

Mapping COVID: PSIRU working papers for PSI August 2020

Lessons from COVID

August 2020

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NOTE: This paper was completed with data correct up to August 2020.

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1. Introduction: general framework

Although the COVID-19 response is ongoing and contexts are constantly evolving, the purpose of the following research paper is to flagship key lessons learnt from the Covid-19 pandemic in the first 8 months of 2020 for policy makers, trade unions and civil society organisations. The paper investigates what factors and policies have helped or hindered protection against Covid-19 as well as support for economic well-being and the environment. It analyses the unequal impact of the pandemic, the policies, and the role of business interests during the pandemic.

The research uses a case study approach whereby 24 countries across the world were selected based on the lessons they offer while paying attention to regional diversity. After having reviewed several indexes that measure the effectiveness of countries' responses to Covid-19, we see potential pitfalls and biases in most of them and as researchers hope to avoid 'index fetishization'. We came to the conclusion that the best indicator is the Covid-19 mortality rate (measured in deaths per 100k population). Furthermore, this paper draws on research mostly from accredited international databases and academic journals and to a lesser extent also uses sources from accredited newspapers, established think tanks and NGOs.

The paper highlights that three public objectives are, or should be, driving the response to the pandemic.

- First is the public health goal to minimise the risk of infection and death for the whole population.
- Second is the goal of protecting people and the environment from the economic consequences of the pandemic and the public health measures.
- Third is to construct an economic recovery from the pandemic which will sustain and protect people's lives, livelihoods, and environment.

All of these are public goods. Managing the economic consequences in the best way for the public and the environment is not the same as managing the economic consequences to suit various actual private economic interests.

Under each heading we can look at various policies which countries have followed.

A. Public health: minimising deaths from pandemic

The measures to minimise deaths can be broken down into three categories.

- The first consists of measures intended to reduce the number of cases by cutting the transmission of the virus. The advice of the WHO basically relates to this category. It includes the lockdown measures which restrict travel, work and social contact, which cause the great part of the negative economic consequences for the whole national (and global) economies. It also includes the 'test, track and trace' measures which enable targeted quarantine for identified contacts: these measures by contrast actually create economic activity, which private companies can seek to profit from.

- The second category consists of measures to provide the best healthcare for those who are infected. This includes creating extra hospital ICU capacity to treat those infected, which includes creating or taking over new hospitals, and re-deploying staff from other healthcare work. It also includes providing staff with protective equipment. And it creates further economic activity for example producing and supplying protective equipment, or ventilators, or test kits, from which private companies can seek to profit.
- The third category consists of developing, distributing and administering a vaccine which can stop the virus spreading in future. This includes both the research to develop a vaccine, and the subsequent manufacture and distribution, both of which involve major economic activity which private companies want to get involved in, but where there are major global public interests in free distribution or licensing.

Table/chart 1. Minimising deaths

Reducing cases: cutting transmission
- Lockdown measures:
o Limit international travel, internal travel
o stop (non-essential) work and travel to work
o minimise public cultural activity
o social distancing
- Test, track, trace, quarantine (public health job)
Optimising healthcare:
- boosting hospital capacity: boosting ICU beds, ICU staff, lab analysis
o new temporary hospitals
o more ventilators
o requisition private hospitals
o diverting health workers from other work to Covid, reducing patient referrals
▪ protecting healthcare for other conditions
- Protecting health workers from death and transmission
- Procuring supplies (and distribution): PPE, ventilators, test kits
o Global or local procurement
o voluntary/private production
Vaccine:
- Research and development of vaccine: universities, pharma companies
- Manufacture, distribution and affordability of vaccine
- Free global licensing

B. Managing economic and social consequences

The economic impact is mainly a consequence of the public health measures, as much as the pandemic itself. The lockdown measures, in particular, are massively disruptive of much previous production of goods and services and of previous incomes, with existing inequalities of health and income being

magnified for example for ethnic minorities and migrant workers. They also have a big impact on private business, with some activities becoming unprofitable while others grow and become more profitable for example Amazon and Zoom.

In addition, public services themselves suffer particular stresses – healthcare systems, but also for example social care, education, and public transport. Because of this, governments have taken much greater economic action than has been normal so far in the 21st century, under four main headings:

- The first consists of various measures taken to protect or adjust or substitute for the wage income of workers and households. This includes general provision of public finance to cover a part of workers’ normal wages through short-time working or ‘furlough’ schemes, improving sick pay to enable workers to stay home when ill, new or revised social security benefits to support families, and other measures which may include subsidising utilities, protecting tenants from eviction. They also include specific measures in relation to public sector workers, such as reducing wages to partly finance other measures; or the provision of accommodation or food for informal migrant workers to reduce their incentive to travel home.
- The second category is direct support for private business interests. This includes direct guarantees of profits for some companies/sectors, noting that the actual impact of lockdown varies between sectors, and noting also that the state subsidy of wages is also a de facto subsidy to companies. It also includes the value of business gained from new procurement and/or outsourcing of public service work, including new activity generated by the response to the pandemic as noted above.
- The third category consists of measures to deal with the stresses placed on the production of public services themselves. This includes primarily the distortions and pressure on the health service and its workers; provisions for children’s education (and meals) under school closures; social care for the elderly; and public transport as a danger zone. Public service workers in all services are under increased danger and stress, especially ethnic minority and migrant workers.
- The fourth category is public finance policies, including how the surge in public spending caused by the new measures above are financed - debt, taxation, money creation – and how far the development of such policies is the subject of democratic and public debate and decision.

Table/chart 2. Table: Managing economic and social consequences

-	Income of workers and households
○	workers in general: <ul style="list-style-type: none"> ▪ partial protection by short-time working/furlough schemes ▪ sick pay ▪ social security benefits ▪ working from home WFH ▪ protection for self-employed,
○	public sector workers: pay levels, pay cuts
○	informal workers inc. accommodation, food
○	guaranteed public employment e.g. MNREGA

- health of workers
○ healthcare and social care workers: health risks, stress of treating epidemic
○ other key workers health risks: public transport, schools
○ inequalities BAME workers/others: higher risk of death
- Impact on business
○ Government direct protection and state aid: profit guarantees
▪ Stable sectors under lockdown:
• network monopolies e.g. water, energy, telecoms
• landlords/rent
○ Business gains and losses by sector
▪ Gains from lockdown: Amazon , pharmaceutical companies, etc
▪ Problems from lockdown: bars, cafes, restaurants, shops, music, sport, airlines, hotels, tourism
○ Privatisation gains: new contracts, future position vs public sector
- Impact on public services of epidemic and responses
○ Healthcare: disruption of resource allocation, changed role, additional temporary or privatised capacity,
○ Education and school closures: support for home teaching, free school meals
○ Social care: supporting carers, quarantine
○ Public transport: higher health risk, massive fall in use, long-term role uncertain
- Public finance and economic strategy
○ Policies on govt finance
▪ Printing money/MMT
▪ Debt
▪ Future taxation/austerity
○ International support for middle and low income countries
▪ debt relief
▪ IMF SDRs, QE
○ Democratic controls over the process
▪ Local control inc. of production/distribution of PPE, TTTQ

C. Recovery and future

The final set of policies concerns the management of economic and social recovery. This includes the development and/or restoration of a public healthcare system with the capacity to provide a full range of universal public healthcare and the capacity to handle future epidemics. It also needs to resist attempts to restore 'business as usual' (BAU), which is identified with the vested interests of private business.

The pandemic has demonstrated that the current system is based on great and growing inequalities, fails to provide secure employment for all, fails to deal with the climate emergency, and undermines public services. Recovery from Covid19 should become an opportunity to reconstruct an economy which works for the common good, by ensuring good and secure employment for all, resourcing universal public services, dealing with the climate emergency.

D. Empirical research and key lessons and factors

This report examines what has happened across the world, and identifies factors¹, whether quantifiable or not, which seem to have been conducive to delivering results which are relatively ‘good’ in terms of these issues and objectives.

Table/chart 3. Factors (main category headings + specific aspects)

Public sector institutions	universal healthcare system invaluable for response and treatment needs to be actually used as part of response e.g. UK has great NHS but govt responds by using only private sector Local government role and capacity important e.g. Vietnam, Germany
Socio-economic issues	Inequality, poverty, and slums all make it harder because people don’t have space to isolate and can’t afford to stop working in lockdown Migrant workers are non-citizens in overcrowded housing
Political economy	Wealthy western countries amongst worse performers Countries with strong public collective values do well, inc communist More likely to observe distancing and lockdown measures, volunteer Respect for internationalist approach Negative impact of fundamentalist/nationalist governments/religions Community action and support
Private sector role	Power of business interests on govt policy, affecting relative priority between minimising deaths and rapid return to BAU Negative effect of outsourcing, TTT, PPE, school meals etc:

This report is based on research which included preparing case studies of 24 countries from all regions, covering about 1/3 of the world’s population. See a sperate PSIRU paper entitled

Table/chart 4. Country case studies prepared as part of research

Region	Sub-region	Country
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¹ This is a different from drawing up a league table of whether specific governments have ‘done a good job’ – e.g. Uruguay has generally done well, but mainly due to its good public health service and relative equality, rather than its newly elected right-wing government, which has actually cut (some) public service salaries to part-finance the cost of economic support.

Africa		Mauritius
		Nigeria
		South Africa
Americas		Argentina
		Colombia
		Costa Rica
		Cuba
		Ecuador
		Paraguay
		Surinam
		Uruguay
		USA
Asia-Pacific	South Asia	India
		Pakistan
	East Asia	South Korea
	Southeast Asia	Philippines
		Singapore
		Vietnam
	Pacific	Australia
		New Zealand
Europe		Germany
		Greece
		Sweden
		UK

2. Impacts on countries

The basic data on how the pandemic has affected mortality rates and the economy as at August 2020 is set out below.

A. Mortality

At mid-August 2020, the total number of people in the world who had [died of Covid19 was 776,765](#). This represented almost exactly 10 deaths per 100,000 of the world's population.

The table below shows the cumulative mortality rates from Covid19 for selected countries at the same point in time, with the worst mortality rates at the top. It shows that people in some of the richest countries in Europe and north America have been hit hardest, with mortality rates 5-8 times as great the global average.

At the other end, they show that a number of east and southeast Asian countries, alongside New Zealand and Cuba, have rates which are only a tenth of the global average, or less.

These are not the final totals, either for the world or for any country. But they show the scale of the impact which the virus is having on people.

Table/chart 5. Selected countries: cumulative mortality rates per 100,000 population

Source: JHU 18/08/2020 see Annexe

Country	Pop	Confirmed cases	Deaths	Case-Fatality	Deaths/100K pop.
Belgium	11	78,323	9,939	12.70%	87.02
Peru	32	525,803	26,075	5.00%	81.51
United Kingdom	66	320,343	46,791	14.60%	70.37
Spain	47	342,813	28,617	8.30%	61.25
Italy	60	253,915	35,396	13.90%	58.57
Sweden	10	84,294	5,783	6.90%	56.79
Chile	19	385,946	10,452	2.70%	55.81
US	327	5,403,213	170,052	3.10%	51.98
Brazil	209	3,340,197	107,852	3.20%	51.49
France	67	252,965	30,410	12.00%	45.4
Mexico	126	522,162	56,757	10.90%	44.98
Colombia	50	468,332	15,097	3.20%	30.41
Canada	37	124,004	9,074	7.30%	24.49
Iran	82	343,203	19,639	5.70%	24.01
Kyrgyzstan	6	41,856	1,495	3.60%	23.67
Switzerland	9	38,124	1,991	5.20%	23.38
South Africa	58	587,345	11,839	2.00%	20.49
Argentina	44	294,569	5,703	1.90%	12.82

Germany	83	225,007	9,235	4.10%	11.14
Russia	145	920,719	15,653	1.70%	10.83
India	1354	2,647,663	50,921	1.90%	3.76
Greece	11	7,075	228	3.20%	2.13
Japan	127	56,074	1,103	2.00%	0.87
Mauritius	1	346	10	2.90%	0.79
Cuba	11	3,316	88	2.70%	0.78
Korea, South	52	15,515	305	2.00%	0.59
New Zealand	5	1,631	22	1.30%	0.45
Malaysia	31	9,200	125	1.40%	0.4
China	1383	89,375	4,703	5.30%	0.34
Thailand	73	3,378	58	1.70%	0.08
Sri Lanka	22	2,893	11	0.40%	0.05
Vietnam	80	964	24	2.50%	0.03

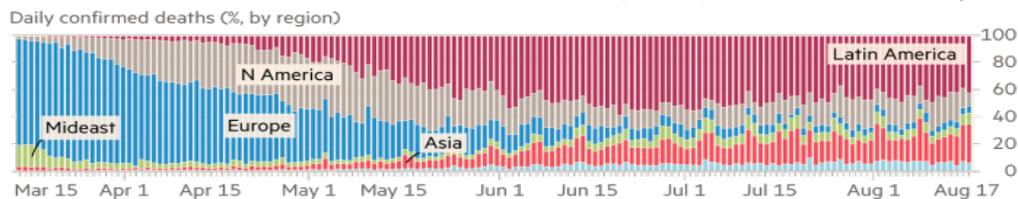
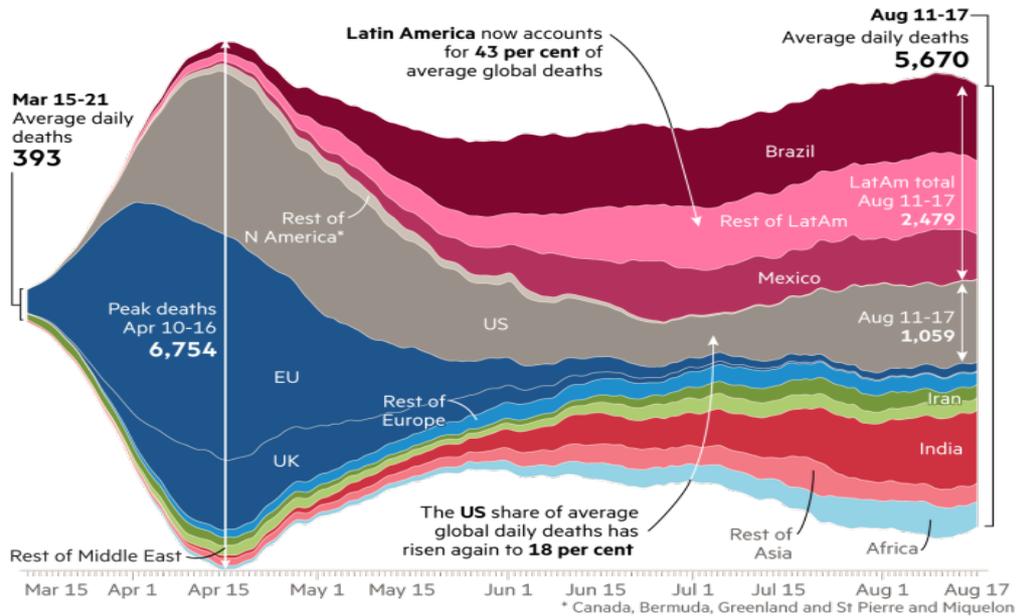
The graphic below shows how the regions and countries most affected by the pandemic have changed over the last 6 months, in terms of the number of daily deaths. In March and April, the deaths were largely concentrated in Europe. At mid-August, nearly two-thirds of cases were in Latin America and the USA , with India becoming the area with the next greatest number of deaths.

