

<b>Name of Event</b>	<b>ASEAN Community and COVID-19: An Assessment of an Infected Region's Present and Future Condition</b>
<b>Date and Time</b>	<b>13 April 2020 at 2:00 pm (GMT+7)</b>
<b>Platform</b>	<b>Zoom and Facebook Live</b>
<b>Number of Participants</b>	<b>77 participants in Zoom and 60 on Facebook 137. Participants from Southeast Asia and beyond.</b>
<b>Organisers</b>	<b>FORUM-ASIA, SHAPE-SEA, and Solidarity for ASEAN Peoples Advocacy</b>

With over 20,000 cases of COVID-19 in the ASEAN Region, many countries are still treating the pandemic as a security issue rather than a health and medical issue. This was an observation shared by the civil society groups in South East Asia in a web conference discussing the region's present and future condition in time of COVID-19 on 13 April.

[FORUM-ASIA](#), and its partners Solidarity for ASEAN Peoples' Advocacy and [SHAPE-SEA](#), present a six-part webinar series throughout April and May 2020 on: The Status of Human Rights in the Time of COVID-19 Pandemic in Southeast Asia. The event on 13 April 2020 titled *the ASEAN Community and COVID-19: An Assessment of an Infected Region's Present and Future Condition* was the second of the 6 part webinar series.

Human rights defenders, civil society organisations, academics and interested individuals are invited to join online discussions via Zoom and Facebook Live. It was attended by 77 participants in Zoom and 60 on Facebook 137. Participants from Thailand, Indonesia, and Philippines.

The webinar started at 2:00 in the afternoon (GMT+7).

Mr. Joel Mark Baysa-Barredo, Programme Director, SHAPE-SEA served as the moderator. He introduced the speakers as well as the overview of the webinar. Each speaker was given a 10-15 minutes presentation/lecture from their respective countries. After the presentations/lectures, a two minute break was given before the open forum and question and answer for each speakers.

The webinar started at 2:00 pm until about 4:05 pm.

## **Speakers**

H.E. Yuyun Wahyuningrum discussed ASEAN strategies and position related to public health and pandemic. She also discussed the current ASEAN chair and AICHR's responses to the crisis. Mr. Thet Swe Win from Myanmar highlighted the situation in Myanmar, the government's policies, action and inaction as well as the condition in conflict areas in his country. He also shared his views about the ASEAN respond to this crisis. Dr. Deasy Simandjuntak gave us an overview of the political situation in the region during Covid-19, focusing on Indonesia, Malaysia and Philippines. However, she focused more on the Indonesian situation since it is her expertise. Dr. Lee Yarcia, a medical doctor and a lawyer from the Philippines shared about the current situation in the Philippines. He highlighted the international human rights in times of pandemic and how to enable right to health approaches to the pandemic at the regional or bilateral levels. Dr. Sriprapha Petcharamesree shared her insights on the previous presentations, provided her analysis on ASEAN's position on Covid-19 as well as the Thailand experience.

## **ASEAN Position and Strategy so Far**

H.E. Yuyun Wahyuningrum discussed ASEAN strategies and position related to public health and pandemic. She also discussed the current ASEAN chair and AICHR's responses to the crisis.

The highlight of her topic includes the ASEAN Blueprint – Forging Ahead Together (2016-2022), ASEAN Post-2015 Health Development Agenda, and ASEAN Health Cluster 2: Responding to All Hazards and Emerging Threats Work Programme (2016-2020). Aside from addressing various challenges and issues such as crimes, these also address people's empowerment and also strengthening research, collaboration and other relevant information and measures in public health emergencies such as pandemics.

H.E. Yuyun Wahyuningrum also enumerated the activities of the ASEAN leaders starting late December in addressing COVID-19. These coordinated meetings resulted to Cooperation providing technical support and resources in enhancing the implementation of containment and mitigation measures during the pandemic phase, i.e. equipment and supplies for diagnosis and clinical case management; strengthen cooperation with China, Japan, Republic of Korea, Canada, and WHO; identified capacity health needs and gaps from AMS should be addressed in our whole-of-government responses and ASEAN Health Sector to support the front-liners in combating the spread of the virus, and ensuring that communities maintain their safety and health.

She also said that during the 9 April ASEAN Foreign Ministers hold a Video Conference on COVID-19, (the 25th Meeting of the ASEAN Coordinating Council (ACC)). The following were endorsed: sharing of information and best practices, measures to mitigate the negative socio-economic impact of the pandemic, establishment of a COVID-19 ASEAN Response Fund, ensuring food security, particularly a stable rice supply, ensuring access to medicines, personal protective equipment, and other essential medical supplies and Maintaining peace and stability in the region during this crucial time, particularly in the South China Sea.

