



HUMAN RIGHTS BASED APPROACH TO COVID-19 RESPONSE AND RECOVERY IN THE SEANF MEMBER COUNTRIES
BASELINE REPORT 2023
In Implementation of the SEANF's Strategic Plan, Priority 1: Human Rights are Central in the COVID-19 Environment
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CHAPTER I INTRODUCTION

1.1 Background

Human rights are the basic rights and freedoms inherent to all human beings, regardless of age, sex, gender, nationality, religion, ethnicity, language, or any other status. They are universal legal guarantees protecting individuals and groups against actions and omissions that interfere with fundamental freedoms, entitlements and human dignity. “Human rights are standards that recognize and protect the dignity of all human beings, and human rights govern how individual human beings live in society and with each other, as well as their relationship with the state and the obligations that the state have towards them.”¹ Everyone is entitled to the rights inherent to him/her without discrimination. Right to life and dignity, equality and non-discrimination, health, education, employment are the basic human rights that can not be suspended in any situation. However, the global COVID-19 pandemic² and the quarantine and lockdown measures that ensued have caused severe and disproportionate impacts on the full enjoyment of these rights of the people. The global pandemic resulted in unprecedented and multiple consequences significantly affecting several sectors of society worldwide, exacerbating existing inequalities and undermining the enjoyment of people’s human rights.³ In the global context, there have been severe impacts of the COVID-19 pandemic on human health, poverty and livelihood, education, and other sectors. As of 4 September 2022, over 600 million confirmed cases and over 6.4 million deaths have been reported globally.⁴

It is estimated that in 2020 alone, the global pandemic increased extreme poverty by between 88 million and 93 million, and pushed between 119 million and 124 million into

¹ United Nations Children’s Fund.

² On March 11, 2020, the World Health Organization (WHO) declared that an outbreak of the viral disease COVID-19 first identified in December 2019 in Wuhan, China had reached the level of global pandemic.

³ United Nations High Commissioner for Human Rights. (2021). *Impact of the corona virus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including good practices and areas of concern*. Retrieved from <https://www.ohchr.org/en/documents/reports/ahrc4619-impact-coronavirus-disease-covid-19-pandemic-enjoyment-human-rights>

⁴ World Health Organization. (2022). *Weekly epidemiological update on COVID -19*. Retrieved from <https://www.who.int/publications/m/item/weekly-epidemiological-update-on-covid-19>

poverty.⁵ Similarly, in 2021, the pandemic-induced poor is estimated to increase to between 143 million and 163 million.⁶ The pandemic also resulted in an overwhelmingly high number of job losses across the globe. The International Labour Organization mentioned that 114 million jobs were lost in 2020, and the working hours lost in 2020 were equivalent to 255 million full-time jobs leading to \$3.7 trillion in lost labour income.⁷ Another serious impact of the pandemic is on the people having poor quality of housing and living conditions, which increased their risk of infection and the spread of virus with nearly 1.8 billion people across the world living in homelessness and inadequate housing lacking access to water and sanitation.⁸ Similarly, education is severely impacted by the pandemic, large-scale school closures affected nearly 1.6 billion learners in more than 190 countries, where the learners without well-resourced home environment including internet access have been impacted more with lifelong effects.⁹ Although the pandemic indiscriminately hits persons from every walk of life, the impacts of pandemic are not equally distributed across the countries and their populations.

The COVID-19 crisis has exacerbated the vulnerability of the least protected in society. Those socially, economically, and physically disadvantaged are the ones who suffered more during the pandemic. "COVID-19 has hit societies at their core, with deep and devastating social, economic and political impacts, and has compounded existing gaps in human rights protection, leading to increased poverty, exclusion and violence and deepening inequalities."¹⁰ The extensive lockdown imposed by the countries as a measure to slow the transmission of the virus, restricted the freedom of movement which further

⁵ Yonzan, N., Lanker, C., Mahler, D.G., Aguilar, A.C., & Wu, H. (2021). *Available data and estimates of the impact of the COVID-19 pandemic on global poverty*. Retrieved from https://www.un.org/development/desa/dspd/wp-content/uploads/sites/22/2021/05/Mahler_Paper.pdf

⁶ *ibid.*

⁷ World Economic Forum. (2021). *COVID-19 has caused a huge amount of lost working hours*. Retrieved from <https://www.weforum.org/agenda/2021/02/covid-employment-global-job-loss/>

⁸ United Nations High Commissioner for Human Rights. (2021). *Impact of the corona virus disease (COVID-19) pandemic on the enjoyment of human rights around the world, including good practices and areas of concern*. Retrieved from <https://www.ohchr.org/en/documents/reports/ahrc4619-impact-coronavirus-disease-covid-19-pandemic-enjoyment-human-rights>

⁹ *ibid.*

¹⁰ United Nations. (2020). *COVID-19 response and recovery: Build Back Better*.

affected people's livelihoods and security, their access to health care, to food, water and sanitation, work, and education.¹¹

The responses to the COVID-19 have often resulted in human rights violations and obstacles, particularly in the areas of equality and non-discrimination, economic, social and cultural rights, civil and political rights, and participation, transparency and accountability.¹² Preexisting social discrimination and inequality have caused divergent impacts of the global pandemic and its responses regarding health, livelihood, education and violence. The most vulnerable groups in the societies have faced multiple and intersecting human rights violations and obstacles. Similarly, various restrictions imposed by the states to slow down the transmission of the COVID-19 have had its negative consequences; job loss and economic hardships, closure of educational institutions impacted children's education, increased poverty and hunger, and also the vulnerable groups have encountered various hardships particularly in the countries that lack appropriate social protection programs.

The COVID-19 public health responses have further limited the freedom of movement and expression. Some governments have taken advantage of pandemic to crackdown on freedom of expression and restrictions on civil society space. Additionally, the core aspects of the human rights-based approach: equality and non-discrimination, participation, transparency and accountability have been almost neglected by the governments in formulating the pandemic response and recovery policy and programs. "The poor and the vulnerable in our societies are not only at greater risk from the virus itself, they are most severely affected by the negative impacts of measures to control it."¹³ Thus, the challenges and hardships of the poor and vulnerable populations have been doubled during the COVID-19 crisis and that need to be highly considered and addressed by the stakeholders who have legal obligations for respect, protect and fulfill the rights of their citizens.

¹¹ United Nations. (2021). *COVID-19 and Human Rights: We are all in this together*.

¹² Mesquita, JB., Kapilashrami, A., & Meier, BM. (2021). *Human Rights Dimensions of the COVID-19 Pandemic*. Human Rights Centre, University of Essex. Retrieved from <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf>

¹³ United Nations. (2021). *COVID-19 and Human Rights: We are all in this together*.

South East Asia, like other regions, is also hit hard by the COVID-19 pandemic. The corona virus entered in the sub-region earlier than the other parts of the globe, where Thailand publicly reported the first case of the COVID-19 on 13 January 2020, and it took 17 days to the South East Asian Countries to declare a state of emergency or lock down after the 50 cases of the virus.¹⁴ Regarding the preparedness of the health-care sector, the health coverage index of World Health Organization (WHO) reported a median index of 61 out of 100, suggesting that much more progress is needed where more than half of the countries in the SEA region are vulnerable because of weak health system, including Timor Leste, Indonesia, Myanmar, the Philippines, Cambodia, and Lao PDR.¹⁵ As of 20 September 2022, over 60 million confirmed cases and over 8 hundred thousand deaths have been reported in South East Asia.¹⁶ Impacts of the pandemic on economy and education are also severe in the region. The corona virus disease has pushed 4.7 million people into extreme poverty in 2021.¹⁷ The pandemic disrupted education and learning of around 140 million children and adolescents, and continuous school closure caused learning loss, mental distress, missed school meal and routine vaccination and increased child labour and child marriage.¹⁸

Along with the impacts on the overall population in the region, the pandemic has exacerbated the challenges faced by the minority and vulnerable groups and individuals: migrants, refugees, stateless persons and displaced persons, indigenous populations, people living in poverty, those without access to water and sanitation or adequate housing, persons with disabilities, women, older persons, LGBTQ people, children, and people in detention or other institutions, who lack/have a very poor access to the health facilities and are also left behind in the formal policies and social protection measures of the government. Besides,

¹⁴ United Nations. (2020). *The impact of COVID-19 on South East Asia*.

¹⁵ *ibid.*

¹⁶ World Health Organization. (2022). *COVID 19 Situation in the WHO South East Asia Region*. Retrieved from <https://who.maps.arcgis.com/apps/dashboards/73d1d3251de3435cbc0bc586230cc3ef>

¹⁷ Asian Development Bank. (2022). *COVID-19 Pushed 4.7 Million More People in South East Asia Into Extreme Poverty in 2021, But Countries are Well Positioned to Bounce Back*. Retrieved from <https://www.adb.org/news/covid-19-pushed-4-7-million-more-people-southeast-asia-extreme-poverty-2021-countries-are-well>

¹⁸ Southeast Asia Development Solutions. (2022). *Southeast Asia Prepares for the Safe Responding of Schools and Future Disruptions*. Retrieved from <https://seads.adb.org/solutions/southeast-asia-prepares-safe-reopening-schools-and-future-disruptions>

the discrimination against certain groups, hate speech, xenophobia, gender-based violence increased during the pandemic crisis. Though the states have legal obligations to respect, protect, and fulfill the rights of every citizen, they are found failing doing so in terms of their COVID-19 response and recovery policies. “Certain communities were overlooked in government policies and assistance especially in terms of food and supply, economic aid and information sharing during the pandemic.”¹⁹

Similarly, economic effects of the pandemic including unemployment have catastrophic impacts on the most marginalized, particularly the urban poor, those in rural areas, indigenous people, persons with disabilities, migrant workers and informal economy workers as the pandemic has adversely impacted the social and economic rights, aggravated vulnerabilities.²⁰ The rapid assessment done by the Asian Forum for Human Rights and Development (FORUM-ASIA) revealed that 74 percent respondents in the assessment disagreed that the ASEAN Human Rights Mechanism has ensured the adoption and implementation of a human rights-based approach in the ASEAN pandemic response, and 81 percent respondents disagree that ASEAN leaders have successfully protected the rights of the people during the pandemic²¹.

Therefore, to build back better, and ensure that no one left behind in the pandemic crisis, it is imperative that the COVID -19 responses and recovery plans and policies should be in line with the human rights standards in compliance with the guideline of the United Nations, which stresses that respect for human rights across the spectrum, including economic, social, cultural, and civil and political rights, will be fundamental to the success of the public health response and recovery from the pandemic.

The baseline report aims to analyze and present the COVID-19 responses and recovery plans of the six South East Asian countries, to evaluate how far the governments’

¹⁹ Mathiapparanam, B. (2020). *Human Rights Derogations in Southeast Asian Countries during the Covid-19 Pandemic*. Retrieved from <https://penanginstitute.org/publications/monographs/human-rights-derogations-in-southeast-asian-countries-during-the-covid-19-pandemic/>

²⁰ United Nations. (2020). *The impact of COVID-19 on South-East Asia*.

²¹ Asian Forum for Human Rights and Development. (2021). *Human Rights in the Time of COVID-19: Addressing the Crisis in Southeast Asia*.

response and recovery plan are adhered to international human rights standards with particular focus on economic, social, cultural and civil and political rights of the vulnerable groups, and provide practical recommendations accordingly.

1.2 Rationale and Significance

As the COVID-19 pandemic has swept across the globe, the pandemic has had its devastating impacts in the Southeast Region. Along with severe impact on human health, the COVID-19 pandemic has adversely affected other rights of people. Extensive restriction on freedom of movement and social interaction as a measure to control the spread of pandemic did not only violate the right to freedom but also another person's right to health or other human rights, such as freedom of movement and assembly, and rights to education, employment and non-discrimination. The most vulnerable groups in society (for example, persons with disabilities, older persons, women, children, informal sector employers, LGBTQ people, and migrant workers) are disproportionately negatively impacted by the COVID-19 pandemic.

Now, it is critical that the COVID-19 responses, recovery policy and practices should incorporate the human rights standards and keep human rights in its centre so that the vulnerable groups would not be left behind. Hence, the study is needed to analyze and evaluate how far the COVID-19 responses, recovery policy and practices in the SEA region are aligned with the human rights principle. Further, the recommendations of the study shall be equally important to the government, stakeholders and human rights institutions of the South East Asia National Human Rights Institutions Forum (SEANF)²² member countries namely, Myanmar, Thailand, Malaysia, Indonesia, Timor-Leste and the Philippines to work together and come up with more tangible and effective recovery plan, policy and practice in line with international human rights standards.

²² The South East Asia National Human Rights Institutions Forum (SEANF) is a membership organization consisting of six National Human Rights Institutions namely, Commission on Human Rights of the Philippines (CHRP), Human Rights Commission of Malaysia (SUHAKAM), Myanmar National Human Rights Commission (MNHRC), National Commission on Human Rights of Indonesia (Komnas HAM), National Human Rights Commission of Thailand (NHRCT), and Provedor for Human Rights and Justice of Timor-Leste (PDHJ)

1.3 Research Questions and Objectives

The baseline report has following research questions and objectives:

Questions:

- a) What are the responses and best practices to COVID-19 pandemic in the SEANF member countries?
- b) How far governments and stakeholders across the SEANF member countries respond to the COVID-19 in line with the international human rights standards?
- c) How does the COVID-19 response and recovery of the government and stakeholders in South East Asia address the most vulnerable groups?
- d) How can the Governments, National Human Rights Institutions (NHRI) and other stakeholders work towards human rights-based recovery in South East Asia?

Objectives:

- a) To scope Covid-19-related activity across the SEANF member countries to understand their responses, and to share issues and best practices;
- b) To collaborate with NHRIs, civil society and relevant stakeholders to learn how they have responded to COVID-19;
- c) To develop a comprehensive report on a human rights approach to Covid-19 response and recovery that shall present key recommendations on how NHRIs, Governments and relevant sectors can work towards human rights-based recovery, particularly in South East Asia; and
- d) To disseminate the report to relevant governments, business and other key agencies throughout SouthEast Asia and more broadly.

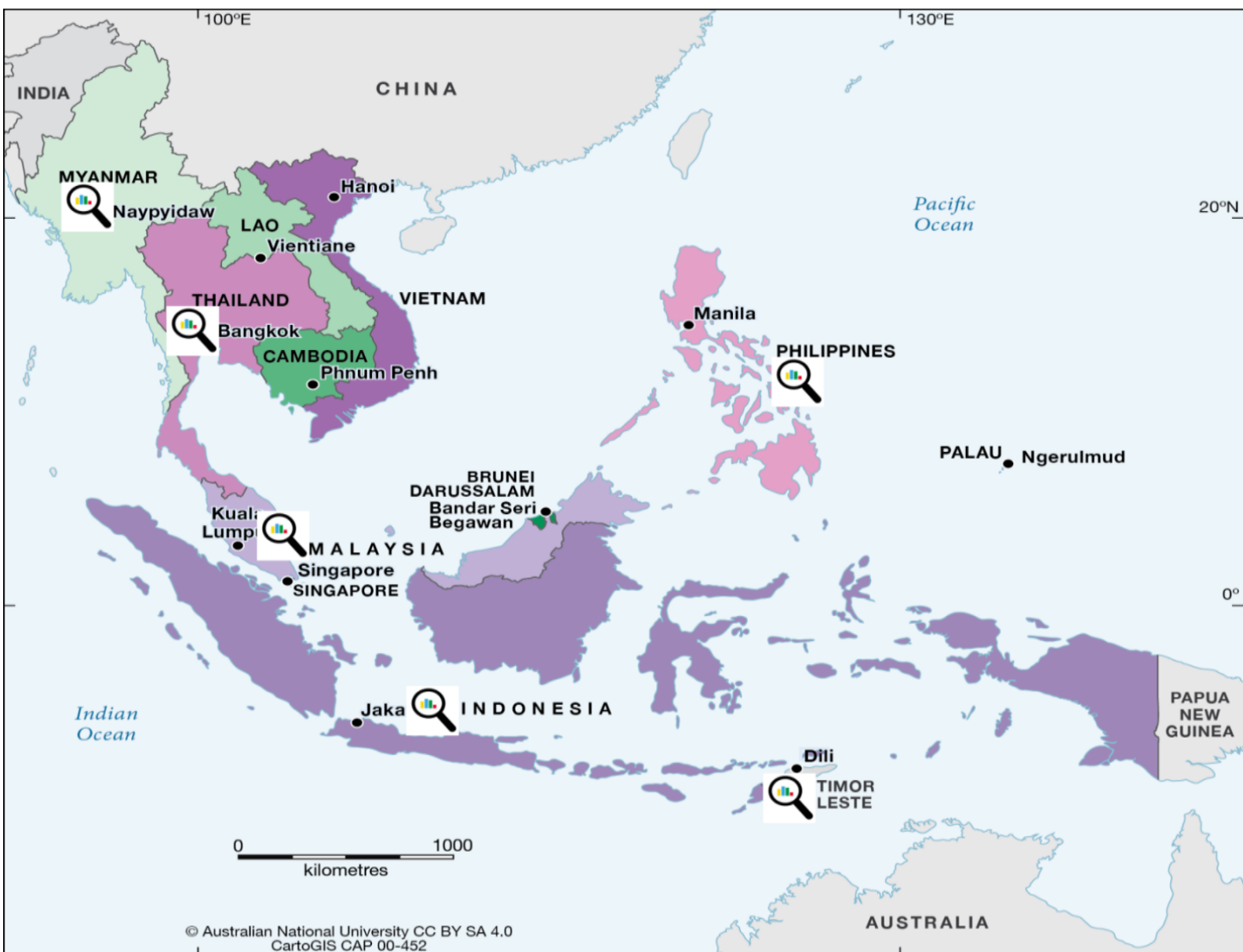
1.4 Approach and Methodology

The baseline report used the desk-based research methodology. The findings are mainly based on the qualitative data collected from the Technical Working Group members, reports and the SEANF consultation in online platforms. The report also used quantitative data especially on the number of COVID-19 cases, access of vaccines, health care services, government aid and affected percentage among the study groups/sectors. The reports of the SEANF members on Covid-19 the response, recovery, and best practices in their respective countries were compiled and reviewed thoroughly for the needed information to come up with the baseline report.

Collected data on the COVID-19 pandemic response and recovery were reviewed and analyzed from the perspective of Human Rights-Based Approach that include equality and non-discrimination, accountability, transparency and access to information, and participation

1.5 Scope of the Study

The baseline report particularly focuses on the social, economic, cultural and civil and political rights of the specific groups; People With Disabilities, Older Persons, Women and Children, Migrant workers and LGBTQ across the 6 South East Asian Countries namely, Myanmar, Thailand, Malaysia, Indonesia, Timor-Leste and the Philippines during the COVID-19 pandemic. The study evaluates, analyzes and presents the responses and recovery plans to the COVID-19 in each of the six countries with particular focus on each of the study groups.



South East Asia Map with location of SEANF member nations for baseline study. Source: Google

CHAPTER II HUMAN RIGHTS BASED APPROACH AND RELEVANT INTERNATIONAL HUMAN RIGHTS STANDARDS TO RESPONSE AND RECOVERY OF THE COVID-19 PANDEMIC

2.1 Human Rights-Based Approach to Response and Resilient Recovery of COVID-19

“Ensure that national and local response and recovery plans identify and put in place targeted measures to address the disproportionate impacts of the virus on certain groups and individuals, including migrants, displaced persons and refugees, people living in poverty, persons with disabilities, women, older persons, LGBTI people, children and people in detention or institutions.” United Nations

Human Rights-Based Approach (HRBA), as defined by the United Nations, is a “framework for the process of human development that is normatively founded on international human rights standards and operationally directed to promoting and protecting human rights under which public policy and development are conceptualized in terms of providing individuals with human rights—guaranteed choice of opportunities and means for self-fulfillment.”²³ HRBA, most importantly, stresses on the priority action for the most vulnerable to fulfill the ethics of leaving no one behind. And, in the context of pandemic response and recovery, it provides guidance for actions with equality, and directs targeted and disaggregated action to address those who are behind.²⁴ For the resilient and sustainable recovery of the pandemic, upholding the ethics of “Leave no one behind”, it is critical to place human life and human rights at the centre of public policy, law, programs and practices, and it can be done through a human rights-based approach.

As the COVID-19 pandemic has impacted the lives and economic activities of the people with more serious impacts on the vulnerable populations of the society, there is a

²³ Packer, J., & Balan, S. (2020). *A genuine human rights -based approach for our post -pandemic future*. Retrieved from

<https://www.openglobalrights.org/genuine-human-rights-based-approach-for-post-pandemic-future/>

²⁴ *ibid.*

dire need to take the public health measures to protect the lives and health of all the people with an additional measures to diminish the impacts on vulnerable people and groups particularly focusing on their economical and social rights, and for which, it is extremely important to implement and evaluate the measures to respond COVID-19 from a human rights-based approach.²⁵ Additionally, the importance of the human rights-based approach on public health emergencies has been mentioned in the different international human rights documents²⁶, for example, the declaration of Public Health Emergency of International Concern for corona virus by WHO based on the International Health Regulations 2005 (IHR 2005), which is legally-binding on 196 countries and obliges states for full respect for the dignity, human rights and fundamental freedoms of persons. Similarly, Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), and Siracusa Principles on the Limitation and Derogation Provisions in the International Covenant on Civil and Political Rights (ICCPR) articulate on the protection of rights of the people during the public health emergencies.