Table/chart 6. Global trends in daily deaths by region March-August 2020

Source: [FT 18 August 2020](#)

Resurgence in Covid-19 deaths approaching mid-April peak

Daily deaths of patients diagnosed with coronavirus (7-day rolling average)



FT graphic: Steven Bernard / @sdbernard
 Sources: FT analysis of data from the ECDC, the Covid Tracking Project, the UK Dept of Health and Social Care and the Spanish Ministry of Health
 © FT

The most useful lesson to learn from experience is what factors help keep the mortality rate low.

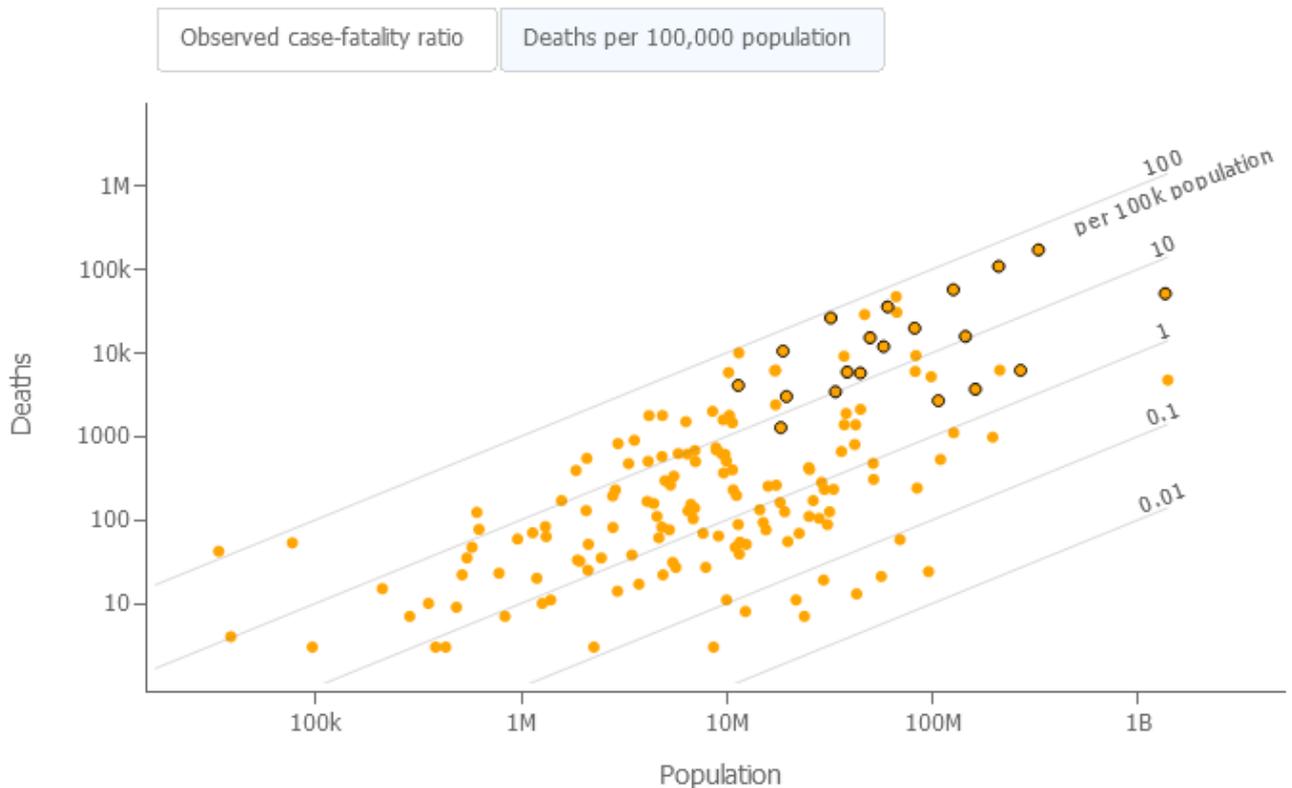
There is a link between the size of a country's population and its cumulative death rate: in general, the larger the population, the higher the death rate, as shown in the [JHU chart below](#):² However the chart also shows considerable variation between countries of similar size, which is even greater than appears on the chart because of its logarithmic scale. Some large countries such as China, Vietnam, Germany, and South Korea have all performed very, or relatively, well: others such as India, the USA, UK, have performed very badly. Thus the two outlying dots on the right, China and India, appear quite close together, but the death rate for China is 0.34 and for India 3.76 – more than 11 times as great.³ Other factors are clearly at work.

Table/chart 7. Country size and deaths per 100k population

Source: John Hopkins University <https://coronavirus.jhu.edu/data/mortality> 18/08/2020

² On the JHU website, each spot can be clicked to show the country and actual mortality rate

³ As at 04 August 2020



Another factor which clearly helps is being an island: the table in the Annexe shows that the three largest islands in the world which are also states – Madagascar, Taiwan, and Sri Lanka – all have populations over 20 million, and very different economies, but all have so far a death ratio per 100k of less than 0.05. Five of the next six largest islands – Cuba, Singapore, Jamaica, Trinidad, Mauritius – all also have ratios better than 0.8: Australia and New Zealand, which are effectively island countries, also have ratios below 0.5. But there are exceptions, notably Ireland, which has a death ratio so far of 35.31, one of the worst in the world, and the UK whose mortality rate is even worse. So other factors are relevant for island states too.

B. Recession

The IMF forecast in June that [the global economy as a whole will shrink by 4.9% in 2020](#). The EU and the UK and Latin America are expected to fall by about 10%, USA and Canada by 8%, Japan by 6%, India and Africa by about 5%. The only country forecast to grow is China, by 1%. South Korea’s effective test, track and trace system has also enabled it to minimise the recession because they allowed it: (FT 13/08/2020): “to avoid a nationwide lockdown throughout the pandemic, which put the economy on track to outperform all others in the OECD. The economy is expected to contract 0.8 per cent this year compared with an OECD average of minus 7.5 per cent”

The ILO estimates that by June 2020 [total working hours in the world had been cut by nearly 14%](#) as a result of Covid19 lockdowns – equivalent to 400 million full-time jobs - with the largest reduction (18.3 per cent) occurring in the Americas. In the USA in August [15.5million people were claiming unemployment benefit](#), over 10% of the working population.

Latest World Economic Outlook Growth Projections

(real GDP, annual percent change)	2019	PROJECTIONS	
		2020	2021
World Output	2.9	-4.9	5.4
Advanced Economies	1.7	-8.0	4.8
United States	2.3	-8.0	4.5
Euro Area	1.3	-10.2	6.0
Germany	0.6	-7.8	5.4
France	1.5	-12.5	7.3
Italy	0.3	-12.8	6.3
Spain	2.0	-12.8	6.3
Japan	0.7	-5.8	2.4
United Kingdom	1.4	-10.2	6.3
Canada	1.7	-8.4	4.9
Other Advanced Economies	1.7	-4.8	4.2
Emerging Markets and Developing Economies	3.7	-3.0	5.9
Emerging and Developing Asia	5.5	-0.8	7.4
China	6.1	1.0	8.2
India	4.2	-4.5	6.0
ASEAN-5	4.9	-2.0	6.2
Emerging and Developing Europe	2.1	-5.8	4.3
Russia	1.3	-6.6	4.1
Latin America and the Caribbean	0.1	-9.4	3.7
Brazil	1.1	-9.1	3.6
Mexico	-0.3	-10.5	3.3
Middle East and Central Asia	1.0	-4.7	3.3
Saudi Arabia	0.3	-6.8	3.1
Sub-Saharan Africa	3.1	-3.2	3.4
Nigeria	2.2	-5.4	2.6
South Africa	0.2	-8.0	3.5
Low-Income Developing Countries	5.2	-1.0	5.2

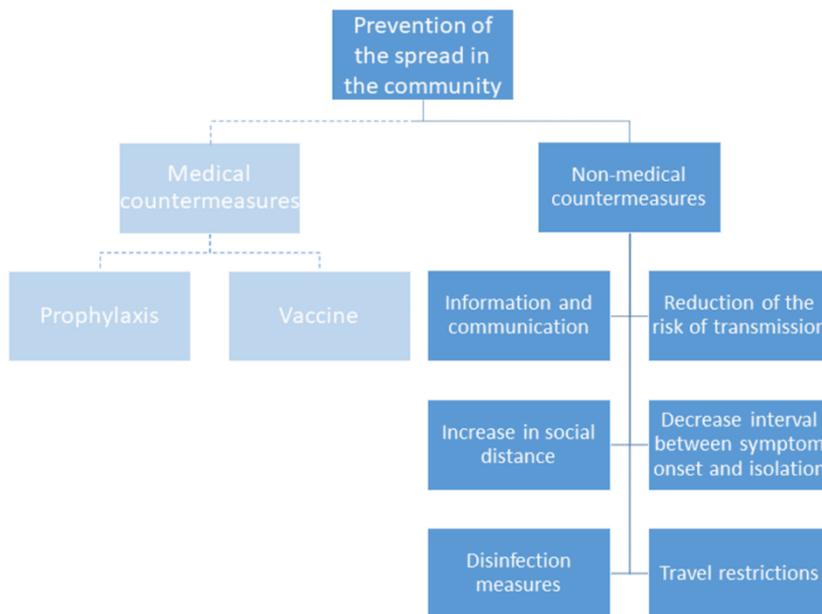
Source: IMF, *World Economic Outlook Update*, June 2020

Note: For India, data and forecasts are presented on a fiscal year basis, with FY2020/2021 starting in April 2020. India's growth is -4.9 percent in 2020 based on the calendar year.

3. Key policy actions: lockdown, test, track and trace, support for people and business

This section sets out the ways in which (mainly Asian) countries have sought to deal with the impact of Covid 19, and how they are effective. They include lockdown of activities, testing and tracing. Governments have also taken a much bigger economic role to support people and businesses, and to plan a recovery.

Table/chart 8. Main Public Health Policy responses to epidemics



A. Lockdowns

The speed with which governments responded to their first cases by introducing lockdowns affected the results. Countries such as Germany, which locked down rapidly, have done significantly better than comparable countries, such as the UK, which locked down at a later stage. It has been estimated that if the UK had locked down just one week earlier, the death toll from Covid19 could have been reduced to a quarter of the actual level experienced.

- In Vietnam, information about the first 2 cases on 23rd January led to the formation of a national committee a week later followed by a total lockdown on 3rd February – just 11 days from the first cases. Singapore had a similar rapid lockdown within days.
- Eastern Europe has been less affected than the Western part of the continent, ⁱ partly because the region learnt lessons from other countries that had faced the pandemic earlier, especially Italy. ⁱⁱ Slovakia, Poland and the Czech Republic were among the first countries in the EU to close their borders, before the pandemic had taken off in their own countries.ⁱⁱⁱ
- In Mauritius, measures to fight the pandemic were taken long before the country recorded its first Covid-19 case. In January, the government started screening people on arrival at its airport, restricting flights from China and Europe., even before the first three cases of COVID-

19 in Mauritius were detected on 18 March 2020 xii Mauritius then introduced lockdown measures, closing schools and only essential services were operating, and closed its borders except for repatriation flights

However, fast lockdown by itself is not necessarily effective. The media emphasis on the ‘stringency’ of measures taken fails to understand the much greater importance of public support, and the economic measures which make that possible (see annexe for a critique of this ‘stringency’ approach). For example:

- India went into a nationwide lockdown on March 23rd. Although this measure was implemented early compared to Western countries, what followed was massive chaos, and little effect was observed. It highlights the importance of order and public cooperation when lockdown/ distancing is issued.
- Also, South Africa demonstrated that imposing a strict lockdown is not effective in preventing the spread of Covid-19 if the majority of the population cannot follow it.

B. Quarantine

Quarantine policies are implemented in collaboration with travel ban, testing strategy and technology to contain the virus. Quarantine may come in the form of a legal order, or a recommendation from government; and in either case there is a privacy issue with the use of technology to supervise people’s movement and activities.

Quarantine may be forced-quarantine or self-quarantine. While self-quarantine helps reduce pressure on government’s resources, there are also concerns over increased health inequity among vulnerable communities. For example:

- in April, during the peak of the pandemic in Singapore, the country has put around 20,000 migrant workers under quarantine. It is reported that, in these dorms, around 12 persons living in one room and one toilet for 14 rooms, which certainly result in rising risk of transmission among these migrants. This suggests that better social support and mobilisation of civil society are necessary to assist vulnerable communities undergoing quarantine.
- New Zealand, despite recording low cases of infection, still applies managed-isolation or quarantine for all travellers entering the countries regardless of nationalities, self-quarantine is not allowed in the country.
- Vietnam and Australia also follow the same pattern as ordering travellers to go into government approved mandatory quarantine for 14 days from arrival.
- However, India, while reopening its tourism, has recently eased quarantine rule to less 7 days for international travellers.

Quick responses from government to convert and make use of available facilities such as dormitories and hotels for centralised quarantine help release pressure on public health systems. Private hotels may be keen to participate, but then cost becomes an issue.

Some countries also monitor quarantine with the assistance of technology and testing. For instance, in Australia, while undergoing quarantine, travellers are also required to be tested for COVID-19 in the

first 48 hours and then between days 10 to 12 of quarantine. In South Korea, the country has shifted to “every life quarantine” with the assistance of the “Self-Quarantine Safety Protection App” or “Self-Diagnosis App”. Moreover, the country has also introduced wrist bands that alert authorities, in real time, if a person breaks self-quarantine rules. In Singapore and Vietnam, people who break quarantine measure would also be fined or liable for imprisonment.

During the pandemic, the selected countries have quickly converted facilities such as universities dorms (Vietnam) or hotels (New Zealand, Australia, South Korea, Pakistan) to quarantine facilities. For instance, Pakistan has reacted quickly and changed hundreds of hotels to temporary quarantine centres. In the case of Vietnam, universities dorms and military barracks have been turned to quarantine centres as self-isolation of travellers (asymptomatic or symptomatic) and suspected cases are not allowed in the country.

