as witnessed through the continued interference of the military in the constitutionally demarcated

domain of elected civilian governments. Management of COVID-19 in Pakistan has created a scenario in which economic decline will further strain Pakistan's democratic governance, intensify authoritarian tendencies, and possibly result in the erosion of already-strained public trust in democracy and democratic institutions.

Let us examine the trajectory of how Pakistan dealt with the pandemic by creating hybrid structures under the military. The most glaring example of further entrenchment of Pakistan's hybrid governance system in the management of COVID-19 took place through the establishment of a military-led National Command and Operations Center (NCOC). An interesting set of events preceded the establishment of the NCOC.

The issue of the COVID-19 management was first raised by the federal government in a meeting of the National Security Committee (NSC) on March 13, 2020. It must be noted that the National Security Committee, which was established in 2013, is the principal *decision-making* body on national security matters in Pakistan (NSD 2020). It is fashioned after National Security Councils that exist in many other countries around the world but which function as key advisory institutions chaired by elected heads of government and, in almost all cases, meet on a weekly basis. While Pakistan's National Security Committee includes the chairman of the Joint Chiefs of Staff Committee and three services chiefs alongside key federal ministers as members (NSD 2020), many National Security Councils around the world do not have services chiefs as members, including the NSC in neighboring India.

When Prime Minister Mr. Imran Khan convened a meeting of the National Security Committee on March 13, 2020, to discuss the "emerging public health threat of COVID-19 pandemic," he announced the formation of a National Coordination Committee for COVID-19 (NCC) under the special assistant to the prime minister on health and promptly convened the committee. The NCC was to include representation of all provinces and relevant civilian and military stakeholders to monitor the situation and make necessary decisions on a daily basis (NSD 2020). However, things did not go as planned and the initial meetings of the NCC were not attended by many key actors. Attendance thinned out even further in subsequent meetings as the chief ministers delegated their chief secretaries to attend the meetings. Even though the prime minister began to chair the meetings of the NCC himself, the NCC, under civilian administration, was not getting the traction required for the challenge.

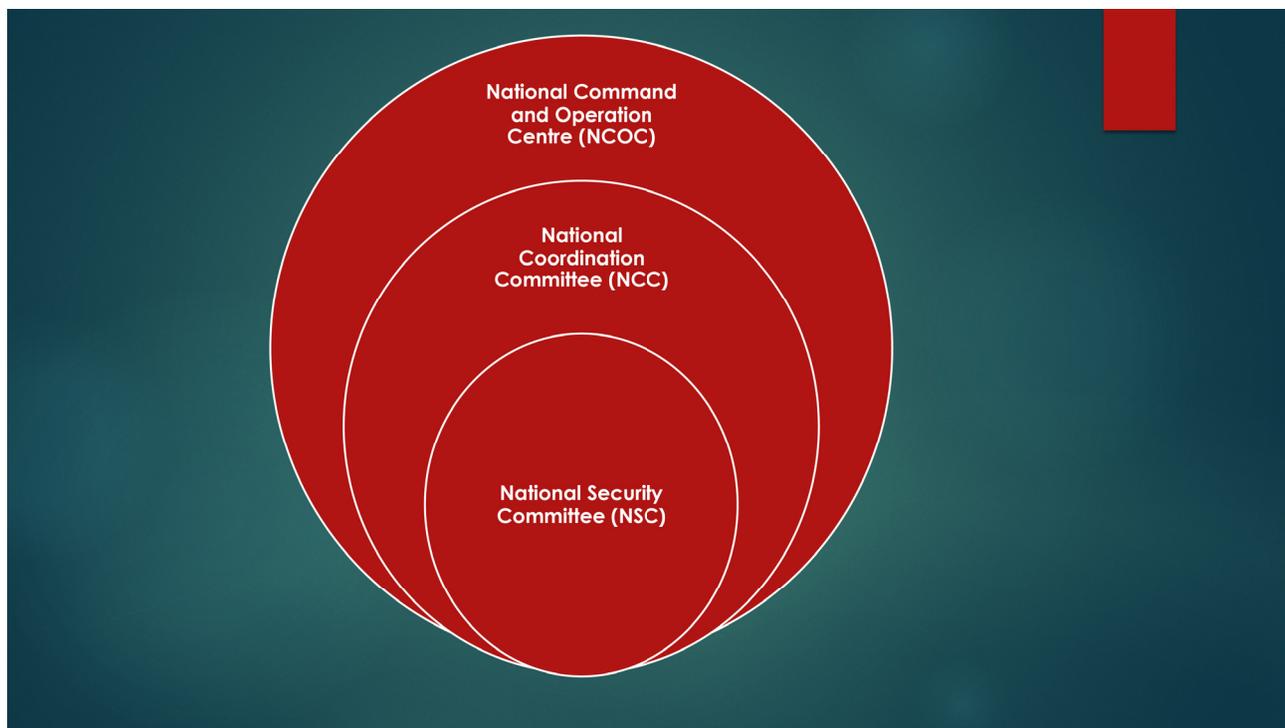
On April 1, 2020, the Pakistan Military's Inter-Services Public Relations (ISPR) announced the establishment of the National Command and Operation Center (NCOC) to work as a "nucleus for the one-window operation" to manage COVID-19 with the commander of the Army Air Defense Command as its chief coordinator (DG ISPR 2020).²⁰ This meant further entrenchment of Pakistan's hybrid governance system. The first-ever meeting of the NCOC was chaired by the chief of army staff, and not the prime minister, even though almost the entire federal cabinet of the prime minister attended the meeting headed by the army chief (DG ISPR 2020).²¹ The prime minister only visited the NCOC on

²⁰ DG ISPR, Twitter Post, April 1, 2020, 22: 37, accessed May 26, 2020. <https://twitter.com/OfficialDGISPR/status/1245344582029713411>.

²¹ DG ISPR, Twitter Post, April 1, 2020, 22: 37, accessed May 26, 2020. <https://twitter.com/OfficialDGISPR/status/1245344582029713411>.

April 3, three days after its establishment. A press release by the prime minister’s office noted that the NCOC “is a nerve center to synergize and articulate a unified national effort against COVID-19, and to implement the decisions of the National Coordination Committee on COVID-19. The center is a one-window operation to collate, analyze and process information based on digital input and human intelligence across Pakistan through all Provinces, AJ& K, GB & ICT dedicated representatives and centers.” It also noted that “recommendations based on information/data is then processed including health, finance, and all matter related to COVID-19 to NCC for real-time projections and timely interventions by NCC headed by PM.” Reportedly, the prime minister also directed the NCOC to focus on health management, financial impact, socio-economics and food security, and strategic communication and awareness while suggesting a calibrated and measured response paradigm with the evolving scenario in the wake of COVID-19 (Prime Minister's Office 2020).

Figure 9. Hybrid Governance: Structures Formed Within Structures to Manage COVID-19 in Pakistan



Source: PILDAT, 2020

The NCOC was constituted with the aim of leveraging the resources, manpower, and expertise of multiple institutions that are all working as a team under one roof. The staffing of the organization reflects this aim. According to the official organogram, the NCOC reports to the National Coordination Committee (NCC) which in turn reports directly to the prime minister. The NCOC is led by the federal minister for planning, development and special initiatives. The national coordinator for this body is the commander of the army air defense command and a three-star general. On the civilian side, the members of the NCOC were the federal minister for foreign affairs, the federal minister for aviation, the federal minister for economic affairs, the federal minister for federal education, professional training, national heritage, and culture, the federal minister for industries and production, the federal minister for

information and broadcasting, the federal minister for interior, the federal minister for states and frontier regions, the advisor to the prime minister on finance and revenue, the advisor to the prime minister on commerce and investment, special assistant to the prime minister on national security division and strategic policy planning, special assistant to the prime minister on poverty alleviation, special assistant to the prime minister on information and broadcasting, special assistant to the prime minister on health, and the chairman of the National Disaster Management Authority (NDMA). The provinces are represented by the respective chief ministers or chief secretaries and other relevant civil and military officials. Joining via video conference, the provinces would provide situation reports to the main headquarters in Islamabad and coordinate not only in policymaking but also implementation. On the military side, the national coordinator has been assisted by the chief of staff (COS) of the Army Air Defense. Other regular members include representatives from Military Operations (MO), Military Intelligence (MI), Inter-Services Intelligence (ISI), the Pakistan Navy, the Pakistan Air Force, and Inter Services Public Relations (ISPR).

The NCOC is the first hybrid response to COVID-19 management at a time when the political government and civil administration were ill-prepared for a crisis of such proportions. However, it did not remain the only hybrid model for long.

When Pakistan began facing the threat of locusts, a National Locust Control Center (NLCC) was also established with the army's engineer in chief as its chief coordinator. Much like how the NCOC managed the pandemic, the NLCC was also being run by the Pakistan Army with the chief of the army staff and corps commanders pledging all possible support of the Pakistan Army in combating the locust threat (COAS 2021). Although no similar body was created by the Pakistan Army to manage the national campaign against poliovirus, the Pakistan Army supported the national anti-polio drive across Pakistan as there have been repeated instances of telephone calls between the chief of army staff and Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation (ISPR 2020).²²

7. Pakistan in the Global Normalcy Index

At the beginning of July 2021, The Economist published a Global Normalcy Index, arguing that if the Index before the pandemic was 100, it was at about 66 at the beginning of July 2021 compared to 33 in April 2020. According to the Economist, the Global Normalcy Index comprises eight indicators, split into three domains. The first grouping is transport and travel, which includes public transport in big cities, the amount of traffic congestion in those same cities, and the number of international and domestic flights. The second looks at recreation and entertainment, or how much time is spent outside the home, cinema box-office revenues (a proxy measure for cinema attendance), and attendance at professional sports events. The third is retail and work, which measures footfall in shops and occupancy of offices (measured by

²² "General Qamar Javed Bajwa, Chief of Army Staff (COAS) and Mr. Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation (BMGF) had a telephone conversation, today," *ISPR*, June 10, 2020, accessed July 7, 2020. <https://www.ispr.gov.pk/press-release-detail.php?id=5737>. And DG ISPR, Twitter post, August 15, 2020, 13:30, accessed August 17, 2020. <https://twitter.com/OfficialDGISPR/status/1294491591906861059>.

workplace footfall in big cities) (The Economists 2021).²³

In the beginning of July 2021, Pakistan's normalcy rating was ranked globally at number 3, with a score of 84.4, following New Zealand, which by keeping its borders largely closed and mandating quarantine for citizens and residents, scored the global ranking of number 2 with a score of 87.8. Hong Kong topped the Global Normalcy Index with a score of 96.3. This has been a huge achievement for Pakistan on many counts: that it has achieved the ranking as a developing country; that despite the sheer size of its population, the country has managed to keep life as normal for its citizens as possible without imposing strict lockdowns and quarantine conditions; that it has fairly successfully managed the onslaught of the pandemic; and that the country has emerged fairly well through the pandemic and without much of its stark effects on lives, livelihoods, and the economy.

As the global normalcy index moved to 69 from its earlier rating of 66 out of 100 in the week of July 22, 2021, many countries have changed places as they suffered differing impacts from the ongoing pandemic and the delta variant. Pakistan, however, has retained its ranking in the top five leaders, improving its score to 89.5. New Zealand has slipped from number 2 to number 8, while Hong Kong has retained its top position (The Economists 2021).²⁴

It would seem, therefore, that Pakistan's hybrid approach to managing the virus has worked. But has it? With the rising spread of the delta variant across the world, the pandemic is far from over. Nevertheless, let us examine a combination of various initiatives that have worked in Pakistan so far.

1. Firstly, the prime minister's focus on livelihoods in the "lives versus livelihoods" debate has meant that Pakistan has not suspended economic activity. While Pakistan was just as unprepared as the rest of the world for the pandemic's impact on public health, a solution was found in smart lockdowns and public messaging on prevention.
2. The microeconomic impact of the Covid-19 pandemic was dealt with largely through the cash grant program, Ehsaas Emergency Cash Program.
3. The hybrid structure of the NCOC as the nerve center synergizing, articulating, and implementing a unified national effort against COVID-19 contributed to efficient management of the pandemic in Pakistan. This hybrid system has introduced a prosaic and proficient system of timely decision-making and the active implementation process throughout the country. It has utilized data and technology to develop insights, brought together federal and provincial decision-making based on those insights, developed and spread rapid and effective public messaging, and used the military and civilian infrastructures for timely implementation. A hybrid structure has introduced a coherent and cohesive national governance response in dealing with the pandemic.

²³ "The global normalcy index," *The Economist*, July 22, 2021, accessed July 28, 2021. <https://www.economist.com/graphic-detail/tracking-the-return-to-normalcy-after-covid-19>.