Following core human rights principles, particularly relevant to pandemic responses, should be incorporated in the COVID -19 response and recovery policy, programs and practices of the government and the stakeholders.

2.1.1 Equality and non-discrimination

“The virus does not discriminate, but its impacts and our responses do.”
UN Secretary General Antonio Guterres

Equality and non-discrimination, included in all the international human rights treaties, and in the commitment to “leave no-one behind” in the 2030 agenda of sustainable development, is a foundational and cross-cutting pillar of international human rights law, and one of the key principles of the human rights-based approach. As the international

²⁵ Munesue, T. (2021). *Significance of a Human Rights-Based Approach to COVID-19 Response*. Retrieved from <https://www.waseda.jp/top/en/news/74246>

²⁶ *ibid.*

human rights law explicitly prohibits all kinds of discrimination against people on any ground, the pandemic response, recovery plans, programs and practices too should not be discriminatory, which means the vulnerable individuals and groups, impacted most by the pandemic should be included and addressed in the COVID-19 pandemic recovery plans, programs and practices. Corona virus affects and takes the life of people irrespective of their age, race, colour, sex, language, sexual orientation/ gender identity, ethnic or social origin, property, nationality, disability, i.e., the virus does not discriminate, and discrimination must have no place in the responses to the threat it poses.²⁷

Corona virus itself did not discriminate against people but its impacts are not proportionate among the population.²⁸ It has compounded the preexisting vulnerability and the vulnerable groups, communities are the one impacted most. For example²⁹ women have had higher socioeconomic vulnerability, compounded the cases of domestic violence during lockdown, and had higher exposure due to their role as a front-line caregiver and medical worker. Children, everywhere deprived of their basic right to education, more specifically the children from poor social and economic background, physically challenged and refugee faced violence and mental traumas related to crisis, and also experienced forced separation from their parents and guardians. Similarly, corona virus has more severe impacts on the lives, health and well-being of the older persons who faced higher infection and mortality rates, age discrimination, neglect and domestic abuse isolation without access to essential services.

Likewise, Migrants and refugees faced stigmas, xenophobia, hate speech, job loss, had very poor and limited access to sanitation and health care, and also excluded from the social protection measures adopted to address the impacts of pandemic. Further, persons with disabilities, those with underlying health conditions impacted gravely who faced hardships in accessing basic necessities, food and medications. The LGBTQ people have had problems accessing information, and medical supplies such as face masks, alcohol, hand

²⁷ United Nations. (2020). *COVID-19 and Human Rights: We are all in this together*.

²⁸ *ibid.*

²⁹ *ibid.*

sanitizers, ARV medications and hormone replacement therapy (HRT). As the income of LGBTQ people dropped, they have become incapable to buying adequate food supplies and other necessities as their area was on lockdown.

Therefore, in this context, states have a responsibility to ensure that everyone is protected from this virus and its impacts and that requires special measures and protection strategies for particular groups most at risk or disproportionately impacted. Special attention should be given to the needs and rights of the groups who have been affected most during the crisis.

2.1.2 Accountability

“More than ever, governments must be transparent, responsive, and accountable to the people they are seeking to protect.”

UN Secretary General Antonio Guterres

Rights based accountability is a dynamic process for promotion and protection of human rights, which comprises four components: monitoring, review, remedies and action.³⁰ As the states have their firm commitment to the different international human rights instruments, they also have an obligation to respect, protect and fulfill the rights of citizens. Human rights obligations of states as duty-bearers have not been changed or lessened by the pandemic. As a legal duty bearer, during the pandemic crisis, the states must take extra efforts, measures to ensure that the groups/ populations affected most are protected. There should be effective remedies for the most vulnerable populations during the COVID-19 crisis. “Respect for human rights across the spectrum of rights – economic, social, cultural, civil, and political - is fundamental to the success of the pandemic response and recovery.”³¹

2.1.3 Transparency and access to information

³⁰ Mesquita, JB., Kapilashrami, A., & Meier, BM. (2021). *Human Rights Dimensions of the COVID-19 Pandemic*. Human Rights Centre, University of Essex. Retrieved from <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf>

³¹ United Nations.(n.d.). *COVID-19 Guidance*. Retrieved from <https://www.ohchr.org/en/covid-19/covid-19-guidance>

“Ensure reliable, accurate information reaches all, by making it available in readily understandable formats and languages, including indigenous languages and those of minorities, adapting information for people with specific needs.”

United Nations

Transparency is an inseparable and crucial part of rights-based governance. Transparency is needed in the development of national health strategies and plans, and the states have a human rights obligation to give people access to information on the measures governments are taking to protect public health, what evidence underlies these measures, and the cost implications.³² In the context of the COVID-19 pandemic, the governments should undertake following aspects to enhance transparency:³³

- i) communicating the scientific advice informing decision-making with regards to containment measures, suspension or prioritization of services,
- ii) reporting of funding pledges, bilateral agreements, terms and conditions on vaccine development, and
- iii) public contracting and procurement processes for PPE, testing, and drugs and vaccines.

Transparency and access to information are also interconnected to participation. Important thing that needs to be taken into account while talking about access to information is, it should be accurate and well-understood by the intended recipients, and also accessible to the groups having different language and ethnic background. To make information, government programs and policies accessible to all, information should be communicated in the local language of the groups through different available means of communication and with the help of civil society networks.³⁴ In addition, significantly higher funds have been raised during the crisis and distributed in response to COVID-19, but it is poorly concerned about how these funds will be used and accounted for. Against this backdrop, it is very critical to make it public that how much of the funding made available for

³² Mesquita, JB., Kapilashrami, A., & Meier, BM. (2021). *Human Rights Dimensions of the COVID-19 Pandemic*. Human Rights Centre, University of Essex. Retrieved from <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf>

³³ *ibid.*

³⁴ Gosling, L., Carrard, N., Neumeyer, H., & Roaf, V. (2020). *Five human rights principles to guide COVID recovery*. Retrieved from <https://www.uts.edu.au/isf/news/five-human-rights-principles-guide-covid-recovery>

the pandemic is invested with human rights considerations, and also how far the investment prioritized the most impacted groups in the society.

2.1.4 Participation

“An effective response to the pandemic, and recovering better depends on every person being able to contribute fully to the effort. A vibrant civil society is essential to ‘building back better’ and the free flow of information and broad-based participation by civil society action can help to ensure that the recovery responses to real needs and leave no one behind.”

United Nations High Commissioner for Human Rights

Participation is a crucial part of the rights-based approach, and can play a very significant role in the resilient and sustainable recovery of the coronavirus. Meaningful participation of the vulnerable population in framing/formulating recovery policies, programs and remedies of the pandemic that directly impacts them is must. “Participation in decision making that affects people’s lives reflects the concept of human dignity and it is imperative to an understanding of how governments can and should take the views of communities into account, with the advantage that the solutions adopted will be more effective and accepted.”³⁵ Hilary Gbedemah, Chair of the Committee on the Elimination of Discrimination against Women said in a UN announcement in March 2020: ‘only by including all people in COVID-19 strategies can the pandemic be combated.’

The lesson, importance of engaging with affected communities, learned from the AIDS and Ebola epidemics can also be utilized and play a significant role in the recovery of the COVID-19 pandemic. It is equally important to build a trust between government and Civil Society for suitable, effective and sustainable pandemic response and recovery, and participation of the civil societies and organizations representing the vulnerable groups while formulating the pandemic recovery plans and program can help the governments to

³⁵ Oxford Committee for Famine Relief. (2020). *COVID-19 and Human Rights*. Retrieved from <https://oxfamlibrary.openrepository.com/bitstream/10546/621037/4/dp-covid-19-human-rights-principles-070820-advance-en.pdf>

identify the vulnerable groups and populations impacted most by the pandemic and put in place the measures that effectively support those who would otherwise be left behind.³⁶ “To effectively combat the pandemic, we all need to be part of the response. Effective participation in the response requires people to be informed, involved in decisions that affect them and to see that any measures taken are necessary, reasonable and proportionate to combat the virus and save lives.”³⁷

The COVID-19 pandemic has caused disproportionate impacts on the population, especially, the vulnerable groups in the society are the most impacted. Further, immediate responses of the state to prevent and control the spread of virus limited the civil and political, social, economic and cultural rights. In this context, protecting the most vulnerable population in the crisis and empowering and increasing their dignity will help to emerge from this crisis with healthier societies. Thus, human rights principles must guide the responses and will lead to better, more inclusive, more sustainable results, protecting and saving lives now, and in the future.

2.2 International Human Rights Framework for Pandemic Responses

Human rights are a legally binding foundation to prevent, protect against and control public health threats, which also provides a legal basis for an equitable, accountable and effective public health and socioeconomic response to COVID-19.³⁸ There are different international human rights instruments, to which the majority of the states are state parties, for the protection of human rights during the public health crisis. And the states, state parties to these international human rights treaties have their legal obligation to respect, protect and fulfill the human rights of their citizens. This section provides an overview of the

³⁶ Gosling, L., Carrard, N., Neumeyer, H., & Roaf, V. (2020). *Five human rights principles to guide COVID recovery*. Retrieved from <https://www.uts.edu.au/isf/news/five-human-rights-principles-guide-covid-recovery>

³⁷ United Nations. (2020). *COVID-19 and Human Rights: We are all in this together*.

³⁸ Mesquita, JB., Kapilashrami, A., & Meier, BM. (2021). *Human Rights Dimensions of the COVID-19 Pandemic*. Human Rights Centre, University of Essex. Retrieved from <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf>

relevant international human rights standards to the pandemic response with a particular focus on vulnerable groups, communities and state obligations to protect them.

2.2.1 Rights to health and life

Right to health is a fundamental right entitled to every citizen. Though we generally associate the right to health only to access to health care and building hospitals, the right to health includes many aspects that lead us to a healthy life. **The Committee on Economic, Social and Cultural Rights** calls safe drinking water and adequate sanitation, safe food, adequate food and housing, healthy working and environmental conditions, health-related education and information, and gender equality as the underlying determinants of health.³⁹ Similarly, the rights to health contains entitlements,⁴⁰ which include:

- The right to a system of health protection providing equality of opportunity for everyone to enjoy the highest attainable level of health;
- The right to prevention, treatment and control of diseases;
- Access to essential medicines;
- Maternal child and reproductive health;
- Equal and timely access to basic health services;
- The provision of health related education and information; and,
- Participation of the population in health-related decision-making at the national and community level.

Further, all the health related services, goods and facilities must be available, accessible, acceptable, and of good quality. The right to the highest attainable standard of health is also recognized in the different international human rights treaties along with the **Universal Declaration of Human Rights (UDHR)**, which in its Article 25 states “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services and right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of likelihood in circumstances beyond his control.”⁴¹

³⁹ Office of the United Nations High Commissioner for Human Rights & World Health Organization.(n.d). *Right to Health*, Fact sheet no 31. Retrieved from <https://www.ohchr.org/Documents/Publications/Factsheet31.pdf>

⁴⁰ *ibid.*

⁴¹ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A (III), art. 25.

The International Covenant on Economic, Social and Cultural Rights in its Article 12 states⁴² right to health as:

1. The States Parties to the present Covenant recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.
2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:
 - a) The provision of the reduction of the stillbirth rate and of infant mortality and for the healthy development of the child;
 - b) The improvement of all aspects of environmental and industrial hygiene;
 - c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; and,
 - d) The creation of conditions which would assure all medical service and medical attention in the event of sickness.

Other international human rights instruments have also articulated the right to health. **The International Convention on the Elimination of All Forms of Racial Discrimination (ICERD)** affirms the universal protection of the right to adequate health and proscribes deprivation or right based upon race. Article 5 (e) (iv) of the Convention states “The right to public health, medical care, social security and social service regardless of race.”⁴³ **The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** reaffirms the universal protection of the right to adequate health and details the special protection and consideration due to women. Article 11 of the Convention articulates “The right to protection of health and to safety in working conditions, including the safeguarding of the function of reproduction, and to provide special protection to women during pregnancy in types of work proved to be harmful to them.”⁴⁴ Similarly, Article 12 mentions the state obligations, and Article 14 articulates the right to have access to adequate health care facilities, information and counseling.

The Convention on the Rights of the Child (CRC) in its Article 24 states “ States Parties recognizes the right of the child to the enjoyment of the highest attainable standard

⁴² International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR), art. 12.

⁴³ International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195 (CERD), art. 5.

⁴⁴ Convention on the Elimination of All Forms of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 (CEDAW), art. 11.

of the health and to facilities for the treatment of illness and rehabilitation of health, and States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”⁴⁵ The **International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families** states that the Migrant Workers shall enjoy equality of treatment with nationals of the states regarding health and social services. The **Convention on the Rights of Persons With Disabilities** (CRPD), in its Article 25, mentions “States Parties recognize that persons with disabilities have the right to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability. States Parties shall take all appropriate measures to ensure access for persons with disabilities to health services that are gender-sensitive, including health-related rehabilitation.”⁴⁶

Right to life is recognized and protected by Article 6 of the International Covenant on Civil and Political Rights. **The United Nations Human Rights Committee** states “The right to life is the supreme right from which no derogation is permitted even in the situation of armed conflict and other public emergencies that threaten the life of the nation.”⁴⁷ Similarly, regarding states’ duty to protect life, the Committee mentions “The duty to protect life also implies that states parties should take appropriate measures to address the general condition in the society that may give rise to direct threats to life or prevent individuals from enjoying their right to life with dignity. These general conditions may include.... the prevalence of life-threatening diseases, such as AIDS, tuberculosis, and malaria.”⁴⁸ Regarding the appropriate measures that the states should take, which also implies in the context of the COVID-19 pandemic, the Committee further states “The measures called for to address adequate conditions for protecting the right to life include, where necessary, measures designed to ensure access without delay by individuals to essential goods and

⁴⁵ Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3 (CRD), art. 24.

⁴⁶ Convention on the Rights of Persons With Disabilities (adopted 13 December 2006, entered into force 3 May 2008) 2515 UNTS 3, art. 25.

⁴⁷ United Nations Human Rights Committee. (2019). General Comment no.36. Retrieved from <https://www.refworld.org/docid/5e5e75e04.html>

⁴⁸ *ibid.*

services such as food, water, shelter, health care, electricity and sanitation, and other measures designed to promote and facilitate adequate general conditions, such as the bolstering of effective emergency health services, emergency response operations.”⁴⁹

2.2.2 Right to social security

The right to social security is recognized as human rights in the different international human rights treaties along with the Universal Declaration of Human Rights, and establishes the right to social security assistance for those unable to work due to sickness, maternity, old age, employment sickness, unemployment and disability. “A fundamental human right, social security is a potent tool to combat discrimination and an essential instrument for reducing poverty and promoting social inclusion, which aims to provide income security and support at every stage of life for everyone, with particular attention to the most marginalized.”⁵⁰ The essential aspects of the right to social security that applies in all the situations ⁵¹ are;

Availability: A social security system needs to be in place under domestic law to ensure that benefits are effectively administered and supervised.

Adequacy: Benefits, whether in cash or in kind, must be sufficient in quantity and duration so that everyone may realize his or her rights to family protection and assistance, a reasonable standard of living and access to health care.

Affordability: Costs and charges associated with contributions to social security must be economical for all, and must not compromise the realization of other Covenant rights.

Accessibility: A social security system should cover all persons, especially those belonging to the most disadvantaged and marginalized groups, without discrimination. Benefits should also be physically accessible

The Universal Declaration of Human Rights recognizes the right to social security in Article, 22 as “Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international cooperation and in accordance with the

⁴⁹ *ibid.*

⁵⁰ United Nations Office for the High Commissioner of Human Rights.(n.d). *OHCHR and the right to social security*. Retrieved from <https://www.ohchr.org/en/social-security>

⁵¹ *ibid.*

organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality."⁵² Similarly, Article 25 articulates the right to an adequate standard of living stating that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control."⁵³

Article 9 of the **International Covenant on Economic, Social, and Cultural Rights** states the right to social security as "the right of everyone to social security, including social insurance and the state parties to the ICESCR have the obligation to respect, protect and fulfill the right to social security."⁵⁴ Furthermore, the United Nations Committee on Economic, Social and Cultural Rights, in General Comment 19 clarified that the right to social security as enshrined in the ICESCR encompasses "the right to access and maintain benefits, whether in cash or in kind, from (a) lack of work-related income caused by sickness, disability, maternity, employment injury, unemployment, old age, or death of a family member; (b) unaffordable access to health care; (c) insufficient family support, particularly children and adult dependents."⁵⁵ **The International Convention on Elimination of All Forms of Racial Discrimination** in article 5 states that "State parties must prohibit and eliminate racial discrimination in all of its forms, and to guarantee the right of everyone without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of... the right to public health, medical care, social security and social services."⁵⁶

The Convention on the Elimination of All Forms of Discrimination Against Women, Article 11 mentions that the State Parties shall take appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on the basis of equality of men and women the same rights in particular..... the right of social security, particularly in case of retirement, unemployment, sickness, old age and other incapacity to

⁵² Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A (III), art. 22.

⁵³ *ibid.*

⁵⁴ International Covenant on Economic, Social and Cultural Rights (adopted 16 December 1966, entered into force 3 January 1976) 993 UNTS 3 (ICESCR), art.9.

⁵⁵ United Nations Committee on Economic, Social and Cultural Rights. (2007). General Comment No. 19, para.2. Retrieved from <https://socialprotection-humanrights.org/wp-content/uploads/2015/06/CESCR-General-Comment-19.pdf>

⁵⁶ International Convention on the Elimination of All Forms of Racial Discrimination (adopted 21 December 1965, entered into force 4 January 1969) 660 UNTS 195 (CERD), art. 5.

work, as well as the right to paid leave.⁵⁷ **The Convention on the Rights of the Child** in article 26 articulates the right to social security as "(1) States Parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with their national law. (2) The benefits should, where appropriate, be granted, taking into account the resources and the circumstances of the child and persons having responsibility for the maintenance of the child, as well as any other consideration relevant to an application for benefits made by or on behalf of the child."⁵⁸

2.2.2.3 Right to information

The right to information is recognized and protected under the international human law as a fundamental human right. Access to accurate and timely information plays a significant role during times of crisis by helping people make safe choices for themselves and for their families. The right to information places a positive obligation on States to recognize the right and develop user-friendly systems to enable practical access to information, both by responding to requests for information and disclosing information proactively.⁵⁹ "The important information that should be released proactively during the public health crisis is the information about: the progression of the disease, broken down as granularly as possible; steps governments are taking to protect individuals and how to maximize the effectiveness of those steps; decision making around responding to the crisis; allocation of emergency funding; procurement of emergency equipment; the allocation of grants; and how access government programs and benefits introduced in response to the pandemic."⁶⁰ Another crucial point that needs to be considered while disseminating the information is, it should be understandable to every group of the society, including those living in remote

⁵⁷ Convention on the Elimination of All Forms of Discrimination Against Women (adopted 18 December 1979, entered into force 3 September 1981) 1249 UNTS 13 (CEDAW), art. 11 (e).

⁵⁸ Convention on the Rights of the Child (adopted 20 November 1989, entered into force 2 September 1990) 1577 UNTS 3 (CRD), art. 26.

⁵⁹ United Nations Educational, Scientific and Cultural Organization. (2020). *The Right to Information in Times of Crisis*. Retrieved from https://en.unesco.org/sites/default/files/unesco_ati_iduai2020_english_sep_24.pdf

⁶⁰ *ibid.*

areas indigenous people, persons with disabilities, linguistic and ethnic minorities and other minority groups. To do so, the states must take the possible measures and strategies.

The International Covenant on Civil and Political Rights enshrines the right to information. Article 19 (2) of the Covenant states “Everyone shall have the right to freedom of expression; this right shall include freedom to seek, receive, impart information and ideas of all kinds regardless of frontier, either orally, in writing or in print, in the form of art or through any media of his choices.”⁶¹ Additionally, different international statements have underscored the importance of access to information during the COVID-19 pandemic. For instance: the United Nations Secretary- General stressed the need for free flow of timely, accurate and factual information during the pandemic, and the international special rapporteurs on freedom of expression have noted the obligations of government to provide the true information about the nature of threat posed by the coronavirus.⁶² States can pose restrictions on the right to information particularly the information which are sensitive and can cause threat to national security, however such restrictions or limitations by the state should be justified in accordance with a strict- three part test⁶³, which states that any restriction on the right to information is legitimate only if;

- 1. It is provided by law:** must be accessible; give clear direction as to what is being restricted, and not grant “unfettered discretion” to others to restrict right.
- 2. It protects a legitimate interest:** the rights or reputation of others, national security, public order, public health or public morals.
- 3. It is necessary to protect the legitimate interest:** the elements to take into account are: not be over broad; least restrictive from other available options should be used; proportionate, that is balance between harm to flow of information and protecting health.