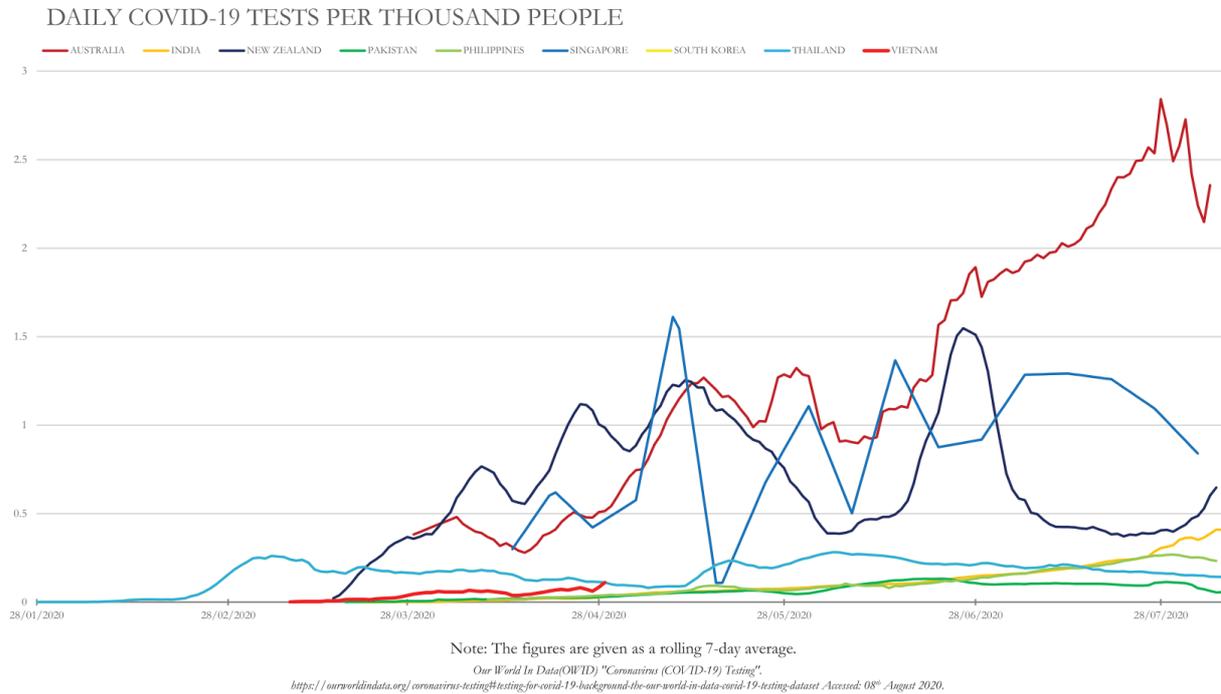
Several countries such as Australia or India have started charging fee for quarantine. In Australia, the New South Wales state government has charged an amount of \$3000 for one adult for the whole course of 14 days of quarantine. New Zealand government has also proposed managed isolation and quarantine charge for incoming travellers which would be implemented in October 2020. In several states of India, “paid” quarantine has become the norm and used as a way to deter people from coming back to their own states. This has put further burden on poor Indian migrants who have already had to pay a considerable amount of money to come back home.

C. Testing

Number of tests alone shows little to no correlation with how well a country handles Covid-19. For example, Australia, while having a much higher rate of testing than New Zealand and South Korea (Figure 2), already entered the second wave of Covid-19, showing no sign of slowing down.

Testing needs to be combined with active tracking and tracing of contacts to identify “people who should stay home or wear masks and keep physical distance from others when outside” – and then be able to get those people to stay at home. The case of the USA shows that by itself, testing and tracing are not sufficient to limit the impact: the USA has the highest testing rate per 1000 population in the world, and just under 7% have tested positive, but despite this, the USA death rate is one of the worst in the world.^{iv}

Table/chart 9. Daily Covid-19 Tests per thousand people in Asia Pacific (as of 08 Aug 2020)
(T. Nguyen)



The two main types of testing are mass testing and targeted testing.

Mass testing means testing is conducted on a large group of the population, often time regardless of symptoms or not. The most frequently used types of mass testing are:

- Screening centre:** Most Asian countries' governments set up screening centres or dedicated Covid-19 clinics. For example, Singapore's screening centres are available at regional level, with people getting tested on request. Samples of high-potential patients are even transported by hands by designated health workers to avoid leakage. In some sites in Australia, people only need to walk in dedicated testing clinics without prior appointment. In South Korea, people with symptoms or contact with positive patients can call Covid-19 hotline to get information about the nearest testing site, get tested for less than \$20 or even free, and receive the result by phone within 24 hours. Those who shows no sign of Covid-19 can also get tested with a fee of \$140.
- Drive-through test:** This type of testing method is seen in South Korea, New Zealand, and Australia. Testing camps are set up outside of medical facilities. Health workers would direct people to a designated parking area where they stay inside their cars to avoid contact with other people. Samples are taken from each car separately, and results are sent to them via text messages.
- Phone-booth test:** Phone-booth testing is an innovative testing method widely used in South Korea. To receive testing, people walk in a clear booth with negative air pressure to prevent air leak. They will receive a quick consultation with a medical profession. Afterwards, a nasal or oral sample is collected by medical staff through arm-long rubber gloves. Booths are disinfected after each test. The whole examination takes about seven minutes.

Targeted testing is testing at a smaller scale mostly for people who have had contact with positive patients and people from outside of the country. Targeted testing is used mainly in countries with lower budget, such as Thailand, Viet Nam, India, etc., where setting up testing sites and having sufficient staff for those sites around the country are too costly. Availability of test-kit is also a problem: for countries that have not developed their own test kit, import cost and amount of test kits is a burden for the government.

Combined with contact tracing, those countries' governments trace out potential patients, putting them in quarantine and having medical check-up on those people only. Testing can be requested for those with no sign of Covid-19; however, due to the low testing capacity, people often have to travel to limited designated hospitals and have careful medical consultation before the test is conducted.

Targeted testing was also successful in Germany. Due to its aging population Germany was at a higher risk to face high fatality rates due to Covid-19, as more older than younger people die from the virus. Yet through a combination of high levels of testing (the highest in the EU) and especially among high-risk people and health care and in nursing homes workers, contact tracing and shielding of the older population, the number of infections among people who are older than 70 was half of that in Italy (19 per cent in Germany, vs 39 per cent in Italy). This is believed to be one of the main reasons why the fatality rate in Germany is much lower than in other European countries; as of May 2020 the fatality rate was 4.6 per cent compared with 14.1 percent in Italy and 12 percent in Spain.^v

Preparing for the second wave

Most Asian countries are preparing for the second wave by testing every person at their point of entrance and putting them in quarantine. South Korea is also conducting antibody testing. Antibody tests show who has developed Covid-19 antibody, helping to trace out those who had Covid-19 in the past. This is especially helpful when a lot of positive patients do not show any typical sign of Covid-19, yet the probability of infecting other people is still as high as usual.

D. Track and trace

Each country has its own "bundle" of measures given its resources. In Vietnam, the government combined targeted testing, manual contact-tracing, and strict quarantine in designated camps. Since mass-testing and effective digital contact-tracing are impossible due to the limited government resources and low accessibility to smart apps, Vietnam started target-testing early on every single visitor from other countries and then used manual contact-tracing on them. Their plan was to remove the potential of infection completely from Vietnam. As of July 27th, they succeeded with less than 500 cases in a population of 90 million people. Thailand also has a very similar bundle of measures due to limited government resources, resulting in a consistently low number of new cases since April.

South Korea, on the other hand, combined mass-testing and intensive digital contact-tracing. Mass-testing and intensive digital contact-tracing served as an effective replacement for forced quarantine in Vietnam, as the surveillance using CCTV and smartphones leave people no choice but to obligate self-quarantine orders. The bundles chosen also fit each country politically and economically. In the single-party, authoritarian state of Vietnam, it is easier to implement forced quarantine at designated camps. Meanwhile in the multiparty government of South Korea, given their available network of public and private CCTV, as well as frequent usage of smartphones, intensive digital contact-tracing is

a better, more reasonable choice. New Zealand also succeeded using a bundle similar to that of South Korea.

Digital contact tracing commonly uses Bluetooth technology embedded in smart phones and mobile devices. Singapore's Trace Together is the model for this approach. An app that shares "proximity information" when another device with the app installed is nearby. The phones calculate the approximate distance between users (via Bluetooth) and the duration. The data is stored for a rolling 21-days. Once a new patient with the app is confirmed, the authorities can automatically contact anyone potentially at risk.

Even when the technology behind these apps works, there are problems with contact tracing via app including potential breach of privacy (GPS and private data), economic inequality barrier to smart technology, and the rate of compliance. Needless to say, no countries have managed to get all people to use their apps. And it would certainly not work if some use and some others do not. The downside of optional apps is the percentage of the population needing to opt-in and install the software for it to be useful. And that's a steep ask. It's one thing to trace phones without arousing a public outcry, quite another to prompt a person to install an app and run it on their phones. The reality is that contact tracing China-style remains the most effective way of making this work. As pointed out by Oxford University researchers, this will become a wide-ranging experiment as to whether more than half the population would trade personal privacy to avoid further lockdowns. It will only work "if used by enough people," and that raised doubts.

To make up for some short-comings of app-based contact tracing, tag-tracing systems, also pioneered by Singapore, are being trialled since late June. These tokens also use Bluetooth technology. When any two devices are nearby (it could be one token and one app), interactions are recorded, and kept for 25 days. If a user is tested positive, the token is then handled by authorities to track down recent interactions so that they can be advised to self-isolate.

Manual contact tracing is another option. This has been well-deployed by Vietnam. The idea behind its contact tracing system is somewhat similar to criminal-tracking techniques deployed by police and is cheap yet labour-intensive. The system requires complete social co-operation.

E. Lessons from re-opening and the second wave

Countries try to re-open economic and social activity as soon as possible. This involves a judgment of whether the virus has been contained effectively enough, so that the risks of re-opening to not result in a second wave.

At the time of writing [August 2020] it is too soon to make an overall assessment, but this section sets out case studies of the re-opening experience in 5 countries, 4 of which could be considered to have successfully contained the virus. Taken together, they show that even in such countries it is extremely hard to re-open without starting a '2nd wave' of infections.

i. India (Kerala)

Kerala had successfully flattened the curve by early May. However, when the government started to ease restrictions and the borders reopened for non-resident Keralites to return home on repatriation

flights from the Gulf or on trains from the other Indian states, it faced one of the fastest growing outbreaks with community transmission (Rukmini S, 2020). Although Kerala still has the lowest number of cumulative Covid-19 cases among the major states of India, it crossed the 1,000-daily cases mark on July 22 and since then has recorded above 1,000 daily cases on 10 of the 16 days before reaching 1,310 daily cases on July 31. This made the state's growth in caseload over the last month the fourth-highest nationwide (Narain, 2020). The hardest hit place in Kerala is its capital city, Thiruvananthapuram, with cases rising by more than 20 times in July. Due to its status of being a deeply connected state with a high degree of international migration, the majority of new cases in Kerala (nearly 70% as of July 31) was attributed to surges in the incoming travellers (Kerala State Health Department, 2020).

Despite the spike in caseload the past 2 months, Kerala still maintained the lowest mortality rate of 0.3% among major states in the country as of 11st of August (Kerala State Health Department, 2020). When Kerala was able to flatten the curve in early May, Kerala's government were cognizant of this second wave and now is taking steps seriously to monitor the current evolving situation and continue leveraging on its legacy from the first wave's attempt, which was social capital in the form of public trust and public actions for effective containment of the new surge in infection rate (Jalan and Sen, 2020). They still believe that further ramping up of the state's existing strategies (with increased number of tests, use of newer treatment protocols, Kerala's 'Medical Army', door-to-door survey, drones to monitor quarantine violations, strict rules to wear face masks, police deployment in sealed areas) will help identify the source of transmission for the majority of its positive cases, tackle the community transmission situation, thus containing the outbreak.

ii. South Korea

On 14 July 2020, the government announced the 'Korean New Deal', aiming to spur Korea forward post-crisis period. The coronavirus crisis reveals the urgent need to speed up the transition to a digital economy as it is a critical tool in maintaining business and life continuity during uncertain times (UNCTAD, 2020). The Korean New Deal is deemed as a national strategy for a great transformation of South Korea economy in long-term (next 100 years), addressing two major obstacles of the post Covid-19 pandemic including recovery after severe economic recession and structural transformation. This plan will minimise the economic shock by generating more jobs for low-skilled worker, build essential infrastructure for a smart, green and safe economy (Kuper, 2020)

Without locking down the economy to manage the Covid-19 pandemic, there is an increased confidence in the resilience and agility of Korean supply chain. This makes South Korea a more secure supplying source of core parts and materials for Asia and the rest of the world. The government is stimulating indigenous firms to localize as well as attract international firms to source high-tech components in Korea. Its high stock of industrial robots is now acting as a catalyst for building a fundamental infrastructure to consolidate the position of Korea in the new global value chain landscape in the post pandemic era (Le & Kim, 2020)

iii. Australia (Victoria)

As Victoria state is currently struggling with the second wave of the covid-19, all can draw a lesson of the importance of limiting social interactions to contain the spread of the virus and easing lockdown measures hastily can cancel any gains from the previous lockdown. As can be seen from the chart, most of the early cases in Victoria were imported. After lockdown stage 3 in late March, the daily cases

did fall but majority of it might due to the decrease of overseas returnees. Thus, it is the border closure that was effective, not the lockdown.

While the daily new cases were quite low at the time the government started easing the lockdown, most of those cases were through local transmission, and that should be alarming to the government, especially when those data likely lagged as infected individuals do not exhibit symptoms for the first 2 weeks. Reopening at that time was fuelling further community spread. The local transmitted cases are complicated, harder to track and much harder to contain as the virus is airborne thus can easily transmit during social interactions. Therefore, the process of easing lockdown should be approached cautiously, and more steps should be taken to make sure the virus is eliminated among the community before reopening can come on the table. The second contagion now mostly due to the spread in the community and even though Victoria has been in lockdown again for a month, the rate of infection was still rising. The state has entered stage 4 with curfew from 8pm to 5am since early August but unless social interactions can be severely limited, it is doubtful whether the second outbreak can be contained and if yes, how long would it take.