She also mentioned that future collaboration among the ASM is on the table. These primarily include regional emergency health preparedness and response to all hazards; laboratory

networking; establishing a mechanism for national and regional capacities on health and security interface; sharing good practices and experiences not only during COVID-19 but also other potential health threats; strengthening management for risk assessment and communication.

## **AICHR**

H.E. Yuyun Wahyuningrum mentioned that AICHR will issue a Statement on Covid-19 on 20 April 2020, focusing on the importance of respecting, protecting and fulfilling human rights in fighting Covid-19; non-discrimination, prioritise vulnerable groups, respect FOE, and dealing with disinformation. The AICHR also has a plan to organise two regional dialogues on the right to health.

At the time of the Pandemic all AMS imposed different level of restrictions such border closures, travel bans, movement restriction, which also increases the likelihood of human rights violations as well as news/internet blackout which make it difficult to gather information.

In Indonesia, AICHR utilised social media to convey message 'Fighting Covid-19 Human Rights Way'. The AICHR Indonesia also actively conducted campaign on right to health and universal health coverage, as well as calling for monitoring and documenting the implementation of human rights during Covid-19 in AMS, including the promises made by the Government of Indonesia to provide stimulus economic package, and also focusing on the impact of COVID-19 to the most vulnerable and marginalised groups like the homeless, the informal and daily wage workers, migrants and refugees. These group least likely or are in the bottom to receive assistance from the government.

COVID-19 also causes massive discrimination and xenophobia in AMS, particularly against the Chinese and perpetuating Islamophobia. It also causes the persecution to those who violate quarantine orders and those criticising the government's policy on COVID-19. Quarantine also causes longer working hours for home-based workers.

Despite the growing human rights violations, there are also optimism among the AMS. These include: testing, contact-tracing, treatment, daily press conference, economic stimulus, social protection, app: Tracing together (SG), *PeduliLindungi* (IND) and physical distancing.

The challenges in the ASEAN remains after COVID-19. Addressing these are not simple. It is expected that the COVID-19 aftermath results to economic downfall, joblessness, and increased poverty. But it is also a chance for the AMS to lay down policies that would encourage safe migration facilitated by health prevention measures in place, and a universal health care/coverage

However, the region is yet to feel the impact of the ASEAN's efforts particularly in addressing the human rights violations.

## **The Situation in Myanmar**

Mr. Thet Swe Win from Myanmar highlighted the situation in Myanmar, the government's policies, action and inaction as well as the condition in conflict areas in his country. He also shared his views about the ASEAN respond to this crisis.

Mr. Win said that in Myanmar, more people are killed by the Army, much more than the COVID-19. Myanmar has 4 recorded COVID-19 deaths while 142 civilian deaths in Arakan State during the week.

He partly blamed the Burmese government of the late response on the pandemic, mainly due to complacency and prioritising the civil war instead of the war against COVID-19. COVID-19 started in late January.

Lack of information also exacerbates the situation. In Yangon and other parts of Myanmar, they are starting to enforce a 10-day semi-lockdown starting from April 13. There is also limited or no collaboration at all between the civil society groups and the government.

Mr. Win said that it is not 'enforced' but just requesting the people to stay at home. Fortunately, majority of the people listen.

## **Issues and concerns**

### *Unclear policies*

Mr. Win said the government will distribute food rations for 10 days. However, there is no clear definition on who will be the recipients. There is no clear definition of the poor. However, on the positive side, electricity will be free for a month.

### *Not enough facilities*

Myanmar has 62 confirmed cases, two recovered and 4 deaths. However, testing were done to roughly 200 people. But it is just the tip of the iceberg. However, the lack of facilities makes it unreliable. There is also a massive shortage of PPEs. Mr. Win mentioned that there are no case in some areas. It is important to note that some states in Myanmar share borders with China. As factories and businesses closed in Thailand, thousands of Burmese workers have returned. In case of infection, the government has no designated quarantine areas or hospitals that would specifically treat COVID-19.