²⁴ The global normalcy index," *The Economist*, July 22, 2021, accessed July 28, 2021. <https://www.economist.com/graphic-detail/tracking-the-return-to-normalcy-after-covid-19>.

8. Policy Remedies for the Future

How feasible has it been to resort to structures of hybrid governance in managing the pandemic, and what can be some policy remedies?

First of all, it is important to underscore that while the hybrid pandemic management system has worked, it has exposed and brought to the fore the weaknesses that exist in Pakistan's democratic governance structure. As yet, the elected governments, public representatives, and civil administration have not pondered the critical questions that must be answered if Pakistan wishes to overcome the critical weaknesses of its democratic governance. These questions include but are not limited to, areas such as a candid analysis of weaknesses that might exist in the political leadership's decision-making, civilian administrative structures, and what lessons, if any, can be learned from the establishment and working of the NCOC.

In answering the above questions earnestly, Pakistan can find functional remedies to install a system of democratic governance that does not require the crutches of a hybrid system to be able to function effectively.

8.1. Role of Elected Governments

The first responsibility to improve democratic governance is that of the elected executive, both in the center and in provinces. In a democracy, the elected executive forms the government. It runs the country and makes day-to-day decisions on how and what the country spends and on the requirements and priorities of the citizenry. In a parliamentary system, it is the elected governments that bring proposed laws to parliament and provincial assemblies and decide policies that get put into practice by government departments. The executive authority of the federation is exercised by the governments in the center and in provinces.

However, parties that campaign to be elected to power and are eventually elected are seldom prepared to deal with the challenges of democratic governance. Apart from relying on political rhetoric and sloganeering, political parties in Pakistan rarely focus on policy planning within party structures to study and develop policies well-suited to the governance challenges of a large developing country. Unlike political parties in established democracies where party structures and think tanks continue to develop policies for adoption and use by parties in keeping with governance challenges, parties in Pakistan are slow to uptake the crucial requirement of policy planning. As a result, once elected to power, precious time is used learning the ropes of effective democratic governance.

Prime Minister Imran Khan referenced this issue during his second year in office, saying that a new government should never come to power without homework and without getting briefings. He also said that "When I review my performance, we took three months only to understand [issues as] everything that we had been looking at from the outside was altogether different after we came to power...And then, I must also share, for one and a half years, we remained unable to even know the actual figures of different sectors, particularly the power sector. From one ministry at times the figures indicated we were performing very well and then sometimes some other figure showed we were not performing that well.

So, I am giving my assessment that a new government should never come to power without homework and without getting briefings (Dawn 2020).”²⁵ The prime minister also believed that the PTI government did not get enough time to understand the issues confronting the country after the July 25, 2018 election, as all of their efforts through August 18 were aimed at arranging the required number of seats to form a coalition government. In the United States, the prime minister believed, a US president-elect gets two and a half months to prepare for governance, select a team, and get briefings from bureaucrats, indicating that such a system helps an incoming government to prepare itself.

However, it is not after coming to power that a party requires time to prepare for governance in a parliamentary democracy. A key function and a fundamental requirement for each political party is to pay attention to policy planning at all times, especially when a political party is a government in waiting. Until political parties in Pakistan organize themselves to prepare to govern once elected to power, the elected executive in the center and in provinces will continue to be unprepared to effectively deal with the challenges of democratic governance. Hybrid governance or the ascendancy of the military as an organized disciplined force in the country is but a corollary in such a scenario.

8.2. The Missing Local Governments

While Pakistan has regularly elected national and provincial governments in power, local governments have not enjoyed the same fate. Given the size of Pakistan’s administrative units (provinces), without effective local governments working at the grassroots level, effective democratic governance remains outside the reach of citizens.

The Constitution of Pakistan makes it obligatory for the federal and provincial authorities to devolve political, administrative, and financial responsibility to the local governments. A cornerstone of the process of devolution is empowering people at the grassroots level, and this obligation is encapsulated in Article 140(A), and, to a lesser extent, in Article 37. While most countries adopt local government systems due to necessity, Pakistan has marginalized its local governments time and time again, with the result that a uniform and effective system of local governance has not fully evolved in Pakistan.

While local governments have existed in one form or another, there has been lukewarm political acceptance of this essential tier in Pakistan due to a variety of factors. The local government system suffers from an image problem in Pakistan. Political parties are generally skeptical of fashioning local governments, as such governments have been used as a favorite system of past dictators—both by the British colonizers before independence and by military dictators after Pakistan’s birth—as a substitute for full democratic governance. Consequently, political ownership of the local government system has been lacking in the representative governments. The military regimes of Field Marshall Ayub Khan (1950-1960), General Zia-ul-Haq (1977-1988) and General Pervez Musharraf (1999-2008) used local governments in order to legitimize their control over the country. In addition to this image problem, the biggest argument in Pakistan against the local government system introduced by Gen. Pervez Musharraf

²⁵ “Never come to power without homework, says PM,” *Dawn*, December 23, 2020, accessed July 28, 2021. <https://www.dawn.com/news/1597328>.

in 2001 was that with a powerful center and relatively weaker provinces, the local government system further sapped the meager powers available to the provinces. However, after the passage of the eighteenth Amendment to the Constitution of Pakistan in 2010, which essentially allowed greater autonomy to the provinces, there has been little or no reason not to devolve the required and effective powers to the third tier—the local government—across the country (PILDAT 2019).

The lack of effective local government in Pakistan has been one of the major stumbling blocks in improving democratic governance. In a PILDAT-organized nationwide consultation with citizens on managing the impact of COVID-19 in Pakistan, a majority criticized the lack of functioning local governments in Pakistan. Citizens believed that Pakistan needs to localize relief administration and effective implementation of COVID-19 Standard Operating Procedures (SoPs) at the union council/neighborhood level. The premise behind this was that exclusion errors in relief targeting and lack of oversight of the district and provincial governments revealed the weakness of centralized measures. Ideally, elected local governments should be functioning to allow for the rectification of these problems (PILDAT 2021). Another major policy reform required, therefore, is to bring in effective decentralization of power through empowered local governments.

9. Role of the Legislatures

In a parliamentary democracy such as Pakistan, legislatures or houses where the public's elected representatives sit to have a major responsibility towards ensuring effective democratic governance. In a parliamentary democracy, the legislatures perform an important function as the electorate for the prime minister. This role is carried out by the National Assembly in the center and by the Provincial Assemblies in the provinces of Pakistan, which elect the respective chief ministers of the provinces. However, beyond this role, there are many additional and crucial responsibilities for the legislatures to carry out. The three key functions of the legislatures are to represent the citizens, legislate or make laws on important issues, examine and approve the government's taxes and spending, and, crucially, oversee the actions and policies of the executive.

Oversight of the executive is a crucial role that is carried out by committees. Committees carry out the critical function of scrutiny and review on a variety of issues that cannot be done in the plenary. The importance of this role means it is inherently important for each member of a committee to make its deliberations thorough and effective. That is why the role of committees in a legislature cannot be over-emphasized. While several types of committees exist in each legislature to carry out a variety of functions, the most important role is in examining legislation and carrying out oversight of government policies and their implementation. Since plenary sessions of an Assembly have limited time to debate complex issues relating to bills, amendments, or perform oversight of a particular ministry or government department, each legislature sets up special interest committees to investigate specific issues and debate proposed laws and/or their amendments. Essentially, the role of a committee is advisory in nature and its recommendations are not binding or compulsory. A committee, whether formed for a particular purpose or to oversee a government department or ministry, is assigned by the Assembly to study a subject,

review or amend a law, or make recommendations that are presented to the plenary for consideration. Each committee formed in a legislature is a microcosm of the Assembly representing its political diversity. In addition, standing committees that perform oversight also examine budgets, expenditures, administration, delegated legislation, public petitions, and policies of a ministry or department and its associated public bodies, and provide recommendations. As the issues the country is dealing with become more complex over time, the role of committees has also become more important. With growing global focus on involving public perspective on laws, parliamentary committees have also become more important as a means to engage the public with Parliament and to inculcate a greater variety of opinions on legislation worldwide. Each Assembly can establish as many committees as it requires, some of which can be on a special issue or a purpose and may be established for a specific duration (Pildat 2021).

However, due to a variety of reasons that trace back mainly to a lack of democratic consolidation, legislatures, and their committees have not been able to effectively perform their roles. Democratic governance requires each part of the state machinery to effectively carry out its role. Weak legislatures and committees mean that the performance of this important job of oversight remains largely weak as well, thus affecting the quality of democratic governance. Another key reform, therefore, is the strengthening of the role of elected legislators.

10. Conclusion

A textbook argument for how to consolidate democracy away from a hybrid system would be to invest in a well-functioning democracy that can resist hybrid tendencies. This has worked well in mature democracies in the Western world, which has evolved in different ways with democratic principles to manage their armed forces. However, in countries like Pakistan which have been grappling with the transition to democratic governance after long periods of military rule, the problems of democratic control of the military and keeping its ascendancy in check in democratic affairs are much more complex. While opinion remains firmly divided in countries with transitioning democracies on whether the answer is to manage or control democracy or to simply to allow free democracy, the net impact of the ascendancy of the military in governance weakens systems and institutions such as parliament and political parties, over-centralizes power, and leads a country towards reliance on non-durable governance structures. The case of Pakistan highlights difficulties that exist in transforming a hybrid system into a democratic one. While the civilian political players need to invest more time and energy into strengthening democratic governance, their intentions and efforts alone cannot bear fruit until the military concedes and agrees to limit its role solely to defense affairs under elected democratic control.

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Country Case 10: Nepal

Crises: Raising Pandemic and Razing Governance

Pradip Pariyar¹
Samata Foundation

1. Introduction

South Asia has turned into the epicenter of the second wave of COVID-19 as most countries in the region, including India, Nepal, Bangladesh, and Pakistan have been badly infected by COVID-19. The situation continues to worsen as each day passes. Of late, the situation in Nepal is gradually becoming more alarming as two out of five people are testing positive.

Nepal was largely spared from the second wave of COVID-19 until the first week of March 2021. The number of new cases was just 89, with one death on March 8. Since then, the situation has rapidly worsened. With a population of nearly 30 million, infections caused by this pandemic soared up to over 9,000 each day. Calculations show that the total infections were probably closer to 120,000 by the end of May, and there were more than 700 COVID-19 related deaths nationwide.

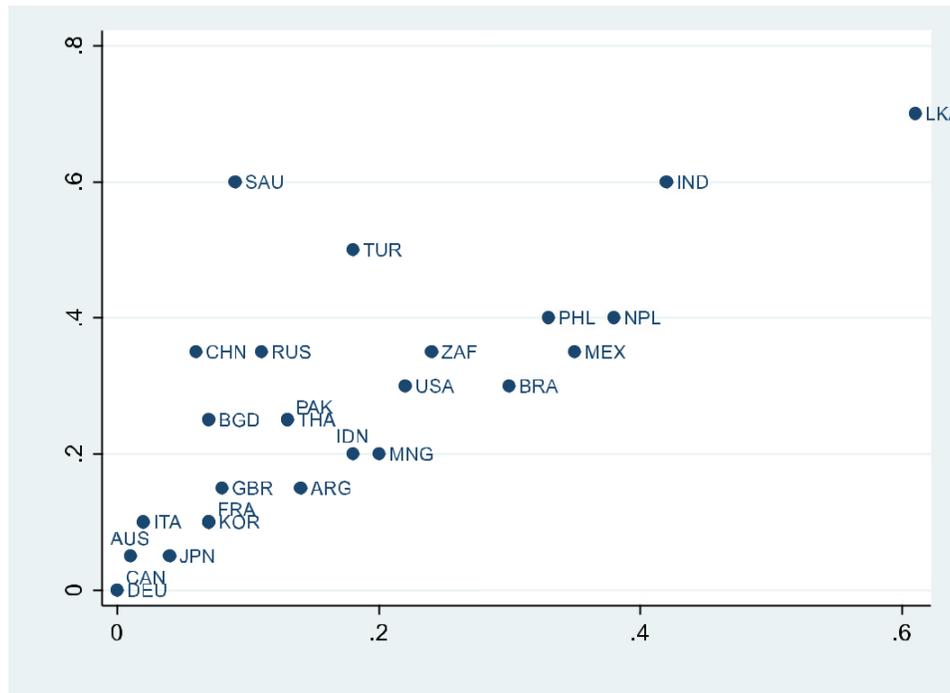
The political situation in Nepal took a dramatic turn with drastic developments in alliances and interest groups. Utilizing various articles from the Constitution, the House of Representatives was dissolved for the second time in four months while the opposition alliance knocked on the door of the Supreme Court. A verdict is due very soon. The availability of vaccines is uncertain amid the efforts of the Prime Minister to buy popularity and voter sympathy.