One determinant of the outcome in this second wave is the people. Individuals should be responsible when it comes to limiting social interactions, especially the infected ones. Firstly, one can bear the virus for 2 weeks without exhibiting symptoms and if they go about thinking that they are not infected, they are participating in the transmission of the virus. Secondly, according to the Department of Health and Human Services, nine out of ten people who later confirmed positive to the virus were not self-isolating between the first sign of symptom and getting tested. Furthermore, more than half did not isolate before receiving the results of the test⁴. Thirdly, more than one in four covid-positive patients in Victoria was not at home when checked⁵. Those above mentioned are the ones making containing the second wave impossible. While those individuals are to be held accountable, however, the government can take additional steps to limit that from happening. Victoria is currently paying 300\$ for people to isolate while waiting for the test result and \$1500 for individuals instructed to self-isolate at home and could not work. In addition, the government can force infected patients and returnees to isolate in government-controlled places just like New Zealand rather than letting them self-isolate at home.

iv. New Zealand (Auckland)

On 11 August, New Zealand recorded its first locally transmitted cases⁶ after 102 days of covid-free. As the source of the transmission was unknown, Prime Minister Jacinda Ardern has decided to move

⁴ "Department of Health and Human Services Victoria | Supporting Victorian Workers to Get Tested and Stay Home," July 23, 2020, <https://www.dhhs.vic.gov.au/updates/coronavirus-covid-19/supporting-victorian-workers-get-tested-and-stay-home>.

⁵ Erin Handley, "'You Can't Pretend You Don't Have It': One in Four Victorians with COVID-19 Not at Home," July 31, 2020, <https://www.abc.net.au/news/2020-07-31/one-in-four-not-home-covid19-positive-adf-door-knock/12511682>.

⁶ On 11 Aug, New Zealand confirmed 4 new cases of coronavirus, all from the same household in South Auckland.

Auckland back to level 3 lockdown while the rest of the country on level 2 for three days as a “precautionary approach”⁷. On the next day, 12 August, the country reported another 14 new cases, with 13 linked to the aforementioned household⁸. Over the next 2 days, another 20 cases were recorded, most still link to the previous cluster⁹. The country’s Director-General of Health Dr Ashley Bloomfield confirmed that they found the new strain of coronavirus in this outbreak, however, it does not show any sign to be more infectious or more severe than the old one¹⁰.

New Zealand is known for its early and stringent lockdown that contributed to the successful containment of the first wave. The country was also cautious in its reopening. And even after more than 100 days of no local transmission, the virus still can re-emerge. The disease is more dangerous and harder to kill than previously thought and if the nation that so determined to eliminate the virus can still suffer second wave, it is hard to say if any country is safe enough to reopen at the moment.

v. The Philippines

The Philippines can be considered as an example of how coronavirus would spread if a country reopens prematurely. The Philippines is one of the most impacted by the pandemic in South East Asia. Even though the government imposed strict lockdown nationwide since mid-March, the measure seems not to be effective enough as daily new cases keep rising exponentially. The domestic economy is severely dampened by the forced closure of businesses, rocketed unemployment rate, and falling household disposable income. Thus, in June, despite the contagion had not successfully been under control, the restrictions were relaxed in an attempt to revive the economy. Consequentially, in a span of only two months, total infections in the Philippines jumped more than six-fold to 112,593 while the number of fatalities doubled¹¹. In early August, the nation again back to the strict quarantine measures that previously imposed.

The lesson that one can draw from the failed attempt of the Philippines is that relaxing restrictions prematurely is risky and it can exacerbate the trouble. As for the Philippines, two-month reopening is evidently inadequate to revive the economy, but it is more than enough to impose more pressure on the national healthcare system. It is not clear how long and effective the lockdown can be this time but with the active cases and daily new reports both several times higher than the level of pre-

⁷ “New Zealand’s Alert Levels Have Changed,” Unite against COVID-19, accessed August 15, 2020, <https://covid19.govt.nz/updates-and-resources/latest-updates/new-zealands-alert-levels-are-changing-at-12-noon-on-wednesday-12-august/>.

⁸ *New Zealand Records 14 New Cases of COVID-19*, 2020, <https://www.abc.net.au/news/2020-08-13/new-zealand-records-14-new-cases-of-covid-19/12554170>.

⁹ “New Zealand Working with Victorian Authorities to Trace Source of Outbreak,” August 15, 2020, <https://www.abc.net.au/news/2020-08-15/new-zealand-confirms-seven-new-coronavirus-cases/12561954>.

¹⁰ “New Zealand Working with Victorian Authorities to Trace Source of Outbreak.”

¹¹ “Philippines Back under Virus Lockdown,” SBS News, accessed August 15, 2020, <https://www.sbs.com.au/news/philippines-back-under-virus-lockdown>.

relaxing¹², the problem is now undoubtedly more challenging for the government to deal with. It is not an ideal environment for the economy under quarantine, and most countries have to decide to prioritise between the public health and economic activities, but it is really hard to achieve both, at least until vaccine is available, and it seems the sooner one can ensure the safety of the public, the earlier it can focus on rebuilding the economy.

4. Key policy actions: Economic support

A. Fiscal support

By June 2020, over 90 countries had announced [fiscal measures totalling over US\\$10 trillion](#), and the waiver of fiscal debt and deficit constraints by the [EU](#) and many other countries.

B. Economic support for workers and households

The effectiveness of lockdown is maximised if everybody observes it, and the single most important factor here is ensuring that people's income is protected so that they are not driven by economic necessity to break lockdown. The more effective the support system, the greater the success of lockdown. For most richer countries this was achieved by some form of wage subsidy, whereby the state agreed to pay a proportion of the wages which workers had been earning before lockdown. In some cases, such as India, existing schemes to provide accommodation or food (or employment) for the poorest were extended to provide wider support for workers who had lost their livelihoods because of lockdown. (see annexe for the various measures adopted).

¹² According to Worldometers, on 4th August, the day Philippines was put back to lockdown, the nation had 4,951 daily new cases and 44,356 active cases compared to 552 daily new cases and 13,699 active cases on 1st June, the day the government lifted some restrictions.

Table/chart 10. Workers Support Policies in COVID-19 responses in Asia Pacific (T. Nguyen)

Policy/Country		Australia	India	New Zealand	Pakistan	Singapore	South Korea	Thailand	Vietnam
Financial Support	Income support	To unpaid, quarantined/suspended workers who cannot work from home	✓	✓	✓	✓	✓	✓	✓
		To people who are unemployed/partially/self-employed	✓		✓	✓	✓	✓	✓
		Incentives for firms to continue paying suspended workers	✓		✓	✓	✓	✓	✓
	Helping workers stay in their homes/supported their household bills	✓	✓	✓	✓		✓	✓	✓
	Tax relief measures*					✓	✓	✓	
	Additional help with care needs	✓		✓		✓	✓		
Structural Support	Health & Safety in the Workplace	Healthcare services enhancement & investment	✓	✓	✓	✓	✓	✓	✓
		Prioritizing the distribution of PPE to healthcare workers	✓	✓	✓	✓	✓	✓	✓
		Reducing workers' exposure to COVID-19 in the workplace	✓	✓	✓	✓	✓	✓	✓
	Support for migrant & immigrant workers	✓	✓	✓		✓	✓	✓	✓
	Help firms to retain workers	✓	✓	✓		✓	✓		✓
	Provide funding for worker training and required technologies	✓		✓		✓	✓	✓	
	Changes to dismissal regulation/labor laws (to the benefit of the worker)				✓				

C. Economic support for business

A range of measures have been introduced to support businesses, including direct subsidies, tax relief, and subsidies for loans and investment. These have been strongly lobbied for by businesses and consultants. Details are set out in the annexe.

- The economic relief programme for companies in the US has come under criticism as it was revealed that companies that did not need financial help received help.^{vi} Companies are getting this support even though their CEOs show no signs of ‘sharing the pain’ of their employees. A US survey (conducted in March and April 2020) found that 84 per cent of businesses have taken no action on executive pay.^{vii} Even more strikingly, the CEO’s salary is usually only a small proportion – on average around 10 per cent - of the CEO remuneration. For most CEOs of large companies’ bonuses and stock-based awards make up the lion’s share of CEO pay in the US. While CEO’s from multinational companies generously announced that they would ‘share the pain’ with their employees in the pandemic, research by the Financial Times showed that executives saw stark increases in stock based awards as part of their pay packages, which in most cases by far outweighed the cash sacrifices in salary but they took.^{viii} For example, Nestlé’s shareholders and executives awarded themselves a dividend pay-out of US\$8 billion – this is more than the entire annual budget for the UN’s World Food Programme. This is especially striking as the FAO is warning of global food crisis as a result of Covid-19.^{ix}
- In the USA, even the business support for business has been discriminatory. The US government has provided [\\$670 billion dollars via forgivable loans to nearly 5 million small businesses](#), claiming that they supported 51 million jobs. But hundreds of thousands of businesses got loans without saying how many jobs they would support, others made

implausible claims about jobs saved, and analyses by the FT, the NBER and Standard and Poor concluded that the true number of jobs supported was [between zero and 14m.](#), far lower than the government claim of 51m. Moreover black small businesses are suffering worst from Covid19, and benefiting less from loans, so [the scheme itself actually exacerbates inequality.](#) A New York Federal Reserve study in July 2020 found that during the pandemic: “the attrition rate for white and Asian-owned businesses has been between 17 per cent and 26 per cent respectively. The rate for Latinx and black businesses, however, was 32 per cent and 41 per cent.... [black businesses have been knocked out at twice the rate of white businesses during the pandemic](#) and the Black Lives Matter protests.” But [black-owned businesses received far less benefit from the government’s loan scheme](#), because “the US Treasury decided to disperse the money via banks, it flowed to companies with the best banking relationships....and black businesses have much weaker banking ties than white ones”.

D. Tourism and travel

Tourism has been affected most directly by lockdowns and travel restrictions, yet it is such an important part of the economy of most countries that governments have taken numerous steps to make some level of tourism possible. The details are set out in the annexe.

5. Public sector institutions: healthcare systems, local government

These policy measures have been of varying effectiveness. The first set of factors which can be identified as conducive to effective control concern the strength of public institutions. These include specific services, notably the quality of the public healthcare system. They also include the capacity of the state at local, regional and national level to conduct such substantial social and economic management. The pandemic has shown that the weakening of state capacity under the various forms of neoliberalism has been counter-productive, whereas a strong public sector is more capable of dealing with problems like the pandemic.

A. Public Health Systems

The COVID-19 pandemic has been a test for public health systems all around the world. While several countries’ public health systems have been handling the Covid-19 pandemic well, others’ have been challenged by this global pandemic in terms of capacity and accessibility.

A universal public healthcare system which provides care free to all citizens has been a crucial advantage in dealing with the pandemic. The universality of such systems means that even the poorest can access them without fear of financial ruin. Countries with such systems have capacity for public health measures, to plan for and respond to pandemics.

- The Latin American countries which coped best with the pandemic included Costa Rica, Cuba, and Uruguay, all of which have established good universal public healthcare systems, which: [“increases the likelihood of patients needing health care to seek medical services](#) without worries about future debts”. Costa Rica’s public healthcare system enabled it to start testing and tracing early, using [a network of ‘sentinel’ doctors](#) to detect cases of Covid-19.

- South Korea's success in containing the pandemic is partly due to its having [one of the highest rated universal healthcare systems in the world, which includes care programmes for the elderly](#), which has also brought increased life expectancy.
- [Greece's successful response](#) was based on its publicly owned and controlled healthcare sector. Not only was the quick increase in intensive care beds provided by public hospitals^x, but also the publicly owned Pharmaceutical Research and Technology Company (IFET S.A.) imported and distributed essential pharmaceutical products and medical supplies, including PPE, to the National Health System.^{xi}
- Mauritius is a small island state in the Indian Ocean with 1.3 million inhabitants, but is the 10th most densely populated country in the world, and is highly connected to other countries, and so was expected to be extremely vulnerable to the Covid19 pandemic. Yet quite the opposite turned out to be the case. Mauritius responded extremely quickly and well to the Covid-19 pandemic. In total Mauritius only had 322 Covid-19 cases and ten death and by the 11th of May 2020 it became Covid-19 free. iii Mauritius resilience might not come to a surprise to some, such as the Nobel prize winner Joseph Stiglitz, who pointed out that there is a lot the West could learn from Mauritius budgeting and its strong welfare state. Mauritius has a strong public health care system. The government provides free-of-charge primary, secondary and specialized medical care to all citizens, and primary healthcare to foreigners. Drugs are dispensed at pharmacies free of charge. It's healthcare system as a ratio of 3.4 hospital beds per 1,000 people, which is more than some Western nations have, including the UK, the US and Canada.vi Mauritius allocates almost 10 per cent of its GDP to social protection measures. Approximately 73 per cent of all health services are provided by the public sector and for free. viii. During the Covid-19 crisis the government used and extended this system even further. Five dedicated Covid-19 testing centres were set up outside major hospitals; 18 doctors were appointed to answer calls at a special coronavirus hotline; hundreds of hospital beds were identified and isolated for Covid-19 patients.
- Over 5 million US\$ (Rs208 million) were made available to the Ministry of Health and Wellness for the acquisition of new medical accessories and equipment.

The benefits of such systems only arrive if governments make good use of them, however.

- The UK government's response has been a failure despite having a well-known and model universal healthcare system, the NHS. It has been eroded by austerity cuts over the last decade, especially in public health, and has been subjected to successive waves of outsourcing.

By contrast, Africa's limited health care capacity made it hard to affectively respond to the pandemic. On the global scale Africa has a low ratio of hospital beds and intensive care units – with just 1.8 hospital beds per 1,000 people compared to almost 6.0 in France.^{xii} The continent has on average also only 23 health professionals per 10,000 inhabitants, and some countries even have as few as 5 health professionals per 10,000 inhabitants.^{xiii} Furthermore, only half of the urban population in Africa have access to basic sanitations and hygiene facilities, making it hard to prevent a fast spread of the virus.

^{xiv}

- One remarkable side effect of Covid19 measures came in South Africa, which banned the sale of alcohol in order to reduce alcohol-related hospital admissions in order to have more capacity on emergency wards for Covid-19 cases. As a result, murder rates have fallen by over 60 per cent, other violent crimes also decreased significantly and so did traffic accidents. In the early stages of the pandemic the overall mortality rate in the country was lower than in previous years despite of Covid-19.^{xv} However, the alcohol ban also led to many people losing their jobs in a country that already has an unemployment rate of over 30 per cent and predictions say that South Africa's unemployment could increase to 50 per cent by December 2020.^{xvi} Over one million jobs in South Africa are in the alcohol industry alone with people working in the restaurants, bars and township taverns also losing their jobs due to the ban.^{xvii}

B. Weakened by austerity, but responding

The austerity politics that were widely introduced by governments and the IMF after the 2008 financial crisis included cuts in healthcare. A major objective for the IMF was to reduce the amount of public spending devoted to caring for ageing populations, undermining the capacity to protect those most vulnerable to the virus. It was not the recession per se that put public health at danger, but in the austerity programs which followed.