### *Impact*

Mr. Win is worried on the social impact of COVID-19: victim-blaming and shaming, as well as anxiety. He also said that migrant workers returning to Myanmar are reluctant to reveal their true travel history to health care professionals which may result to more infections. PUM and PUIs become outcasts in the community. Not only the migrant Burmese workers are affected but also the workers in Myanmar. Due to COVID-19, some industries are shutting down. The workers are staging strikes to fight for their wages. To mitigate the situation, the civil society group coordinated with the labor organizations, the companies and the government. Both came up with

an agreement that the from the one-month salary, 40% of the salary will be given by the companies while 60% will be shouldered by the government.

### *Civil society and Covid-19*

Mr. Win said that as much as the Civil Society wants to help, the expertise is limited. They are also worried about their security. As much as possible in their own way, they educate the people on how to avoid COVID-19. Moreover, they are pushing the government to stop the civil war specifically in Arakan State.

### **Political Implications, Focus on Indonesia**

Dr. Deasy Simandjuntak gave us an overview of the political situation in the region during Covid-19, focusing on Indonesia, Malaysia and Philippines. However, she focused more on the Indonesian situation since it is her expertise.

Dr. Simandjuntak explained the two kinds of policies that are dangerous. First is non-transparency because they have insufficient policies to combat the virus and no 'battle' plan. Citing the example of Indonesia, there is no *battle plan*. With 270 million people, if thousands could get sick even if the other AMS have low infection, the region is still in trouble. Second, is a policy that misses the point that COVID-19 is a health aspect and not a solely a security issue. This is dangerous because it results to abuse, hostility to the citizens and authoritarianism.

She said that when a government chooses not to disclose data, it creates a false sense of security. Government suppresses information for fear of social and political unrest. She also emphasised that ASEAN would come up with how each country mitigate effects of the virus, in which it could also help others from learning and sharing experiences.

### *Suppression and flattening the curve*

Dr. Simandjuntak said that there is no specific formula for lockdown. The harshest lockdown that we believed as successful was in Wuhan. Following the example of Wuhan which became the epicenter of COVID-19, various countries try to imitate its success in flattening the curve.

Further, she explained that to contain infection, countries need to suppress and flatten the curve. However, suppression is not flattening the curve. To suppress means to slash the infection daily and the only way to do it is to restrict movement or lockdown. To flatten the curve does not mean lower numbers of infection but measures are done so hospitals will not be burdened. To flatten the curve measures such as physical distancing, track and tracing, and testing are implemented.

Dr. Simandjuntak mentioned that 30 doctors have died since March due to COVID-19. Indonesia has only 300 thousand hospital beds. Assuming that 10% of population gets the virus, there are not enough beds.

She also stressed that Indonesia is reluctant to do a total lockdown out of fear of political unrest. She also mentioned that Indonesia has a high mortality rate as compared to other ASEAN countries.

Jakarta, the Indonesian capital started the “large scale social distancing” on 10 April 2020. Other cities and provinces will follow suit depending on their governors. But the challenge is how to impose a lockdown that still cares for the people. She said that some sort of lockdown are considered depending on the socio-economic situation of the country. In a lockdown, large scale closures of businesses, schools, offices, limiting movements, banning gatherings. But there are no clear policies on how economically vulnerable people will be assisted.

### *Ramadan*

Dr. Simandjuntak mentioned that Ramadan is fast approaching. It starts on 23 April 2020 and ends on 23 May 2020. It is feared that many people will return to their hometowns which might result to increase COVID-19 infection. On this, she agreed that there must be stringent measures taken ahead of upcoming cultural celebrations to avoid large gatherings.

### **The Right to Health is Imperative**

Dr. Lee Yarcia, a medical doctor and a lawyer from the Philippines shared about the current situation in the Philippines. He highlighted the international human rights in times of pandemic and on how to enable right to health approaches to the pandemic at the regional or bilateral levels. He also presented COVID-19-related health statistics of ASEAN member states. He also discussed the Philippine case study and present recommendations compliant with ‘Right to Health’ standards and presented recommendations for the ASEAN as a community of states to combat COVID-19 and future emerging infectious diseases.

Dr. Yarcia mentioned that some countries may not be able provide adequate measures to assist their citizens, denying them basic services like food, medical care and necessary services is inexcusable. He emphasised that under the Universal Declaration of Human Rights, the States have the obligation to ensure the right to health standard, obligations to respect, protect, and fulfill human rights even during pandemics.

Focusing on the Philippines, he presented the timeline of COVID-19. He mentioned the first coronavirus case is recorded in the Philippines from a female tourist from Wuhan, China where the disease originated on 30 January. On the 6<sup>th</sup> of March the Department of Health recorded the first local COVID-19 infection from a man who did not travel abroad but frequented a prayer room in Greenhills, San Juan City. It was on 8 March that President Duterte declared a public health emergency. By 15 of March Metro Manila is placed under community quarantine. Curfews have been imposed in some towns and cities. Luzon has been in a lockdown since then.