2.2.2.4 Rights to freedom of expression, assembly and association

⁶¹ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR), art. 19 (2).

⁶² United Nations Educational, Scientific and Cultural Organization. (2020). *The Right to Information in Times of Crisis*. Retrieved from https://en.unesco.org/sites/default/files/unesco_ati_iduai2020_english_sep_24.pdf

⁶³ *ibid*

Freedom of expression is a fundamental right recognized in Article 19 of the **Universal Declaration of Human Rights**, and also the freedom of assembly and association are articulated in the Article 20 of the declaration, which states “Everyone has the right to freedom of assembly and association.”⁶⁴ Article 21 of the **International Covenant on Civil and Political Rights** articulates the right to peaceful assembly as “The right to peaceful assembly shall be recognized. No restrictions may be placed on the exercise of this right other than those imposed in conformity with the law and which are necessary in democratic society in the interest of national security or public safety, public order, the protection of public health or morals or the protection of the right and freedoms of others.”⁶⁵ Similarly, Article 22 of the Covenant enshrines the right to freedom of association, which states “Everyone shall have the right to freedom of association with others, including the right to form and join trade unions for the protection of his interests.”⁶⁶

International human rights law permits derogation to these civil and political rights and the states may impose restrictions and limitations on these rights in few circumstances. However, these restrictions should be legally justified and meet the conditions under international law on derogation of the rights. “**The Siracusa Principles** provide options for States to invoke exceptional emergency powers, enter derogation to human rights treaties and restrict certain human rights in the ICCPR to protect public health, provided that such limitations are necessary, proportionate, and non-discriminatory.”⁶⁷ **The United Nations Human Rights Committee** released the statement providing its own guidance on responses to the COVID-19 pandemic⁶⁸, which includes the following points:

“States parties must observe the following requirements and conditions when exercising

⁶⁴ Universal Declaration of Human Rights (adopted 10 December 1948) UNGA Res 217 A (III), art. 20.

⁶⁵ International Covenant on Civil and Political Rights (adopted 16 December 1966, entered into force 23 March 1976) 999 UNTS 171 (ICCPR), art. 21.

⁶⁶ *ibid.*

⁶⁷ Mesquita, JB., Kapilashrami, A., & Meier, BM. (2021). *Human Rights Dimensions of the COVID-19 Pandemic*. Human Rights Centre, University of Essex. Retrieved from <https://theindependentpanel.org/wp-content/uploads/2021/05/Background-paper-11-Human-rights.pdf>

⁶⁸ United Nations Human Rights Committee. (2020). *Statement on derogation from the Covenant in connection with the COVID-19 pandemic*. Retrieved from <https://www.ohchr.org/sites/default/files/Documents/HRBodies/CCPR/COVIDstatementEN.pdf>

emergency powers in connection with the COVID-19 pandemic:

- a) Where measures derogating from the obligations of States parties under the Covenant are taken, the provisions derogated from and the reasons for the derogation must be communicated immediately to the other States parties through the Secretary-General. Notification by a State party must include full information about the derogating measures taken and a clear explanation of the reasons for taking them, with complete documentation of any laws adopted.
- b) The predominant objective of the derogation measures must be the restoration of a state of normalcy, where full respect for the Covenant can again be secured. Derogations must, as far as possible, be limited in duration, geographical coverage and material scope, and any measures taken, including sanctions imposed in connection with them, must be proportional in nature.
- c) States parties should not derogate from Covenant rights or rely on a derogation made when they are able to attain their public health or other public policy objectives by invoking the possibility to restrict certain rights.
- d) States parties may not resort to emergency powers or implement derogating measures in a manner that is discriminatory, or that violates other obligations that they have undertaken under international law, including under other international human rights treaties from which no derogation is allowed.
- e) States parties may not derogate from their duty to treat all persons, including persons deprived of their liberty, with humanity and respect for their human dignity, and must pay special attention to the adequacy of health conditions and health services in places of incarceration, and also to the rights of individuals in situations of confinement, and to the aggravated threat of domestic violence arising in such situations.
- f) Freedom of expression and access to information and a civic space where a public debate can be held constitute important safeguards for ensuring that States parties resorting to emergency powers in connection with the COVID-19 pandemic comply with their obligations under the Covenant.”

2.3 Guidance from the Office of the United Nations High Commissioner for Human Rights (OHCHR) for a People-centered COVID-19 Response

The impacts of the COVID-19 are disproportionate among the populations. Vulnerable populations, groups are the one most affected and hit hardest. For the protection of the vulnerable groups and to ensure that they would not be left behind, the governments should keep these groups at the center of pandemic responses and recovery plans. For the rights-based responses and sustainable recovery of the pandemic, the Office of the United Nations High Commissioner for the Human Rights (OHCHR) issued the guidelines stating that the respect for the human rights, including social, economic, cultural and civil and political rights will be fundamental to the success of the public health response and recovery from the pandemic.⁶⁹ Following are the OHCHR COVID-19 guidance:



Treatment should be available to everyone without discrimination, including the most vulnerable and marginalized. This means addressing pre-existing barriers to access and ensuring that no one is denied timely and appropriate treatment because they lack the means to pay for it, on a discriminatory basis, including age, disability, gender, or sexual orientation, or because stigma prevents them from getting treatment.



States should take specific actions to include migrants, IDPs and refugees in national COVID-19 prevention and response. This should include ensuring equal access to information, testing, and health care for all migrants, IDPs and refugees, regardless of their status, as well as firewalls to separate immigration enforcement activities from the ability of migrants and refugees to access health, food distribution, and other essential services.



When states of emergency are declared, states that are parties to the International Covenant on Civil and Political Rights should meet their legal obligation to provide formal notification through the UN Secretary-General. Governments should inform the affected population of what the emergency measures are, where they apply and for how long they are intended to remain in effect, and should update this information regularly and make it widely available.



Older persons have the same rights as any other age group, and they should be protected equally during the pandemic. Special attention should be paid to the particular risks faced by older persons, including isolation and neglect resulting from physical distancing and age-based discrimination in access to medical treatment and other support.



The COVID-19 crisis is exacerbating food insecurity, as limitations on freedom of movement and scarcity of protective gear affect agricultural workers. Urgent steps are needed to address food insecurity for the poorest and most marginalized segments of the population. Measures aimed at providing immediate support to satisfy people's dietary needs should be put in place, including through provision of food and nutrition assistance.



Persons with disabilities are at a much higher risk from COVID-19, and State responses need to include targeted measures to address them. Crisis response measures, health and social protection interventions must be accessible for all and should not discriminate against persons with disabilities.



Authorities should take targeted steps to prevent additional people from becoming homeless – for example as people face eviction when loss of income makes it impossible to pay mortgages and rents. Good practices such as moratoriums on evictions, and deferrals of mortgage payments should be broadly replicated.



Effective responses to COVID-19 must fully consider and address the specific situations, perspectives and needs of women, girls and LGBTI people and ensure that any measures taken do not directly or indirectly discriminate based on gender.



Relevant information on the COVID-19 pandemic and response should reach all people, without exception. This requires making information available in readily understandable formats and languages, including indigenous languages and those of national, ethnic and religious minorities, and adapting information for people with specific needs, including the visually- and hearing-impaired, and reaching those with limited or no ability to read or with no internet access.



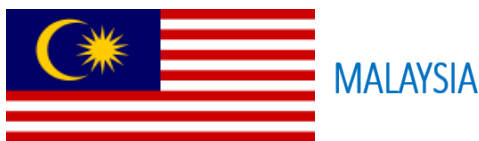
While children seem to have fewer symptoms and lower mortality rates from COVID-19, substantial child protection risks have emerged daily as a result of the measures taken to prevent and contain the virus. States should pay increased attention to child protection needs and children's rights when devising and implementing their pandemic response and recovery plans. The best interests of children should be a primary consideration and central to the response.

⁶⁹ Office of the United Nations High Commissioner for Human Rights Guidance for COVID-19 responses. Retrieved from <https://www.ohchr.org/en/covid-19/covid-19-guidance>

CHAPTER III FINDINGS AND DISCUSSION

3.1 Human rights during the COVID-19: Responses, recovery and best practices

Among the South East Asia NHRIs Forum member countries, the first case of the COVID-19 was publicly announced by Thailand on 12 January 2020.⁷⁰ It is found that the pandemic and responses to control it have had serious impacts on the living and livelihood of the people with more severe fallout upon the disadvantaged and the vulnerable communities, disproportionately affecting their needs and rights. Further, the containment measures of the governments also curtailed civil liberties. The responses of the governments, particularly the emergency laws, under public health emergency, imposed to control the spread of the coronavirus, have severely impacted the civil and political, and social, economic and cultural rights of the people. Some of the governments took coronavirus as a tool to clamp down the fundamental freedom and rights of the people. This section presents the COVID-19 responses and recovery plans of the SEANF member countries with the focus on economic, social, cultural, and civil and political rights of the people, particularly of the vulnerable groups, including women, children, persons with disabilities, older persons, LGBTQ, and the migrant workers. The section also highlights the best practices of the countries and their NHRIs.



A. Impact of the COVID-19 pandemic, an overview

Malaysia confirmed the first case of the COVID-19 pandemic on 25th January, 2020.⁷¹ As of October 25, there have been 36,447 deaths reported while the recovery of 4,820,355

⁷⁰ National Human Rights Commission of Thailand.

⁷¹ Hashim, JH., Adman, MA., Hashim, Z., Mohd Radi, MF., & Kwan, SC. (2021). *COVID-19 Epidemic in Malaysia: Epidemic Progression, Challenges, and Response*. Retrieved from [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8138565/#:~:text=The%20origin%20of%20COVID%2D19,for%20the%20virus%20\(41\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8138565/#:~:text=The%20origin%20of%20COVID%2D19,for%20the%20virus%20(41))

people among the total 4,845,475 confirmed cases.⁷² Regarding vaccination, 28,103,503 (86.1%) people have received the first dose of the COVID-19 vaccine, and 27,511,075 (84.2%) have gotten the second dose by October 5, 2022.⁷³ Malaysian authorities declared the nation under the Movement Control Order (MCO) under the Prevention and Control of Contagious Diseases Act of 1988 and the Police Act of 1967 effective on 18 March 2020 as an effort to mitigate the spread of COVID-19. Under the MCO, all non-essential sectors, schools, universities and general operations were mandated to shut and everyone must stay at home or shelter in place. The vulnerable and disadvantaged groups, who were already vulnerable due to a lack of supportive policies and programs by the government even in normal circumstances, were severely affected by the MCO.

The restrictions under the MCO deprived these communities of their access to work, food and nutrition, healthcare, shelter due to their dependency on daily wages, lack of savings and security net to tide them through this period. Further, the vulnerable communities were also overlooked from the special stimulus package announced by the government. The National Human Rights Institution, Non-governmental organizations and Civil society organizations also had to adjust the pandemic restrictions imposed by the government, which eventually limited their access to the people suffering during the pandemic crisis with their rights being violated. These situations indicate that the authorities failed to recognize human rights as “essential service” during the pandemic crisis.

B. State responses and recovery to the COVID-19 pandemic

Nevertheless the Malaysian authorities imposed restrictions to control the spread of the coronavirus, several efforts have been taken to cushion the impacts of the coronavirus. The Government of Malaysia dispersed various stimulus packages worth RM530 billion to ease the economic devastation to the community and business. For example, in March 2020, the Prime Minister then, first announced financial support packages to address the crisis,

⁷² Ministry of Health and the Department of Statistics Malaysia. Retrieved from <https://data.moh.gov.my/covid>

⁷³ Ministry of Health, Government of Malaysia. Retrieved from <https://data.moh.gov.my/covid-vaccination>

called "prihatin" which valued up to RM250 billion.⁷⁴ Later, considering the continuing pandemic crisis, the government announced seven more economic packages which include: *Prihatin Plus* (RM10 billion), *Penjana* (RM35 billion), *Kita Prihatin* (RM10 billion), *Permai* (RM15 billion), *Pemerkasa* (RM20 billion), *Pemerkasa+* (RM40 billion) and *Pemulih* (RM150 billion).⁷⁵ The focus of these packages was restructuring the debt repayment of the companies so that they have sufficient liquidity and cash flows. The government also helped to subsidize wages where possible.

The COVID-19 pandemic aggravated the vulnerability of the women and children, where the cases of violation and discrimination reportedly increased. As such, in response to the impacts of the pandemic and containment measures on the vulnerable groups, including women, children, older persons, and person with disabilities, the Ministry of Women, Family and Community Development (MWFCD) intensified and ensured that the procedures in handling domestic violence cases are subjected to requirements under the movement control order (MCO) and National Recovery Plan. Actions taken to assist the needs of the victims during the pandemic crisis are: continuous operation of safe place, optimizing shelter homes under the Department of Women Development (DWD) in Kota Bharu, Kelantan and Kota Kinabalu, Sabah, collaboration with states and ensuring 24-hour treatment for victims at One Stop Crisis Centre (OSCC) of all the government hospitals (emergency departments). Furthermore, One Stop Social Centre was established targeting women, children, families, senior citizens and persons with disability for the access of holistic social services in one place during the COVID-19 pandemic.

The large-scale school closure during the pandemic wrecked unprecedented consequences on the education and learning of the children, particularly those living in remote areas, students with special educational needs, having very poor economic condition and home environment. In response to this, the Ministry of Education (MoE) collaborated with the Ministry of Communication and Multimedia (MCMC) to provide 2 hours of free TV *Pendidikan* (education), teaching core subjects to students via TV Okey during MCO.

⁷⁴ The Human Rights Commission of Malaysia.

⁷⁵ *ibid.*

However, it was found that learning through TV is not as effective wherein not all subjects can be taught the same. Similarly, to ensure the children's access to learning, especially of the vulnerable groups, including those living in remote areas and students with special educational needs, the government provided support through home-based teaching and learning (PdPR) such as the release of the Teaching and Learning at Home Manual, the launch of the Digital Educational Learning Initiative Malaysia (DELIMa)⁷⁶ platform and the introduction of educational television programmes culminating in a terrestrial Education TV channel known as DidikTV MOE. The home-based teaching and learning contained three modes of remote learning; online, offline and via the DELIMa. This digital learning platform helped to access various learning resources like videos, quizzes and games. Even the parents have access to the learning materials as they were shared to the students through the online mechanism, drive-throughs.

The Malaysian government made an announcement regarding the migrant workers, including undocumented, refugees and asylum seekers that they would be provided with free testing and treatment for COVID-19, and also assured that migrant workers will not be arrested and requested to provide the documents for the purpose of testing. However, the government later against this its own statement released the notice stating that all undocumented migrants found in Enhance Movement Control Order areas across the country would be placed in detention centres or special prisons gazetted by the Home Ministry. Further, the government announced that all migrant workers are required to undergo COVID-19 swab tests at the cost of their employers. Such a decree of the government left the migrant workers, refugees and asylum seekers in an appalling situation. The LGBTQ people also could not be included under the government's pandemic relief/aids. However, NGO and CSOs groups had stepped in to support them with assistance to register for vaccination programs, grocery and household item distribution, shelter, and cash handouts.

⁷⁶ Digital Educational Learning Initiative Malaysia (DELIMa), is a digital learning platform for teachers, educators and students, which offers all the applications and services required by teachers and students within the Malaysian school system, including digital learning enabling technologies and resources such as Google Classroom, Microsoft O365 and Apple Teacher Learning Center.

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

The COVID-19 pandemic, and measures taken to slow-down the transmission of the virus aggravated the vulnerability of the children, women, persons with disabilities, older persons, LGBTQ people, and the migrant workers. The Human Rights Commission of Malaysia (SUHAKAM) conducted an online dialogue with the vulnerable communities and reported various issues and challenges faced by the aforementioned groups during the pandemic. The purpose of the online dialogue was to identify the needs and challenges faced by the vulnerable groups, discuss possible ways and means of supporting the communities, ensuring their rights are met and fulfilled in the shortest time possible, and submit findings and recommendations to authorities and other relevant bodies, for the purpose of sourcing for funding, to influence policies or raise awareness, where appropriate.

Children have encountered numerous challenges during the pandemic. Deprived of right to education, mental fear and trauma, domestic violence and child abuse are some of the the major issues related to children. The number of calls on domestic violence and child abuse increased drastically in the hotlines of the NGOs. The hotline (The Talian Kasih 15999) was set up as part of the Women, Family and Community Development Ministry's initiative in providing psychological support to those affected by the stay-home order. However, there was no awareness among the children on the procedures and importance of hotline, and also there is no dedicated child helpline which requires child-friendly experienced call operators. Child victims of domestic violence and abuse lack the shelters, and there were no swift protection actions and procedures from the welfare officers, who failed to carry out the proper investigations. It is also found that the mental health of the children deteriorated during the pandemic stay-home order. A survey on mental health conducted by Family Empowerment (FAME)⁷⁷ revealed that children's mental health was impacted by their worry on education and future, parents' job loss, and also stress to cope with the changes of teaching and learning mechanism, and of feeling 'trapped' at home.

⁷⁷ NGO, established to raise awareness, training and advocacy related to children, women and families.

Some children under the age of 18 were arrested and charged by the authorities in the alleged cases of violation of Movement Control Order, and there are no clear guidelines on the way to dealing with children. Children's education and learning is disproportionately negatively impacted by the pandemic lockdowns. The impact is more severe among the children with special needs and living in rural areas with no facility of internet and other means of communication. The teaching learning activities were shifted online after the suspension of physical classes, however it is found that 50% of the children in the country could not take the online classes due to the lack of access to the internet and electronic gadgets. Further, some children and teachers having access to the internet could not take benefit of the online teaching and learning due to the lack of knowledge on operating and utilizing the online teaching and learning mechanisms. Similarly, online teaching learning procedures, designed activities could not support the children with disability/ special needs. Students with autism and attention deficit hyperactivity disorder (ADHD) have difficulties participating during e-learning. Early Intervention Centres (EICs) run by NGOs are struggling due to the loss of community funding.

Women have had a hard time during the pandemic crisis. The pandemic has exacerbated the vulnerability of Malaysian women and girls, who went through numerous problems like mental health, domestic violence, period poverty, limited or inflexible occupational arrangements and socio-economic empowerment.⁷⁸ Since the implementation of the Movement Control Order, there has been a sharp increase in domestic violence. Women's Aid Organization (WAO) reported that enquiries on domestic violence telephone and messaging services increased by 3.4 times during the MCO period compared to pre-MCO time.⁷⁹ Similarly, the record of the hotline run by the Ministry of Women, Family, and Community Development also showed that domestic violence was increased 57%

⁷⁸ New Star Times. *Women's issues require national attention*. Retrieved from https://dosm.gov.my/v1/uploads/files/5_Gallery/2_Media/4_Stats%40media/1_General%20News/2022/04.%20APRIL/10%20April%20-%20General%205%20-%20NST.pdf

⁷⁹ Women's Aid Organization.(2020). *Submission on COVID-19 and the Increase of Domestic Violence Against Women in Malaysia to the UN Special Rapporteur on Violence against women, its causes and consequences*. Retrieved from <https://www.ohchr.org/sites/default/files/2022-01/malaysia-womens-aid.pdf>

during the MCO period.⁸⁰ The risk of domestic violence and sexual abuse to the Orang Asli Women (minority ethnic group) is presumed to increase. The cases of domestic and sexual violence increased against the refugee women.

Persons with disabilities have had challenges in accessing the health services including the COVID-19 vaccine, information, and other essential services during the pandemic. Persons with disabilities are at higher risks of contracting COVID-19 virus due to lack of timely access to the information, guidance and health services. The community based rehabilitation centers to provide the services for persons with disabilities, especially the children, remained closed during the pandemic lockdown, which had significant impacts on the PWDs. Another problem faced by the PWDs is receiving appropriate and timely COVID-19 information due to vision, hearing, and cognitive impairments, which heightened their risk of COVID -19 infection. The applications developed for the management of the COVID-19 outbreaks in the country could not remain applicable for the PWDs. The concern was raised by the National Council for the Blind (NCB) on the ‘hotspot tracker’ feature of the *MySejahtera application*⁸¹ for visually impaired persons.

PWDs also had difficulties in receiving the COVID-19 vaccine. The needs of the deaf persons couldnt be addressed by the call services to remind the people about the appointment for the vaccination. The Vaccine Administration Centers (PPVs) are not easily accessible to the PWDs, and also the volunteers at the PPVs are not found familiar with the types of disabilities which further worsened the situation of people of hidden disabilities. The compulsory facemask wearing rules posed challenges in communication for people with hearing impairment as facemask prevents lip reading and it can reduce the level of speech transmitted from the mouth.