The ability of many countries to cope with the pandemic was weakened by these austerity programmes.

- In [Ecuador](#) 8% of the jobs in healthcare had been cut in 2019 as part of \$1billion cuts imposed by the IMF as a condition for a loan
- in [Italy](#), between 2010 and 2018 the public system lost 30,000 hospital beds, a cut of 16%, and 40,000 staff, a cut of 6%.
- In Greece, there had been a 50 per cent reduction in funding for public hospitals between 2009 and 2015.^{xviii} and more than 13,000 doctors and over 26,000 other healthcare workers lost their jobs between 2009 and 2016.^{xix}
- The UK government's austerity policies actually cut plans to deal with epidemics in 2016, when the NHS carried out an exercise code-named 'Cygnus' to plan for a serious epidemic. It recommended increased resources in care homes and in local councils' public health capacity . but [the recommendations were ignored by the government and not published](#). In 2017 the government also rejected a recommendation for an increase in the PPE equipment stockpiled because it ["would substantially increase the cost"](#); instead [the PPE stockpile was reduced by 40% in the six years before Covid19](#) as part of austerity measures. .
- Some countries have continued austerity measures in the pandemic. For example, Nigeria has announced a 40% cut in its funding for local, primary healthcare services this year.^{xx}
- Germany had also suffered a long austerity programme in healthcare. Before the pandemic there were two trends regarding Germany's hospitals, namely a decrease in hospitals and a steady increase in privatisation.^{xxi} In 2000 there were 2242 hospitals, but by 2008 this was reduced to 1925 hospitals (see Figure x). Consequently, also the number of hospital beds were reduced significantly.^{xxii} In the same time, while in the year 2000 21,7 per cent of the hospitals were privatised this increased to 37.5 per cent in 2018.^{xxiii} Suggesting that there was a

“oversupply” in health care, a 2019 report from the Bertelsmann foundation argued that the number of hospitals should be cut by more than a half.^{xxiv} Yet, it is exactly this over-capacity, by not running hospitals in line with a tight profit margin, that allowed Germany to deal well with the pandemic.^{xxv}

Other countries have responded to the pandemic by, in effect, reversing public healthcare capacity.

- Greece for example managed to swiftly increase its health care capacity, in particular in regard to PPE and hospital beds. By the 16th of April the country had 400 additional hospital beds and by the 27th of April Greece had almost doubled its intensive care beds to 1017.^{xxvi}

C. Experience and preparedness

Countries with experience of dealing with the SARS and other types of epidemics seem to have been more prepared to deliver immediate measures and policies in response to the Covid-19 pandemic. African countries have also made good use of their experience of previous epidemics.

- The Indian state of Kerala drew on [recent experience in dealing with an epidemic of the Nipah virus in 2018](#). The virus was particularly lethal, killing 21 out of 23 people infected, but the outbreak was ended within a month by intensive contact-tracing, curfews and use of quarantine. This episode was dramatised in [a film in 2019, simply called ‘Virus’](#), which included the leading stars of Keralan cinema, and [raised public awareness](#) to a high level¹³.
- South Korea by contrast drew lessons from its flawed response to the MERS-CoV in 2015, after which it compiled new guidance for epidemics, including giving legal authority to the ministry of health to collect private data, without a warrant, from both confirmed and potential patients.
- Nigeria used the personnel, technical expertise, disease surveillance and community networks created under its Polio Programme’s, as well as its logistical capacity to start tracking and tracing Covid-19 as soon as the first case was reported on the 27th of February.^{xxvii}
- Senegal used its experience in fighting HIV-AIDS and Ebola to create a \$1 COVID-19 testing kit, a cost-effective and necessary resource it plans to share with other countries on the continent.

xxviii

D. Other healthcare displaced by Covid19 focus

However, focused and prioritised Covid-19 related-policies in public health have led to other diseases’ denied access to treatment and put further strain in the public health system.

A survey by WHO revealed that the reallocation of resources in many countries for Covid-19 has partially or completely disrupted health services, especially for non-communicable diseases (NCD). Prominent affected services include hypertension treatment (53%), diabetes treatment (49%) and cancer treatment (42%). Rehabilitation services, which play a key role in the health recovery after

¹³ Virus is available with English subtitles on Amazon prime <https://www.amazon.com/Virus-Revathy/dp/B07TYFQZQ8>

Covid, were also severely affected in two-thirds of the countries surveyed. This problem is particularly serious in India, where hospitals are inundated with Covid patients. There are many deaths associated with non-Covid related diseases because some hospitals in Mumbai were ordered to take in Covid patients only. These cases were in most cases preventable, but medical help was unavailable to them. The upcoming monsoon season with annual outbreaks of dengue fever, malaria and leptospirosis will put a further strain on the already stressed system.

- At the beginning of the pandemic around late-March, the Australian government suspended all elective surgeries at hospitals. They also created an online symptom checker to deter and prevent concerned but non-infected people from seeking medical testing for the virus.
- New Zealand provided foreign health care training and supplies support to other Pacific island countries, the only places left that are “pandemic-free,” out of concern that the virus might be transmitted to New Zealand via those countries.
- Vietnam sought out additional assistance through the conscription of medical students, and retired nurses and doctors.
- In some cases, in India and China, people were outright refused treatment or testing for the virus at hospitals.
- Similar pattern can be found in Nepal as other public health priority programmes are at risk of being neglected such as mass immunization campaigns for measles and rubella vaccination, Vitamin A drops and deworming tablets due to the focus of the public health system and policies on Covid-19. This would evidently present challenges to public health, especially children and vulnerable communities whose health has been already at high risk.

E. Local and regional government: democratic involvement and resources

Successful strategies for dealing with the pandemic usually involved regional and local governments, not just central government acting alone. This increased the public resources devoted to test, track and trace, strengthened the democratic legitimacy of the lockdown and other measures, and enabled the use of other services run by local governments or public utilities.

- Vietnam, for example, involved city and local councils in the response from the outset, with each local leader issuing daily information bulletins throughout the lockdown
- Germany’s federal system enabled Germany to deal with the pandemic fast and efficiently. Its federal system is based on cooperation between the federal state and local governments. In a nutshell it means that the most effective political unit is then entrusted with problem-solving. Germany’s federal system is based on cooperation and solidarity (with cross state subsidies) rather than on competition between states as in the USA, for example. The federal system in Germany also enables precise and up to date data analysis on the pandemic: local health authorities collect the data, which is then passed to the state authorities and then passed on to central federal agencies such as the Robert Koch Institute. This local knowledge is very useful for dealing with the pandemic effectively as Covid-19 spreads very differently in different localised contexts. ^{xxix}
- In South Korea, there was a strong constructive collaboration among key institutions such as the President’s office, the Ministry of Health, the Korean Centres for Disease Control and Prevention (Ariadne Labs, 2020). Local governments at the city and the provincial levels had autonomy to develop and implement emergency response within the national government’s emergency response framework.

- Argentina's response was coordinated with state governors and city mayors, so that public sector resources were mutually reinforcing. This was remarkable given that the governors of important provinces, including the capital Buenos Aires, belong to the right-wing opposition that lost the national election in 2019, but have accepted the need to work in coordination with the national government and prioritize public health.

Democratic collaboration was a key reason why most Asia-Pacific countries were able to achieve this swiftness in governmental response is because they established co-operative and collaborative decision-making mechanisms involving national, regional and local state agencies, and ensured clear communication between the government and healthcare entities and the public. Countries with a lower number of infections like Australia and New Zealand approached the situation with a cooperative manner, while countries with a higher infection rates, such as the UK, USA, Brazil or India have been far less collaborative, with frequent clashes between national and sub-national governments.

- Australia established an intergovernmental forum called the National Cabinet, which is composed of the Prime Minister and the premiers and chief ministers of the states and territories, to streamline the decision-making process during the Covid-19 pandemic in the country.

There are also a number of examples where local or regional governments have taken action which have been quite different from the approach of their national governments, and as a result protected citizens' lives much more successfully.

- In Colombia, the government introduced lockdown strategy based on strict enforcement by police and soldiers, but without systematic economic support to enable families to survive lockdown. The result has been a high cumulative death rate of 4.1 per 100k, [exacerbated by inequalities and lack of public healthcare](#). But the second-largest city, [Medellin, with a population of 3.7 million, has performed much better](#), with a death rate of only 0.3 per 100k in mid-June. The city council adopted a different approach, supporting people, and making good use of the city's strong municipal utilities. People were asked to register online for an income support programme, Medellín Me Cuida (Medellín Takes Care of Me), including their family size and their electricity contract with the [municipal utility EPM](#) – which helped identify the family and enabled the city to ensure that each household got one grant. The scheme has made it easier to observe the constraints, providing “two payments of 100,000 pesos (\$28), [enough for a family to survive](#) for some weeks when many have suspended paying rent and utility bills. People in Medellín have respected the lockdown more than other Colombians; the information is also used as part of the tracking system through which people can report symptoms, and then get tested; and enables the metro system to identify people who have tested positive.
- The UK government, by contrast, failed to involve the public health teams of local councils in test, track and trace until 6 months into the spread of the virus, when it finally acknowledged that the outsourced deals it had issued centrally were simply not working.

F. Social care

Care/nursing homes for older people have been the main centres of death from the virus in many countries. The residents are by definition old and so far, more likely to get the virus, and more likely to die from it after they get it. They are also living in a confined space with many others, which – like workplaces or large households – makes transmission of the virus much easier.

There have been a number of deaths of workers in care homes too. People who work in confined places with large numbers of people are always at risk of getting the virus, which is why most workplaces are shut down to reduce transmission, but care homes, like hospitals, cannot be shut down. The staff are thus designated as ‘essential workers’, and exposed to greater risk than people in lockdown.

But care home workers have been subjected to even greater risks by their working conditions. A persistent lack of suitable PPE has made them more vulnerable; lack of systematic testing has worsened the risks of transmission; and employers have often refused to allow time off to sick workers. Care home staff are more likely to be treated badly because the majority of care homes are run by private owners, often private equity companies, they are usually not organised in unions, and they are often migrant workers.

Such a death rate amongst residents and workers in care/nursing homes is not inevitable. Some care homes, even in the poorest areas, have managed to avoid infections, by simple commitment to infection control procedures and use of PPE.

- The state of [Maryland](#) in the USA shows both the problems, and a localised success. By early August 2020 [over 5000 residents in care homes in Maryland had tested positive for Covid19 – 20% of the state’s total - and 1133 had died – nearly one-third of the total](#) Covid19 deaths in the state by that point in time. More than [1,900 care home employees](#) had contracted the virus. Staff from a number of homes told the Washington Post that from March onwards “the virus spread rapidly as their facilities struggled with shortages of staff, testing and personal protective equipment.....[while] managers played down the severity of outbreaks and did not provide masks and gowns until patients had tested positive.” The single worst home was 35 Covid19 deaths at the 165-bed Sagepoint facility – which has a 5-star rating, and “a board that consists of a who’s-who of [wealthy and politically connected residents of Southern Maryland](#)” - where managers told nurses in March that they did not need any PPE when working with a patient with a bad cough, who subsequently died of Covid19, and then told them to finish their shifts rather than go home to avoid infecting staff. Staff shortages meant workers were required to do double shifts. At the end of April the governor of Maryland made testing of care home residents and staff compulsory, used public money to pay for an extra 260 nurses to support the homes, and [the state’s ‘National Guard’ militia to administer the tests](#); but the regulatory system was unable to enforce standards. By August the state had [only done safety inspections of just over half the homes](#), and stopped providing public money for testing



One home in Maryland, however, has had no cases and no deaths amongst either residents or staff. [The Maryland Baptist Aged Home](#) is the oldest black-owned nursing home in Maryland, with 29 residents: “It serves predominantly low-income, older black and Latino adults who have proved to be the demographic most vulnerable to the novel coronavirus. Most of the 40 employees are people of colour, and many live in the same Zip code as the nursing home, where the median household income is less than \$40,000 a year....Most residents rely on Medicaid, which [pays far less for nursing home patients](#) than Medicare or private sources. For years, the nursing home operated with a deficit, getting by only with donations from nearby churches”.

The director, Dr. Derrek de Witt, has employed a full-time infection-control nurse for the last 10 years, despite constant suggestions that this was an unnecessary luxury for a relatively small home with funding problems. When the pandemic started and the US government rejected the threat as a hoax, the home imposed its own lockdown and ran an educational program for staff: “barred all visitors, stopped communal meals and ordered protective equipment two weeks before the first infections were reported in Baltimore.”

G. Universities

Universities have been involved with the pandemic in multiple ways.

As large employers, and sites which normally host thousands of students, they have had to close campuses, devise ways of supporting staff and students, and plan for recovery using different teaching and learning strategies.

They are key centres of the research to create a vaccine against Covid-19. This in itself is a simple lesson of the importance of public sector institutions with a sustainable capacity to conduct research in the public interest: pharmaceutical multinationals

There are also many examples of universities taking initiatives locally, nationally and internationally which have made positive contributions, often in circumstance

- In Guayaquil, the largest city in Ecuador, which was badly affected by Covid-19 and government failure to provide proper public health support, [a 32 year old urban planner at](#)

[the University of Guayaquil, Hector Hugo, created a multi-disciplinary team including doctors, epidemiologists and international experts to systematically map Covid-19 cases.](#) The data was collated and delivered to a task-force of doctors working on a voluntary basis, to identify priority areas by: ‘micro-zoning, working in neighbourhoods with a higher concentration of cases’. This was presented as an integrated public health strategy to all levels of government and [finally accepted by the municipality of Guayaquil](#). The initiative grew out of the ‘Delta project’, a comprehensive attempt to integrate the university into the city based on [inclusiveness, sustainability, and community participation](#).

6. Political economy of policies

Political approaches and dynamics have also been important factors, both positively and negatively. Contrary to the expectations of many commentators, the rich western ‘liberal democracies’ have not performed well. Successful countries have public support for collective values and transparency in government; and those whose politics have been characterised by nationalist, xenophobic, or fundamentalisms of various religions, have fared badly.

A. Rich western countries: doing worse than others

Contrary to the expectations of many, rich western countries have performed much worse than others.

In terms of death rates, nearly all major western ‘liberal democracies’ – which are also the richest countries in the world, in terms of GDP and GDP per capita - have performed very much worse than others.