Though commitments were made by various countries like the USA and China, the quantity of vaccines remains insufficient to vaccinate the vast majority prior to the election.

2. Shrinking Civic Space and Democratic Conditions

The government reinforcement of the “One Door Policy” that began in April 2019 is still in place. This policy requires interested individuals and NGOs/INGOs to channel their supplies through the government. With the decision still in place, donors have to undergo bureaucratic hurdles and legal formalities that delay aid delivery.

¹ Executive Chairperson of Samanta Foundation

Figure 1. Democratic Erosion During the Pandemic Crisis

Source: Varieties of Democracy 2020²

Figure 1 shows the Pandemic Violations of Democratic Standards (PanDem) index, which captures the extent to which state responses to COVID-19 violate democratic standards for emergency responses. The pandemic backsliding (PanBack) index reflects the extent to which such responses pose a risk to the overall quality of democracy within the country. Combined, these two indices provide a snapshot of how COVID-19 emergency responses affect the quality of democracy within the country. Nepal is one of the countries that has deviated the most in both the PanDem and PanBack indices, indicating that democratic standards have been violated to a greater extent than elsewhere and demonstrating the risk to the overall quality of democracy in Nepal.

Indeed, the pandemic has contributed to the decline of the democratic situation in Nepal. An analysis prepared by Jung Kim (2020) shows that the pandemic violations of democratic standards and pandemic backsliding index positions of Nepal are reasonably higher compared to other nations including its two giant neighbors, China and India.

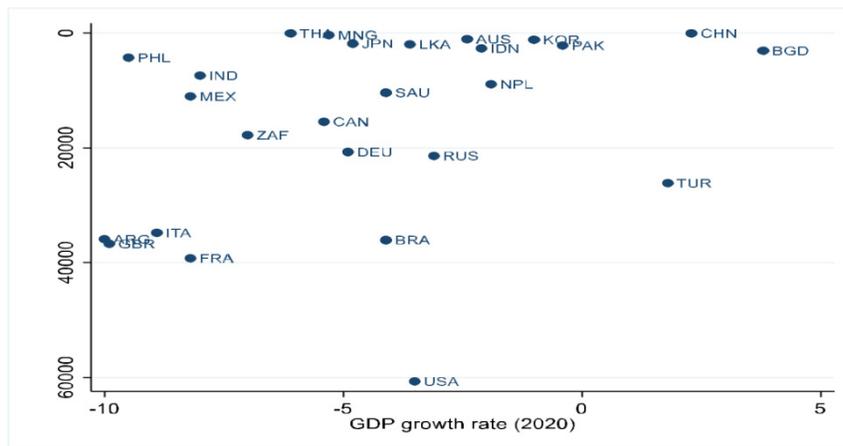
Various efforts have been made by the government to exploit the democratic situation by disregarding the constitutional institutions. Following the introduction of various undemocratic bills such as the NHRC Act (Amendment) bill, the introduction of the Media Council bill, the bill on Mass Communication, the Information Technology bill, and measures proposed to register and monitor I/NGO activities was seen as a method to suppress the voices of the public. The interim government has continued to pass numerous interim bills since the dissolution of the House of Representatives.

² Varieties of Democracy Project, "Pandemic Backsliding." www.v-dem.net/en/our-work/research-projects/pandemic-backsliding/

3. Economic Slump

Nepal is currently under tremendous pressure due to the economic crisis, political instability, and second wave of COVID-19 which led to the government enforcing a nationwide lockdown starting from April 28, 2021. The Nepali economy has seen a spillover effect mainly from three fronts—remittance inflows, the tourism industry, and international trade. Given the nature of the economy—which is based on the service sector and agriculture—the country's tourism industry is suffering immensely. The reduced flow of tourists, restrictions on the entry of citizens from infected countries, and the cancellation of Visit Nepal 2020 (a program of national pride led by the government of Nepal) have put the hospitality industry in peril. Statistics show that the occupancy rate in the hotel industry continues to decrease sharply. Reports show that the disease has affected more people economically—either causing them to lose their jobs or making them go bankrupt—than through infection. Nepal’s gross domestic product (GDP) is anticipated to grow by 3.1 percent in fiscal year (FY) 2021 after a contraction of 1.9 percent in FY2020, according to the Asian Development Outlook (ADO) 2021, which is the flagship economic publication of the Asian Development Bank (ADB).

Figure 2. GDP Growth Rate



Source: IMF³ 2020 and Our World in Data⁴

Figure 2 is an extract from the analysis of Jung Kim (2020) that indicates the trade-off between health and the economy in dealing with the COVID-19 pandemic. As shown in the chart, Nepal was one of the less successful countries in terms of the health target measured by total cases per million, and an on-average performer in terms of the economy target of GDP growth rate.

³ International Monetary Fund (IMF) “Real GDP Growth Annual Change” https://www.imf.org/external/datamapper/NGDP_RPCH@WEO/OEMDC/ADVEC/WEO

⁴ Hasell, J., Mathieu E., Beltekian D. et al “A Cross-Country Database of COVID-19 testing” <https://ourworldindata.org/coronavirus-testing>

4. Political Crisis, Opportunities and Challenges for the New Prime Minister

The hashtag #NoVaccineNoVote has been trending in the Nepali Twittersphere, with social media users urging Oli to focus on the pandemic rather than the elections. The latest crisis has its immediate roots in the fracturing of the Nepal Communist Party (NCP), which was formed in 2018 through a merger between the Communist Party of Nepal – Unified Marxist Leninist (CPN-UML) and the Communist Party of Nepal (Maoist Center). Since last year, a faction of the NCP accused Oli (former prime minister) of authoritarianism, saying he had sidelined them when making decisions and appointing members to key commissions and watchdog bodies.

Rumors of a possible no-confidence vote swirled in December, and President Bhandari dissolved the Parliament at Oli's request. The chamber was the first elected since the end of a bloody Maoist rebellion and the abolition of Nepal's 200-year-old monarchy in 2008. President Bhandari's move immediately set off nationwide protests and several petitions at the Supreme Court. Alarmed by the unrest, Nepal's powerful northern neighbor China even sent an envoy to mediate between the two Communist Party factions. It was to no avail. In February, the Supreme Court overturned President Bhandari's decision and reinstated the Parliament, paving the way for a no-confidence vote against Oli. The court also de-registered the ruling NCP over a separate petition, reviving the CPN-UML and the CPN (Maoist Center).

Oli lost the confidence vote on May 10, as expected. But the opposition struggled to form a government, and president Bhandari finally set a May 21 deadline for parties to demonstrate a majority. At the eleventh hour, in moves that caught the Nepalese public by surprise, Oli and Deuba (the opposition leader) both staked claims to the leadership of the country, each stating they had obtained a majority in the 275-member House.

Oli claimed he had the backing of 153 members, while Deuba claimed he had 149. Together, their figures exceeded the total number of members in Parliament, and it was clear one of the two was claiming more support than he actually had. Instead of taking pains to verify the signatures, President Bhandari issued a second proclamation dissolving the Parliament. She justified her decision by saying neither Oli nor Deuba had been able to prove they had obtained a majority, and set elections for November 12 and November 19—more than a year before the parliament's five-year term is due to expire.

“What we have here is a prime minister who is hell-bent on conducting elections on his leadership—not because of a challenge from the opposition but because of a split within the ruling party,” said Hari Sharma, an analyst at the Kathmandu-based think tank Social Science Baha. “However, in Nepal, we have a constitution that limits frequent elections. Because of our history of unstable governments, the Constitution of 2015, which has been in force for three and a half years, makes it very difficult for anyone to dismiss the Parliament. There are several steps that must be fulfilled before the Parliament is dissolved.” Those steps, according to Sharma, included allowing Oli and Deuba to test their strength on the Parliament floor. “The president must exhaust all possibilities at forming a government and unfortunately, she has not behaved according to the constitutional procedures or its spirit,” he added.

On July 12, the Supreme Court of Nepal overturned Prime Minister K.P. Sharma Oli's May 21 decision to dissolve the House of Representatives, and issued a judicial writ to appoint Nepali Congress leader Sher Bahadur Deuba as the country's prime minister as per Article 76(5) of Nepal's constitution. This is the second time in five months that the apex court has reinstated the House. The court's latest order ends Oli's three-and-a-half-year stint as Nepal's prime minister. Petitions were filed in the court against the controversial decisions made by the Cabinet and President Bhandari. The Supreme Court has ruled now that their decisions were unconstitutional.

According to Bhimarjun Acharya, a lawyer who specializes in constitutional law, the apex court verdict will contribute to "the Constitution's longevity, and with a strongly worded verdict, the court has told the authorities to stop making a mockery of the Constitution." The ruling, he said "has brought the Constitution back on track. All in all, it is the victory of the rule of law, constitutionalism, independence of judiciary and democracy."

However, the court verdict has also been criticized with some, including Oli, accusing the court of judicial activism. Did Nepal's Supreme Court go overboard in appointing a prime minister? This is a subject worthy of future study. While the verdict was a victory for Nepal's Constitution, it may not bring political uncertainty to an end. Deuba took a vote of confidence in the House within a month. His position was shaky as Nepal's largest party, the CPN-UML, was sitting in the opposition. There was no telling what Oli's next steps would be. The Supreme Court order may have put Nepal's democracy back on track for the time being, but enormous challenges remain.

According to Dr. Kyungmee Kim, a visiting researcher at the Department of Peace and Conflict Research at Uppsala University, "the lack of inclusiveness and representation of diverse minorities in the country is a threat to consolidate democracy." While Nepal "has made tremendous progress" with regard to democratization over the past decade, "the progress is stagnant if not under threat due to the emergence of political leaders who have autocratic tendencies."

In addition, Nepal's democracy is under pressure from right-wing Hindutva (extremists who support Hindu religious rule) forces in India as well as from China's communists. The Nepal Communist Party (NCP) was formed in 2018 with the support of China, and the Oli government that was formed as a result and had the support of the Chinese government and the Chinese Communist Party. Its role in shoring up support for the Oli government throughout the political crisis over the past two years was evident.

As for India, the country is now governed by a right-wing Hindutva nationalist party, the Bharatiya Janata Party (BJP), whose ideological driver, the Rashtriya Swayamsevak Sangh, has often said that it wishes to see Nepal as a Hindu Rastra (state). It is also in favor of the restoration of the monarchy in Nepal and the return of ousted King Gyanendra Shah. A return to the monarchical system or re-establishment of a Hindu state would mean the death of democracy in Nepal. Nevertheless, demonstrations calling for both of these changes will intensify as funding flows pour in.

Calls for the establishment of a Hindu state and for restoration of the monarchy are growing in Nepal. This is causing unease among some sections of the Nepali public. Some leaders of the Nepali Congress support the establishment of a Hindu state. Will Deuba be able to keep them in check? He

faces an uphill task in taking Nepal's democracy forward. Several tasks, including vaccinating the Nepali population, revitalizing the sluggish economy, curbing corruption, and conducting free and fair elections, await Nepal's new prime minister, the Hon. Sher Bahadur Deuba. Oli has been corralled this time around, but he cannot be written off. The possibility of Deuba and Oli coming together for the next elections cannot be ruled out. The situation is murky and the future of Nepal's democracy remains unclear.

Nepal's newly elected Prime Minister Sher Bahadur Deuba, who is holding the role for the fifth time in the last 26 years, has a Herculean task of maintaining balanced relations with three major powers: China, India, and the United States. As if that wasn't enough, he will have to reach out to Nepal's old friends such as the UK, Japan, European countries, and other key development partners with a new vigor, vision, and plan.

As prime minister, Deuba is leading a fragile coalition government with parties having divergent views on foreign policy. His first and most daunting challenge will be forging a consensus within the government itself on key foreign policy issues. Deuba's key coalition partner is the Communist Party of Nepal (Maoist Center) led by Pushpa Kamal Dahal (also known as Prachanda), whose foreign policy priorities clash with Deuba's. For instance, Deuba and Dahal have conflicting views on whether to implement the United States' \$500 million grant assistance under the Millennium Challenge Corporation (MCC), which is still pending.

The MCC issue is just one area in which the ruling partners have differing opinions. Deuba and Dahal have divergent views on several issues related to India and China, too. Dahal has a different view than Deuba on the United States' Indo-Pacific Strategy. In a meeting with Chinese Foreign Minister Wang Yi in 2019, Dahal said that Nepal disapproves of the US Indo-Pacific strategy. They have divergent views on China's Belt and Road Initiative (BRI) too, which Nepal has signed on for. The Nepali Congress and Maoists differ on whether to take loans to build infrastructure. Deuba will have to work hard to forge a consensus within the ruling parties on his external dealings and agreements.