LGBTQI people in Malaysia are stigmatized as being the cause of “disasters” that occur due to their “actions” which cause them to go through emotional distress or depression. During the pandemic lockdown, they could not receive the government aid and

⁸⁰ *ibid.*

⁸¹ MySejahtera is a mobile application developed by the Government of Malaysia to facilitate contact tracing efforts in response to the COVID-19 pandemic in the country.

assistance due to the lack of data and their identification. Most of the transgender persons raised their concern on privacy and denied to provide their identity to the government as they worry that their information may be misused by some parties. LGBTQ and transgender people often face hate speech and discrimination during the pandemic. Many LGBTQ people lost their source of income, especially those working in the service industry, and also Anti-LGBT rhetoric and hate crimes against trans and gender-diverse people increased in Malaysia.⁸² Similarly, the cases of violations and abuses against the LGBTQI people from the authorities also have been reported. “There are many violations and abuses by the authorities during the pandemic, and it puts the community in more vulnerable positions because the LGBT community is already susceptible to violence and their rights being violated in Malaysia. They are afraid to lodge reports against the institutions that violate their rights for fear of further violations.”⁸³

Migrant workers, during the pandemic restrictions come across problems like poor or no access to the food and government aids, health care services, information and withholding of the wages by the employers. The migrant workers during the MCO, had difficulties in getting food supplies, especially for the one residing out of the city due to the travel restrictions and limited business operating hours. Migrant workers were excluded from the government aid, which was only provided to the Malaysian citizens. Their employers also failed to assist in the food supply and also to provide proper protective gear such as face masks and enforce social distancing guidelines while at work. Delay or denial of the payment from the employers made the livelihood of migrant workers miserable. Migrant workers during the pandemic restrictions have had greater risk of the COVID-19 infection as most of the migrant workers are found to have been staying in the shared houses in the group of around 40-80 persons. Undocumented migrant workers hardly go for

⁸² Asia Pacific Forum. (n.d). *An NHRI Guide on responding to COVID-19 impacts on LGBTI people*. Retrieved from : <https://cfnhri.org/wp-content/uploads/2022/05/NHRI-Guide-Covid-LGBTI-people.pdf>

⁸³ ASEAN SOGIE Caucus. (2021). *The Impact of COVID-19 on LGBTIQ+ Organizations in SouthEast Asia*, pp. 19. Retrieved from: <https://aseansogiecaucus.org/images/resources/publications/20211130%20The%20Impact%20of%20COVID-19%20on%20LGBTIQ%20%20Organizations%20in%20Southeast%20Asia%20-%20ASEAN%20SOGIE%20Caucus.pdf>

medical treatment and screening even being symptomatic due to the fear of arrest by the authorities.

Migrant workers were also deprived of getting the information during the pandemic crisis, which compounded their vulnerability of being at the risk of infection. It is reported that migrant workers and refugees have neither received nor could understand the public health information on COVID-19. Most dissemination of such information has only been made in Malay and English, and through media that are less-accessible to migrant workers (due to their illiteracy or near-illiteracy, inability to own or access TV or smartphones etc.)

D. Best practices

★ **One Stop Crisis Centre and One Stop Social Support Centre**

To assist the needs of the victims and survivors of domestic violence during the pandemic, One Stop Crisis Centre (OSCC) is established at the government hospitals, which provides 24-hour treatment for victims.

One Stop Social Support Centre, established under National Welfare Foundation targeting the vulnerable groups, including women, children, families, senior citizens and PWDs, remained helpful for the target groups in receiving holistic social services in one place and emphasize on the whole of society and whole of government approach during the COVID-19 pandemic.

★ **Provision of online and offline learning mechanisms**

To ensure children's access to education and learning during the pandemic lockdown, and also considering the vulnerable groups, the Government provided support through home-based teaching and learning (PdPR) such as the release of the Teaching and Learning at Home Manual, the launch of the Digital Educational Learning Initiatives Malaysia (DELIMa) platform and the introduction of educational television programmes culminating in a terrestrial Education TV channel known as DidikTV MOE.

Home-based teaching and learning (PdPR) manual specified three main modes of remote learning – online, offline and via the DELIMa platform through which teachers, students and parents were able to access the various teaching and learning resources.

★ **Online dialogue with vulnerable communities**

National Human Rights Commission of Malaysia (SUHAKAM) with vulnerable groups, including women, persons with disabilities, LGBTQ people, migrant workers, children and indigenous people during the pandemic crisis.

Major purpose of the online dialogue series was to identify the needs and challenges faced by the vulnerable groups, discuss possible ways and means of supporting the communities, ensuring their rights are met and fulfilled in the shortest time possible, and submit findings and recommendations to authorities and other relevant bodies, for the purpose of sourcing for funding, to influence policies or raise awareness, where appropriate.



A. Impact of the COVID-19 pandemic, an overview

Thailand was the first country after China to report a confirmed COVID-19 case on 12 January 2020. As of 27 October 2022, a total 4,689,897 cases of the COVID-19 and 32,922 deaths by the coronavirus have been reported.⁸⁴ Similarly, among the total infected populations, 4,649,509 have been recovered⁸⁵, and 1,4313,559 people out of total populations are vaccinated⁸⁶ until 28 October 2022. As of 27 October 2022, the population receiving the first dose of COVID-19 vaccine is 57,029,784, and 53,522,364 have received the second dose whereas 32,286,528 received the third dose of vaccine.⁸⁷ On 24 March 2020, Chan-o-cha, Prime Minister of Thailand declared a country wide emergency invoking draconian Emergency Decree Public Administration in Emergency Situation. This emergency Decree provides the government with vast powers, including to impose curfews, travel bans, and building shutdowns without warrant.⁸⁸ Thai authorities used this decree as a tool to clamp down the people's freedom of peaceful assembly, and suppress the anti-government movements, where many activists were arrested, even the announcement was made to punish the person, those violating the decree, with two years in prison and a US\$ 1,250 fine.⁸⁹

The COVID-19 pandemic and emergency law imposed by the government have had serious impacts on the living and livelihood of the people, including employment, education,

⁸⁴ World Health Organization. (2022). Retrieved from <https://covid19.who.int/region/searo/country/th>

⁸⁵ Thailand Situation Updates COVID-19. Retrieved from <https://www.businesseventsthailand.com/en/situation-update-coronavirus-COVID-19>

⁸⁶ Thailand COVID-19 vaccination Tracker. Retrieved from <https://covidvax.live/location/tha>

⁸⁷ World Health Organization, Thailand. (2022). COVID-19 Situation, Thailand. Retrieved from https://cdn.who.int/media/docs/default-source/searo/thailand/2022_10_26_tha-sitrep-250-covid-19.pdf?sfvrsn=678dfde7_1

⁸⁸ Asian Forum for Human Rights and Development. (2020). *Human Rights in Southeast Asia in Times of Pandemic*, pp.19. Retrieved from <https://www.forum-asia.org/uploads/wp/2020/08/LO-CovidASIAF3.pdf>

⁸⁹ *ibid.*

health and accessing other day to day services leaving the vulnerable groups in miserable situations. The data shows that the poverty rate for informal workers increased from 10% to 20% with the highest poverty rate among those living with disability and chronic illness.⁹⁰

The protective measures, social distancing and lockdown, taken to control the spread of the coronavirus impacted the education sector in the country, where over 13 million students were affected.⁹¹ Such measures further affected the parents as they lost their working time to look after their kids, which was the responsibility of the schools before the pandemic, and that pushed the parents into financial hardships.⁹² Domestic violence and sexual exploitation and abuse are other serious impacts of the COVID-19. “Social lockdowns and school closure increased risk of sexual exploitation, sexual abuse, teenage pregnancy, and early marriage for girls, as well as risk of domestic violence towards women and children.”⁹³ Thailand’s economy has been severely impacted due to the pandemic, where the economy was expected to shrink by 5% in 2020 alone.⁹⁴ Similarly, 8.3 million workers were estimated to lose employment or income by the COVID-19 crisis and the number of economically insecure population was projected to double from 4.7 million people in the first quarter to 9.7 million people in the second quarter of 2020.⁹⁵

B. State response and recovery to the COVID-19 pandemic

In order to control the spread of pandemic, the government declared a state of emergency in all the localities throughout the kingdom and other measures have been

⁹⁰ United Nations Development Program & United Nations Children’s Fund. (2020). *Socio -Economic Impact Assessment of COVID-19 in Thailand*. Retrieved from <https://www.unicef.org/thailand/media/5666/file/Socio-Economic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁹¹ Pal, I., Sukwanchai, K., Bhuridatpong, A., & Pal, A. (2022). *Impacts of pandemic on education sector in Thailand*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9212222/>

⁹² *ibid.*

⁹³ United Nations Development Program & United Nations Children’s Fund. (2020). *Socio -Economic Impact Assessment of COVID-19 in Thailand*, pp.16. Retrieved from <https://www.unicef.org/thailand/media/5666/file/Socio-Economic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

⁹⁴ THE WORLD BANK. (2020). *Major Impact from COVID-19 to Thailand’s Economy, Vulnerable households*. Retrieved from: <https://www.worldbank.org/en/news/press-release/2020/06/30/major-impact-from-covid-19-to-thailand-s-economy-vulnerable-households-firms-report>

⁹⁵ *ibid.*

taken to prevent and control the disease and to protect the right to health. These measures include procuring and supporting people to have access to COVID-19 testing, medical treatment and access to vaccines including remedial measures for the people who have been suspended from work or laid off because of COVID-19. Such remedial measures also included the entrepreneurs who have to slow down or close their business as a result of the severe economic contraction during the epidemic, and people with low income in order to maintain their basic quality life during the time of crisis. Thai government took these initiatives in recognition and implementation of the right to receive protection from the state, and the right of everyone to have an adequate standard of living for themselves and their families ensuring the right of a person to have his or her physical and mental health to the highest possible standards enshrined in Section 47 of the Constitution of the Kingdom of Thailand, B.E. 2560, and Article 11 and Article 12 of the International Covenant on Economic, Social and Cultural Rights respectively.

The Royal Thai government implemented different stimulus packages⁹⁶, remained in effect until July 2020, which include: **phased stimulus package** (financial support to small and medium-scale enterprises), **equitable education fund** (support the cost of food for children), **social security contribution, health insurance** (cover all medical cost of those infected with COVID-19), **unemployment benefit** (unemployment payment for the workers covered by social security fund), **universal coverage for emergency response** (all Thais and working foreigners with valid work permit can seek treatment at their nearest hospital free of charge for the initial period of illness), and **monetary and fiscal response**. The National Health Security Office (NHSO) took some actions during the COVID-19 pandemic crisis. It conducted an investigation on the human rights violation, monitored the situation of vulnerable communities and provided recommendations accordingly to the government on the measures for the promotion and protection of human rights during the pandemic crisis. The key recommendations of the NHSO, based on its investigation and monitoring, include creating knowledge and understanding among the public to prevent society from

⁹⁶ United Nations Development Program & United Nations Children's Fund. (2020). *Socio-Economic Impact Assessment of COVID-19 in Thailand*, pp.4-5. Retrieved from <https://www.unicef.org/thailand/media/5666/file/Socio-Economic%20Impact%20Assessment%20of%20COVID-19%20in%20Thailand.pdf>

stigmatizing the COVID-19 patients, taking vaccines, promoting fair and universal access to vaccines with particular focus to the vulnerable groups and communities, and surveying those who are excluded from the government aid and remedy measures.

The Human Rights Commission of Thailand (NHRCT), on 1st and 2nd of September 2022, organized Human Rights Assembly jointly with the government agencies, civil society, and academics focusing on the situation of vulnerable groups during the pandemic, challenges of human rights promotion and protection in such situations, and measures for these challenges. The assembly identified and discussed some key challenges. First challenge is in communicating the accurate and clear information about the prevention and treatment of COVID-19, including information on the vaccine and its implications, and management of information. The variety of information disseminated during the pandemic crisis, which lacked authentication, created confusion and distrust of the Ministry of Health. In terms of information management, it lacks the operational mechanisms that could help people access the information, especially the vulnerable groups who often lack access to information. Second, the challenge for the recovery of vulnerable populations, and the third challenge is that the state lacks social security and social protection for the vulnerable groups. Therefore, considering the challenges discussed, the participants of the Human Rights Assembly agreed to take the following actions:

- **Development of crisis management systems and mechanisms** include the development of strategies, systems and mechanisms for crisis management by providing area-level operational mechanisms in the collaboration of government agencies Civil society sector, people's sector, business sector, private sector and academic sector. This also includes the one stop service, which provides assistance to people, especially the vulnerable groups in accessing the food, health and shelter services. Similarly, development of a system to support operations in terms of establishing a database of vulnerable groups, database connection between different departments and organizations, and development of the government relief measures for vulnerable groups in terms of various remedial issues like relief accessing

methods and procedures for the vulnerable groups are the other programs under this action.

- **Crisis preparedness** actions include the development of knowledge and technology such as building health literacy, developing telemedicine, accurate information/information dissemination system, and structure development to deal with the crisis so that vulnerable groups have access to information, services and government measures in a timely manner. Similarly, establishment of the Vulnerable Occupational Rehabilitation Fund which develops the financial skills of the people and prepare them to be able to cope with the financial crisis that may arise in the future, develop skills of vulnerable groups to gain access to new employment system in fair and timely manner, improving the quality of life of the vulnerable groups in the key areas such as formal and alternative education of children, health insurance , food security and housing are the other programs under crisis preparedness. In addition, providing health insurance to all living in Thai soil with particular focus on the vulnerable groups to have their access to essential health services without discrimination, even in a critical situation, free access to health promotion/prevention of diseases such as vaccines, medicines and epidemic prevention equipment.
- **Development of social protection and social security to be a tool for the government to reduce inequality in society:** The key program under this action are the provision of quality and same standard of 3 health insurance systems: government, social security, and gold card, which cover everyone residing in Thailand, including homeless people with personal status, Non-Thai nationals , aliens, migrant workers and their dependents; develop the social security system for unemployment protection of groups of all workers, including informal workers and migrant workers; basic income insurance for all people of working age; develop a child care subsidies for young children (up to 6 years), and ensuring the sufficient amount in the national pension system for the elderly (above 60 years) for their quality livelihood.

Considering the increased cases of domestic violence against women, The Ministry of Public Health (MOPH) has provided information to and raised awareness of officers and executives of the Ministry, including provincial public health medical doctors and directors of all hospitals, on violence against women, domestic violence and family planning during the outbreak. Similarly, the Department of Social Development and Welfare of the Ministry of Social Development and Human Security (MSDHS) provides temporary shelter, food and medical care for homeless persons and persons in difficult situations. Further, the 24-hour Social Assistance Center Hotline 1300 has provided practical, emotional, material and financial support to those experiencing difficulties, disadvantage and social isolation, including family poverty, violence and domestic violence, beggary, housing and human trafficking since 2013, and during the COVID-19 the government has increased the number of responders from 15 lines to 16 lines.

The Prime Minister established The Center for COVID-19 Situation Administration (CCSA), under which the Thai authorities distributed preventive commodities for disease control across the country as well as established emergency assistance packages, which included soft loans for entrepreneurs, loans with low interest rates, financial assistance of 5,000 Bhat (US\$160) for people with temporary employment, unemployment benefits for laid-off and end-of-contract workers, and other stimulus to affected workers effective for 3 months.⁹⁷ To assist the migrant workers during the pandemic crisis, the COVID – 19 Migrant Hotline 1422 was launched by the Ministry of Public Health in partnership with the World Health Organization (WHO), the International Organization for Migration (IOM), the Ministry of Foreign Affairs and other health-related organizations, which provides information to migrant workers in Thailand to manage the risk of infection. The hotline is available in the Cambodian, Lao and Myanmar language.

Furthermore, the Government of Thailand by the Department of Empowerment of Persons with Disabilities, Ministry of Social Development and Human Security (MSDHS) has

⁹⁷ Chaiprakobwiriya, N.,Phuengnet, S., Phannajit, N.,& Dolah,S. (2020). *Rapid Gender Analysis for COVID-19: Gendered Impact of the COVID-19 Pandemic on Migrants in Thailand*. Retrieved from: file:///C:/Users/CHR50/Downloads/GiE_Learning_RGA_Migrants-in-Thailand_COVID-19_June2020.pdf

introduced the measures to ensure the good quality of life of persons with disabilities, which include: **Financial aid** (1,000 Baht cash transfer all registered disabled, fund for empowerment of Persons with Disabilities to relieve the economic impact caused by anti-Covid-19 measures, and financial aid through 2,000 Baht allowance), **Training courses** (short-term and long-term vocational training courses), and **Community project** ('We will not leave one another' project mobilizes the community to prevent the spread of the disease and protect the vulnerable groups, including persons with disabilities, children and older persons).⁹⁸

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

The COVID-19 pandemic, and containment measures aggravated the vulnerability of the children, women, persons with disabilities, older persons, LGBTQ people, and the migrant workers. Studies show that children suffered with learning loss and mental traumas, women with domestic violence, abuse and income loss. Similarly, older persons have higher infection and mortality rate along with age discrimination and difficulty in accessing the timely health services. Discrimination, financial hardships due to income loss, and poor and no access to the health services and government aids are common among the migrant workers, persons with disabilities and LGBTQ people.

Children have been impacted mostly in terms of education, physical and mental health, abuse and violence. The impacts of the pandemic are more severe on the street, migrant and differently abled children. The migrant children are also at the higher risk of COVID-19 infection as they stay in the crowd settlements with poor hygiene and sanitation. The pandemic has adversely impacted the health and nutrition of the children. It is found that 60% of the low-income households and households with children and women ran out of

⁹⁸ Ministry of Social Development and Human Security of Thailand. Retrieved from: <https://www.maketherightreal.net/files/documents/Good%20practices%20from%20the%20Government%20of%20Thailand.pdf>

food in the first year of the pandemic⁹⁹ which exacerbates chronic diseases related to inadequate nutrition and undermines children's growth. Around 9 million children aged 3-17 years were impacted due to the COVID-19 pandemic school closure, and early learning centre closures affected 86.3% of children aged 36-59 months.¹⁰⁰ Though teaching and learning was shifted to online platforms, many children, particularly of poor economic status, children with special needs, and not having access to the internet are still deprived of getting education.

Managing electronic devices and internet connection to support the children's online learning further caused financial burden on the parents, whose financial status was already paralyzed due to income/job loss. The UNESCO and the Equitable Education Fund's (EEF) 2021 ultra- poor children statistics shows that 264,519 students lived in households without television, 271,792 students lived in households without computers, and 2,733 students lived in households without electricity.¹⁰¹ Remote learning system caused tension among the parents, teachers and students, especially due to issues like student's inability to focus on online learning, shortage of electronic learning devices and difficulty in accessing the internet. Pandemic crisis has also affected the mental health of the children. Data shows that 85% of adolescents were anxious about the financial situation of their family, 66% of their education and 75% of their mental health.¹⁰²

Women have gone through unprecedented challenges, including domestic violence, financial crisis, increased work burdens and family responsibilities, and increased risk of coronavirus infection. Women, on top of their pre-existing responsibility as primary caregivers and homemakers, are responsible for more unpaid care work compared to men

⁹⁹ United Nations Children's Fund, Thailand. (2022). *Five Impacts of COVID-19 on Children in Thailand*. Retrieved from <https://www.unicef.org/thailand/stories/five-impacts-covid-19-children-thailand>

¹⁰⁰ *ibid.*

¹⁰¹ United Nations Children's Fund, Thailand. *Stocktaking: the socio-economic impact of COVID-19 on children in Thailand*. Retrieved from: <https://www.unicef.org/thailand/media/8811/file/COVID-19%20Impact%20on%20Children%20EN.pdf>

¹⁰² *ibid.*

during the pandemic crisis.¹⁰³ 26% of young women (compared to 16% of young men) reported an increase in adult care, and 41% of young women (compared to 28% of young men) reported an increase in unpaid childcare.¹⁰⁴ Despite Thailand's universal healthcare coverage system, the family bears the responsibility for the patient's primary care and other financial support, and the government's allowance for ill, disabled and senior citizens are insufficient to fully cover the basic needs.¹⁰⁵ Similarly, women working in the informal sectors, especially sex workers are excluded from the government aid and social security scheme as the work is deemed illegal. The COVID-19 pandemic movement restrictions deprived women receiving reproductive health services, particularly the pregnant women. Around 250 pregnant women reportedly lost their lives due to the absence of early supportive measures during the COVID-19.¹⁰⁶ Financial hardships due to job/income loss caused mental distress among the women from marginalized and poor economic condition, which left them with no choice but to commit a suicide.