- 11 of the 13 countries with the worst cumulative death rates in the world are OECD countries (see Annexe), including the UK on 70 and the USA on 52 per 100,000 population.
- At the other end of the scale are China, with a very low mortality rate of only 0.34, Cuba on 0.78, and Vietnam on 0.03. The lowest cumulative death rate of any west European or north American country is Greece’s 2.13 per 100,000.

The poor performance of western countries exposed the politicised limitations of a ‘Global Health Security Index’ constructed and published in 2019 by consultants which had predicted exactly the opposite – that the USA and the UK were the best prepared countries in the world.(see annexe for a critique of this index) .

B. Communist countries

By contrast, it would be wrong not to note that the few countries with communist political systems have all performed very well. The largest and most prominent is of course China, which took rapid action which effectively curbed the virus in a country with 18% of the world’s population, and is the only country in the world expected to show economic growth in 2020. Vietnam, Cambodia, and Cuba have all also performed extremely well in curbing the spread of the virus, and Cuba has even exported doctors and healthcare support to other countries, including Italy, while Vietnam has exported Covid19 test kits to Finland. And the only state in India with a significant communist party presence in government, Kerala, has also performed much better than the rest of the country.

This contrast is both striking and contrary to all mainstream expectations and forecasts, so it is important to try and identify what may have helped communist countries. These include factors which can be observed in other countries which have performed well:

- a relatively strong public culture of collective values and action, and
- a relatively high level of public trust in the competence of governments to pursue public objectives.
- The policies of the governments of China, and Vietnam, are heavily focussed on developing economic activity, national business interests, and global trade and investment. But the politics of business interests in these countries may be more clearly subordinated to overall state public policy than in western countries where the state has been ‘hollowed out’ by decades of privatisation. The ‘state capitalism’ of China and Vietnam may thus perform better because the stronger role of government makes it easier to give stronger weight to public interests.

C. Collective values, trust and information

An important starting point for delivering successful strategies has been the simple clear assertion of public priorities. The simplest example is the statement by President Fernandez of [Argentina](#) that: “You can recover from a drop in the GDP, but you can’t recover from death.”

Democratic approaches – collective values, public trust, and absence of right-wing fundamentalism – not only make it more likely that lockdowns will be undertaken early, but also that they will be observed and effective. In many countries in all parts of the world, the public observance of lockdown has been stronger than expected by some western governments. It has been reinforced by shared community singing or other actions in Italy and Germany, for example, or by collective applause for healthcare workers.

Public compliance with the mobility restrictions has been a form of political participation, understood and respected by people on the basis of needs. The strength of this compliance depends on the strength of these collective values and trust in government, rather than fear of reprisals by the state.

A transparent, scientific and approachable communication strategy led by public health agencies has been key to build public awareness and support:

- South Korea’s TRUST campaign aims at delivering transparent information by keeping the public fully informed through press briefings twice a day with simultaneous interpretation and also via text alerts and mobile apps.
- In Vietnam, the viral “Ghen Covy” song was a collaboration effort between the country’s public health agency and influencers which has certainly enhanced public awareness.
- In Uruguay this was summarised as citizens’ using “[responsible freedom](#)” based on [the trustworthiness of public institutions](#).
- in Costa Rica the health minister described the country’s success as “[due to the very favourable response from a population](#) that understands the challenge we’re facing.”
- The successful policy in Germany was based on a high degree of public trust in the government. Angela Merkel has been praised for her evidence-based and consensus-oriented leadership style. ^{xxxxxxi} [The country never had a full lockdown, the guidance was voluntary](#) and

people remained free to leave the house for walks as often as they liked. Physical distancing restrictions were, however, in place. One month after its first case on the 27th of January, mass gatherings and travel were increasingly restricted and in late March Germany enforced strict physical distancing guidelines, banning groups of more than two people and the closure of most businesses. The government also did not introduce surveillance mechanisms. Public trust in the German government in managing the pandemic, has also led to [a sharp drop in public support for the xenophobic AfD party](#), whose poll ratings were halved to 8%.

- In Argentina, public support and acceptance of the lockdown has been high, partly due to President Fernandez' pragmatism in developing cooperation with provincial and municipal governments, and partly [the traditional working-class trust of Fernandez' Peronist party](#). This public support has been more important because the country has been in an economic crisis, with inflation nearing 50%. The country's creditors, threatened to force it into default, but in August 2020 [agreed to write off 45% of the debts](#).

Countries without such an approach have failed to deliver public support, as advised by the chair of the WHO's global response network: "When you have any country [with a weak leadership then people get confused](#). They're not sure what to do and who to believe, and then you legitimise ignorance".

- In the UK, observance of lockdown was good, despite growing doubts about the government policies. An important aspect of this support was the belief that everyone was 'in it together', so when public officials were found to have broken the rules, they were removed from their posts, thus maintaining trust. However, when the prime minister's key advisor, Dominic Cummings, flagrantly broke the rules, he was treated as a special case and retained his position. This had a great negative effect on public trust of the government's policies and acceptance of the constraints of lockdown.

There is however no consistent pattern of loss of public support for right-wing nationalist governments which have performed very badly. President Trump's performance in the polls has fallen since the start of the year, and his performance on Covid19 is reported as being a factor; but support for Boris Johnson in the UK has barely changed, despite an equally bad performance, and Bolsonaro's support in Brazil also seems to be holding up.

D. Community

The response to the virus has been accompanied by a remarkable surge in local community action around the world. Observance of the lockdown is itself a form of public participation in political action, one that is crucial to the policy. Local groups have been formed to organise food supplies for the high-risk elderly and others, all kinds of groups and businesses and colleges have volunteered to produce PPE for local use, and to provide safe transport and accommodation for essential workers.

Informal settlements across the world have demonstrated the power of community solidarity and micro-politics in times of crisis. Through community responses many people were saved from starvation, education for children was delivered, masked and sanitisers were locally produced and distributed, and the sick were cared for. In the absence of state provided safety nets the poorest communities managed to survive through a collective response, such as the "crisis cabinets" in Brazil's favelas.^{xxxii}

- Chile has a long tradition of community kitchens that enabled the uprising against the Pinochet dictatorship. Food kitchens, food cooperatives that support locally produced organic food and community gardens also became an important part of the Chilean 2019 uprising for public services and equality.^{xxxiii} As many people lost their incomes during the Covid-19 pandemic the government's rescue packages were not enough to prevent hunger crisis and Chile saw a resurgence in the use of community kitchens once prevalent in the darkest days of dictatorship.^{xxxiv}
- In South Africa one of the biggest civil society Covid-19 responses in the world emerged. The C19 People's Coalition is an alliance of social movements, trade unions and community organisations that organises a coordinated response to the pandemic and thus steps in where the state fails.
- Some African countries, such as South Africa, Cameroon, Mauritania and parts of Nigeria launched massive community door-to-door campaigns to screen people and identify potential cases for testing.^{xxxv} Nigeria also implemented a drive-through testing centre and people received their testing results electronically.^{xxxvi} Mauritius, a smaller and wealthier country, reported some of the highest testing rates in the world.^{xxxvii}
- In the UK, footballers have played an active role, including one premier league manager who volunteered to drive food packages to the elderly, and a young player, Marcus Rashford, who successfully campaigned publicly for the government to continue the supply of free meals to the children of poor families.

E. Political influence of business interests

The power of business interests on govt policy, affecting relative priority between minimising deaths and rapid return to BAU. Another has been to seek many varieties of economic support from government, as discussed in the earlier section.

A further dimension of the influence of business is the extent to which the response to Covid19 has been seized on as an opportunity to extend outsourcing and privatisation in relation to contracts for supply of PPE, TTT, etc, with predictably poor results (see below).

A major policy issue is the relative priority given to maintaining or re-establishing economic activity compared with controlling deaths. The dominance of business interests in countries' decision-making processes may also be a key factor in government policies, creating a relatively greater weight in favour of maintaining or re-opening economic activity. The private sector is constantly demanding the relaxing of restrictions and re-opening of the economy, even though it is already clear (August 2020) that such easing necessarily enables more transmission of the virus and so more deaths.

- Brazil is an example where right-wing nationalists supported by business interests have delayed lockdown, accelerated re-opening regardless of safety, and denied the seriousness of the pandemic, and rejected the wearing of masks. President Bolsonaro: " has undermined containment efforts, [flouted social distancing and urged Brazilians to return to work, despite the number of confirmed infections last week hitting 1.5 million](#)..... [at the beginning of July], as the epidemic continued to rage, there was outrage as Rio de Janeiro reopened restaurants, shops and beaches, against expert advice, and photographs showed packed bars in one upper-class district... science writer Natália Pasternak [told Brazilian TV](#). "Brazil doesn't have a second

wave – it has a tsunami.” Some of the worst outbreaks are also caused by employers using unsafe working practices, especially where migrant workers are employed: [“In the US, Europe and Asia, poor working conditions in care homes, meat plants and factories have helped to spread the virus.”](#)

- A second wave of Covid 19 forced the second lockdown in the city of Leicester where cramped [clothing sweatshops](#) were employing workers with Covid symptoms, paying far below the minimum wage, to supply highly profitable online clothing retailers such as Boohoo.
- Outbreaks also emerged in meat factories in Ireland and Northern Ireland, where people had to [work and eat too close](#) to each other: [migrants from all continents](#) make up the vast majority of the workforce in the meat industry.

F. Market ideology and ‘herd immunity’

A related but different factor is the strength within governments of market ideology in framing approaches to the virus. This can be seen at work in countries with right-wing nationalist governments, such as USA and Brazil, where political leaders made it a point of principle to resist taking lockdown measures, and the UK, where the initial government policy of accepting the development of ‘herd immunity’ was only modified when it was estimated that it would lead to 500,000 deaths in the UK alone.

- The initial UK government response was to reject a general lockdown, on the basis that people would not observe it, and to reject the idea of universal testing, and instead to allow the epidemic to develop to [“build up some degree of herd immunity”](#). It also formally downgraded the seriousness of Covid19, and downplayed the need for significant restrictions - on 3rd March the prime minister said he was happy to shake hands with Covid19 patients and that people should [‘basically just go about our normal lives’](#). In response to strong lobbying, major sporting events – such as a huge 4-day horse-racing event at Cheltenham on 16 March - were allowed to go ahead. This ‘herd immunity’ approach, strongly influenced by libertarian ideology, was then reversed after modelling showed that it would potentially lead to 500,000 deaths. By the time the UK introduced a lockdown on 23 March, [“almost two months of potential preparation and prevention time had been squandered”](#), and this delay alone is estimated to have [cost an extra 20,000 lives](#).
- In the USA right-wing political ideology has a damaging effect by encouraging people to ignore the restrictions of lockdown. President Trump has repeatedly denied or minimised the problem posed by the virus, and not supported the wearing of masks. Right-wing media had a significant negative effect on people’s behaviour: [watching Fox News](#) made people up to 25% more likely to ignore social distancing, and higher exposure to the Hannity news show on Fox News, which played down the seriousness of the virus, actually [“increased the number of total cases and deaths in the initial stages of the coronavirus pandemic”](#). The lack of political support extends to all levels, and is reinforced by the weakness of the public healthcare system in the USA: [“Many states ‘don’t have the infrastructure or political will’ to deal with coronavirus”](#).
- This creates greater problems as lockdowns are relaxed, so [“people are no longer staying home and avoiding large group gatherings](#), some are congregating at bars and churches

without masks or social distancing”. (The BLM demonstrations, however, did not create a surge in Covid-19 cases. A study of the BLM protests in 315 of the largest U.S. cities in June 2020 found [“no evidence that \[BLM\] urban protests reignited COVID-19 case growth”](#) : rather the opposite, as many more people stayed at home during the protests.)

- Sweden has traditionally been regarded as a model social democratic country with strong technocratic public services, and currently has a government led by the social democrats. However in response to Covid19, unlike nearly all other European countries, Sweden has not applied a general lockdown. A group of leading Swedish doctors and scientists argue that it is in effect [a policy of ‘herd immunity’](#), allowing large numbers of people – mainly younger and fitter - to develop immunity so that the virus cannot spread. This has been supported by a strong nationalist rhetoric, so that Anders Tegnell, the chief epidemiologist heading the policy, has been described as “the [incarnation of Sweden’s soul](#)”, criticism is rejected with “[a sense of wounded national pride](#)” , and a very senior epidemiologist has suggested that the high death rate in care homes is partly due to [staff who are refugees or asylum seekers](#) and do not fully understand Swedish. But the policy is not working. In mid-July, even [in the capital Stockholm only 10% of people were immune](#) .

G. Military and secret service

Lockdowns in some countries have allowed military forces and police to brutalise people into compliance. This may be taking advantage of the Covid-19 crisis to impose more stringent controls on the poor or dissident, especially by governments or societies which are unequal and corrupt and lack legitimacy, which elsewhere is sustained by collective values and trust in public institutions.

Several countries throughout the world have used the military to respond to the pandemic. In some countries this facilitated a quick and coordinated response to the crisis [examples needed]. However, military and police forces around the world have been reported to use brutal and humiliating punishments to enforce quarantine on the poorest and most vulnerable groups, who risk starving if they do not defy lockdowns and seek work.^{xxxviii} For example, in **South Africa**: the death of Collins Khosa who was brutally assaulted in his home (and later died of the consequences) by the South African National Defence Force, which were deployed to enforce the lockdown raised the issue of military violence during lockdown.^{xxxix} Hundreds of people have been arrested for breaking lockdown regulations, the police fired rubber bullets at people going to supermarkets;^{xl} and by the 1st June 2020 at least 13 people were killed by the police or army forces in South Africa during the pandemic.^{xli}

This raises the question in what way the military is really suited to save lives when its whole purpose and the training of its soldiers is the exact opposite: to defend the country and its people against physical, external enemies – by killing such enemies if need be.^{xlii} This is especially relevant in a country where the memories of the military-enforced State of Emergency during apartheid are still fresh for many people.^{xliii} Violent police and military responses to enforce lockdown were also reported in other African countries, such as Kenya and Zimbabwe.^{xliv} Even in Uganda, where the army has been deployed to support the health ministry and quickly increased the intensive care facilities in hospitals excessive police brutality was reported. The role of the police must be understood in its historical context as since colonial times, the [police in Uganda have been highly militarised](#) to serve regime interests.^{xlv}

In Asia, Myanmar, Indonesia and Thailand was put in charge.^{xlvi} The military was reported to be especially violent in India and Philippines humiliating methods of punishment were reported to be used the police.^{xlvii} In South America, Paraguay

In the [Philippines](#) police put people in cages with dogs. Migrant workers in [India](#) making their way home on foot were [hosed with chemicals](#). Police in [Kenya](#) enforcing a curfew killed a 13-year-old. In [Paraguay](#) police humiliated people accused of breaking curfews. In Israel, as cases started rising again after a relaxation of lockdown, the government re-imposed [“a controversial tracking system administered by the country’s domestic security agency, the Shin Bet”](#)

7. Internationalism: information, advice, co-ordination

The pandemic itself is an international phenomenon, and it has provided a vivid demonstration of the advantages of international action and solidarity. The role of the WHO itself has been central to enabling countries deal with the epidemic,

A. WHO: guidelines and support for developing universal healthcare

The WHO has played a key role from the outset, by issuing guidance, providing free training, co-ordinating expertise and resources, and monitoring developments. In January 2020 it published [a comprehensive set of guidelines](#) on lockdown, test, track and trace , has provided [free online training for over 4 million health workers](#) , coordinated the worldwide solidarity trial to research Covid-19, and is now leading the global Covax initiative which aims to ensure that all countries in the world are able to access vaccines developed to immunise against Covid-19, by pooling global demand and aiming [to ensure global access to 2 billion vaccine doses](#) by the end of 2021.