Deuba, like other previous prime ministers, also has to face the big challenge of forging a balanced approach toward major powers. Addressing the newly reinstated Parliament after his election, Deuba said that balanced relations with neighboring countries would best serve Nepal's national interests. According to Deuba, after Nepal's neighbors, the United States and European Union countries remain the top foreign policy priority. Deuba said: "There are no permanent foes or friends but there are permanent interests." Deuba will have a difficult time crafting a smart foreign policy that can balance such larger partners well. India expects a continuation of its special relations with Nepal and is always suspicious about any Nepali engagement with China.

Meanwhile, Deuba also faces the big challenge of reviving Nepal's economy, hard hit by COVID-19. To do that he needs to increase foreign investment, which has shrunk due to the pandemic. He needs assistance from the United States and other traditional development partners. Similarly, Deuba has the weighty task of increasing the purchase of vaccines to inoculate Nepal's population. Nepal has received 3.4 million vaccine doses from China, 1.1 million from India, and 1.5 million from the United States under grant assistance. Similarly, Nepal has received 348,000 vaccine doses through COVAX. Nepal

received 1.5 million doses from Japan this week and 200,000 vaccines from Bhutan. Nepal has also purchased 4 million doses from China and 2 million from India. This is still insufficient to meet the needs of Nepal's 30 million people, and the government is accordingly preparing to purchase additional vaccines from China and the United States.

Deuba will have an uphill battle when it comes to handling Nepal's international relations amid growing border disputes with China and India, and growing tensions between China and the United States on a host of global issues. Similarly, there is a trust deficit in relation to major powers which needs to be bridged.

5. Increased Corruption and Loss of Faith Among the General Public

A national survey jointly conducted by Kathmandu University School of Arts, Interdisciplinary Analyst, and Strengthening Local Government surveyed 7,060 respondents randomly selected from 588 wards across the country's seven provinces. The survey reported that 65.6 percent of Nepalis believe that the country is moving in the right direction and they are more optimistic about the country's direction now than they were in 2017 and 2018.

The top four reasons for the optimism are better roads (73.8 percent), improvements in the supply of electricity (46.0 percent), increases in access to health services (31.8 percent), and increases in access to education (30.7 percent). Nepalis also feel that the most pressing problems faced by the country are the increase in corruption, the rise in the prices of basic commodities, and tax hikes.

According to the survey, about 43.8 percent of respondents said that they do not trust political parties. In contrast, local government bodies have steadily gained the trust of the Nepali people. As much as 84.6 percent of the respondents said that they trust ward chairpersons/members, while 91.8 percent still trust media organizations, followed by 90.7 percent who perceive community-based organizations as the most trustworthy institutions in the country. The level of faith and confidence the Nepalis place in their municipal/rural and ward chairpersons has increased since 2017 in addition to their trust in local political leaders, courts, and judicial committees.

While most respondents said that they did not know about the current tax rates/types, most of those who paid property and land taxes reported an increase in the taxes compared to the previous year. Most Nepalis (98.0 percent) do not have a clear understanding of taxes or accurate information on the collection and utilization of taxes by the different tiers of government. A small proportion (4.3 percent) of Nepalis admitted to paying bribes to receive services in 2020. Nepalis mostly pay bribes to obtain official documents, such as acquiring a license or for land-related services.

6. Poor Research Laboratories, Demotivated Medical Personnel, and Vaccine Uncertainties

Resources are limited in a country with poor scientific infrastructure. Hospital beds are fully occupied by COVID-19 patients and it is therefore difficult to admit new patients. Dr. Ajay Thapa, chief of the emergency department at the Grande Hospital, stated that although there were over a dozen seriously ill patients, the hospital could not cater to all of them. As the country is plagued with more and more COVID-19 patients, the lack of infrastructure and lack of trained medical personnel add to the trouble of containing pandemic-related issues. The lack of trained manpower capable of performing the molecular biology experiments (e.g. viral RNA extraction and PCR) required to test for SARS-CoV-2 and interpreting the results is another major limitation in the testing and controlling of COVID-19 in developing countries.

Frontline medical personnel (doctors, nurses, and lab technicians) and other medical personnel involved in sample collection and tracking of COVID-19 patients were supposed to receive a “risk allowance” as instructed by the Ministry of Health and Population. The risk allowance is an incentive given to health workers who are working on the frontline during the pandemic. Health workers who were engaged in setting up quarantine and isolation facilities and providing treatment to COVID-19 patients the previous year say they feel cheated by the authorities.

Giriraj Ghimire, the health unit chief of Rampur Municipality in Palpa, confirmed that none of the frontline workers have received their risk allowances. “The second wave of the pandemic is here and we need health workers to hold the fort. But they haven’t been paid last year’s dues,” Ghimire stated. “This year, it’s getting difficult to mobilize workers for the treatment of Covid-19 patients. They are yet to receive last year’s risk allowance. The authorities concerned have not said anything regarding the risk allowance for the current fiscal year that begins from July 16 (Post 2021).”

The federal government decided to provide a risk allowance to the health workers who had been mobilized to contain the spread of the virus and provide treatment to patients. Following the Cabinet’s decision, Rampur Municipality decided to provide an allowance equal to 100 percent of salary to frontline health workers, 75 percent of salary to health workers in the second ring, and 50 percent of salary to other health workers mobilized for the treatment of COVID-19 patients.

“Most health workers received the allowance for a month only. It is still not clear whether frontline workers will get the risk allowance in the current fiscal year or not,” said Adhikari, the health unit chief of Ribdikot. “The elected representatives at local levels are affirmative about the proposal providing allowances to health workers during the second wave as well but no official decision has been taken yet.”

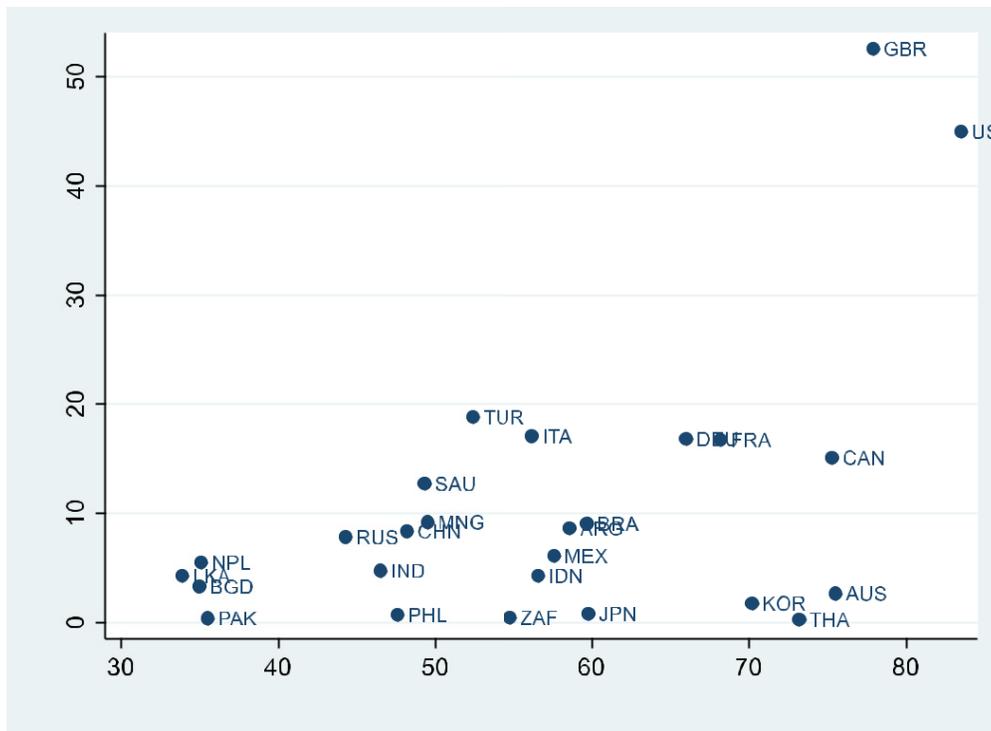
“The local unit stopped issuing the allowance after a month, citing budget shortage as the federal and provincial governments did not release a budget for the same,” said Jiban Rana, the chief at the health unit. According to him, all 10 local units in Palpa—two municipalities and eight rural municipalities—have failed to provide the risk allowances for the last fiscal year.

Krishna Prasad Basyal, the chairman of the local unit, stated that the health workers who received regular salaries from the state coffers should not expect allowances during these difficult times. “They received their salaries. That was all we could manage last year,” said Basyal. “If we get the budget for risk allowance this year, we will provide allowances to the health workers” Meanwhile, the local representatives claimed that they could not provide the risk allowances to health workers because the government—both federal and provincial—had not issued the funds for it.

Amidst the pandemic, the national daily newspapers and channels covered other important issues such as the rising feud among the political party leaders of the ruling government. There is a huge lack of accountability and democratic governance in the present government.

The Nepal government's poor communication system has left many Nepalis confused about its vaccination campaign. The citizens do not know the status of the country’s vaccine stockpile or the government’s vaccination plan (whether or not they will procure more doses). Back in January, Nepal became one of the first countries to launch its vaccination drive against the virus, even as some Western countries were struggling. The country noticed a dramatic decline in the number of new cases. The KP Sharma Oli government acted triumphant as if it had already won the fight against the pandemic. Complacency, coupled with negligence, missteps, and poor governance led to a sharp rise in COVID-19 cases. The country has been overwhelmed by the pandemic since. Nepal’s health system is buckling under pressure. Hospitals are turning away patients because they lack beds and oxygen. Nepal’s plan to procure millions of doses of vaccines is currently in a state of limbo.

Figure 3. Vaccinations and Health Capacities



Source: Global Health Index⁵ and Our World in Data⁶

⁵ Global Health Index <https://www.ghsindex.org/>

The analysis by Jung Kim illustrates the relationship between vaccinations and health capacities in tackling the COVID-19 pandemic. As of March 31, 2021, Nepal is one of the on-the-line performers in the sample.

Nepal launched its vaccination drive on January 27, 2021, with the AstraZeneca vaccine manufactured by India under the brand name Covishield. The campaign was launched with the one million doses India had provided under grant assistance. At that time, the virus had claimed 2,017 lives and infected 270,092 across the country. Around 430,000 frontline workers—health workers, supporting staffers at health facilities, female community health volunteers, security personnel, sanitation workers, elderly people living in care homes, and prisoners were listed as priority groups for vaccination. The government said that journalists and diplomatic staff could be vaccinated after the first round of these vaccinations was completed.

When the government announced that the first phase was complete on March 5, as many as 438,000 had received their first dose. The government said all citizens above 65 years of age would be inoculated. The public response was quite encouraging. In the second phase, around 1.3 million people were inoculated across the country.

Officials stated that those working in postal and telephone services, public transportation services, water supply and distribution, the tourism sector—hotels and restaurants—production, sales and distribution of medicines, electricity supply, storage and transportation of consumer goods, as well as health workers who missed out in the first phase of the vaccination would be vaccinated with the Chinese vaccines. Vaccines were administered by Dhulikhel Hospital, Barhabise Hospital of Sindhupalchok, and district hospitals in Nuwakot, Rasuwa as well as several hospitals of Kathmandu, Lalitpur, and Bhaktapur of the Kathmandu Valley.

After essential workers between 18 and 59 years old were vaccinated, authorities announced that those aged 40 to 59 years who were willing to be inoculated could receive vaccination from various designated hospitals. Mismanagement, however, led to crowding. According to the Health Ministry, around 289,000 people were vaccinated with Chinese Sinopharm vaccines before the inoculation campaign was halted.

The government does not know how many of the 1.3 million people who took the first Covishield dose did not receive the second dose. These people needed to take their second dose between May 16 to May 29. The government has already stated that under the present circumstances, bringing in more vaccines from India is almost impossible. After placing an order for 2 million doses, the government planned to procure an additional 5 million doses from the Serum Institute. However, after domestic cases started to rise, India put a hold on the export of Covishield. Serum has not supplied the remaining one million doses for which Nepal has already paid. Officials were expecting to receive some doses under the WHO-backed COVAX facility by the end of May, but they told the Post that they have been informed that the supply would be delayed. “The supply could be pushed further to June,” an official said. The

⁶ Hasell, J., Mathieu E., Beltekian D. et al “A Cross-Country Database of COVID-19 testing”
<https://ourworldindata.org/coronavirus-testing>

Health Ministry has prepared an online vaccine registration form that the public needs to use in order to update their details. Once people fill in this form, they will be permanently registered.