Older persons, along with higher infection and mortality rate from the COVID-19, have had the challenges like difficulty in accessing the services, increased stress and anxiety, and lack of access to the government's remedial measures. Elderly people have a 11 percent infection rate and 69.8 percent death rate among the total infection and death from the coronavirus.¹⁰⁷ Older persons with underlying health conditions such as diabetes, heart disease and high blood pressure, who could not receive the direct and regular treatment suffered more during the pandemic movement restrictions. Telemedicine services were operated in the country to provide emergency health services to the people. However, many

¹⁰³ Wannaboworn, K. (2022). *COVID-19 impacts on Women's Economy, Women's Rights and Livelihood in Thailand*. Retrieved from: <https://focusweb.org/covid-19-impacts-on-womens-economy-womens-rights-and-livelihood-in-thailand>

¹⁰⁴ Ketuntj, v., & Chittangwong, S. (2020). *Against the Odds: Stories from Women in Thailand during COVID-19*. Retrieved from: <https://asiapacific.unwomen.org/en/news-and-events/stories/2020/06/against-the-odds-stories-from-women-in-thailand-during-covid19#:~:text=During%20the%20COVID%2D19%20pandemic,28%25%20of%20young%20men>

¹⁰⁵ Wannaboworn, K. (2022). *COVID-19 impacts on Women's Economy, Women's Rights and Livelihood in Thailand*. Retrieved from: <https://focusweb.org/covid-19-impacts-on-womens-economy-womens-rights-and-livelihood-in-thailand>

¹⁰⁶ National Human Rights Commission of Thailand.

¹⁰⁷ *ibid.*

elderly people could not receive those services due to limitations in access to technology and the complexity in the registration process. Due to the lack of knowledge on the technology, many elderly people do not have access to the government's remedial measures. Moreover, the elderly (aged 60 - 69 years) who were still in the working system found to be the first group of workers to be laid off. The elderly (aged 60 - 69 years) who were still in the working system found to be the first group of workers to be laid off. The pandemic movement restrictions have had severe impacts on the physical and mental well being of the older persons as they were prevented from freely going in and out of the Long-term care Centers(LTC).

A survey, conducted by the United Nations Population Fund (UNFPA) Thailand, shows that among the older persons who had worked in the past 12 months, 81% experienced work related difficulties during the COVID-19 pandemic, and 36% of them have become unemployed.¹⁰⁸ The elderly people also experienced some psychological symptoms during the COVID-19 pandemic which include: feeling worried (by a majority in survey) because of personal and family financial status and worse health due to missed medical appointments; loss of appetite; loneliness, and unhappiness.¹⁰⁹ Though the government's Old Age Allowance (OAA) program serves as the foundation of economic security for elderly people, the benefit is relatively small, and it is insufficient even in normal times.¹¹⁰ The 600 THB minimum payment represents about 25% of the national poverty line, and is one of the lowest in the world and lower than most of the social pensions in ASEAN countries.¹¹¹

Migrant workers, during the pandemic crisis, experienced the challenges such as job/income loss, exclusion from health services, government aid and remedies, and lack of access to the other public services, including food, safe water and housing. Migrant workers

¹⁰⁸ United Nations Population Fund, Thailand. (2021). *Covid-19 and older persons: Evidence from the survey in Thailand*, pp.16-17. Retrieved from: https://thailand.unfpa.org/sites/default/files/pub-pdf/covid-19_report-online-revised_2021.pdf

¹⁰⁹ *ibid.*

¹¹⁰ *ibid.*

¹¹¹ Khiewrord, U. (2020). *Thailand needs to do more to support older people from the impact of COVID-19 pandemic*. Retrieved from: <https://reliefweb.int/report/thailand/thailand-needs-do-more-support-older-people-impact-covid-19-pandemic>

lose around 50% of their income and indebtedness has surged up remarkably among the migrant workers during the COVID-19 pandemic.¹¹² Within the period of 4 months only, late March (the start of lockdown) to July 2020, around 700,000 migrant workers lost their job and further faced difficulties like difficulty in finding new jobs, limited options to return home and poor access to government aid in Thailand.¹¹³ “The greatest challenges faced by migrant workers and non-Thai workers relate to their legal status and insufficient income to sustain daily food supplies and personal protective equipment (PPE).”¹¹⁴ Receiving COVID-19 tests and treatment remained very challenging for the undocumented migrant and their families. It is found that the poor housing, overcrowded shelters and lack of sanitation facilities due to home confinement orders heightened the risk of infection for the migrant workers, and state’s remedial measures did not cover them.

Similarly, the migrant workers with underlying health conditions, major health concerns, and undocumented pregnant women faced challenges in accessing the health services and treatment during the pandemic crisis.¹¹⁵ Further, the issue of discrimination against migrant workers has been reported during the pandemic crisis. Some migrant workers have been found discriminated against by the community people due to their migration status and low economic status.¹¹⁶ Migrant workers also got arrested by Thai security personnels. It is found that in June 2020, Thai police arrested 2,498 foreign nationals on the charge of overstay before the border closure and attempted to enter Thailand during its border closure.¹¹⁷

¹¹² Chaiprakobwiriya, N., Phuengnet, S., Phannajit, N., & Dolah, S. (2020). *Rapid Gender Analysis for COVID-19: Gendered Impact of the COVID-19 Pandemic on Migrants in Thailand*. Retrieved from: file:///C:/Users/CHR50/Downloads/GiE_Learning_RGA_Migrants-in-Thailand_COVID-19_June2020.pdf

¹¹³ International Labour Organization. (2020). *COVID-19: Impact on migrant workers and country response in Thailand*. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/briefingnote/wcms_741920.pdf

¹¹⁴ Chaiprakobwiriya, N., Phuengnet, S., Phannajit, N., & Dolah, S. (2020). *Rapid Gender Analysis for COVID-19: Gendered Impact of the COVID-19 Pandemic on Migrants in Thailand*. Retrieved from: file:///C:/Users/CHR50/Downloads/GiE_Learning_RGA_Migrants-in-Thailand_COVID-19_June2020.pdf

¹¹⁵ *ibid.*

¹¹⁶ *ibid.*

¹¹⁷ International Labour Organization. (2020). *COVID-19: Impact on migrant workers and country response in Thailand*. Retrieved from:

LGBTQ people have gone through challenges like loss of income, food and housing, discrimination, stigmatization, lack of access to the health services, and government aids and remedies during the COVID-19 pandemic. As majority of the LGBTQ people work in the entertaining and informal sectors like massage centers, bars and restaurants, sex industries, and on a daily wage basis, they lost their income and housing when these work centers were shut down during the pandemic lockdown. LGBTQ people have been blamed for the spread of COVID-19 and are stigmatized¹¹⁸ which harmed their mental well being and self dignity.

They have also suffered from sexual and gender based violence during the pandemic. It is found that they became victims of sexual and gender based violence, especially in their new settlements while moving from cities to rural areas in search of a job during the pandemic crisis.¹¹⁹ Further, the LGBTQI people were deprived of getting government aid and remedies as they were unable to provide information about the occupation they involved. Similarly, they also had difficulty in accessing the health services and treatment, especially for those living with human immunodeficiency virus (HIV) as the hospitals temporarily suspended services for non-urgent disease.

Persons with disabilities, along with difficulty in accessing the government's aid and remedial measures, faced economic hardships during the pandemic lockdown. Due to the lack of a disability-friendly online registration system for government aid and remedies, the persons with disabilities were deprived of getting such aid and remedies. The livelihood of the PWD people is severely impacted due the income loss during the pandemic crisis. They have been impacted by the income loss due to the closure of the certain types of the business they engaged in, for instance Thai massage parlors and other businesses. Lack of access to critical information regarding the coronavirus and its safety and remedial measures heightened the PWD's vulnerability to the infection with further limiting their access to the remedial measures and aid. Access to information became more challenging for the persons

https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---sro-bangkok/documents/briefingnote/wcms_741920.pdf

¹¹⁸ Asia Pacific Forum. (n.d). *An NHRI Guide on responding to COVID-19 impacts on LGBTI people*. Retrieved from : <https://cfnhri.org/wp-content/uploads/2022/05/NHRI-Guide-Covid-LGBTI-people.pdf>

¹¹⁹ *ibid*.

with multiple disabilities (hearing and visual impairment, and psychosocial disability) and those living in rural areas.

The mental health and wellbeing of the PWDs has been adversely impacted due to the pandemic crisis. Fear of infection, economic hardships, isolation and loneliness have increased the level of stress and anxiety among the persons with disabilities.¹²⁰ The COVID-19 pandemic travel or movement restrictions have had significant impacts on the education and learning development of the persons with disabilities as they have poor or no access to IT and and remote learning devices, smartphones, and also due to poor internet access in rural areas.¹²¹

D. Best practices

★ **Financial aid, trainings and community campaign**

For the protection and empowerment of vulnerable groups, particularly persons with disabilities, children and older person, the Thai Government took some effective steps which include: cash allowance and short-term and long-term vocational training courses for PWDs, community project “we will not leave one another” to mobilize the community to prevent the spread of the disease and protect children, older persons and persons with disabilities.

★ **Protecting victims of domestic and gender based violence**

The Ministry of Public Health has provided information to and raised awareness of officers and executives of the ministry, including public health medical health and directors of all hospitals on violence against women and domestic violence during the outbreak. The Ministry of Social Development and Human Security provides temporary shelters, food and medical care for homeless persons and persons in difficult situations. Provision of 24-hour Social Assistance Center Hotline 1300.

★ **The COVID-19 hotline for migrant workers**

To assist the migrant workers during the time of pandemic crisis, the COVID-19 Migrant Hotline 1422 was launched by the Ministry of Public Health in partnership with the World Health Organization, the International Organization for Migration, the Ministry of Foreign Affairs, which provides information to migrant workers in Thailand to manage the risk of infection.

★ **Organization of Human Rights Assembly**

The National Human Rights Commission Thailand (NHRCT), jointly with the government agencies and civil society organizations, and academics organized the Human Rights Assembly with special focus on the situation of vulnerable groups during the pandemic, challenges of human rights promotion and protection in such situations and measures for these challenges.

¹²⁰ United Nations Development Program. (2022). *Promoting an Inclusive Workplace for Persons with Disabilities in Thailand*, pp.18. Retrieved from: https://www.undp.org/sites/g/files/zskgke326/files/2022-07/UNDP_TH_disabilities_Final_5_EN_Without_Bleed.pdf

¹²¹ *ibid.*



TIMOR LESTE

A. Impact of the COVID-19 pandemic, an overview

Timor Leste reported the first case of COVID-19 on March 21, 2020. As of 10, November, 2022, there have been 23,312 confirmed cases of COVID-19 with 138 deaths have been reported.¹²² Similarly, 1,825,154 (88%) people have been vaccinated with a total recovery of 23,107 until 3 October 2022.¹²³ The Government of Timor Leste announced a State of Emergency (SoE) effective from 27 March 2022, which included the actions: domestic and international travel restrictions, closure of schools and physical distancing. The prohibition of gathering, demonstrations and religious activities, suspension of collective passenger transport activities, and home confinement of all people were the other restrictions and protective measures implemented during the state of emergency. Though the SoE remained effective to control the spread of the coronavirus, it has had adverse impacts on the living and livelihood of the people and their fundamental rights and liberties. Different restrictions imposed under the SoE affected the vulnerable households, communities, small and medium-sized enterprises with severe impacts in the rural areas.

The movement control during the SoE had a significant impact on the farmers who could not distribute and sell their agricultural products in the market and faced financial hardships. Further, the movement controls and travel restrictions made it difficult for the people to access the health services and treatment and some health centers did not test for COVID-19 for patients who came for treatment due to limited supporting facilities for the testing process. Due to the COVID-19 pandemic, almost two in five persons working in the market economy lost their job, where the major reasons for job loss include: imposed restrictions to activities, the travel ban in the country and people's fear of infection.¹²⁴

¹²² World Health Organization Emergency Dashboard. Retrieved from <https://covid19.who.int/region/searo/country/tl>

¹²³ Ministry of Health, Timor-Leste.

¹²⁴ United Nations Timor-Leste. (2021). *Socio-Economic Impact Assessment of COVID-19 in Timor-Leste*, pp. 10. Retrieved

Similarly, the economy of Timor-Leste was shrunked by 7 % in 2020 alone due to the COVID-19 pandemic, which is the largest decline in the economy since independence.¹²⁵ In a Rapid Food Security Assessment of over 1200 households across Timor-Leste, 81 % of households reported that the pandemic negatively impacted their food and income sources, where 41% of the households had to cope by reducing daily food consumption.¹²⁶ The SoE also limited the civil and political rights of the people, including, freedom of peaceful assembly, association and movement. Additionally, school closures during the state of emergency negatively impacted the learning and right to education of children. School closure, first phase in March 2020 for four months and second in February 2021, have affected around 392,178 school children from preschool up to secondary.¹²⁷

B. State response and recovery to the COVID-19 pandemic

In response to the impacts of the COVID-19, the Government of Timor-Leste has taken different measures. The government immediately established two main mechanisms in response to the COVID-19: first, a COVID-19 emergency fund, worth \$219.5 million was set up, which allowed the government to approve a health response and economic stimulus packages, and second, the Integrated Crisis Management Center was established to lead the health response in support of the World Health Organization.¹²⁸ Similarly, in April 2020, announced various policy responses which include: strengthening health services,

from:<https://timorleste.un.org/sites/default/files/remote-resources/0318222c8daacb679a0d5981d0bba788.pdf>

¹²⁵ The World Bank. (2021). Retrieved from <https://www.worldbank.org/en/news/press-release/2021/06/10/timor-leste-economy-grapples-with-dual-impacts-of-pandemic-and-cyclone-seroja>

¹²⁶ Oxford Committee for Famine Relief. (2020). *COVID-19 Deepens Hunger and Poverty Globally, Impacts on Food Security in Timor-Leste*. Retrieved from: <https://asia.oxfam.org/latest/press-release/covid-19-deepens-hunger-and-poverty-globally-impacts-food-security-timor-leste>

¹²⁷ United Nations Timor-Leste. (2021). Socio- Economic Impact Assessment of COVID-19 in Timor-Leste, pp. 88. Retrieved from:<https://timorleste.un.org/sites/default/files/remote-resources/0318222c8daacb679a0d5981d0bba788.pdf>

¹²⁸ Development Asia. (2021). Managing the COVID-19 Outbreak in Timor-Leste. Retrieved from:<https://development.asia/policy-brief/managing-covid-19-outbreak-timor-leste>

promoting food security and social protection, boosting employment and output, and providing financial and fiscal stimulus to support macroeconomic policies.¹²⁹ To promote food security the government distributed food baskets for households impacted during COVID-19 pandemic. 'Cesta Basica' emergency response program was started by the Government of Timor-Leste on 31 March 2020, under which each household member in the Timor-Leste received a basket with food products, essential personal hygiene items or shopping vouchers corresponding to the same value of goods.¹³⁰ Though the government brought this program for all the people affected by the pandemic, some vulnerable groups could not be benefitted. Similarly, for promoting social protection, the response of the government centered on in-kind transfers which included electricity credits to businesses and households, and free internet to secondary school students for online study. Further, workers whose employment was reduced or suspended due to the pandemic were entitled to payment of 60 % of their ordinary remuneration through the COVID-19 fund. However, the majority of the workers residing in remote areas could not receive this benefit due to the travel restrictions, their inability to travel to the capital to register for the benefit as the employers were required to apply to the National Institute of Social Security, situated at capital Dili, with various information.

The government also made the provision of subsidy for \$200 per family and subsidy payment for older persons and persons with disabilities during the COVID-19 pandemic. GoTL in partnership with the various international and non-governmental organizations took various initiatives like direct visits and loudspeaker announcements to make the COVID-19 related information accessible to the people including those residing in the rural and remote areas. However, such information could not remain effective for some groups, especially for the persons with disabilities. The government, to share information and ensure the prevention and protection measures were applied throughout the country, immediately created a Task Force between the central government and municipal government. Similarly,

¹²⁹ *ibid.*

¹³⁰ United Nations Timor-Leste. (2020). *Socio-Economic Impact Assessment of COVID-19 in Timor-Leste*. Retrieved from: <file:///C:/Users/CHR50/Downloads/SEIA-Final-report.pdf>

to identify the most vulnerable groups and to ensure that the essential services are reached to them during the pandemic crisis, different coordination groups were established along with the participation of the civil society organizations.¹³¹

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

The COVID-19 pandemic, and containment measures aggravated the vulnerability of the children, women, persons with disabilities, older persons, LGBTQ people, and the migrant workers. Some major challenges encountered by the vulnerable groups during the pandemic crisis include difficulties in accessing medical services and treatment, supplies and information and suffering from underlying health conditions which put them at the higher risk of hospitalization or death if infected.

Children had difficulty in accessing education during the COVID-19 pandemic and the situation remained more devastating for differently abled children/ children with special needs. Around 392,178 school children from preschool up to secondary affected due to the COVID-19 school closure. Though the learning process was shifted to online, many school children could not access online learning due to lack of internet access and needed online learning devices. An online survey conducted among 407 young and adolescents by Commission on Rights of the Child and UNICEF Timor-Leste found that besides poor access to education and learning loss, children were scared, stressed, bored and sad during the pandemic crisis.¹³² Similarly, the pandemic crisis increased household chores of the children, decreased interaction with friends and also increased their access to social media.¹³³

¹³¹ *ibid.*

¹³² Commission on Human Rights of the Child and UNICEF Timor-Leste. (2021). *Adolescents and Youth Voices on COVID-19 in Timor-Leste*. Retrieved from: [https://www.unicef.org/timorleste/media/3886/file/\[Full%20report\]Ado%20youth%20survey%20COVID-19%20en%205Mar2021.pdf](https://www.unicef.org/timorleste/media/3886/file/[Full%20report]Ado%20youth%20survey%20COVID-19%20en%205Mar2021.pdf)

¹³³ *ibid.*

Women in Timor-Leste during the pandemic have gone through challenges like income loss and financial hardships, increased unpaid work burden, exclusion from the government subsidies, and lack of access to the health care services.¹³⁴ The pandemic exacerbated the poverty and pre-existing inequalities of the women as the SoE measures significantly impacted the economic sectors in which women tend to be overrepresented like gastronomy, selling vegetables in the market, working in the restaurants, hospitality, retail, care and domestic works.¹³⁵ Different economic packages introduced by the government during the pandemic crisis could not be reached to women, as to be eligible to receive such subsidies, one had to be the household head and more than 80% household heads in Timor-Leste are male.¹³⁶

Further, the government provided subsidies to workers but these subsidies were only for those engaged in formal employment or registered under the social security scheme, so many women working in informal sectors, who were not registered, were deprived from such subsidies.¹³⁷ Similarly, it is presumed that the pandemic crisis may disproportionately affect the education, food security, nutrition, health, livelihoods and protection of girls and women in Timor-Leste and also there is increased risk of gender-based violence as the country has one of the highest rates of GBV indicated in the UN Gender Inequality Index (GII).¹³⁸

Persons with disabilities, who comprise 2% of the Timor-Leste population, are one of the most vulnerable groups and faced specific risks and challenges during the COVID-19 outbreak, including difficulty in accessing the medical services, supplies and information, and suffering from underlying health condition which put them at higher risk of death.¹³⁹

¹³⁴ Monterio, C.D.S.(2021). *The Impact of COVID-19 on Women in Timor-Leste*. Retrieved from: <https://th.boell.org/en/2021/07/26/covid-women-timor-leste>

¹³⁵ *ibid.*

¹³⁶ *ibid.*

¹³⁷ *ibid.*

¹³⁸ CARE. (2020). *CARE Rapid Gender Analysis COVID-19 Timor-Leste*. Retrieved from: <https://reliefweb.int/report/timor-leste/care-rapid-gender-analysis-covid-19-timor-leste-27-april-2020>

¹³⁹ United Nations Development Program Timor-Leste.(2021). *Leaving no one behind:Data reaffirms the challenges for Timor-Leste's most vulnerable during COVID-19*. Retrieved from:

The COVID-19 pandemic compounded the economic vulnerability of the PWDs already living in high poverty in the country. Similarly, persons with disabilities have had no jobs and support and further they are stigmatized and isolated which adversely impacted the physical and mental wellbeing of the PWDs.¹⁴⁰ Persons with disabilities in rural areas along with income reduction and loss had challenges in accessing essential services like water, sanitation and food during the pandemic crisis. Further, the COVID-19 related information did not remain effective for the PWDs as the information was mostly shared through the television, print posters and radio.¹⁴¹ The data from the Socio Economic Impact Assessment of COVID-19 in Timor-Leste also revealed that the cases of violence against women including gender-based violence increased during the pandemic crisis.¹⁴²

D. Best practices

★ Development of Learning Passport

The Ministry of Education, Youth and Sports in partnership with UNICEF and Microsoft developed an online learning tool named 'Learning Passport' for children's access to education during school closure. It remained a very critical tool for continuation of children's learning during the pandemic crisis. This 'Eskola ba Uma'(school at home) distance learning program, along with providing different educational materials to children, was used successfully to prepare teachers, reaching 95 percent of the work force or more than 15,000 teachers through online training.