To date, the Philippines has the highest number of COVID-19 in the ASEAN Region and nearly 40% fatalities.

Despite having additional emergency powers granted to the President, the Philippines has yet to address the problems of the majority who cannot work. The lockdown does not show any slowing down of the infection due to inadequate medical services and lack of clear policies to assist the vulnerable population.

Hence, based on the Philippine case study and the trend in ASEAN, Dr. Yarcia has the following recommendations starting with *crucial health interventions* which include: mass testing, Contact-tracing; isolation centers and calibrated quarantine measures; *responding to needs of vulnerable populations* (social and economic relief as key health measure; health information and communications

prison health, telemedicine and research), *respect, protect, fulfill human rights* (right against torture, inhuman or degrading treatment or punishment, freedom of expression, protection against arbitrary arrests, right to life, freedom from discrimination), *whole of society approach* (Partnerships with civil society, external partners and Integrated government responses)

He also recommended an Integrated response of ASEAN as a Community by going back to ASEAN Post-2015 Health Development Agenda Goals for 2020: “to promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases” and Health Cluster 2 Priority Strategy: “Ensure a high level of capability, collaboration, and capacity to detect, investigate, contain and manage communicable diseases including outbreaks of emerging and re-emerging infectious diseases, neglected tropical diseases, and strengthening laboratory capacity as well as preparedness for pandemics and other public health emergencies including disasters in line with Sustainable Development Goals (SDGs).” Further, he also recommended an Integrated Response of ASEAN as a community by having ASEAN Health Cooperation; Priority 9: “establishment of ASEAN Reference Laboratory Network for priority diseases”; Strengthening Regional Disease Surveillance Networks; Bio Diaspora: Strengthening ASEAN Preparedness and Response to Biological Threats by Enhancing Regional Capacity in Big Data Analytics and Visualization; Regional mechanism for drugs/vaccines development and supply during outbreaks; ASEAN +3 multi-country training collaboration, and Capacity-building to respond to outbreaks.

Dr. Yarcia urges the AMS to have context-specific responses (reliable data source needed), with responses should be compliant with the ‘Right to Health’ standards; States have obligations to respect, protect, and fulfill human rights even during pandemics and ASEAN must be more proactive as a community in responding to COVID-19 and future pandemics.

### **A Regional Situationer and ASEAN’s Role**

Dr. Sriprapha Petcharamesree shared her insights on the previous presentations, provide her analysis on ASEAN's position on Covid-19 as well as the Thailand experience.

Dr. Petcharamesree had the following observations based on the presentations of the speakers. She said that the statistics showed “*some rather low, some cases going up while in countries like Cambodia, Myanmar and Laos they have low cases of infection while geographical sharing borders with China.*”

Likewise, repressive measures such as emergency laws, quarantine are being implemented to curb the infection but somehow unclear definition of policies result to human rights violations. This is viewed as *securitization* or the use of armed forces such as the military and police officers to reprimand the violators. In Thailand, there is a soft lockdown and curfew. Police are also used to reprimand the curfew violators.

There is no systematic monitoring of human rights violations. It is observed that in focusing to control the pandemic, the most vulnerable group suffer due to the absence of clear policies. As for the ASEAN, there is no initiative in a regional monitoring.

Human rights also include labor rights and migrant rights issues which are clearly violated during the pandemic. Stigmatization due to COVID-19, xenophobia and racism is on the rise. Countries using laws to suppress freedom of expression actually meant to suppress information. The lack of transparency is done to *prevent panic*. But it only exacerbates discrimination, inadequate health and medical care and food insecurity.

As a whole, the vulnerable population suffers the most- especially the women due to the rising level of domestic violence, the elderly, the poor, and the workers in the informal sectors. The ASEAN must have a regional initiative to respond to the immediate needs in addressing the pandemic. Information sharing and bilateral approach such as what Malaysia and Singapore have been doing is a laudable effort in slowing down the transmission of infection.

Further, Dr. Petcharamesree urged the AICHR to develop a monitoring system for ASEAN as well as to have a common position in human rights in times of pandemic.