7. Increased Threat of the Pandemic and No Concrete Measures

Currently, if one steps out of the house, they can easily find a taxi, a bus, or a tempo. The roads have returned to normal, and are like they were before the pandemic. Offices and shops are open since the lockdown measures were removed. A substantial number of people walk around without face masks.

The Ministry of Physical Infrastructure and Transportation issued a notice on decisions made at the ministerial level regarding the Public Vehicle Operation and Monitoring Directives. The directives stated that all owners of public vehicles and passengers should comply with certain safety standards throughout the pandemic period. The standards attached along with the notice have clearly defined how social distancing should be maintained inside public vehicles. The standards have also instructed vehicle owners to clean their vehicles with disinfectant daily. The use of masks and sanitizers has been made mandatory. However, the implementation and enforcement of these measures have been extremely poor. After the notice was first issued, it seemed as if everyone was following the protocols. However, as time passed, these measures were not properly followed by either the vehicle owners or the passengers.

Public transit modes such as buses, taxis, and tempos were allowed to operate normally if they followed the safety protocols such as maintaining physical distance and using sanitizer and disinfectant. However, vehicle owners did not comply with the measures. Fares were increased by 50 percent to decrease risks, but daily commuters continued to use public transportation. The government has also not been properly monitoring to ensure that the measures are being followed.

Amid the pandemic, the ruling government dissolved the Parliament in the lower house. There have been more and more political uncertainties looming over Nepal as the country focuses on the internal feud among politicians. The government announced that a mid-term election would be held in November 2021 to elect 275 members of Parliament at the federal level which, according to the Election Commission of Nepal, will cost about NPR 10 billion, somehow equal to the estimations made for the prior election that was originally scheduled for February 2021. The cost will rise threefold if elections are to be held at all three tiers.

Part of the Nepal Communist Party has started to protest against the government. High-profile political leaders are leading protests in which social distancing measures are not kept. There are regular hearings at the Supreme Court of Nepal on the writ petitions filed against the dissolution of the House of Representatives.

8. COVID-19 Response

Nepal has adopted many readiness and response-related initiatives at the federal, provincial, and local

government levels to fight against COVID-19. Initially, the government had set health desks and allocated spaces for quarantine purposes at the international airport and at the borders, designating crossing points of entry (PoE) with India and China, to withstand the influx of many possible infected individuals from India and other countries. The open border and the politico-religious relationship with India and migrant workers returning from the Middle East, and other countries were a source of rapid transmission to Nepal. The Nepal-China official border crossing points have remained closed since January 21, 2020. On March 24, 2020, the government of Nepal imposed a complete lockdown of the country until July 21, 2020. As part of the lockdown, businesses were closed, restrictions were imposed on movement within the country, workplaces were closed, travel was banned, and air transportation was halted. In addition, for COVID-19 preparedness and response, the government developed a quarantine procedure and issued an international travel advisory notice. Closing the border was critical as Nepal and India share open borders across which citizens travel freely for business and work.

In addition, a minimal standard of quarantine as per the “Quarantine Operation and Management Protocol” (2076 B.S.) and “Standards for Home Quarantine” were imposed for all provinces. The Sukraraj Infectious and Tropical Disease Hospital (SITDH) in Teku, Kathmandu, was designated by the government as the primary hospital for COVID-19 cases along with Patan Hospital, the Armed Police Forces Hospital in the Kathmandu Valley, followed by twenty-four hubs and four satellite hospitals across the country. Similarly, the Ministry of Health updated the National Public Health Laboratory (NPHL) capacity for confirmatory laboratory diagnoses of COVID-19 from January 27, 2020, followed by the regional laboratory capacity. The interim guideline for establishing and operating molecular laboratories for COVID-19 testing in Nepal was imposed in an attempt to achieve uniformity within test results. Furthermore, the NPHL organized the training of trainers for laboratory staff in collaboration with the Medical Laboratory Association of Nepal, and the Ministry of Health established two hotline numbers (1115 and 1133) to address public concerns and prepared and disseminated regular press briefings. It also improved its websites to channel appropriate information to the public. The Ministry of Health conveyed decisions, notices, and periodic situation updates through its websites. Further, the Health Emergency Operation Center (HEOC) of the Ministry launched a “Viber communication group” to circulate updates on COVID-19. Early testing and timely contact tracing are crucial restrictive policies to control the spreading of the SARS-CoV-2 virus.

To alert and improve the testing and tracing response of the government, youth-led protests were carried out in different parts of the country. A Health Sector Emergency Response Plan was implemented in May 2020, focusing on the COVID-19 pandemic. This plan intended to prepare and strengthen the health system response capable of minimizing the adverse impact of the COVID-19 pandemic. The government devised a comprehensive plan on March 27, 2020, for quarantining people who arrived in Nepal from COVID-19 affected countries. The government had initially airlifted 175 Nepalese from six cities across Hubei Province of China on February 15, 2020, followed by Middle East countries, Australia, and so on.

The Ministry of Health engaged in developing, endorsing, improving, and disseminating contextualized technical guidelines, standard operating procedures (SOPs), tools, and training in all other

critical aspects of the response to COVID-19. These included surveillance, case investigation, laboratory testing, contact tracing, case detection, isolation and management, infection prevention and control, empowering health and community volunteers, media communication and community engagement, proper use of personal protective equipment (PPE), requirements for drugs and equipment for case management and public health interventions, and continuity of essential services.

The second wave of the pandemic has not only affected the Kathmandu Valley but also different cities of the country both in the hills and in the Terai. Even rural areas are affected. It has not spared even the remotest of the remote areas in the far-off villages. Reports are coming in that mountaineers who were trekking in the Himalayan region in their bid to climb Mt. Everest have also gotten infected. Given the seriousness of the situation, the National Human Rights Commission has drawn the attention of all the three tiers of governments in Nepal to work in collaboration to fight the pandemic.

Most of those affected are crying out for help as oxygen supplies, in addition to the ICU beds and ventilators needed for the treatment of COVID patients, are acutely lacking. Medicines like Remdesivir and other medical equipment are sold at exorbitant prices. Hospitals all over the country are unable to accommodate patients for treatment as there has been a sudden spike in the number of such patients. Several hospitals are even refusing to admit COVID-19 patients.

Expressing his anguish over the delay in the procurement of the vaccines, Hridayesh Tripathi, Minister for Health and Population, stated that the involvement of middlemen in the procurement process complicated the matter for 27 days and it was during that critical period that the second wave of COVID-19 spread in the nation. He also added that the Serum Institute could not supply the second consignment of the vaccines to Nepal because during the same period, India was also going through a devastating second wave and so its exports were restricted.

Nepal seems to have lost the opportunity to tame the second wave through vaccines because of the involvement of middlemen in the procurement process. However, it is not yet known why action could not be taken against those middlemen who, out of greed, inflated the price of the vaccine by more than 50 percent from USD \$4 per dose to USD \$6.30 per dose. The reputation of the prestigious institution, the Serum Institute of India, is also at stake as the middlemen are none but its agents. Indirectly, such uncalled-for activities also damage India's image in Nepal, which had earned the credibility of providing one million doses of the Covishield vaccine to Nepal through a grant.

9. Way Forward

Due to the poor governance and shortsightedness of the government, the threat of the crisis continues to increase. The infection rate has declined, but the death rate has not. Governments are planning to loosen the lockdown, but with minimal preparation, and its impact is yet to be measured. The government should maintain the same measures and make additional policies to minimize the potential danger.

Mass gatherings should be prohibited as much as possible, as unnecessary protests and mass gatherings increase the risk of the spread of the virus. Another solution would be to require that safety

protocols be followed by the protestors during the rallies. Frontline medical personnel are the key fighters against COVID-19 and they have contributed to the improvement of public health. To motivate such fighters and keep them going, they should be provided the risk allowances they were promised. Similarly, people from low-income groups and marginalized communities have lost family members and faced huge financial challenges due to the loss of jobs and income. In order to heal them to some extent, they should be compensated for their pandemic-related losses.

The federal government should create a broader central policy guideline on pandemic control. Provinces and local governments need to further formulate guidelines that are based on their unique context. The policies should also be implemented and monitored in order to create positive results. Therefore, monitoring systems should be made to ensure that COVID-19 policies are properly implemented and enforced. The government should also create policies regarding medical equipment. Oxygen cylinders should be made available quickly and at any time by making sure there is a sufficient supply. This may help control the death rate, as the unavailability of oxygen has accounted for the majority of the deaths during the second wave.

Proper preparedness plans should be developed to address natural disasters and pandemic crises like COVID-19. The monsoon of 2021 is forecasted to create more severe damage than that in 2020. As of July 29, 2020, 141 people had lost their lives, mostly due to landslides in hilly districts, with at least another 57 missing. According to NRCS's situation report, as of July 30, 2020, 15,307 families (76,535 people) had been affected in various districts and 7,106 families (35,530 people) had been displaced. The need for shelter items, food items, and Water Sanitation and Hygiene (WASH) services was crucial in the affected districts. Additionally, there was a high risk of waterborne disease outbreaks in the Terai region due to excessive rainfall.

In order to regain trust from the public, the government should make expenses and methods of procurement transparent. In addition, as neighboring giants like China and India continue to make progress in controlling the pandemic, Nepal should maintain balanced relationships to gain medical support. This will allow for the economic growth and political stability of the country.

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Country Case 11: Sri Lanka

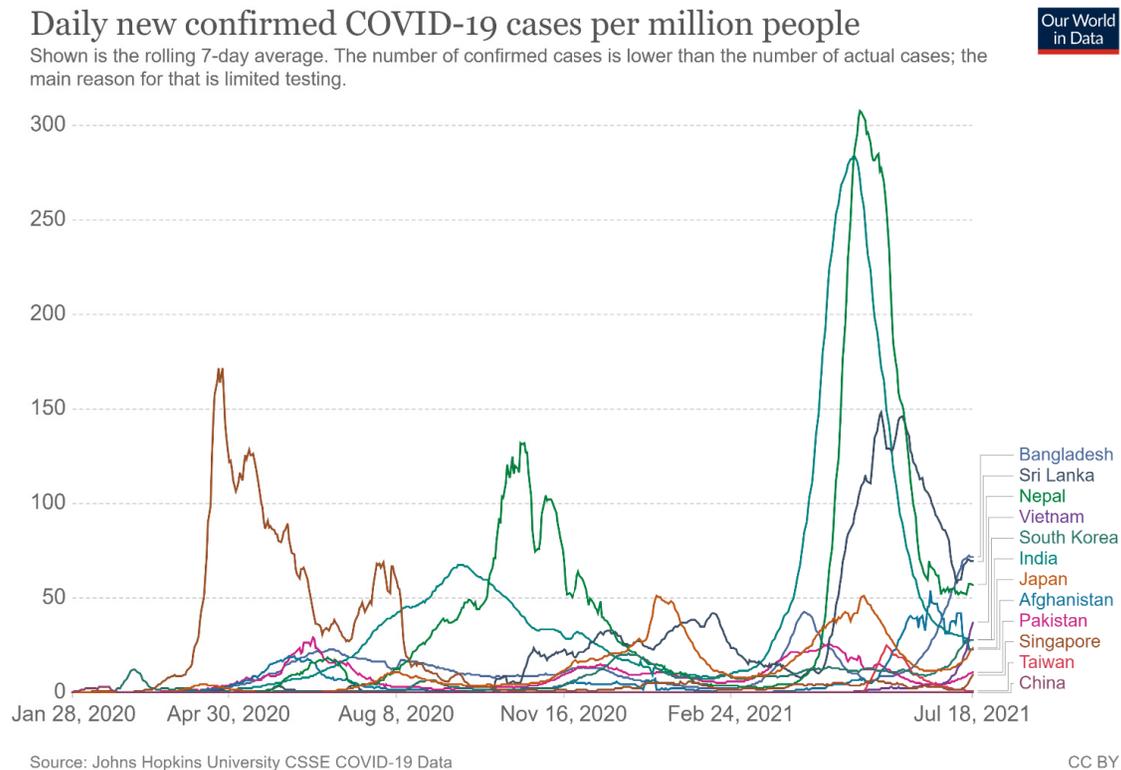
Pandemic Crisis and Democratic Governance: Sri Lanka

Centre for Policy Alternatives

1. Challenges Posed by the Pandemic

The pandemic has posed a number of unprecedented challenges in Sri Lanka, with socio-political effects spanning far beyond the immediate public health and economic crises. Given that the number of issues goes beyond that which can be adequately analyzed in a single article, this working paper will focus primarily on an aspect of the pandemic crisis which is of particular salience in Sri Lanka and from which lessons can be drawn for other countries in the region: namely, the challenges to democracy that have emerged during the pandemic period. The paper will look at the ways in which the post-COVID-19 political landscape has been a conducive environment for democratic backsliding, focusing on the period between the beginning of the pandemic response in March 2020 until the time of writing in July 2021. It will look specifically at how the policy space opened up by the pandemic has created an ideal context for the acceleration of the processes of executive aggrandizement, militarization, and the infringement of civil liberties.