★ Establishment of Task Force and Coordination Groups

The government of Timor-Leste created Task Forces between the Central Government and the Municipal Government for the purpose of sharing information and ensuring the prevention and protection measures were applied throughout the country, and also different coordination groups, between the government and civil society organizations, were established to identify vulnerable people and to ensure that essential goods and services are reached them even in the remote areas.

★ PDHJ's Observations and Recommendations

Provedor for Human Rights and Justice (PDHJ) conducted an observation on the situation of vulnerable groups during the pandemic and made recommendations to the government which include: to take proactive measures to ensure the continuity of the services to protect the vulnerable groups, to have household data on vulnerable groups in order to provide the needed services, to provide essential services and materials to the vulnerable groups, and to implement immediately the financial support measures for households.

<https://www.undp.org/timor-leste/blog/leaving-no-one-behind-data-reaffirms-challenges-timor-leste%E2%80%99s-most-vulnerable-during-covid-19>

¹⁴⁰ *ibid.*

¹⁴¹ *ibid.*

¹⁴² United Nations Timor-Leste. (2021). *Socio- Economic Impact Assessment of COVID-19 in Timor-Leste*, pp. 115. Retrieved

from: <https://timorleste.un.org/sites/default/files/remote-resources/0318222c8daacb679a0d5981d0bba788.pdf>



MYANMAR

A. Impact of the COVID-19 pandemic, an overview

Myanmar reported the first case of COVID-19 on 23rd March 2020. As of 6 December 2022, there have been 633,324 confirmed cases of the COVID-19 with 19,488 deaths and 607,877 recovery while 27,545,329 of total populations are fully vaccinated.¹⁴³ The Myanmar government imposed restrictions on movement in April 2020 to control the spread of the COVID-19 in the country and such restrictions on movement caused significant impact on the living and livelihood of the people including income loss in the employment sector, disrupted education, increased poverty and impacted health and health services.

The country lost about 1.6 million jobs and the economy shrank by 17.9% in 2021 due to both COVID-19 pandemic and unrest political situation.¹⁴⁴ Similarly, the COVID -19 pandemic has pushed millions of people into poverty. It is found that by the end of 2020, 83% of households had reported that their income had decreased almost in half due to the pandemic crisis and the number of people living below the poverty line in Myanmar is estimated to have increased by 11 % due to the socio-economic impact of the pandemic.¹⁴⁵ Further the COVID-19 pandemic has had a severe impact on the education and learning of the children. Many school children were deprived of their right to education due the school closure during the pandemic crisis. All public schools closed at the end of February 2020 and remained closed for the entire 2020-2021 school year, depriving the vast majority of children

¹⁴³ World Health Organization.(2022). Retrieved from:<https://covid19.who.int/region/searo/country/mm>

¹⁴⁴ International Labour Organization.(2022). *Myanmar Lost 1.6 million jobs in 2021 amid COVID, coup*. Retrieved from:<https://www.aljazeera.com/economy/2022/1/28/myanmar-lost-1-6-million-jobs-in-2021-amid-covid-coup-ilo>

¹⁴⁵ United Nations Development Program.(2021). *COVID-19, Coup d'Etat and Poverty: Compounding Negative Shocks and Their Impact on Human Development in Myanmar*. Retrieved from:<https://reliefweb.int/report/myanmar/covid-19-coup-detat-and-poverty-compounding-negative-shocks-and-their-impact-human#:~:text=With%20these%20unprecedented%20circumstances%2C%20the,of%20the%20COVID%2D19%20crisis.>

of learning opportunities throughout this period.¹⁴⁶ Health care system of the country has been adversely impacted with significant impact on healthcare workers and volunteers.

B. State response and recovery to the COVID-19 pandemic

Myanmar government took immediate actions as its response to COVID-19, among which, the first was the formation of the National Level Central Committee on prevention, control and treatment of coronavirus disease 2019 on March 13, 2020, via a presidential order (45/ 2020). The committee was formed to undertake the actions like case investigation and management, providing community awareness and disseminating updates regarding the pandemic, and securing funding, procurement of essential medicine and equipment in time.¹⁴⁷ Second, the government increased the number of laboratories which can conduct more than 8,000 tests per day. Myanmar has also set up community quarantine sites, contact tracing procedures, COVID-19 screening and treatment guidelines for government hospitals, and fever clinics to check people for symptoms of COVID-19. Further, Myanmar developed the COVID-19 Economic Relief Plan (CERP) in April 2020 to mitigate the economic impact of COVID-19. The CERP consists of 7 Goals, 10 Strategies, 36 Action Plans and 76 Actions, and emphasizes a coordinated “whole-of-nation” approach, underlined by the principle of leaving no one behind.¹⁴⁸

Under its economic response, the government announced a cash handout of MMK 40,000 (about US\$ 31) to each household that did not have steady income and did not own land, and from June 2020, the government announced the roll-out of an additional one-time cash transfer targeting pregnant women, mothers with children below two years of age, the elderly in Chin, Rakhine, Karen, Kayah, and the Naga Self-Administered Zone (SAZ) regions, disabled people throughout the country, and households in IDPs camps.¹⁴⁹ Similarly, considering the economic hardships of the households due to income loss, the government distributed free basic food during long holidays in April 2020 to households without regular income and also exempted electricity bills for all households consuming up to 150 units of

¹⁴⁶ Myanmar National Human Rights Commission.

¹⁴⁷ Myanmar National Human Rights Commission.

¹⁴⁸ *ibid.*

¹⁴⁹ *ibid.*

electricity per month until December 2020. Moreover, to reduce the risk of spread of coronavirus, efforts are made to improve the vaccination coverage where the vaccination program was implemented with the priority target groups: people over the age of 65, 55, 45, health workers, government staff, students above 12 years age, ethnic minority and the migrant workers. Additionally, the government established COVID-19 fund worth of 100 billion Myanmar Kyats (approximately USD 75 million) for the purpose of providing loans with one percent interest rate to support the local businesses like agriculture, livestock and fishery, production industries, firms in the supply chain from domestic to export, food industries, overseas employment services and vocational training schools.¹⁵⁰

The Ministry of Foreign Affairs arranged relief flights from overseas and migrant workers from foreign countries. Since 30 April 2020, the government of Myanmar has organized relief flights to bring back Myanmar citizens (including students, professionals, migrant workers, and religious pilgrims) stranded in other countries.¹⁵¹ On 16 May 2020, the MOHS ordered COVID-19 tests for all Myanmar nationals coming from foreign countries. Over 7,000 quarantine facilities were set up around the country, mostly to quarantine returning migrants.¹⁵² In response to the impact of the pandemic on education and learning of the children, the Ministry of Education, in collaboration with UNESCO and partners for the education, developed a holistic national response and recovery plan for the education sector which covers all states and regions in Myanmar and provides an overall framework of strategies and interventions with specific purpose to ensuring education continuity for all learners in Myanmar, ensuring a proper planning for the reopening of education institutions, and contributing to safer and more resilient education and learning environments.¹⁵³ In April 2020, the Ministry of Health and Sports published the Myanmar Health Sector Contingency Plan on COVID-19 and other respiratory illnesses, which outlines comprehensive national strategies in response to COVID-19 from April 2020 to December 2021. The Contingency

¹⁵⁰ Open Development Myanmar. (2020). *COVID-19's impact on employment on women in Myanmar*. Retrieved from: <https://opendevdevelopmentmyanmar.net/topics/covid-19s-impact-on-employment-on-women-in-myanmar/>

¹⁵¹ Myanmar National Human Rights Commission.

¹⁵² *ibid.*

¹⁵³ The Government of Myanmar. (2020). *Myanmar COVID-19 Response and Recovery Plan For the Education Sector*. Retrieved from: <https://reliefweb.int/report/myanmar/myanmar-covid-19-national-response-and-recovery-plan-education-sector-may-2020>

plan lays down response strategies through all phases, including preparedness, containment, control and mitigation, and stand-down.

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

The COVID-19 pandemic and measures to control it have affected the people from all states and regions throughout Myanmar impacting health, education, employment of the people with more severe impacts on the vulnerable groups. Living and livelihood of the vulnerable groups has been negatively disproportionately impacted due to the pandemic crisis.

Women, who are overrepresented in the informal economy and subsistence economy: around 90% in the garment industry and 60% in food and accommodation services, have been adversely impacted as the pandemic hit these sectors hardest.¹⁵⁴ Financial hardships resulting from job/income loss have had a significant impact on the mental wellbeing of women during the pandemic crisis. Similarly, women were more likely than men to report increases in workload related to household chores and care during COVID-19. Women in landless households are particularly vulnerable in terms of increased workload, worsened respect, and increased tension in the household during COVID-19. Further, women's access to health services become more difficult particularly for pregnant women, the cases of domestic violence against women increased, and compounded their vulnerability to food insecurity during the pandemic crisis.¹⁵⁵

Children, along with learning loss, have been adversely impacted with malnutrition and child labour in Myanmar. Due to school closure during the pandemic, around 50% of children in the country missed the formal education where enrollment in school has

¹⁵⁴ Myanmar National Human Rights Commission.

¹⁵⁵ United Nations Development Program.(2021). *Impact of COVID-19 and the 1 February 2021 military takeover on women*. Retrieved from: <https://reliefweb.int/report/myanmar/impact-covid-19-and-1-february-2021-military-takeover-women-november-december-2021>

dropped by up to 80% in two years leaving nearly 7.8 million children out of school.¹⁵⁶ Similarly, due to the food insecurity resulting from income loss of the households, children suffered with severe malnutrition which impacted their physical and mental growth and development. Findings from a survey among children and parents showed that 96% of children interviewed in the survey were found not attending the school, and 83% of children said that their contribution of chores had increased during the pandemic school closure.¹⁵⁷

It is estimated that the COVID-19 pandemic could push more than one third of children in poverty, which will deprive them from basic services and opportunities to fulfill their potential leaving them at risk of abuse and exploitation.¹⁵⁸ Additionally, due to disruption in the health services, almost 700,000 children are missing out on routine immunizations and approximately 5 million children are missing out on vitamin A supplement which has increased their risk of infection and blindness.¹⁵⁹ Likewise, the COVID-19 pandemic has heightened the risk of infection and death among the children having very poor access to water, sanitation and hygiene (WASH) services.

Older persons have gone through many hardships during the pandemic crisis including difficulty in accessing the health services, income loss and food insecurity, deterioration of mental health, loneliness and isolation, violence, abuse and neglect. They have high risk of infection and mortality and are less likely to be able to take measures to prevent the coronavirus infection. Findings from Rapid Need Assessment by HelpAge showed that 34% of older persons cannot access medication for their health conditions, 46% have difficulties in accessing food, and 42% are found worried all the time during the

¹⁵⁶ Save the Children. (2022). *Myanmar: Number of children out of school more than doubles in two years*. Retrieved from: <https://reliefweb.int/report/myanmar/myanmar-number-children-out-school-more-doubles-two-years>

¹⁵⁷ International Labour Organization. (2021). *COVID-19 and Child Labour in Myanmar: Situational Assessment*. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/publication/wcms_831313.pdf

¹⁵⁸ United Nations Children's Fund Myanmar. (2021). *Delivering for children in a time of crisis*. Retrieved from: <https://www.unicef.org/myanmar/responding-emergencies/delivering-children-time-crisis>

¹⁵⁹ *ibid.*

pandemic.¹⁶⁰ Travel restrictions caused difficulty for the elderly people in accessing the health services and medications and it is found that among older persons who received the health services was of lower quality care due to constraints in diagnostic and examination facilities and health worker shortage.¹⁶¹

The pandemic deeply impacted the mental health of the older persons, particularly of those living alone and dependent on others where they were found worrying about their income, health, food security, and the pandemic.¹⁶² Further, the restrictions imposed to control the spread of the pandemic limited older people's access to food and other essential services which caused a serious impact on their lives. The assessment revealed that almost a third of older people have difficulty in accessing drinking water and one in four older people stated a reduction in the quantity and quality of their food during the crisis.¹⁶³ Moreover, the risk of violence, abuse and neglect against elderly people are estimated to have been increased during the time of crisis.¹⁶⁴

Migrant workers encountered various challenges including job loss and financial hardships, poor facilities and services in quarantine and stigmatization during the pandemic crisis. A survey from International Labour Organization revealed that 58% migrant workers returned from Thailand, who were expected to regain their jobs, seemed to have been losing their jobs due the long quarantine requirements, and the migrant workers in the quarantine were worried about the financial burden on their family as their family had to manage and provide food for every day in the quarantine.¹⁶⁵ Such a situation pushed the migrant workers and their families into financial hardships. Further, the migrant workers in the quarantine were at the high risk of stigmatization as the communities got scared that those people

¹⁶⁰ HelpAge International. (2020). *The impact of COVID-19 on older persons in Myanmar: 2020 in review*. Retrieved from: https://ageingasia.org/wp-content/uploads/2020/12/Myanmar_Country_analytical_report_22122020.pdf

¹⁶¹ *ibid.*

¹⁶² *ibid.*

¹⁶³ *ibid.*

¹⁶⁴ *ibid.*

¹⁶⁵ International Labour Organization. (2020). *COVID-19: Impact on migrant workers and country response in Myanmar*. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-yangon/documents/briefingnote/wcms_754998.pdf

returned from abroad may transmit the coronavirus to them while staying in the community quarantine.¹⁶⁶

Persons with disabilities, along with financial hardships, have had challenges in accessing the information and essential services during the pandemic crisis. A survey conducted among 527 persons with disabilities found that PWDs had challenges in accessing the COVID-19 related information, 89% reported decrease in their income, and 91% respondents mentioned that they had difficulties in meeting the basic needs.¹⁶⁷ Similarly, persons with disabilities had difficulty in accessing the health services. Their access to medicine dropped to 7% since the pandemic crisis started which was 21% before the pandemic.¹⁶⁸ Further, persons with disabilities are exposed to violence, discrimination, lack of access to information and greater difficulty to receiving humanitarian services.¹⁶⁹

LGBTQ people faced problems like rejection from the family, domestic and gender-based violence, income loss and financial hardships, and difficulty in accessing the health services. Home confinement during the pandemic had a severe impact on the LGBTQ people where their acceptance at home was mainly due to their financial support to the family, but when they lost their income, they were rejected by the family which impacted their mental health and wellbeing.¹⁷⁰ Furthermore, LGBTQ people staying with their partners faced domestic violence, and also faced violence and harassment by the police especially those engaging in sex work and going out during night breaking the stay home order.¹⁷¹ LGBTQ people also had poor or no access to the health services and medications including HIV treatment and HIV-related services which caused serious impact on their health. Mental

¹⁶⁶ *ibid.*

¹⁶⁷ Myanmar Information Management Unit. (2020). *Status of Persons with Disabilities in COVID-19*. Retrieved from: https://www.themimu.info/sites/themimu.info/files/documents/Report_Status_of_Persons_with_Disabilities_in_COVID-19_HI_2020.pdf

¹⁶⁸ *ibid.*

¹⁶⁹ Humanity and Inclusion. (2022). *Myanmar has fallen in a deep humanitarian crisis*. Retrieved from: <https://www.hi.org/en/news/myanmar-has-fallen-in-a-deep-humanitarian-crisis>

¹⁷⁰ United Nations. (2020). *COVID-19 lockdown in Myanmar exposes precarious position of LGBTQI populations*. Retrieved from: <https://news.un.org/en/story/2020/07/1067941>

¹⁷¹ *ibid.*

health problems increased among the LGBTQ people due to stress caused by income loss and loneliness, domestic and gender-based violence and were unable to access mental health support.¹⁷²

D. Best practices

★ Establishment of National Call Center

The government encouraged the people to report if they had COVID-19 symptoms and launched the National Call Center in early April 2020 to respond to inquiries about COVID-19 pandemic. The government also issued guidance on personal hygiene and COVID-19 symptoms.

★ Formation of a Coordination Committee

In April 2020, the government formed a committee to coordinate and collaborate with Ethnic Armed Organizations (EAOs) to prevent, control, and treat COVID-19. The committee is tasked with sharing information with EAOs on the migrant workers entering the country through land borders, people under investigation for COVID-19, treatment procedures, and contact tracing.

★ Production of COVID Vaccines

The State Administration Council (SAC) launched commercial production of Myancopharm COVID vaccines on March 2022 and the Ministry of Industry has been manufacturing 10 million doses of Myancopharm COVID-19 vaccines for 2021-22 and 2022-2023 fiscal years.

¹⁷² ASIA PACIFIC FORUM. (2020). *An NHRI Guide on responding to COVID-19 impacts on LGBTQ people*, pp. 14. Retrieved from: <https://cfnhri.org/wp-content/uploads/2022/05/NHRI-Guide-Covid-LGBTI-people.pdf>



INDONESIA

A. Impact of the COVID-19, an overview

Indonesia reported the first case of COVID-19 on 2 March 2020. There have been 6,603,195 confirmed cases of COVID-19 with 159,348 deaths and 6,381,119 people recovered until November 19, 2022.¹⁷³ As of 5 December 2022, 172,298,515 people are fully vaccinated and 203,453,456 people have received at least one dose of the COVID-19 vaccine.¹⁷⁴ In response to the pandemic, the Government of Indonesia (GoI) issued various policies, including forming a Task Force for the Acceleration of Handling Covid-19 on 13 March 2020 through Presidential Decree No. 7 of 2020. Large-scale social restrictions affected the living and livelihood of the people in the country. The restrictions imposed to prevent and control the coronavirus impacted the health, economy and education.

Millions of workers engaged both in formal and informal sectors lost their source of income during the pandemic crisis, and it is estimated that the potential negative impacts of the COVID-19 may increase the number of people living in poverty by 5.71 million and number of people in unemployment by 5.23 million.¹⁷⁵ The findings from a survey among 2,400 households done between December 2020 and January 2021 showed that at least one member in every two households lost the job, around 45% of households with children struggled to find enough nutritious food to feed their families, and 9 in 10 respondents stated that their children were having challenges in learning.¹⁷⁶ Similarly, along with severe

¹⁷³ The Ministry of Health of the Republic of Indonesia.

¹⁷⁴ World Health Organization. Retrieved from: <https://covid19.who.int/region/searo/country/id>

¹⁷⁵ International Labour Organization. (2021). *Socio Economic Impact of COVID-29 towards People Living with HIV and Key Population*. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_794829.pdf

¹⁷⁶ United Nations Children's Fund.(2021). *Socioeconomic Impact of the COVID-19 Pandemic on Households in Indonesia: Three Rounds of Monitoring Surveys*. Retrieved from: <https://www.unicef.org/indonesia/media/13106/file/Socio-Economic%20Impact%20of%20COVID-19%20on%20Households%20in%20Indonesia.pdf>

physical and mental health impact, the COVID-19 affected the education of 68.8 million students.¹⁷⁷

B. State response and recovery to the COVID-19 pandemic

The Government of Indonesia, under its response to the health sector, took several actions including distributing medical equipments and personnel to all corners of Indonesia, accelerating the distribution of vaccinations to all Indonesian citizens, developing a centralized COVID-19 handling information platform, building and developing emergency hospitals for COVID-19 handling, forming a Task Force for the Acceleration of Handling Covid-19, and regional quarantine policy. The Gol prioritizes giving vaccines to health workers, public servants, the elderly and vulnerable groups first. Similarly, the Gol has also made efforts to disseminate online registration for the COVID-19 vaccine through various social media platforms such as whatsapp, messenger, facebook, twitter and instagram, but large portion of population, who do not have access to internet and to these social media platforms were excluded from this service. On 20 July 2020, the president formed the committee for the COVID-19 Response and National Economic Recovery through the presidential Regulation No.82, which discussed and prioritized the different programs including accelerating the regional loans, additional regional incentive fund for the national economic recovery plan, labor incentive program, development of digital village, and facilitation of traditional market.¹⁷⁸

To address the socio economic impact of the pandemic, the government brought different programs which include loan relaxation, tax exemption for workers with annual salary of 200 million rupiah or below, and the social assistance fund worth of Rp.110 trillion which was channeled to the community through several forms of programs:Pre-Employment

¹⁷⁷ Dini,I.S.Z.(2022). *Recovering from the impactS of COVID-19 school closures in Indonesia*. Retrieved from:<https://blogs.worldbank.org/eastasiapacific/recovering-impacts-covid-19-school-closures-indonesia>

¹⁷⁸ United Nations Office for the Coordination of Humanitarian Affairs. (2020). *Indonesia: COVID-19 response Multi Sectoral Response Plan Report*. Retrieved from:<https://reliefweb.int/report/indonesia/indonesia-covid-19-response-multi-sectoral-response-plan-report-no-02-27-august>

Cards, Keluarga Program (PKH), Groceries Cards, Cash Social Assistance (BST), Direct Village Fund Cash Assistance (BLT Dana Desa), Basic Food Assistance for Greater Jakarta Area, and Tariff Exemption Electricity. The majority of these programs are conditional; to receive it, one needs to meet the administrative requirements like National ID card/ Family Cards. Likewise, considering the large number of workers who have been laid off during the pandemic crisis, the government issued the policies in the form of circular letters (SE) which have been issued containing appeals related to the protection of workers during the COVID-19 pandemic. This appeal was conveyed to all governors in Indonesia who are expected to oversee the implementation of the contents of the SE. To anticipate rampant layoffs the Ministry of Manpower implemented the Pre-Employment Card (Kartu Prakerja) program. The benefits of assistance that can be received from the Pre-Employment Card program are a total fund of IDR 3,550,000/person consisting of training assistance, post-training incentives, and employment survey incentives.