## **Open Forum**

*After a two-minute break, the questions and answers followed. The first question was the insights of the speakers on the extent of the regional politics that impinged the rights of the citizen. It was followed by the suppression of information by intimidating the journalists or the freedom of expression.*

Dr. Petcharamesree said that the political trends in the region is not democratic even before the pandemic. The emergency laws adapted by the governments only shows their authoritarian leaning.

“Although countries have implemented varying measures to response to COVID-19, a worrying trend is the use of repressive laws,” she said.

H.E Yuyun Wahyuningrum said that the ASEAN governments are not honest on the situation because they do not want to be seen as bad, thus, sharing of information is unreliable at this time.

‘Countries are reluctant to transparently share information. This is what makes it difficult for ASEAN as a regional entity, to move forward in overcoming COVID-19,’ Yuyun said



According to Thet Swe Win, there is a possibility of military coup in Myanmar again. Arakan Army, is one of the many insurgent groups fighting for independence. Recently, Arakan Army is listed as a terrorist group by the government. Likewise, the government has threatened the media not to interview the group. COVID-19 has also been used as a tool to control the media and the civil society.

“We are very weak now. Out of control. We want to raise awareness, and raise concerns to the government. But if the government does not open or cooperate, we can do nothing,” Mr. Win said.

Dr. Yarcia mentioned that in the Philippines, social media has becoming a tool to resist abuses from the government. The National Bureau of Investigation (NBI) are also actively pursuing cases against government critics. Due to the backlash in the social media, the NBI steps back.

Dr. Yarcia said that monitoring and documentation process on the abuses of the authorities in times of pandemic are important in transitional justice later on.

“Government accountability can be pursued. Challenge government more, mobilize our networks and resist any forms of abuses from our governments,” Dr. Yarcia said.

He also urged the civil society and the people to be vocal to prevent the governments from committing further abuses.

Dr. Simandjuntak mentioned that in Indonesia the government allows the police to arrest people who are vocal in criticizing the government.

*The next questions are how to involve national human rights institution in our bout against Covid-19 and how to bring ASEAN sectoral bodies in COVID-19.*

To remain relevant, the ASEAN member countries particularly the AICHR is urged to develop monitoring systems to monitor the human rights impact of the pandemic and to develop a common position on human rights. Despite the challenges, particularly the COVID-19 which definitely lead the region to joblessness, economic slow-down, high rate of poverty, optimism remains.

H.E Yuyun Wahyuningrum said that in Indonesia, the National Human Rights Commission is active on directing how to address COVID-19. The President relies on the opinion and dialogues between the government and AICHR.

H.E. Yuyun Wahyuningrum mentioned the ASEAN meeting on the 14 of April. It is expected that there would be more instructions in the coming days on how the ASEAN would move as one in combating the COVID-19. The aftermath of COVID-19 that must be addressed are poverty, loss of jobs, cushioning the crisis by providing online platforms for the SMEs as well as financial assistance.

"COVID-19 introduces the new normal. ASEAN and AICHR will need to adjust to the new normal. It means they have to change the way they work, and be more open to opportunities for change," Yuyun said.

Mr. Win expressed his worry on the education of the young people due to indefinite closure of schools and universities. It could be less than a year or a year perhaps. He also acknowledged the use of technology to avoid disruption of classes. However, large numbers of the population do not have access to internet or have limited internet access.

Dr. Simandjuntak said that transgression or human rights violations sometimes has nothing to do with COVID-19. Usually, governments use it to enact laws that are not popular. Indonesia plans to issue an omnibus law on labor, law has concerning articles that might pose challenges to workers.

"We need to be aware of governments using the COVID-19 response as a disguise to implement repressive laws and misuse emergency powers to transgress human rights," she said.

Dr. Yarcia emphasized that the member countries must go back to the ASEAN Post-2015 Health Development Agenda Goals for 2020 which states, "to promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases.

"The 'right to health framework should be central to any response by ASEAN member states to COVID-19. The right to health contains entitlements and freedoms, and states must respect, protect, and fulfil them especially during periods of pandemic," Dr. Yarcia said.

He also urged the civil society and the people to *challenge government more, mobilize our networks and resist any forms of abuses from our governments.*

Dr. Petcharamesree said that ASEAN bodies should be more cooperative rather than reactive. COVID-19 could serve as an entry point for ASEAN bodies AICHR to work together, using right to health, and right to education.

At the end of the COVID-19, ASEAN is expected to be a wounded region, but with the collaboration and rights driven policies, the region will bounce back.

To summarize the event, Mr. Joel Barredo said: "COVID-19 is a litmus test if ASEAN is truly committed to a people-centered community."