Before we enter this discussion of democratic backsliding, we must consider the public health background against which it has taken place. During the first three months of the pandemic, the number of cases was at a relatively manageable level of less than 100 new cases a day. However, this was followed by a second wave in September 2020 and a particularly damaging third wave beginning in April 2021 which has left Sri Lanka reeling. What was initially lauded as a comparatively effective public health response has proven to be rife with miscalculations and short-sighted decision-making. As of July 18, 2021, Sri Lanka had a seven-day average of 1,485 new cases per day.

Figure 1. Cumulative Confirmed COVID-19 Cases per Million People

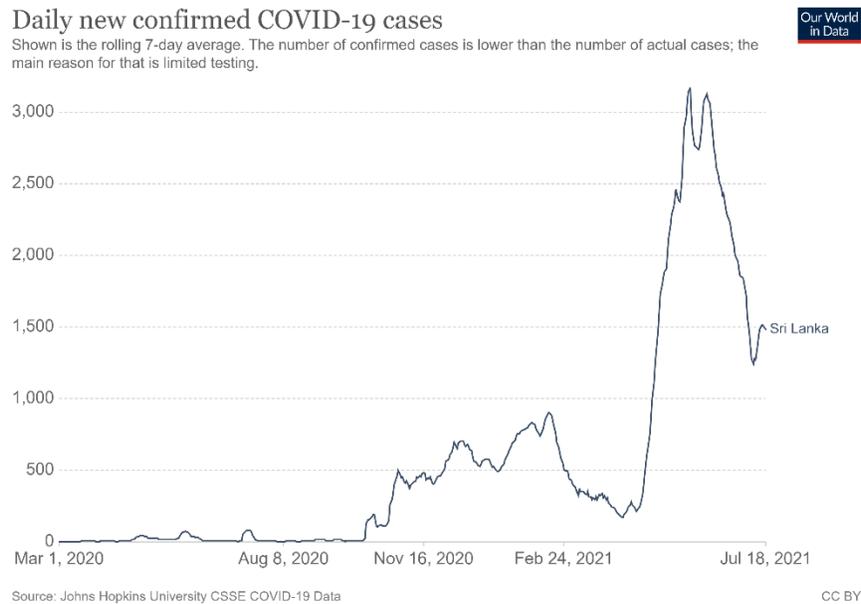
Source: Roser et al. Our World in Data., 2021¹

While initially, the crisis was more of an economic and political one rather than a crisis of public health (to the extent that these can be separated), the trajectory of increasing cases has brought to the fore the issues with the capacity of the health system. Sri Lanka's case rate per million members of the population is now amongst the highest in Asia at a rate of 69.34 per million per day.

The third wave of the pandemic has recorded the most drastic increase in the number of cases and has resulted in a shortage of resources and medical infrastructure. Following the onset of the third wave, the government has had to invest significantly in resources such as Intensive Care Unit beds and oxygen, with severe shortages coming about as a result of spikes in serious cases during May. Many hospitals have also had to rely on donations from the public to meet their resource needs at several points throughout the course of the third wave (Wickramasinghe 2021). This was particularly pronounced at the outset of the third wave prior to the purchase of these resources by the government and the receipt of aid from countries such as China, the United States of America, India, and Switzerland.

Stringent measures, such as the imposition of an island-wide lockdown and restrictions on travel and social gatherings, account for the initial success in dealing with the first wave. However, the government has been unable to deal with the second and third waves despite the re-imposition of similar measures, as indicated by the data in Figure 2. Aside from the higher infection rates of new variants, there are a number of policy decisions that account for this failure to contain the second and third waves.

¹ Max Roser et al "Coronavirus Pandemic (COVID-19)." OurWorldInData.org. Accessed July 18, 2021. <https://ourworldindata.org/coronavirus>.

Figure 2. Daily New Confirmed COVID-19 Cases

Source: Roser et al. *Our World in Data*, 2021²

The first possible reason the government failed to control the virus is that restrictions during the second and particularly the third wave were delayed in their implementation and, once implemented, were not as stringent as during the first wave. The lockdown implemented to deal with the third wave, for instance, was implemented only once it became clear that there was no other choice, with the government maintaining that no lockdown would be implemented until as late as April 29, 2021 (Daily FT 2021).³

The second main reason has been the failure to test widely throughout the course of the pandemic. The Sri Lanka government's initial pandemic response focused on rigorous contact tracing but did not prioritize investment in the development of testing capacity. Though this paper will not focus its argument on epidemiological claims, the emerging public health literature on COVID-19 control strongly suggests that high rates of testing account for the difference between countries that managed to achieve “zero COVID-19” and countries that have been unable to do so despite the imposition of lockdowns (Rannan-Eliya et al 2020).

PCR testing at the initial stages was limited to testing only those who came in contact or were involved in identified case clusters, as opposed to random sampling within the population. This created problems down the line as the virus spread in areas outside the initial cluster cases and created difficulties in tracing the origin of new cases once the virus began to spread in the wider community. At the same time, there has been a refusal to acknowledge the very prevalence of community spread of the virus, with authorities claiming that new cases are linked to initially identified clusters such as the Peliyagoda and Minuwangoda clusters.

² Max Roser et al “Coronavirus Pandemic (COVID-19).” OurWorldInData.org. Accessed July 18, 2021. <https://ourworldindata.org/coronavirus>.

³ *Daily FT*, “No Plans to Enforce Nationwide Lockdown” April 29 2021 <https://www.ft.lk/news/No-plans-to-enforce-nationwide-lockdown-yet-NOCPCO-Head/56-717008>

Given the increasingly critical nature of the public health situation and the significant economic costs of lockdowns, the efficient vaccination of the population will be a necessary precondition for countering the spread of the virus. The government has thus far approved Sinopharm, Sputnik V, Pfizer/BioNTech, and AstraZeneca Covishield vaccines for use in Sri Lanka. Nearly 25 percent of the population has received at least one vaccination, and 7.6 percent of the population is fully vaccinated. Most of these vaccinations have come from donations of the AstraZeneca Covishield and Sinopharm vaccines from India and China respectively. In addition to this, the government has also received 1.5 million doses of the Moderna vaccine from the US and has ordered 13 million doses of the Sputnik V and 900,000 doses of the Pfizer/BioNTech vaccines.

The political will to vaccinate the population has been high, and despite initial slowness, particularly with regard to procurement, Sri Lanka has recorded the second-highest rate of vaccination in the world as of June 18, at a rate of 1.29 doses per one hundred people per day (Ministry of Health Sri Lanka 2021). Sri Lanka's current high vaccination rate has been a welcome development. However, without coherent and effective policies on testing and the strategic lifting of lockdown measures, this will not be enough to prevent further damage to public health. Despite the high rate of vaccinations per day, the total percentage of the population fully vaccinated is at just 7 percent, leaving the vast majority at risk. Decisions to allow weddings and other indoor functions in such a context seem ill-advised, risking the gains made through the vaccine effort and creating the possibility of another lockdown being required.

Aside from the efforts necessary to manage the spread of the virus itself, the main challenge during the pandemic has been dealing with the second-order effects of the lockdown and the measures put in place to curb the spread of the virus (the details of which shall be discussed in the following section). The COVID-19 crisis has taken place against the backdrop of already acute economic problems, with a foreign currency crisis looming and a debt to GDP ratio of 115 percent expected in 2021 according to World Bank estimates (Economy Next 2021).⁴ Both the effects of the virus itself as well as measures such as lockdowns that have been required to contain it have resulted in severe costs.

These economic costs have had significant impacts on the livelihoods of Sri Lankan citizens. According to recent surveys carried out by CPA, 60 percent of individuals have reported a drop in household income and a further 10 percent have lost their income entirely (CPA 2021). Overall, there has been a 27 percent decrease in average household income during the pandemic period. Food consumption has also decreased by 30 percent during this time (Roser et al. 2021). As such, the need for provisions regarding necessities, protecting employment, and providing financial relief has become a key challenge during the pandemic.

The pandemic has in recent months proven to be the kind of public health catastrophe that was initially thought to have been avoided. While indeed the pandemic is an issue of public health policy, questions of democracy and the effectiveness of the public health response cannot be neatly separated. Some of the reasons for the failure of the pandemic response can be located in the de-democratizing

⁴ *Economy Next*, "Sri Lanka Debt to GDP to rise to 115%," April 2 2021.

<https://economynext.com/sri-lanka-debt-to-gdp-to-rise-to-115-pct-in-2021-poverty-10-9-pct-world-bank-80356/>

processes that will be discussed. This paper will explore the political factors which have resulted in the failures of governance leading to this situation, demonstrating the links between these anti-democratic processes and the ineffective governance which has given rise to poor public health outcomes. In addition to highlighting the challenges to democracy, the following section will explore how the political processes of militarization, executive aggrandizement, lack of accountability, and failure to comply with the rule of law bear upon the state's inability to enact an effective response.

2. Features of the Pandemic Response and Impacts on Democratic Governance

2.1. Formation of New Governmental Structures

A key feature of the pandemic response has been the setting up of several new administrative structures in the immediate aftermath of the initial outbreak. The most significant of these new structures was the National Operation Center for the Prevention of COVID Outbreak (NOCPCO), which was headed by Lieutenant General Shavendra Silva. This was followed by several other presidential task forces set up under executive discretion. The mandates of these task forces were unclear, with limited information regarding the scope of their authority and their relationship with existing governmental structures.

2.2. Military Involvement

Each of these newly formed structures contained a significant number of military and former military officials. Indeed, the mobilization of the military has been a key feature of the pandemic period with their involvement at various levels of the COVID-19 response; at the level of policy formulation through the task forces, as well as at the level of policy implementation, for instance in the running of quarantine and some vaccine centers as well as the enforcing of quarantine restrictions. Military intelligence has also been used for contact tracing and surveillance.

Twenty-five chief coordinators at the district level have been appointed to “facilitate (the) smooth conduct of district-wise quarantine centers, transportation of individuals for quarantining and treatment, supply of medicine, equipment, dry rations, and other essentials, and all other technical requirements deemed necessary (Sri Lanka Army 2021).” These coordinators have significant authority concerning all matters that could be classified as being relevant to the pandemic response. As the primary political concern in the country was COVID-19, this gave them a wide mandate over nearly all matters on district level public affairs. The military has, as such, gained a great deal of control over the machinery of the state at the expense of public servants during the pandemic period.

This focus on the military as an institution at the forefront of the pandemic response has resulted in both the opportunity cost of allocating resources to other institutions as well as ineffectiveness in pandemic policy formulation and implementation. This overall trend of a military lead pandemic response has seen time and energy being spent on such initiatives as air force-led use of drones, as well as the formation of the Sri Lanka Army Quick Reaction Riders Team who were to conduct mobile patrols, each

to apprehend those who commit quarantine violations. This has taken place amid a recruitment drive for the military at a time when these resources could be better spent directly on healthcare resources. The background and long-term implications of the militarization of the pandemic response will be further explored in section three below.

2.3. Constitutionality and the Rule of Law

The inability to hold elections was another consequence of the lockdown. The repeated postponement of these elections led to a constitutional dilemma with significant implications for the rule of law and an ongoing process of executive aggrandizement in the country.

Elections that were due to be held on April 25 were eventually postponed until August 5. Previous to this, the Parliament had dissolved on March 3 in the expectation that a new parliament would meet on May 14. According to the Sri Lankan Constitution, the maximum time between the dissolution of parliament and the sitting of the new parliament is three months. With the postponement of the elections, however, the immediate pandemic response was carried out with a lack of legislative oversight for more than three months, exceeding this constitutionally mandated time limit (Dissanayake 2020).

The Constitution allows for the recall of a dissolved parliament through the rescinding of the dissolution by the president (Fonseka 2021). Petitions were made to the Supreme Court from politicians and civil society organizations calling for the president to rescind this dissolution, arguing that failure to do so represented a violation of constitutional principles. However, the Supreme Court refused leave to hear these petitions and did not provide any reasons for their decision (there being no judicial duty to give reasons in Sri Lankan law). The constitutional dilemma detailed above had significant ramifications concerning several aspects of the government's pandemic response. One of these was concerning the legality of the implementation of an island-wide lockdown.