In response to the impact of the pandemic on the education sector, the Ministry of Education and Culture of the Republic of Indonesia (“Kemendikbud”) has issued Circular No. 3 of 2020 concerning Prevention of COVID-19 in Education Units, dated 9 March 2020, which contains instructions for preventing COVID-19 in Education units. Additionally, to make the learning accessible to all the children, the Ministry of Education and Culture is working with telecommunications operators to make learning at home successful; providing access to special pages related to the handling of COVID-19 in the education and culture sector; providing various online learning applications that can be used for learning at home; launched the Shared Teacher Program to help teachers carry out online and distance teaching during the COVID-19 emergency.

Addressing the students who do not have electronic devices with an internet network, the Ministry of Education and Culture launched the '**Learn from Home**' program on TVRI for Early Childhood Education, Middle School, High School, Vocational School, teachers, and parents. The government’s policy and program for Indonesian migrant workers include the Circular of the Minister of Home Affairs to handle the repatriation of Indonesian Migrant Workers (receive and provide protection) affected by COVID-19 from Malaysia, and

temporary suspension of placement of Indonesian migrant workers to temporarily stop the placement of Indonesian Migrant Workers who will work abroad.

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

The COVID-19 has caused disproportionate impacts on the living and livelihood of the vulnerable groups. Along with the health impacts they have faced other challenges like learning loss, economic hardships, domestic and gender-based violence, poor access to the public goods and services, stigmatization and exclusion from the government aid and relief measures. Moreover, home confinement measures, increased work burden and financial challenges have increased anxiety and stress among some vulnerable groups.

Children have been adversely affected during the pandemic crisis. Nearly 80 million children's learning, health, nutrition, and economic security have been impacted by the COVID-19 and measures to control it.¹⁷⁹ The global pandemic has not only impacted the learning and health of the children but also heightened the inequalities related to gender, poverty and disability which will affect the overall wellbeing of the children.¹⁸⁰ Further, along with disruption on the learning of the children, the pandemic school closure have compounded the risk of school dropout and child marriage. Similarly, the home confinement and disruption on daily routine and activities of the children have mental health consequences such as difficulty in sleep and concentration and becoming angrier. Despite the government's efforts for continuing the children's learning through online, television, radio and offline learning packages, a large number of school children differently abled/with special needs, those from socio-economically disadvantaged families, residing in rural areas faced significant challenges or could not access learning.¹⁸¹

¹⁷⁹ United Nations Children's Fund. (2021). *80 million children in Indonesia face widespread impact from COVID-19 pandemic*. Retrieved from: <https://www.unicef.org/indonesia/press-releases/80-million-children-indonesia-face-widespread-impact-covid-19-pandemic>

¹⁸⁰ *ibid.*

¹⁸¹ United Nations Children's Fund. (2021). *The Impact of the COVID-19 Pandemic on Children's Learning in Indonesia*. Retrieved from: <https://www.unicef.org/indonesia/media/15231/file/Issue%20Brief%20-%20The%20Impact%20of%20the%20COVID-19%20Pandemic%20on%20Children's%20Learning%20in%20Indonesia.pdf>

Women in Indonesia have gone through challenges like domestic and gender-based violence, income loss and financial hardships, and food insecurity during the pandemic crisis. Similarly, work from home policy increased the unpaid work burden among women which impacted their mental wellbeing. Women, overrepresented in the informal economy sector like accommodation, food industry and retail, lost their job while these sectors have been hit hardest by the pandemic, and the cases of gender-based violence increased significantly during the pandemic crisis.¹⁸² The COVID-19 pandemic also caused disruption in access to health services related to child immunization, prenatal care and family planning as the health services were fully focused on the treatment of the COVID-19 patients.

The data shows that around 22% of households that needed immunization could not access it and nearly 16% of households which needed family planning services could not receive it, which can have long-term health impacts on women and children.¹⁸³ Similarly, financial hardships, increased work burden and domestic violence have caused mental stress and anxiety among the women. Further, women health workers, who were at the higher risk of the COVID-19 have been stigmatized as a virus spreader, rejected to return home by their neighbors and family, and also have been left out from the policy response of the government.¹⁸⁴

Persons with disabilities, along with income loss, have faced the challenges such as difficulty in accessing the basic services including health services, food, housing, and information during the pandemic crisis. Persons with disabilities lost their income by 50-80%

¹⁸² Hidayatulloh, M.A.(2021). *Women have been hit hardest by the pandemic. As Indonesia assumes leadership of the G20, it has a chance to do something about the problem*. Retrieved from:<https://indonesiaatmelbourne.unimelb.edu.au/women-have-been-hit-harder-by-the-pandemic-as-indonesia-assumes-leadership-of-the-g20-it-has-a-chance-to-do-something-about-the-problem/>

¹⁸³ Miranti, R., Sulistyningrum, E., & Mulyaningsish, T. (2022). *Women's Role in the Indonesian Economy During the COVID-19 Pandemic: Understanding the Challenges and Opportunities*. Retrieved from:<https://www.tandfonline.com/doi/full/10.1080/00074918.2022.2105681>

¹⁸⁴ United Nations Education Scientific and Cultural Organization.(2020). *Inequitable Impact of COVID-19 in Indonesia: Evidence and Policy Response*, pp.7. Retrieved from: https://en.unesco.org/inclusivepolicylab/sites/default/files/analytics/document/2020/9/200825_Policy%20Report_Inequitable%20Impact%20of%20COVID%2019%20in%20Indonesia.pdf

during the pandemic, and the majority among those losing the job are the one with multiple disabilities.¹⁸⁵ PWDs also came across difficulties in managing their basic needs and services, paying loans and utilities. Learning loss and difficulty in online mode of learning is another key challenge for persons with disabilities. Only 16.4% PWDs, who were able to participate in the online learning, also had faced difficulties in the online learning process like needing more time to adopt the learning, poor internet connection, unable to pay for internet and no family support.¹⁸⁶

Similarly, persons with disabilities have very poor or no access to social assistance. Though the government provided social assistance to the vulnerable groups, only a few percent of the PWDs received such assistance due to their exclusion in the database. persons with disabilities, during the pandemic crisis adopted different coping mechanisms like reducing food consumption (both quantity and quality), reducing disability-specific expenditures (therapy, food supplements), borrowing money, selling productive assets which may have serious long-term consequences among persons with disabilities with much more severe impacts on those living with underlying health conditions.¹⁸⁷ Closure of rehabilitation centers, services disruption in health facilities and movement restrictions caused serious impacts on the physical and mental health of the persons with disabilities who were further deprived of getting the health services and medications.

Older persons experienced decline in income, difficulty in accessing social assistance and healthcare services during the pandemic. They also faced challenges in accessing and understanding the information which created difficulty for them in receiving the relief measures and also increased the risk of COVID-19 infection. Income loss, fear of the

¹⁸⁵ United Nations Education Scientific and Cultural Organization.(2020). *Inequitable Impact of COVID-19 in Indonesia: Evidence and Policy Response*, pp.10. Retrieved from: https://en.unesco.org/inclusivepolicylab/sites/default/files/analytics/document/2020/9/200825_Policy%20Report_Inequitable%20Impact%20of%20COVID%2019%20in%20Indonesia.pdf

¹⁸⁶ *ibid.*

¹⁸⁷ Satriana, S., Huda, K., Saadah, N., Hidayati, D., & Zulkarnaen, A. (2021). *COVID-19 Impacts on People with Disability in Indonesia: An In-depth Look*, pp. 23. Retrieved from: <https://www.dfat.gov.au/sites/default/files/covid19-impact-pwd-indonesia.pdf>

COVID-19 infection among themselves and to their family members, and home confinement impacted the mental wellbeing of the older persons.

LGBTQ people have gone through numerous challenges during the COVID-19 pandemic. Discrimination, violence and abuse, financial hardships, poor access to health services and medications are some of the key challenges faced by the LGBTQ people. Financial hardships and violence further impacted their mental health and wellbeing. LGBTQ community, particularly transgender people, became victims of physical and non physical violence from the community, family members and partners. Similarly, LGBTQ people have been intimidated and harrassed by the police as well during the pandemic crisis. A police unit in Jakarta raided a gay party of 56 men in 2020, and 9 among them were arrested and charged with the crime under pornography law.¹⁸⁸ Access to medicine remained very challenging for the queer people and transgendered people who were deprived of the health services and lost their lives during the pandemic.¹⁸⁹ “In the city of Yogyakarta (Indonesia), at least 18 transgender women died during the pandemic because they were malnourished.”¹⁹⁰

Additionally, discrimination, lack of ID, and misinformation posed challenges in accessing the COVID-19 vaccine.¹⁹¹ Lack of national ID not only caused difficulty for LGBTQI people in accessing the COVID-19 vaccine but also deprived them of receiving government aid and remedies. The congested and overcrowding settlement of the LGBTQ people with poor hygiene facilities increased their risk of infection of the COVID-19. The data shows that 90% of trans women were at high risk of contracting of COVID-19 due to living in slums and overcrowded housing facilities.¹⁹²

¹⁸⁸ Rodriguez, D.G.(2022). *Research on the impact of COVID-19 on LGBT+ individuals in Indonesia, Nigeria and Sri Lanka*, pp. 20. Retrieved from: file:///C:/Users/CHR50/Downloads/the_impact_on_covid-19_on_lgbt_individuals_in_indonesia_nigeria_and_sri_lanaka_0.pdf

¹⁸⁹ *ibid.*, pp. 23.

¹⁹⁰ *ibid.*

¹⁹¹ *ibid.*, pp. 25.

¹⁹² Asia Pacific Forum. (2022). *An NHRI Guide on responding to COVID-19 impacts on LGBTQI people*, pp. 8. Retrieved from: <https://cfnhri.org/wp-content/uploads/2022/05/NHRI-Guide-Covid-LGBTI-people.pdf>

D. Best practices

★ **Komnas HAM's Rapid Review on Government's Response to the COVID-19**

The Indonesian National Human Rights Commission, through the Human Rights-Based COVID-19 Study and Research Team, conducted a rapid review on how the Government of Indonesia handles and responds to the COVID-19 in the country. After the rapid review, Komnas HAM through letter No. 026/TUA/III/2020, delivered the results of the rapid review in the form of a Position Paper document and Policy Recommendations from a Human Rights Perspective on the Governance of COVID-19 Mitigation to the President of the Republic of Indonesia.

★ **Learn From Home Program**

The Ministry of Education and Culture, in collaboration with telecommunication operators, worked to make the learning at home effective and successful by providing access to special pages related to the handling of COVID-19 in the education and culture sector, providing various online learning applications that can be used for learning at home, and launching the Shared Teacher Program to help teachers carry out online and distance during the COVID-19 emergency. Similarly, for students who do not have electronic devices with an internet network, the Ministry of Education and Culture launched the 'Learn from Home' program on TVRI for Early Childhood Education, Middle School, High School, Vocational School, teachers, and parents.



PHILIPPINES

A. Impact of the COVID-19, an overview

The Philippines confirmed and reported the first case of the COVID-19 on 30 January 2020. There have been around four million confirmed cases of the COVID-19 with over 3.9 million recovery and about 64.9 thousands deaths until December 15 2022.¹⁹³ As of 3 January 2022, among total 165,904,800 administered doses of the COVID-19 vaccine, 73,780,172 people have received the complete doses, 21,172,728 people took the booster doses, and 70,951,900 people got first doses of the COVID-19 vaccine.¹⁹⁴ The Philippine government declared a State of Public Health Emergency throughout the country on 8 March 2020 through proclamation no.922. Similarly, considering the increased number of the COVID-19 cases, Philippine President Rodrigo Roa Duterte declared a State of Calamity throughout the Philippines, and enforced an Enhanced Community Quarantine (ECQ) on the whole of Luzon on 16 March 2020 through proclamation no. 929.¹⁹⁵

The COVID-19 pandemic and measures implemented to prevent and control the virus have had significant impacts on the economy, employment, health, education, and living of the people. The Philippines has had one of the world's longest lockdowns. By the first quarter of 2021, the country was in its 3rd hard lockdown since the start of the COVID-19 crisis. The suspension of business and economic activities put urban and rural communities at risk of severe economic hardships which have profound impacts on education, protection of human rights and overall well being of the children and adults. The data from the survey shows that the Philippines is projected to suffer economic losses between P276.3 billion and

¹⁹³ Statista Research Department. (2022). *Coronavirus (COVID-19) key figures in the Philippines*. Retrieved from: <https://www.statista.com/statistics/1100765/philippines-coronavirus-covid19-cases/>

¹⁹⁴ Republic of the Philippines, Department of Health. Retrieved from: <https://doh.gov.ph/covid19-vaccination-dashboard>

¹⁹⁵ Philippines' Submission for the High Commissioner's Oral Updates on COVID-19. (2020). Retrieved from: <https://www.ohchr.org/sites/default/files/2022-03/Philippines.pdf>

P2.5 trillion due to the pandemic.¹⁹⁶ Similarly, over 7.3 million jobs were lost, and the number of unemployed persons increased by 5 million in the first quarter of 2020 only, due to the pandemic.¹⁹⁷ The Philippines, in 2020, recorded the highest unemployment rate 17.7% since the start of the recording unemployment rate in 1987.¹⁹⁸ The data from the Philippine Statistics Authority revealed that the number of people living in poverty rose to 18.1% in 2021 from 16.7% in 2018 due to the COVID-19 pandemic.¹⁹⁹ The pandemic-induced school closure affected the learning of millions of the students. The Philippines had one of the longest school closures, nearly two and half years, across the world, and that negatively disproportionately impacted the learning of around 27 million students in the country.²⁰⁰

B. State response and recovery to the COVID- 19 pandemic

The Philippine government immediately took various actions to prevent and control the spread of the coronavirus which included convening of the Interagency Task Force on Emerging Infectious Diseases to provide overall leadership on virus response, imposing strict quarantine measures, suspension of physical classes in the schools, travel and other restrictions. The government has taken several efforts to mitigate the impacts of the pandemic and containment measures. Under a **whole-of-nation approach**, as a emergency social protection, the Philippine government launched an emergency subsidy program called the Social Amelioration Program (SAP), that provided one-time payment between PHP5,000

¹⁹⁶ Shinozaki, S., and Rao, L.N. (2021). *COVID-19 Impact on Micro, Small and Medium-sized Enterprises under the Lockdown: Evidence from a Rapid Survey in the Philippines*, pp.1. Retrieved from: <file:///C:/Users/CHR50/Downloads/SSRN-id3807080.pdf>

¹⁹⁷ Teo, D. (2020). *Over 7.3 millions jobs lost in the Philippines due to COVID-19*. Retrieved from: <https://hrmasia.com/over-7-3-million-jobs-lost-in-the-philippines-due-to-covid-19/>

¹⁹⁸ International Labour Organization. (2020). *COVID-19 labour market impact in the Philippines: Assessment and national policy responses*, pp.27. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_762209.pdf

¹⁹⁹ REUTERS. (2022). *Pandemic pushed millions more into poverty in the Philippines*. Retrieved from: <https://www.reuters.com/world/asia-pacific/pandemic-pushed-millions-more-into-poverty-philippines-govt-2022-08-15/>

²⁰⁰ United Nations Children's Fund. *Reopening schools safely in the Philippines*. Retrieved from: <https://www.unicef.org/philippines/reopening-schools-safely>

and PHP8,000 targeting 18 million households without a national ID systems and for which the Philippines became one of the first countries delivering cash transfer in response to the pandemic without national ID systems.²⁰¹ This provision of the government minimized the chances of people being excluded in the government remedial measures due to lack of national ID. For around 435,000 drivers of the public utility vehicles (PUVs), whose operations were suspended due to the Enhanced Community Quarantine (ECQ), the Department of Social Welfare and Development, Land Transportation Franchising and Regulatory Board, and the Land Bank of the Philippines developed and distributed the emergency subsidy.²⁰²

Similarly, the government also provided in-kind relief such as food and non-food items, and 10-30 days employment to approximately 800,000 displaced workers.²⁰³ Considering the disruption on learning of the students due to school closure and to help the students and teachers in online mode of learning, the Department of Education launched the Basic Education-Learning Continuity Plan that includes a blended approach to teaching based on a mix of modular learning, and online classes with self learning materials.²⁰⁴ For the students without access to the internet, schools were guided to print and distribute the paper copies of relevant modules and also produced a series of educational TV and radio broadcasts. To ensure people's access to the health services during the pandemic crisis, the Department of Health in collaboration with WHO and UNICEF released a memorandum that provided guidance to the Local Government Units on how to manage, provide and continue health services and telemedicine facilities to both COVID-19 and non-COVID-19 patients.²⁰⁵

²⁰¹ United Nations Development Program and United Nations Children's Fund. (2020). *The Impact of the COVID-19 Crisis on Households in the National Capital Region in the Philippines*, pp.13.

Retrieved from:

<https://www.unicef.org/philippines/media/2581/file/TheImpactofCOVID-19CrisisonHouseholdsinNCR.pdf>

²⁰² Philippines' Submission for the High Commissioner's Oral Update on COVID-19: The National Response to COVID-19. Retrieved

from: <https://www.ohchr.org/sites/default/files/2022-03/Philippines.pdf>

²⁰³ *ibid.*

²⁰⁴ *ibid.*

²⁰⁵ *ibid.*, pp.14.

Moreover, under the Philippine government's strategy to recover and adjust to the new normal, the Interagency Task Force on Emerging Infectious Diseases created a separate Technical Working Group (the ITFE-TWG) which released the 'We Recover as One' a comprehensive plan to mitigate the impact of the COVID-19 crisis, that states the strategy to gain the public trust with different actions including timely dissemination of accurate information, ensure continuity of access to basic services and rebuild the economy through targeted support.²⁰⁶ Under the government's post pandemic economic recovery, the *Balik Probinsya, Bagong Pag-asa* (Back to the Province, New Hope) Programme was regulated for the equal rural and urban economic opportunities by giving incentives for the families, particularly the urban poor to return and stay permanently to their hometowns.²⁰⁷ Further, the Department of Labour and Employment (DOLE), in cooperation with other agencies, developed the scheme to provide 1 million jobs in provinces and rural areas of the country.²⁰⁸ Similarly, to boost the country's post-pandemic economic recovery, the Philippine Program for Recovery with Equity and Solidarity (PH-PROGRESO) is developed under the leadership of the National Economic and Development Authority (NEDA) and the Department of Finance (DOF), which comprises four main plan and actions: (i) emergency support for vulnerable groups and individuals; (ii) expanded medical resources to fight COVID-19 and ensure the safety of frontline workers; (iii) fiscal and monetary actions to finance emergency initiatives and keep the economy afloat; and (iv) an economic recovery plan to create jobs and sustain growth.²⁰⁹

The Philippine government brought some specific interventions and programs for the vulnerable groups during the pandemic crisis for instance, repatriation and financial assistance program for the migrant workers and Overseas Filipino Workers; monitoring and actively responding to inquiries related to violence against women and children, implementing measures to address gender issues and concerns arising from the unequal

²⁰⁶ *ibid.*

²⁰⁷ International Labour Organization. (2020). *COVID-19 labour market impact in the Philippines: Assessment and national policy responses*, pp. 8. Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-manila/documents/publication/wcms_762209.pdf

²⁰⁸ *ibid.*

²⁰⁹ *ibid.*

status of their women and men stakeholders due to the COVID-19 situation, including preventing discrimination against women and gender-based violence; social pension for older persons, and circular to prioritizing them while purchasing their needs, such as food and medicine; and memorandum circular to prioritize the persons with disabilities in the distribution of relief goods and guidelines on providing proper welfare of persons with disabilities during the enhanced community quarantine due to the COVID-19 pandemic.²¹⁰

For the workers who were affected and temporarily displaced due to the pandemic, the government provisioned Technical Education and Skills Development Authority (TESDA)'s Scholarship Programs amounting to to PHP 3 billion (USD 61.8 million), where the workers were supported through upskilling and reskilling and also by offering free courses for all who would like to acquire new skills in the convenience of their own homes, mobile phones and computers through the TESDA Online Program.²¹¹ The Philippine government's other programs and interventions include benefit package for the COVID-19 patients, assistance to health workers and frontiers (special risk allowance to public health workers, temporary shelters/accommodation for the safety and protection against discrimination of health workers), and protection of persons under police custody, protection of persons deprived of liberty.²¹²

C. Children, women, person with disabilities, older persons, LGBTQ, and migrant workers during the COVID 19 pandemic

Children, women, persons with disabilities, older persons, LGBTQ people, and migrant workers have been impacted disproportionately during the pandemic crisis. The COVID-19 compounded the pre-existing vulnerability of these groups who went through various challenges including discrimination, violence and stigmatization, mental stress, financial hardships, poor access to the essential public services etc.