In sharp contrast, the US president Donald Trump has attacked the WHO and in April announced its withdrawal from membership of the WHO, which has been criticised around the world as a damaging attempt to find an outside [scapegoat for his own failure](#) to control Covid-19 in the USA.

B. Regional coordination: African Union

The best example of continental cooperation has not been the EU in Europe, but the African Union (AU). From 2nd January AU countries were monitoring and then suspending flights to and from China, and sharing data. The AU’s Africa Center for Disease Control and Prevention (Africa CDC) activated its Emergency Operations for COVID-19 on 27th January, and on 22 February 2020 [the AU agreed and launched a continental strategy to respond to the actual spread of the virus](#) in Africa (which had arrived from Europe), using networks that had been established to provide information and training in dealing with Ebola and other previous epidemics.^{xlviii} The AU also set up [public information channels via Twitter, Facebook and podcasts](#). Being aware of the lack of PPE, African entrepreneurs and governments have quickly started to the production of face masks and materials for sanitization to reduce the gaps in supply.^{xlix} The widespread use of the Veronica Bucket - a dustbin-sized plastic bucket with a tap attached and a bowl to collect waste water – helped to provide the means for hand

washing in the absence of running water.ⁱ This was a hygiene system invited to prevent the spread of Ebola, which illustrates the learning from the past pandemics. As such, while there were differences in how countries responded to the crisis, Africa stands out in terms of regional cooperation, with the epidemic serving as “as a hymn, [an anthem for multilateralism and solidarity](#)” – and the efficiency of shared resources and information.ⁱⁱ

C. Information and research via universities and media.

The public availability of reliable information on cases and deaths by country on a daily basis, worldwide, has been a very important feature of the pandemic. It has enabled the public, as well as governments and scientists, to see the development of pandemic in ‘real time’, and reduced the scope for national governments or other bodies to distort and mislead.

Universities have played a key role in gathering, disseminating and analysing data, at global and national levels, notably the [global streams of data from the John Hopkins University \(JHU\)](#) , and even academic journals such as the [Lancet](#) have provided rapid and free access to analyses. Countries performance in terms of cases, deaths and flattening of the curve of cases, have been constantly visible in relation to other countries and general trends.

D. Solidarity: sharing resources with other countries

The outstanding example of international solidarity came from [Cuba, which sent hundreds of doctors and nurses](#) to support health services in other countries. This included [sending doctors to Lombardy](#), the worst affected region in Italy, and sending 200 doctors to [South Africa](#) . This is a continuation of a long-standing Cuban policy: the chair of the WHO Caricom area – Cuba’s own region [publicly thanked Cuba as “the pioneers of Public Health in the Caribbean in these last decades](#) who are true heroes for our peoples... we have received hundreds of doctors and nurses who have come to help us this laudable assistance has been palpable and has been very clear to our entire population”. It has sent over 800 doctors to help 15 countries deal with Covid:

In Europe, Austria, Germany and Luxembourg have made their intensive care units available to Dutch, French and Italian patients in critical condition. Some countries, such as Poland and Romania and Germany have sent teams of doctors to help treat patients in hospitals in Italy while Denmark has sent ventilators and hospital equipment to Italy.ⁱⁱⁱ Also, in cross-continent solidarity, Somalia, had send doctors to Italy to deal with the pandemic.ⁱⁱⁱⁱ The UN called out for scaling up such international solidarity initiatives to increase access to essential services and social protection.^{liv}

In response to US seizures of PPE and ventilators at European airports, [Ethiopia became a favoured transport hub](#) for Latin American countries seeking equipment that would arrive safely, using a new Chinese-built \$360m. airport terminal at Addis Ababa.

8. Socio-economic conditions: inequality and the impact on workers

Covid19 has exposed the deep national and international inequalities. The poor and those subject to racism and in over-crowded homes suffer worst from the epidemic, contribute most to healthcare, and suffer the greatest economic losses, and domestic violence against women increases during lockdown. Migrant workers have been especially vulnerable, with their lack of health and employment

rights, and the food chain has been exposed for unhealthy working conditions from farm to factory. Healthcare workers themselves have had to fight for safe PPE and safe practices, and in other sectors too.

A. Inequality: deprivation and racism

Inequality, poverty, slums all make it harder because people don't have space to isolate and can't afford to stop working in lockdown

- A major study in June found that the [Covid-19 death rates are significantly higher in USA counties with high African-American populations, higher use of public transport](#), high elderly populations, and unemployment - but no correlation with obesity or pollution. It also found that "death rates in the Northeast are substantially higher compared to other states", even after controlling for a range of socio-economic and environmental factors. The impact on African-American populations is not statistically linked to income, poverty or education levels, but is linked to use of public transport. The effect may be due to ["...Concentration of workers in essential services...differential availability of paid sick leave... discrimination in healthcare services."](#)
- In the UK, people from black and minority ethnic groups (BAME), including key workers in health and social care, have been harder hit by Covid-19. The data shows that this disproportionate impact of Covid-19 on BAME groups is [due the relative deprivation](#) of BAME population, with lower incomes, more crowded housing, higher stress from low social status, and higher likelihood of working in 'frontline' work – and that relative deprivation is itself [due to racism](#). As professor Michael Marmot of UCL states: "Health follows a social gradient...not just in the UK but everywhere. [The link between] deprivation and COVID-19 mortality is really similar to the gradient in mortality from all causes... [Because of systematic disadvantage – racism – black people are more likely than the general population to be in deprived circumstances...structural racism is a cause of excess COVID-19 mortality in BAME communities](#)."

B. Inequality: over-crowding

Due to the high population density, which makes social distances impossible, people living in informal settlements are especially at risk of being infected. Informal settlements are around 10 times more densely populated than similar formal areas of a given city.^{lv} Globally around 1 billion people are estimated to live in informal settlements.^{lvi} The informal nature makes it even harder to know how many people exactly have been affected. Yet there have been reports on a silent surge in infections in like Orangi Town in Karachi, Payatas in Manila, Kibera in Nairobi, or Rocinha in Rio de Janeiro.^{lvii} There have also been problems in many prisons around the world.

In some countries, such as India, governments introduced aggressively enforced quarantine and physical distancing measures for the urban poor without also ensuring that residents can meet their everyday needs, such as food and clean water.^{lviii} Such violently enforced social distancing measures, while disregarding even the basic needs for survival, bear the danger of exacerbating the situation further as such repressive containment could lead to social tensions.^{lix} Especially access to safe water,

sanitation and other hygiene facilities is crucial to prevent the spread of the pandemic. However, many people and especially those living in informal settlements often lack clean water facilities inside their homes.^{lx}

It is worth noting that while many people live in informal settlements in the cities of south Asia, Africa and Latin America, there are relatively few in most of the east and southeast Asian countries which coped well with the pandemic, including China, Vietnam, South Korea¹⁴, Taiwan, and Hong Kong. Some informal settlements still exist in Thailand, however, for example [Khlung Toey](#); and Singapore showed that although it had managed to protect most of its citizens against the pandemic, it flared up in the over-crowded hostels in which over 1 million migrant workers live (see below).

C. Inequality: gender

Although men are more likely to be infected and die from the Covid19 virus itself, a lot of the burden of dealing with the crisis is carried by women.

- Not only are more than 70% of healthcare workers worldwide are women^{lxi} but also attention needs to be drawn to the unpaid care work at home.
- The school closures to avoid COVID-19 transmission is affecting women in particular with potential consequence of limiting their work and economic opportunities.^{lxii}
- Women are also more likely to work in the informal sector and thus receive less protection from governments.^{lxiii}
- Women have also suffered a sharp rise in domestic violence during the lockdown in many countries throughout the world, creating another public health crisis.^{lxiv}

D. Workers: migrant labour

The Covid-19 pandemic revealed the extent to which the global supply chain is based on invisible migrant labour behind the scene. It is estimated that there are about the 164 million migrant workers in the world. Migrant workers are often over-represented in agro-food industry, hospitality and domestic work sectors as well as in the front-line health services.^{lxv}

The hardest, dangerous and most unpleasant jobs in the corporate supply chain are often taken up by migrant workers. Their vulnerabilities are taken advantage of, exposing them to extremely hard-working conditions.^{lxvi} Staff shortages during the pandemic increased the severe working conditions for migrant workers even further. For example, Moroccan women picking strawberries in Spain had to pick more kilos than usually, work overtime and were faced with increased abuse by managers.^{lxvii}

Migrant workers are generally disproportionately at risk from the impact of the pandemic not only because of the harsh working conditions but also because they often live in overcrowded accommodation, their reliance on public transport and in many countries have limited access to healthcare and basic services. Additionally, the fact that migrant workers often don't receive sick pay forces them to work when sick, thereby not only jeopardizing their own health but also increasing the risk of further spreading COVID-19. In Canada, for instance, there are over 60,000 migrant workers in

¹⁴ Although [the Oscar-winning film 'Parasite'](#) showed vividly that even in Seoul many families live in bad, cramped and insanitary conditions.

Canada's farms. [In Ontario](#), over 630 migrant farm workers tested positive for Covid-19, of whom 3, all Mexicans, died in June 2020. The illness and death is due to "[over-crowded accommodation, supervisors putting pressure on ill labourers to keep working; no paid sick days](#); an information vacuum; threats of deportation if strict productivity targets weren't met; and lack of personal protective equipment". A newspaper investigation concluded that they are treated as "[essential but expendable](#)". Also, in the Gulf Countries, Singapore and Malaysia migrant workers have had a higher Covid-19 infection rate than the rest of the population.^{lxviii}

A two-tier workforce emerged in terms of health and safety: While the rest of the countries were in lockdown to protect citizens from infecting themselves with Covid-19 migrant workers were put on the front lines exposing them to Covid-19 and often depriving them from the social security rights citizens are entitled to.^{lxix} The social security system in many countries are coupled to employment, as such migrant workers might not be entitled to social security due to the nature or length of their employment.^{lxx} For example, in Singapore, which has a total population of 5.7 million, over 1 million are migrant workers living in crowded hostels. Although Singapore is well-known for its public housing system for citizens, and was widely praised for its prompt and efficient lockdown and testing and tracing system, about 90% of the Covid-19 cases occurred amongst the 323,000 low-paid migrants.^{lxxi} According to a Financial Times investigation in Singapore "low paid migrant workers live in cramped conditions, where up to 20 men are packed into a single room, sleeping in bunk beds, sharing bathrooms and dining areas... commuting shoulder-to-shoulder in the open backs of lorries, they find it impossible to maintain social distancing".^{lxxii} Also [in Qatar "around 1,100 World Cup workers have tested positive"](#) for coronavirus since the start of the outbreak. Qatar has one of the highest rates of infection per capita in the world, with almost 92,000 cases, in a population of just 2.8 million. During May over a third of those tested were found to be positive: 106 died."

In many several countries migrant workers were affected by mass redundancies as factories closed, exposing them to hunger and hardship. Those who returned home "[face unemployment and poverty in their home countries](#)". In most countries those who stayed had no rights to social security, no rights to access healthcare, have to live off their savings intended for their families back home, and their living and working conditions made social distancing impossible. This lack of economic and public service support for migrant labour increased the risk of transmission and infection. In India, for example, migrant workers form the invisible backbone of the economy.^{lxxiii} Yet when the Modi government decided to lockdown the country these essential workers were not protected and faced harsh treatment by the authorities. The lockdown left millions of migrant workers trapped in cities far from their hometown without means to get back due to transportation shutting down and state borders closing. A recent survey across various states in India indicated that around 90 per cent of migrant workers did not get wages paid and also did not receive food rations and also only had limited access to medical care.^{lxxiv} In Columbia, [over 2 million workers migrated from Venezuela since 2017 to seek work in Colombia](#) most of which lost their jobs due to Covid-19 and were unable to access the Colombian social security system. To fill this gap temporarily Colombia provided free medical consultations to migrants and refugees, regardless of their migration status, with COVID-19 symptoms.^{lxxv} Furthermore, mutual aid and solidarity community groups emerged to provide an alternative social security system for migrants and refugees. Yet the Venezuelan migrant workers in

Columbia also suffered from attacks by xenophobic right-wing as public health risks. Also in other countries migrant workers are subject to xenophobic attacks and discrimination. Nationalist right-wing leaders, such as Bolsonaro in Brazil, Modi in India and Pinera in Chile fuelled a discourse that depicts migrant workers as a public health treat and a large proportion of the residents in Singapore, Malaysia and Thailand say migrants “threaten their country’s culture and heritage”.

The job losses were not only severe for the migrant workers themselves but also for the families and communities at their countries of origin that depend on remittances. Globally, United Nations Capital Development Fund (UNCDF) estimates, the flow of remittances is expected to fall by about one fifth in 2020.^{lxxvi}

Overall, aid policies for migrant and immigrant workers are more robust in countries where there is a larger number of this population. However, policies dealing with migrant workers, specifically, still seem to be lacking due to the fact that for the countries who host the majority of these workers, if the coronavirus had never happened, their poor working and living conditions would not have been a priority for these governments to have tackled; and therefore, they are now working hard to make up for their neglect and then **some**.