The Quarantine and Prevention of Disease Ordinance does not provide a legal basis for the implementation of an island-wide curfew. While the Public Security Ordinance does contain provisions allowing for such a curfew, it requires the Parliament to be present in order for the curfews to be implemented. As a result, the many arrests and detentions of individuals on the grounds of failing to adhere to the curfew had no legal basis. This created a worrying situation in which arrests were made on the basis of government proclamations instead of firm legal grounds (Fonseka 2021). Although lockdowns were indeed necessary, the decision to forego proper legal procedure in implementing them and instead relying on a kind of rule by press release is a worrying development.

There are further concerns that have arisen as a result of the Supreme Court's decision and the ensuing lack of legislative oversight at the beginning of the pandemic response. The structures and policies put in place to deal not only with the pandemic but also the economic and social issues that came along with it were formulated and implemented at the discretion of the executive alone. The broader project of executive aggrandizement and the ways that pandemic policy has played into this process will be explored further in section three below.

2.4. Minority Rights and Suppression of Dissent

Public health has been used as a pretext to shut down political speech, as was seen when the inspector general of police declared that “strict action” would be taken against those who “criticize government officials” regarding the pandemic response. Indeed, while political rallies for the government-aligned candidates were held without restriction (such as that of MP Jeevan Thondaman, whose election rally garnered hundreds of attendants), protestors were arrested, such as the arrest of the Frontline Socialist Party protestors in July of 2020 (Economy Next 2020).⁵ Arrests of protestors demonstrating against the Kotelawala National Defense University Bill were also made in July 2021 on the grounds that they were breaking COVID-19 guidelines (Economy Next 2021).⁶ Following the granting of bail in this case, protestors were forcibly taken to quarantine. Indeed, quarantines have been used as a punitive measure on a number of occasions during the pandemic; implemented just as much to enforce compliance through fear as they have been to isolate those at risk of spreading the virus. Particularly in a context in which government loyalists who attend public events in violation of COVID-19 restrictions have not been sent to quarantine despite putting themselves at similar risk as protestors, this is a worrying development.

The politicization of pandemic policy implementation creates issues with regard to public trust in that the use of a public health measure such as quarantining to punish political dissent may undermine the legitimacy of such policies in the minds of the public. Important public health interventions such as the quarantining of individuals at risk of having contracted the virus cannot risk coming to be seen as political or punitive acts against citizens rather than a measure that is implemented to protect citizens themselves. Such actions by the government are likely to reduce compliance not only in these specific cases, but may also create distrust with regard to pandemic policy more generally, thus decreasing the likelihood of attaining the cooperation and collective effort required to successfully deal with the public health crisis.

The pandemic response has also resulted in a lack of access to justice whilst providing an opportunity to avoid due process in politically expedient cases. This was apparent in the case of Heejaz Hizbullah, whose arrest failed to meet even the very minimal requirements for due process set out under the Prevention of Terrorism Act (Fonseka et al. 2021). Legal challenges to this arrest were obstructed by closures of the courts during the initial pandemic period, and Hizbullah remains in detention over a year from his initial arrest. The hearing of his case in court was, most recently, postponed on the grounds that he had tested positive for COVID-19 while in detention.

The scapegoating of Muslims more generally has been a significant problem during the pandemic. This has been reflected in government policies and the implementation of the pandemic response. Indeed, at the outset of the pandemic response, the director-general of health services was compelled to write a circular imploring those implementing the public health response not to quarantine people “unnecessarily” or “without any rationale behind doing so (Ministry of Health Circular 2020).” This occurred in a

⁵ *Economy Next*, “Police Arrest Frontline Socialist Party Members Protesting Against the US,” June 9, 2020. <https://economynext.com/police-arrest-frontline-socialist-party-members-protesting-against-the-us-70855/>

⁶ *Economy Next*, “Police Arrest Over 45 for Organizing Protests in Violation of Ban,” July 8, 2021. <https://economynext.com/sri-lanka-police-arrest-over-45-for-organising-protests-in-violation-of-ban-83828/>

context in which Muslims in particular were stigmatized as spreaders of the virus, with professional bodies such as the Government Medical Officers Association (GMOA) even calling for racial profiling as part of the pandemic response (Daily FT 2020).⁷

However, by far the most significant harm to the Muslim community came as a result of the decision to enforce mandatory cremation of those who have died of COVID-19. This was a source of significant distress among Muslims, as the cremation of bodies is prohibited in the Islamic faith. This policy was implemented until its reversal in February 2021 despite WHO guidelines maintaining that burials can be carried out safely (WHO 2020). Policy decisions like this contributed to a broader antagonism between the authorities and the Muslim community, undermining public willingness to cooperate with the implementation of the public health response.

Prior to the eventual overturning of this policy, an expert committee of virologists and microbiologists appointed by the Ministry of Health released a report on January 2 concluding that burials could be carried out safely. However, the government maintained that it would continue to cremate bodies even despite this finding. In Parliament, Health Minister Pavithra Wanniarachchi claimed that this report had been presented to a separate main committee. This incident is symptomatic of broader trends both concerning the government's treatment of the Muslim community and the general opacity of the decision-making structure underlying the pandemic response.

A decision was eventually made on February 25, 2021 to allow burials under strict conditions at certain burial sites, following a visit from Prime Minister of Pakistan Imran Khan. This was due to the fact that a resolution on Sri Lanka was being discussed at the UNHRC, where Sri Lanka needed Pakistan's support. The stalling of the government in allowing burials even after medical experts assured its safety indicates that if not for significant international pressure, it may never have been allowed. Indeed, even though burials are technically allowed at the moment, only certain burial sites have been approved, often resulting in families having to travel great distances to bury their loved ones.

In cases such as this, issues of minority rights, civil liberties, and public health cannot be clearly separated. These incidents may lead members of the Muslim community to be less willing to get tested when showing symptoms or to co-operate with the authorities more broadly when there are religiously salient reasons not to do so.

2.5. Opaque Decision-Making Processes, Lack of Accountability, and Poor Communication

The decision-making process regarding the pandemic response has been opaque. There has been very little information about the reasons for policy choices and who was involved in making these choices. In particular, the prominence of relevant healthcare professionals in the decision-making process is unclear. This was made evident when even Members of Parliament such as Professor Tissa Vitharana noted that there were no virologists in the advisory committees (The Daily Mirror 2020).⁸

⁷ *Daily FT*, "GMOA's COVID Exit Strategy Advocates Racial Profiling," April 18, 2020.

<https://www.ft.lk/front-page/GMOA-s-COVID-19-exit-strategy-advocates-racial-profiling/44-698943>

⁸ *The Daily Mirror Online*, "There Were No Virologists in Committees Set Up," December 9, 2020.

There is a broader lack of clarity regarding the policy decision-making process as well as who and how experts were chosen to participate. There seemed to be little justification for projects such as the policy that allowed tourists from Ukraine (three of whom were found to be COVID-19 positive) to travel into the country despite the severity of the pandemic in Ukraine. These incidences highlighted the lack of coordination between different agents in the government when making decisions. This policy in particular was implemented without notifying the tourist board. As was the case with the decision to disallow burials, there has been no transparency as to how these decisions were made, nor has there been any clarity regarding the role of specific individuals or institutions in the policymaking process. In addition, new plans are underway to bring in 2,500 Russian tourists into the country. This is part of a broader move for Sri Lanka to be used both as a quarantine hub and as a tourism location during the pandemic. There have also been issues concerning the irresponsible exercise of authority by members of parliament in ways that have been detrimental to the overall pandemic response. One particularly egregious instance of this was when Minister Gamini Lokuge removed Piliyandala, his constituency, from the lockdown list. The fact that Lokuge was able to do this raises concerning questions regarding the ability of decision-makers within the government to maintain a unified and coherent state response.

Decision-making during the third wave with regard to the allocation of funds has also been questionable. Planned investment in projects like gyms (Economy Next 2021)⁹ and military aircraft repairs (Economy Next 2021),¹⁰ for instance, does not seem to be justified in a context in which health services have been facing shortages. Other planned spending, for example, the importing of cars for MPs, was only stopped after a huge public outcry (Economy Next 2021).¹¹ These incidents have been accompanied by a lack of transparency concerning the operation of the government's COVID-19 Healthcare and Social Security or Itukama fund, which has raised well over 1.6 billion rupees. Following public pressure, the government stated that 105 million rupees have been spent thus far on PCR testing, quarantine facilities, and advocacy programs from the fund. This leaves 1.5 billion rupees unutilized which the government has stated that it will use on vaccines. Given this lack of transparency, however, it is not clear how accurate this information is, and despite claims from government ministers such as Professor Charitha Herath that a probe is not necessary "as this is a time to support the health authorities," the auditor general has begun investigating the fund (The Morning 2021).¹²

The extent to which the advice of healthcare professionals has been prioritized in the decision-making process is unclear. There has been a series of technical committees appointed to guide pandemic policy on specific issues. As the mandatory cremation issue demonstrated, these committees seem to be appointed and dissolved on an ad hoc basis and the guidance they provide appears to be subordinate to

<http://www.dailymirror.lk/opinion/There-were-no-virologists-in-the-committees-set-up-Prof-Vitharana/172-201444>

⁹ *Economy Next*, "Sri Lanka to Open 500 Outdoor gyms at Cost of 625 million Rs," May 4, 2021.

<https://economynext.com/sri-lanka-to-open-500-outdoor-gyms-at-cost-of-rs-625-million-cabinet-spokesman-81446/>

¹⁰ *Economy Next*, "50 million allocated to Repair Fighter Jets as COVID-19 Rages - Sri Lanka Opp Leader," May 5, 2021.

<https://economynext.com/usd-50-million-allocated-to-repair-fighter-jets-as-covid-19-rages-sri-lanka-opp-leader-81496/>

¹¹ *Economy Next*, "State Luxury SUV Imports for MPs Halted after outcry," May 26, 2021.

<https://economynext.com/sri-lanka-says-state-luxury-suv-imports-for-mps-halted-following-outcry-82413/>

¹² *The Morning*, "Auditor General Begins Audit of Itukama Fund," May 12, 2021.

<https://www.themorning.lk/auditor-general-begins-audit-of-itukama-fund/>

political concerns. There has been a high turnover rate and several resignations from both Ministry of Health bureaucrats and medical professionals appointed to the various committees (Sunday Times 2021).¹³ This is unsurprising in a context in which the public health response has been highly politicized and hostile to criticism of the policy response from both health professionals as well as those within the government itself.

Indeed, there has been active suppression of doctors speaking out against the pandemic policies, as well as the silencing of members of government who have raised concerns with regard to the COVID-19 response. In early May, multiple professional medical bodies such as the Sri Lanka Medical Association (SLMC), Government Medical Officers Association (GMOA), and the Sri Lanka Medical Intercollegiate Committee (SLMIC) called for the implementation of a lockdown. This came in tandem with a statement from State Minister of Health Sudarshini Fernandopulle's calling for the same. However, these statements were followed by a government circular stating that disciplinary action would be taken against the ministry of health officers who make statements to the media criticizing governmental policies (Daily FT 2021).¹⁴ Miscommunication and disagreement within the government have also been rife with regard to the data used to guide policymaking, with communications from the presidential secretariat questioning the accuracy of data being used (President's Office Statement 2021).

Each of these incidents indicates poor coordination between the ministry of health, the broader medical establishment, decision-makers in the NOCPCO, and the executive. Beyond the issues with regard to the effectiveness of the COVID-19 response, however, are further problems regarding the way that the features of this response have played into trends that pose a threat to constitutional democracy in Sri Lanka.

3. Long-term Implications of the Pandemic Response and Challenges to Democracy

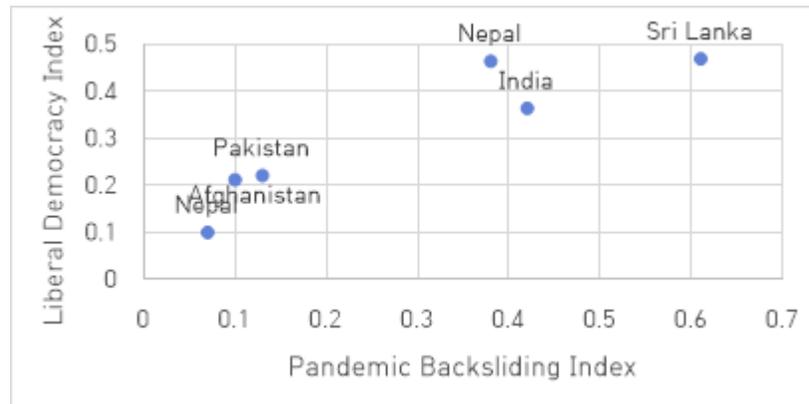
Sri Lanka has been particularly at risk of democratic backsliding during the pandemic period compared to other democracies in the region. This has been reflected in various indicators such as those compiled by the Varieties of Democracy Project shown in Figure 3.