²¹⁰ Philippines' Submission for the High Commissioner's Oral Update on COVID-19: The National Response to COVID-19. Retrieved from: <https://www.ohchr.org/sites/default/files/2022-03/Philippines.pdf>

²¹¹ *ibid.*

²¹² *ibid.*

Children suffered with mental health problem, learning loss, child labour and domestic violence during the pandemic crisis. Fear and anxiety of contraction of the coronavirus, home confinement, suspension of the physical classes, changes and disruption in the daily routine are some of the key factors of impacting the mental health and wellbeing of the children during the pandemic. The Philippines was the last country in the world to open its schools following the coronavirus outbreak in early 2020. So, more than two years of school closure in the country impacted the learning of approximately 27 million school children, which can have long term impacts on the children. Despite the government's efforts to continue the learning of students through online mechanisms, many children were deprived of learning, particularly those who did not have internet access, and who could not manage the online learning devices. School closure for such a long period of time not only will impact the learning of children but also cause mental distress, missed vaccination, heightened the risk of dropout, child labour and child marriage.²¹³ A myriad of cases of crime against the children, online sexual exploitation of the children were reported during the pandemic lockdown.²¹⁴

Women and girls have been disproportionately impacted during the pandemic crisis. Study shows that women and girls in the Philippines became more vulnerable to gender-based violence than the rest of the global average situation, and access to health services and economic insecurity are other key issues identified on gender in the country.²¹⁵ The cases of gender-based violence significantly increased during the quarantine period. Between the period 15 April to 2 March 2020 only, the Philippine National Police stated that

²¹³ United Nations Children's Fund. (2021). *Filipino children continue missing education opportunities in another year of school closure*. Retrieved from: <https://www.unicef.org/philippines/press-releases/filipino-children-continue-missing-education-opportunities-another-year-school>

²¹⁴ World Vision. (2020). *Impact of COVID-19 to Children and Their Families: A Rapid Assessment in the Philippines*, pp. 11. Retrieved from: <https://www.worldvision.org.ph/wp-content/uploads/2020/11/WVDF-COVID-19-Rapid-Assessment.pdf>

²¹⁵ Commission on Human Rights of the Philippines. (2020). *The Bearing of COVID-19 on Women vis-a-vis the Achievement of Sustainable Development Goal No. 5*, pp. 6. Retrieved from: <https://docs.google.com/document/d/1PF8xSSo3urNDRSQfJBvVQG6EJyEd5944PB5f3BSmEig/edit?usp=sharing>

they handled 391 cases of violence against women and 42 cases of rape.²¹⁶ Additionally, between March to June 2020, the police reported 3,700 cases of violence against women and children, where among the total reported cases, 1,945 were the cases of violence against women.²¹⁷

Similarly, other impacts of the pandemic on women and girls include financial hardships due to income loss which led to an increase in online sexual exploitation, decreased access to mental, sexual and reproductive health services, and the closure of businesses, like retail, hospitality, tourism and manufacturing that women highly represented in, threatened their livelihoods.²¹⁸ Furthermore, a significantly high number of women working in the informal sectors have been severely impacted by the pandemic as the businesses were shut down during the pandemic lockdown. Almost 6.6 million Filipino women working in the informal sectors suffered from low wages, lack of social protection and precarious employment with no labour rights and benefits.²¹⁹ Increased multiple unpaid work burdens among women impacted their physical and mental health during the pandemic. The data from the national household survey shows that women spent up to 13 hours a day on unpaid care work compared to only 8 hours of men, and also 1 out of 3 Filipina women experienced injury, illness, disability or other harms through their care work.²²⁰

Women also faced challenges in accessing health services including sexual and reproductive health and maternal care services during the pandemic crisis. The cases of hospital refusals of women seeking maternity care services which even resulted in the death of women, increased number of unintended pregnancies have been reported.²²¹ Harassment and discrimination against women including the health workers, who represent 72% of a

²¹⁶ *ibid.*

²¹⁷ *ibid*,pp.8.

²¹⁸ *ibid*,pp.7.

²¹⁹ *ibid*, pp.11.

²²⁰ Commission on Human Rights of the Philippines. (2021). *Gender Ombud Situation Report*, pp. 4. Retrieved from: https://docs.google.com/document/d/1V8mWZNkLy3k0JfzprNxRw5_2TMdLj1Npqv85LoV3aqY/edit

²²¹ *ibid*, pp.6.

total health workers, increased during the pandemic crisis, and also the cases of sexual harassment by police and military officers at the COVID-19 checkpoints were reported.²²²

Older persons, who have the highest mortality rate among the rest of the populations in the Philippines due the COVID-19, suffered from mental health, spiritual health and financial problems. Senior citizens are at the highest risk of deaths due to COVID-19, where 7 out of 10 deaths were in patients 60 years old and above²²³ The containment measures of the pandemic such as lockdown, Enhanced Community Quarantine and other measures caused profound impacts on the overall aspects of the older persons. “preventive community strategies have made it impossible for older persons to leave their homes, even to obtain basic necessities, without making other arrangements for food and social security.”²²⁴ Similarly, the assistance provided by the government was not found sufficient and unclear quarantine guidelines caused confusion and created more difficulties in accessing the food and other basic commodities.²²⁵

LGBTQ people have had the challenges like stigmatization, poor or no access to the essential public services including health services and government remedial measures, financial hardships, harassment and discrimination during the COVID-19 pandemic. Many LGBTQI people working in service industries lost their source of income, when all non-essential services were shut down in the country, and faced severe financial

²²² United Nations Women.(2020). *Gender Snapshot: COVID-19 in the Philippines*, pp.2. Retrieved from:<https://asiapacific.unwomen.org/sites/default/files/Field%20Office%20ESEAAsia/Docs/Publication%202020/04/PHL-COVID%20Gender%20Snapshot%20April%202020.pdf>

²²³ World Health Organization. (2021). *WHO and Senior Citizen Commission Call on LGUs to Ramp up Vaccination of the Elderly Amid Fast-Spreading Variants*. Retrieved from: <https://www.who.int/philippines/news/detail/01-07-2021-who-and-senior-citizen-commission-call-on-lgus-to-ramp-up-vaccination-of-the-elderly-amid-fast-spreading-variants>

²²⁴ Sadang, J.M., Palompon, D.R., & Suksatan, W. (2021). *Older Adults' Experiences and Adaptation Strategies during the Midst of COVID-19 Crisis: A Qualitative Instrumental Case Study*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8272997/>

²²⁵ Chapay, M. (2021). *Senior Citizens during COVID-19 Crisis in the Philippines:Enabling Laws, Current Issues and Shared Efforts*, pp. 11-12. Retrieved from: file:///C:/Users/CHR50/Downloads/Older%20persons%20during%20the%20pandemic%20in%20Philippines.pdf

challenges.²²⁶ LGBTQ people also faced discrimination in accessing the essential services and government's assistance which made their livelihood more challenging during the pandemic. Lack of legal gender recognition procedures posed challenges on the LGBTQI people in receiving the essential services and aid, there are instances that LGBTQ people were denied food supplies and aid when their ID did not match with their appearance. "Several reports emerged in the Philippines of lesbian couples who were denied stated food supplies issued during the COVID-19 pandemic because the local government failed to recognise them as a family."²²⁷ Further, LGBQ people were detained, faced violence and harassment from the police in accusation of violating the emergency laws during the pandemic lockdown. In the northern part of the country, three LGBTQ people were detained for violating the curfew, and they were also publicly humiliated by forcing them to kiss, dance, and do push-ups while being broadcasted on social media accusing them of looking for sex.²²⁸

D. Best practices

★ **Single online portal for public services**

In the Philippines, the government created www.COVID19.gov.ph for COVID-19-related matters, such as the number of cases and deaths, protocols and standards, and available government programs by sector (i.e., social, economic, health, security). The website also has a feedback mechanism, which is an important aspect of e-governance.

★ **Whole-of-government approach (WGA) in crisis management**

The WGA has been a recurring theme in the Philippine governance system which provides for the implementing rules and regulations of the social amelioration measures, and highlights the need for WGA in its execution. Under WGA, the Philippine government launched an emergency subsidy program called the Social Amelioration Program (SAP), that provided one-time payment between PHP5,000 and PHP8,000 targeting 18 million households without a national ID systems and for which the Philippines became one of the first countries delivering cash transfer in response to the pandemic without national ID systems.

★ **CHR's Human Rights Advisory Series on human rights in the time of COVID-19**

²²⁶ Asia Pacific Forum. (2022). *An NHRI Guide on responding to COVID-19 impacts on LGBTQI people*, pp. 9. Retrieved from:

<https://cfnhri.org/wp-content/uploads/2022/05/NHRI-Guide-Covid-LGBTI-people.pdf>

²²⁷ *ibid*, pp.10.

²²⁸ Biana, H.T., & Domingo, R. (2021). *Lesbian Single Parents: Reviewing Philippine Covid-19 Policies*, pp. 4. Retrieved from: <https://vc.bridgew.edu/cgi/viewcontent.cgi?article=2695&context=jjws>

The Commission on Human Rights of the Philippines, through its human rights advisory series, provided practical recommendations to the government for the protection of human rights, particularly of the vulnerable groups during the COVID-19 pandemic crisis

3.2 Assessing states' human rights obligation

Governments, as a legal duty bearer, have an obligation to respect, protect and fulfill the human rights of their citizens. This obligation is not lessened during the time of crisis rather the responsibility of the governments is doubled, they should take extra efforts and robust actions because such crisis and public health emergencies fragile the human rights. There are different international human rights treaties and instruments adopted for the protection of human rights in normal situations and during the time of crisis. Such international human rights law lays down obligations which States are bound to respect. By becoming parties to international treaties, States assume obligations and duties under international law to respect, protect and fulfill human rights. The obligation to **respect** means that States must refrain from interfering with or curtailing the enjoyment of human rights. Similarly, the obligation to **protect** requires States to protect individuals and groups against human rights abuses, and the obligation to **fulfill** means that States must take positive action to facilitate the enjoyment of basic human rights.

During the time of crisis, the human rights of the vulnerable groups are more likely to be violated and they also tend to face more challenges and difficulties in fulfilling their basic necessities. Hence, they need some extra care, safety and protection measures by the governments, and actions, programs and policy responses of the governments must be guided by equality and nondiscrimination, accountability, transparency and participation. In this report, three indicators: structural, process and outcome are used to monitor the implementation of human rights, or to evaluate States' human rights obligation. These indicators will only assess the States' human rights obligation based on their actions and responses during the COVID-19 pandemic, and referenced relevant international human rights instruments, so the assessment does not provide complete status and overview of the States' human rights obligation. These indicators measure a state's intent or commitment to

human rights standards, the efforts required to make that commitment a reality, and the results of those efforts in terms of the increased enjoyment of human rights over time. **Structural indicators (commitments)** reflect the ratification and adoption of legal instruments and the existence as well as the creation of basic institutional mechanisms deemed necessary for the promotion and protection of human rights. **Process indicators (efforts)** measure duty bearers' on-going efforts to transform their human rights commitments into the desired results which include the indicators that continuously assess the policies and specific measures taken by the duty bearer to implement its commitments on the ground. **Outcome indicators (results)** capture individual and collective attainments that reflect the state of enjoyment of human rights in a given context.

Since the baseline report mainly focused on economic, social, cultural, and civil and political rights during the COVID-19 pandemic, it has only referenced seven relevant international human rights treaties including the International Covenant on Economic, Social and Cultural Rights (ICESCR), the International Covenant on Civil and Political Rights (ICCPR), the International Convention on Elimination of all forms of Racial Discrimination (CERD), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD), the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (CMW), and Convention on the Rights of the Child (CRC). Regarding the commitments of the states for promotion and protection of human rights, among the six SEANF member countries, only the Philippines and Indonesia have ratified all referenced seven international human rights instruments. Malaysia and Timor-Leste, except CERD, have ratified other six human rights instruments, and Thailand has also ratified six human rights treaties, which has not ratified CMW yet. Similarly, among the seven referenced international human rights treaties, Myanmar has only ratified four, including the ICESCR, CRC, CEDAW, and CRPD.

Measuring the States' on-going efforts to transform their human rights commitments into the desired results, they have taken various actions including policies and programs for the protection of human rights of their citizens during the pandemic crisis. These various efforts of the governments in response to the pandemic should be taken on a positive note.

The efforts and programs of the governments' for the protection and enjoyment of social and economic rights, for instance, provision of telemedicine services, financial support packages, emergency subsidy program, development of crisis management systems, development of social protection and social security, provision and development of digital learning platform, employment schemes, and development of the mechanisms to handle the cases of domestic and gender-based violence are commendable. However, it is found that the policies and actions of the governments could not be fully aligned with the human rights principles of equality and non-discrimination, accountability, and participation. Some groups and individuals are excluded in the governments' responses and remedies.

On average, the treaty ratification status of the SEANF member countries shows that their commitment, as a legal duty bearer, for the promotion and protection of human rights is satisfactory. All the efforts and policy responses of the government during the pandemic crisis to transform their human rights commitments into results are laudable. Actions and programs of the governments remained highly effective in general. However, the actions and formulated policies of the governments amid the pandemic crisis did not address some vulnerable groups, especially the migrant workers, persons with disabilities and LGBTQ people. Further, the situation of exercise and enjoyment of the civil and political rights during the time crisis is not satisfactory. There is no hierarchy of human rights, and human rights are non-discriminatory, so the governments should have considered and cared for the equal enjoyment and protection of economic, social and civil and political rights. Their policies, programs and actions in response to the COVID-19 should have been guided by the key human rights principles.

CHAPTER IV CONCLUSIONS AND THE PATH FORWARD

The baseline report analyzed and presented the COVID-19 response and recovery plans of the six Southeast Asian nations: Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Timor-Leste. It assessed the governments' pandemic response and recovery policies based on the international human rights framework. The report specifically focused on the social, economic, cultural and civil and political rights of the vulnerable groups including women, children, older persons, persons with disabilities, LGBTQ people and the migrant workers. By presenting the key challenges and difficulties of the vulnerable groups across the six nations during the pandemic crisis, the report highlighted the States' COVID-19 policy and response gaps.

As their immediate response to the COVID-19, the SEANF member countries implemented an emergency law. Though the primary purpose of these emergency laws and containment measures was to prevent and control the spread of the coronavirus, they severely impacted the living and livelihoods of the people with more severe and disproportionate consequences on the vulnerable groups. The extensive lockdown imposed by the countries restricted the freedom of movement, which further affected people's livelihoods and security, their access to health care, to food, water and sanitation, work, and education. The responses to the COVID-19 often resulted in human rights violations and obstacles, particularly in the areas of equality and non-discrimination, economic, social and cultural rights, civil and political rights, and participation, transparency and accountability. The social, economic, health, employment and educational fallouts of the pandemic and its containment measures are acute on the vulnerable groups.

The efforts and responses taken by the governments to mitigate the impacts of the COVID-19 are laudable. Actions and policies targeting the economic recovery remained the major priority area for all the six nations. Stimulus packages, aid, soft loans for entrepreneurs, loans with low interest rates, loan relaxation, tax exemption, provision of emergency fund, national economic recovery plans and social amelioration program were the major strategies and actions of the governments for economic recovery and financial stability of the people during the pandemic crisis. Similarly, disease control and management

strategies of the states focused to formation of the Interagency Task Force, formation of the National Level Central Committees on prevention, control and treatment of coronavirus disease, establishment of the Integrated Crisis Management Center, development of crisis management systems and mechanisms, and the COVID-19 related awareness and information dissemination.

Social protection policies, programs and livelihood support programs of the states included One Stop Social Center, health insurance, unemployment benefit, development of social protection and social security, development of Social Assistance Center Hotline, unemployment benefit, Cash Social Assistance packages, in-kind relief assistance, and social pension. Likewise, the development of digital learning mechanisms was another key effort of the governments for ensuring continuing learning of the children. Moreover, the governments also developed the mechanisms for monitoring and controlling the cases of domestic and gender-based violence heightened during the pandemic crisis.

Despite the aforementioned COVID-19 response policies and actions of the governments, the vulnerable groups have had numerous challenges during the pandemic crisis. Some vulnerable groups had difficulty in receiving the government assistance/remedial measures or they were excluded. For instance, LGBTQ people, women working in informal sectors, and migrant workers were excluded from the governments' remedies and other essential services including health services, food and housing. Some of the identified key reasons for exclusion are lack of data/information on these groups, and requirements of documents, such as national ID, personal information and proof of engaged employment, to receive the aid. Similarly, persons with disabilities and older persons were deprived of governments' aid due to poor or no access to information, and difficulty in online registration procedures for receiving aid and other remedial measures. Children with disabilities, poor economic status, and staying in rural areas deprived of learning, which will have devastating long-term impacts on them. Further, these vulnerable groups have been also excluded in the COVID-19 recovery policies.

This situation of the vulnerable groups and the challenges they faced ascertained that the governments' COVID-19 policies, programs and responses could not remain inclusive, they could not address all people equally. Vulnerable groups, who needed more

protection, attention, and support from the governments in such an unprecedented time of crisis, are excluded in the policy and remedial measures. Hence the findings suggest that human rights should be at the centre of the governments' COVID-19 response and recovery policies. Application of the human rights-based approach, which is also reiterated by the UN General Secretary and OHCHR, is the key for the sustainable recovery of the COVID-19 pandemic and for the future preparedness of the crisis. So, for the viable recovery of the pandemic and to ensure no one is left behind during the pandemic crisis, governments' responses and recovery policies should be guided by the human rights principles: equality and non-discrimination, transparency, accountability and participation. Based on the findings, the report suggests the following recommendations:

❖ **Development of a Joint Action Mechanism**

SEANF, in collaboration with government agencies and civil society organizations, should develop a mechanism for the protection of vulnerable groups during the time of crisis. It will collect the disaggregated data like gender, race, ethnicity, disability, age, language, religion, national or social origin, birth, health status (including HIV/AIDS), LGBTI+ status on vulnerable groups, monitor their situation, and recommend the government/concerned authorities to provide timely and effective measures to support the enjoyment of core economic and social rights of the vulnerable groups affected by emergency restrictions, including through support for employment and livelihoods, housing, food, education, social protection and health.

❖ **Participation of the vulnerable groups**

Vulnerable groups or organizations that represent them should be participated while formulating crisis response plans and recovery policies. Effective channels should be created for the participation and reaching out to those most at risk and those most likely to be excluded in policy development and in all decisions that affect them, including the assessment, planning, design and implementation of emergency related measures, services and interventions.

❖ **Development of disability and elderly friendly online mechanisms**

The findings showed that elderly people and persons with disabilities including children had difficulties in accessing and using the online mechanisms created to provide essential services, including health services (telemedicine), online learning, government remedial measures, and related information during the pandemic due to which these groups were deprived of such services and information. So, there should be investment in the development of online services providing mechanisms that are accessible and applicable to persons with disabilities and elderly people.

❖ **Inclusive and non-discriminatory government assistance during the time of crisis**

Some vulnerable groups, particularly migrant workers, LGBTQ people, and people working in informal sectors were excluded in the policy response to the pandemic and deprived of government aid/remedial measures. So, the policies, programs and assistance of the government, adhering to international human rights standards, should be inclusive and accessible to all people irrespective of their gender, race, ethnicity, disability, age, language, religion, national or social origin, birth, employment status, health status and LGBTI+ status.

❖ **Awareness and swift action against discrimination, stigmatization, harassment and violence during crisis**

Findings of the report revealed that the COVID-19 pandemic heightened discrimination, stigma, harassment and violence against certain groups, including migrant workers, LGBTQ people, women and children. To mitigate and discourage such practices and protect individuals suffering from its horrifying impacts, awareness should be spread using media channels, including news media and social media. The content of the awareness should include the correct information related to COVID-19, channels for mental health support, encouraging people to speak out against negative behaviours and statements, and contact information of the concerned authorities and mechanisms to seek help and assistance for victims. Regarding the harassment against LGBTQ people and migrant workers by the police, training should be given to the personnel involved in the crisis response, those found involved in such acts of harassment should be held accountable.

❖ **Disseminating the information that is accessible and understandable to all**

Access to information is critical during the time of crisis to ensure not only the safety of vulnerable groups, but also the safety of all as well as to enable access to essential services, safety measures and government assistance. Findings showed that some groups were deprived of government assistance, and also had difficulty in accessing health services including the COVID-19 vaccine and treatment due to lack of information. So, the information should be available, accessible and understandable to all during the crisis by making it available in readily understandable formats and languages including indigenous languages and those of minority, adapting information for people with specific need that may include audio-visual information, information in sign language, local languages, and disseminating in social media.