¹³ Sunday Times, "Two More Resign from Vaccine Committee," June 27, 2021.

<https://www.sundaytimes.lk/210627/news/two-more-resign-from-vaccine-committee-447555.html>

¹⁴ Daily FT, "Health Ministry Issues Circular on Disciplinary Action Against Media Statements," May 21, 2021.

<https://www.ft.lk/news/Health-Min-issues-circular-on-disciplinary-action-against-media-statements/56-718203>

Figure 3. Liberal Democracy & Pandemic Backsliding Indices - South Asian Countries

Source: Varieties of Democracy Project 2021¹⁵

The COVID-19 response has accelerated certain de-democratizing trends that have been underway in Sri Lanka. Several aspects of the response highlighted in the previous section added to the country's difficulties in terms of protecting the values and practice of constitutional democracy. However, two processes in particular, namely the processes of executive aggrandizement and militarization, have been of particular salience in the context of the pandemic response. These are long-term processes that predate the COVID-19 crisis; however, the pandemic has greatly increased its momentum and consolidated its place in the Sri Lankan political landscape. The following section will give an account of what these processes entail in the Sri Lankan context, the ways in which they have intensified during the pandemic period, and how executive aggrandizement and militarization contribute to democratic backsliding in Sri Lanka.

3.1. Executive Aggrandizement

Executive aggrandizement refers to a process by which an elected executive “weaken checks on executive power one by one, undertaking a series of institutional changes that hamper the power of opposition forces to challenge executive preferences (Bermeo 2016).”

This process was already underway prior to the onset of the pandemic. However, the COVID-19 crisis provided an ideal context for its acceleration. The government has sought to justify executive aggrandizement on the grounds that it would result in governance that was efficient, effective, and unencumbered by what were deemed to be excessive checks and balances on the powers of the executive. The move to increase executive authority was furthered most significantly by the recent passing of the twentieth Amendment, which removed several checks on the power of the executive branch that were put into place by the previous nineteenth Amendment.

The conditions created by COVID-19 accelerated this process, and the initial success of the response played a large role in the landslide victory of Sri Lanka Podujana Peramuna (SLPP), giving them the two-thirds parliamentary majority required to make the aforementioned constitutional amendment. There has been a significant degree of public support for this move as it promised to bring about efficient

¹⁵ *Varieties of Democracy Project*, “Pandemic Backsliding.” Accessed July 18, 2021. www.v-dem.net/en/our-work/research-projects/pandemic-backsliding/

administration, a characteristic was that was regarded as absent under the previous government. In addition to these amendments has been the announcement by the government of plans for a new constitution, one that will further solidify centralized power in the executive by dismantling the provincial council system set up under the thirteenth amendment. However, this process, insofar as its legitimacy depends on its ability to bring about tangible benefits to voters, stands to lose credibility if promises of growth and security are not delivered (Dissanayake 2020).

In addition to the aforementioned constitutional amendments, executive aggrandizement has also taken place in a number of other ways during the pandemic period. The setting up of various task forces and administrative bodies mentioned previously resulted in a *de facto* shift in power towards the executive. These task forces, having been set up without a formal legal foundation but under the discretion of the executive, represent a parallel administrative structure to the public service and are a vehicle of executive authority. The role of the military has also played into this dynamic of *de facto* executive aggrandizement in its position as an institution that is deeply aligned with a president who facilitated their increasing administrative power (Dissanayake 2020).

The unconstitutional decision not to recall parliament during the early stages of the pandemic (resulting in the initial pandemic response presided over by the executive and executive-aligned subsidiaries and institutions) also aligns with the government's broader commitments to the supposed efficiency of centralized power and a disregard for the norms of constitutional liberal democracy which, it is argued, serve only to hamper effective governance.

One of the main thrusts of this argument behind the call for increased executive power in Sri Lanka has been to avoid the confusion and administrative ineffectiveness that comes with multiple centers of power as seen under the previous government. Particularly in the case of emergencies, such as the Easter Sunday bombing, the dispersal of power was said to have prevented a strong and unified state response. The COVID-19 crisis represented an ideal opportunity to corroborate this narrative and demonstrate the effectiveness of centralized governance, representing precisely the kind of crisis that the use of decisive executive action would help avert.

However, this narrative has proven to be unfounded. Instead of decisiveness and efficiency, the government's COVID-9 response has involved a great deal of confusion, mismanagement, and ineffectiveness. As detailed in section two, there has been a lack of unified and coherent state response. This has several implications for the future of executive aggrandizement as a political trend in Sri Lanka. The government's COVID-19 response and the trajectory of the pandemic in Sri Lanka will have a significant influence on public consent for the government's constitutional project. Given that much of the public support for this project is grounded precisely in its promise of development, security, and an end to the corruption and inefficiency seen within the state, the failures of the COVID-19 response for precisely these reasons may see electoral pushback. Public opposition to the move towards authoritarian government could halt the process of democratic backsliding we have been witnessing.

3.2. Militarization

The increase in military involvement in governance during the pandemic represents the heightening of the pre-existing trend towards militarization. Before the pandemic, several current and former military officials were appointed to positions in government in addition to the gazetting of several ministries under the purview of the ministry of defense. Thirty-nine military officials now occupy leadership positions in various government bodies and agencies in the intelligence services, the ministry of agriculture, and the bribery commission. Against this backdrop, the pandemic response provided new institutional avenues for the military to operate the machinery of the state, and new ideological justifications for doing so in the eyes of the public. The military has been presented by the government as a key part of a coalition that will be able to bring about security and development. It has been a key institution in the effort to inculcate so-called discipline in state administration, a key focus of Gotabaya Rajapaksa's manifesto prior to the 2019 presidential election. It has been argued that the increased involvement of the military will improve bureaucratic efficiency and allow for more effective governance (Dissanayake 2020).

The reframing of the pandemic response as a security issue has served to justify greater military involvement in governance, presenting the pandemic as a problem that the military has the relevant expertise to solve (Dissanayake 2020). This communicative strategy has been apparent in statements such as that made by Major General Kamal Gunaratne, who stated that:

“The military has to fight with the enemy that will destroy the entire nation if not properly fought. Therefore, the military is saddled with a huge responsibility to ensure national security whether it is a threat or an attack from terrorists, a pandemic, or natural disaster. Similarly, even in a pandemic the military is tasked to ensure national security (The Sunday Observer 2020).”¹⁶

Such narratives have played significant roles in justifying the ever-increasing control of the military. In this way, the militarization present during the pandemic has been framed as a necessary feature for an appropriately stringent pandemic response and for the broader transformation of the state to bring about increased efficiency. The possibility of military unsuitability and lack of domain-specific skills required for this role has been overshadowed by the narrative of military incorruptibility and efficiency in contrast to public sector bureaucrats.

The takeover of the state by military officials represents a particularly worrying trend in terms of civilian oversight of the military. As outlined previously, the military is deeply aligned with the executive as well as the SLPP. Within the context wherein a party with a two-thirds majority in parliament supports the process of militarization, the capacity for oversight and scrutiny of the military within the government is diminishing. Furthermore, increased politicization of the military creates problems not just in terms of a lack of scrutiny of the military by the government, but also with regard to the partisanship

¹⁶ *The Sunday Observer*, “Prompt intervention of military and police reduced impact of COVID-19 -- Defence Sec. Maj. Gen. (Retd) Kamal Gunaratne,” April 19 2020.

<http://www.sundayobserver.lk/2020/04/19/opinion/prompt-intervention-military-and-police-reduced-impact-covid-19-defence-sec-maj>

of the military itself. Military alignment with the SLPP, which has facilitated their increasingly prominent role in governance, may create perverse incentives for the military leadership to support the SLPP over other parties. Even if the chances of an outright military coup or barriers to the handover of power are remote, the possibility of military partisanship raises a number of issues with regard to the ways in which the military may use its resources (military intelligence for instance) and authority to influence the process of electoral competition.

This is of particular concern in the context of resolving human rights issues, given Sri Lanka's recent history and allegations against the military of human rights abuses. The military's increased control of the state in this context In the North and East of the country, in terms of both the pandemic response and administration more generally, has resulted in a situation in which administration and pandemic policy implementation is being carried out by an institution that has been accused of committing abuses against the citizens they are serving (Fonseka 2021).

Militarization in the context of the pandemic has also heightened the threat of surveillance. Surveillance carried out by the military during the COVID-19 crisis and the establishment and normalization of surveillance infrastructures represent a significant threat concerning the right to privacy. This has involved the use of military intelligence to locate individuals for the purposes of contact tracing as well as more overt surveillance through the use of drones to identify those who broke lockdown regulations. There is a strong possibility that this surveillance infrastructure may be used to silence critics both during and after the pandemic.

Militarization will also change the nature of state administration itself. The military as an institution has been designed to deal with a specific set of security and defense issues and has developed an institutional disposition designed to deal with these issues. Indeed, as previously noted, this is the very justification given for increasing military involvement in administration, with the methods and discipline of the military argued to be able to transform the effectiveness and efficiency of the state. The corruption and inefficiency of incumbent bureaucrats were to be replaced by incorruptible, well-organized, and effective military personnel.

However, the adoption of this mode of dealing with issues in civilian administration may have harmful effects on governance. The unsuitability of military methods with regard to the implementation of COVID-19 response was typified in their poor treatment of Free Trade Zone (FTZ) factory workers who were to be sent to quarantine (Daily FT 2020).¹⁷ It was also evident in cases where members of the military forced civilians to kneel on the ground as punishment for failing to comply with travel restrictions (Al Jazeera 2021).¹⁸ Such incidents are not merely individual examples of poorly implemented pandemic policy or errant behavior but are indicative of a broader trend in which the disciplinarian character of the military and the very framing of the pandemic response as one of a war being waged has led to undesirable outcomes. In this way, it is the very mechanism by which problems of inefficiency

¹⁷ *Daily FT*, "Vulnerable Groups Pay the Price for Militarisation," October 27, 2020.

<https://www.ft.lk/opinion/Sri-Lanka-Vulnerable-groups-pay-the-price-for-militarisation-of-COVID-19-response/14-708073>

¹⁸ *Al Jazeera*, "Sri Lanka Investigates Troops over Humiliation of Muslims," June 21, 2021.

<https://www.aljazeera.com/news/2021/6/21/sri-lanka-investigates-troops-over-humiliation-of-muslims>

were purported to be solved, that of military-style disciplinarian governance, from which these issues of governance have arisen. If the process of militarization continues in this vein, legitimized by the military's role in the pandemic response, we are likely to see further negative impacts on governance, accountability, and civilian oversight of the military in the post-pandemic period.

4. Suggestions

The pandemic period has seen not only a public health and economic crisis but an acceleration of the anti-democratic trends which exacerbated these crises. Sri Lanka's COVID-19 response has been characterized by a lack of regard for minority rights, the suppression of protests, increased militarization, a move towards autocracy, and an accompanying lack of accountability. Each of these processes, in addition to being worrying in and of themselves, have contributed to the various inadequacies of the COVID-19 response.

Action is required to stop the trend of de-democratization and protect the civil liberties of Sri Lankan citizens during the pandemic and to ensure the implementation of an effective COVID-19 response. This requires 1) ensuring that individual civil liberties are not infringed under the pretext of the pandemic response, particularly with regard to preventing the infringement of minority rights and the right to protest which we have already seen; 2) holding the government accountable with regard to ensuring respect for the rule of law; 3) demilitarizing the pandemic response, instead of handing it over to existing administrative structures and public servants with domain-specific experience and expertise, and; 4) increased transparency and civilian oversight concerning the decisions of the NOCPCO and pandemic response policy formation.

Civil society organizations have an important role to play in this process through the monitoring of rights violations, carrying out public interest litigation to ensure respect for the rule of law, and lobbying on behalf of groups who have been adversely affected by government policies. Joint action from civil society organizations, trade unions, political parties, and other groups may allow for the adequate representation of these interests in a context in which parliamentary opposition is weak. Each of these steps will be crucial in ensuring that COVID-19, in addition to the public health and economic damage it has wrought, does not lead to further erosion of democracy in Sri Lanka.

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ADRN Secretariat
The East Asia Institute
#909 Sampoong Building
158 Eulji-ro, Jung-gu, Seoul 04548
Republic of Korea