E. Workers: healthcare and employment rights

Access to health care should be a universal right. Migrant workers should be treated equally with nationals. At a minimum access to health care should include testing and treatment for COVID-19. This non-discriminatory approach is crucial to preserve a country’s public health. Several countries, have put at least temporary measures in place to insure there is health care for all, including migrant workers, for example:

- France and Spain have extended residence permits for several months so that migrants are covered by health care.
- Portugal has given non-nationals, including asylum-seekers with pending applications, access to certain rights and support, including health care, social support, employment and housing.
- Colombia gave migrants and refugees with COVID-19 symptoms access free medical consultations
- Qatar and Saudi Arabia made testing and medical treatment for Covid-19 free of charge for all COVID-19 infection cases irrespective of nationality. Qatar also provided quarantine services.^{lxxvii}

However, the fact that it was even necessary to implement special measures to guarantee universal access to basic health services in the middle of a pandemic reveals how unequal the health care system in many countries have been prior to the pandemic. The pandemic should thus be seen as a wake-up call demonstrating that public health can only be properly looked after if health care is universal. As such, these temporary measures introduced in the pandemic should become permanent to implement non-discriminatory and universal health care. In South Korea, for example, healthcare providers are not required to ask or report the citizenship status of their patients.

Giving all workers access to paid sick leave and sickness benefits and protecting workers during unemployment and providing income support through cash transfers and other benefits are key for

enabling people to get through the pandemic safely. While in several countries economic protection measures were only limited to formally employed measures some countries have recognised the importance of given economic protection to all workers right from the start.

- Thailand, and Vietnam have given benefits to informal and self-employed workers and these benefits included migrant workers. In most cases, migrant and immigrant workers are guaranteed to receive paid sick leave and full payment of their wages and in some countries, a certain percentage of their previous income if they have been suspended without pay or laid off, amongst other benefits.
- New Zealand introduced measures that ensured that international seasonal migrant workers are entitled to government funding if they fall sick, have to isolate themselves while working in New Zealand or cannot work because their employer's business is affected by the lockdown.^{lxxviii}
- Italy, as part of their COVID-19 economic stimulus package, gave all workers an allowance of €600 per month who were not covered by other benefit measures. Migrant workers with a residence permit were also entitled to this allowance.^{lxxix}
- Ireland introduced a COVID-19 pandemic unemployment payment of €350 per week for employees and self-employed workers for a maximum of 12 weeks, the benefit was also given to students and migrants. Furthermore, those diagnosed with COVID-19 receive a sickness benefit.^{lxxx}

The Covid-19 pandemic shows that countries should focus on developing and strengthening universal and inclusive national social protection systems, including social protection floors, and on establishing social security and labour agreements.

F. Workers: the food chain

Fears for a global food shortage as a result of the pandemic has brought to focus the world dependency on a global food supply chain. It also highlighted the long-standing power inequalities and exploitative working conditions, in the corporate food system.^{lxxxi} As discussed in section 4B there is an over-representation of migrant workers in the food supply chain, who often occupy the hardest and dangerous jobs. The working conditions for the food crisis have been even further exacerbated during the pandemic to keep the food production up.^{lxxxii} The supply chains of the big food companies, which have always been dangerous places for workers, have now become hotspots for Covid-19 infections and transmission.^{lxxxiii}

Especially the food processing and production, such as workers in meat processing and plantation have suffered the consequences.^{lxxxiv} Meat factories are cold, damp and workers work in close proximity to one another.^{lxxxv} The cold temperature in meat and other food factories enable the virus to survive on surfaces for longer periods.^{lxxxvi}

- There have been outbreaks in meat factories in the UK Germany, France, Spain and the US.^{lxxxvii}
- Agricultural workers in Ecuador and Peru had no choice but to expose themselves to unsafe working conditions as many feared that they would lose their jobs if they stayed at home when ill.^{lxxxviii}
- In Nigeria more than 100 workers were locked in in a rice-processing factory and forced to work throughout a coronavirus lockdown. The workers were given the false choice of wither

accepting an additional \$13 (£10) a month on top of their \$72 monthly salary and stay or threatened with losing their job if they did not accept.^{lxxxix}

- In Assam in India, the tea pickers protested over unpaid wages that increased hunger and hardship during lockdown. When they returned to work workers faced inadequate handwashing and hygiene facilities.^{xc} Also outbreaks in garment factories were reported.

It should be noted that outbreaks of Covid-19 are not limited to food factories and plantations alone. In Leicester in the UK at least five garment factories were open during lockdown with factory workers working during night without social distance measures in place and without proper adequate hygiene facilities and sanitiser. Eventually a corona outbreak amongst the garment workers caused that the virus spread in Leicester and eventually a local lockdown had to be put in place in the whole of Leicester, while the rest of the country opened the lockdown again.^{xcii} Also [in Qatar “around 1,100 World Cup workers have tested positive”](#) for coronavirus since the start of the outbreak. Qatar has one of the highest rates of infection per capita in the world, with almost 92,000 cases, in a population of just 2.8 million. During May over a third of those tested were found to be positive: 106 died.”

G. Workers: trade unionism

As the coronavirus spreads more and more workers have taken action on health and safety grounds.

According to Amnesty International over 3000 health workers are known to have died from COVID-19 worldwide but in reality, this figure is assumed to be much higher.^{xciii} Consequently, strikes over unsafe working conditions for doctors and nurses during the Covid-19 pandemic have been reported across the globe, for example:

- In Nigeria doctors held a nationwide strike as they demanded appropriate PPE and adequate pay. The strike paralysed Nigeria’s response to the pandemic.^{xciii}
- In Zimbabwe doctors and nurses have gone on strike due to inadequate PPE that puts their lives at risk in the middle of the coronavirus pandemic.^{xciv}
- In India hundreds of thousands of female healthcare workers on strike to demand wage and legal protections amid COVID-19.^{xcv}

In other sectors too workers have organised to get safe working practices.

- In the US, Workers at Amazon’s Staten Island, New York, have walked out as workers in the warehouse fell ill with Covid-19 and the Amazon failed to protect other workers in the warehouse to get infected.^{xcvi}
- waste workers in the US and Canada have walked out to defend their health and safety and demand hazard pay.^{xcvii}
- In Europe workers have the right to stop working if their health and safety is in danger. For example, in the UK section 44 of the 1996 Employment Rights Act gives workers the right to walk out of their workplace if they reasonably believe that their health and safety is at serious and imminent danger.^{xcviii} As such during the first months workers in the postal service, in meat processing plants, on construction sites, in warehouses, refuse workers, council library workers and local government workers have walked out gone on strike unofficially.^{xcix}

On the other hand, the Covid-19 pandemic has also been used as a pretence by large multinational companies to dismiss trade union leaders. For example, Coca-Cola used the pandemic as an excuse to

dismiss union leaders at the San Fernando plant in the Philippines.^c And in Myanmar hundreds of workers in two garment factories producing clothes for Primark and Zara were dismissed just days after forming a union.^{ci}

9. Private sector: politics and contracts

The privatisation and outsourcing of healthcare and other public services have been a major problem for the last 40 years, and it has worsened under the pandemic. Private companies and consultants have seized the business opportunities from all the money government is spending to deliver the response to Covid19. The incompetent performance of privatised systems has been exposed, along with the cost and the stench of corruption as many countries award contracts without even tendering.

A. Problems with outsourcing: corruption, cost, incompetence

The greatest wave of business for the private sector has been from the outsourcing of contracts for various aspects of the programmes for dealing with Covid19. This includes contracts for the supply, storage and distribution of PPE to health workers, contracts for supplying, administering and analysing tests, contracts for track and trace, and also elements of economic support, such as free school meals for poor pupils. These contracts do not create 'extra resources' for the public sector – rather they increase costs and so drain financial resources away from public services and weakens their capacity. The performance of private companies on such contracts has been manifestly poor, exploiting the lack of rigorous monitoring. Multi-million dollar contracts have also frequently been awarded without tendering, and so the potential for corrupt award of contracts to cronies of the government in power is huge.

- Greece, despite its good performance and use of its public healthcare system, has rushed through outsourcing deals that hand over the management of Covid-19 to private companies.^{cii} There is a severe lack of transparency about these deals. For example, a private company was awarded with a €20m Covid-19 public awareness campaign. The exact details on why this company was chosen, what the deal entails, and the exact costings are not revealed to the public; despite parliamentary requests, the government has refused to disclose these details. Also, the Ministry of Migration and Asylum has been accused of bypassing standard procurement procedures and awarding contracts worth millions of euros to private companies while claiming that these contracts are "confidential". Yet, some investigative research suggests that these deals with the private providers have been overpriced and lacked planning.^{ciii}
- Even Amazon is involved. It has not only expanded its usual business during lockdown as people have been shopping much less in retail stores, they have also gained from various outsourced contracts related to managing Covid19 itself. The Australian government has contracted Amazon to store the data for track and trace app, and the Canadian government has contracted with Amazon to deliver medical equipment, instead of the public postal service.^{civ}
- in Africa, the Partnership for Evidence-based Response to COVID-19 (PERC), is a public-private partnership advises African countries on the impact of COVID-19 proposes public health social measures cv

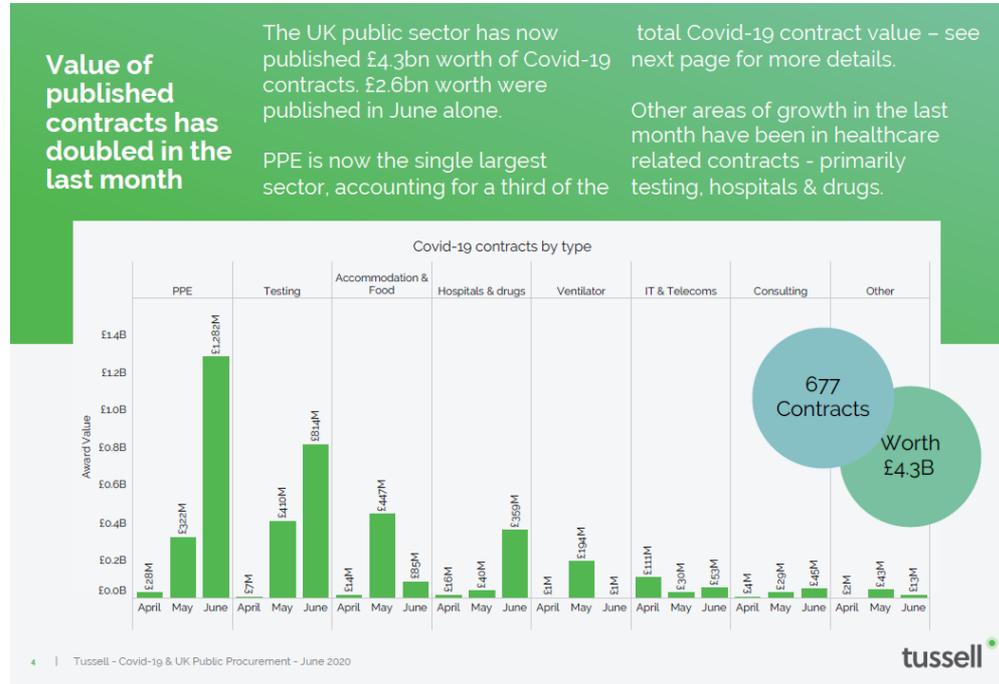
In the UK, the NHS had already been subjected to a [long-term process over 25 years of outsourcing NHS services and supplies](#). Even the procurement process itself was outsourced to private companies who then awarded monopoly contracts for supplies of PPE, warehousing, logistics, and IT services.

The government has continued this process in 2020, by outsourcing every possible part of the new resources spent to control the Covid19 epidemic, instead of strengthening the capacity of the NHS. This includes PPE, testing, tracking and tracing, and has led to repeated problems:

- the warehouse stockpiling PPE for just such an emergency was unable to deliver to hospitals, with workers describing the system as ‘chaotic’ and insufficient, out of date stock.
- The government gave an emergency contract to Deloitte to sort out the system, but this was described even by suppliers as a [“disaster”, with Deloitte trying to source PPE from China and ignoring offers from local communities](#), universities and small businesses in the UK, who all reacted rapidly to offer to start producing PPE locally.
- A new system to supply PPE to care homes and GPs was outsourced to a company whose CEO is a leading donor and supporter of the Conservative Party: but the system was too slow, and care homes and councils were still [“not able to access sufficient supplies of PPE”](#).
- Contracts to operate drive-through coronavirus testing centres were awarded without competition to Deloitte, which sub-contracted other outsourcing specialists Serco, Mitie, G4S and Sodexo to manage the centres. [These arrangements have failed, with the centres being reported as “too far away”](#), the wrong tests being sent out, results being lost, and others being sent to the wrong person
- The track and trace work in England has been outsourced to Serco, under yet another uncompetitive contract, which Serco hope will [“cement the position of the private sector”](#) in the NHS. This too has proved a disaster, [failing to contact thousands of people in the worst-affected areas](#), while ignoring the potential role of local councils.
- The government issued a contract for a tracking app to a software firm with links to the prime minister’s special adviser. The app failed to work, [and has been cancelled](#).

Even the work of organising meal vouchers for 1.5million children from poor families was outsourced to a contractor, Edenred, whose system then [proved unable to cope with the demand](#)

Table/chart 11. UK Covid19 outsourced contracts



B. Private hospitals: the trojan horse

A number of countries, including for example Spain, took an early decision to ‘requisition’ private hospitals. This has not taken the form of nationalisation, however, rather of ‘capacity payments’ whereby the hospitals receive payment to cover their expenses, as long as they are available if needed for public healthcare work – typically, non-Covid operations for patients with other conditions. But as waiting lists of such operations build up, the public system finds itself obliged to pay private hospitals for a much larger proportion of work than before.

- The extent of privatisation in the German healthcare system made dealing with the pandemic more complex and costly. Currently, more than a third of hospitals are privatised – and roughly one third is run by the municipalities and one third run by non-profit providers. Also, the vast majority of nursing homes in Germany are privately run.^{cvi} The corona pandemic showed again that it is the state – with taxpayers’ money – that steps in in times of need and not the private providers. Again, it means, profits are privatised while losses socialised.^{cvi} Privatisation of hospitals means that management decisions put economic efficiency over well-being. Planned surgeries are much more lucrative than emergency care. This can mean, for example, that private hospitals are not keen to treat corona patients in order not to lose lucrative patients.^{cvi} To work around this the German government tried to economically incentivise the treatment of corona patients by offering hospitals 560 Euros per day for each bed that is kept free for Covid-19 and a one-off payment of 50,000 euros for each new intensive care unit.^{cix} And private hospitals employ less staff than municipal hospitals, and are less likely to have staff on full time contracts, moreover private hospitals are more likely to outsource cleaning and

catering to other private providers. Low wages are the consequence and trade unions have pointed out that in some private hospitals the lowest wages are below the minimum wage.^{cx}

- In the UK, private hospitals have been seeking to gain outsourcing contracts from the NHS for many years, and gained hugely from Covid19 when the UK government required all private hospitals to make themselves 100% available for NHS work, under contracts worth £400million per month whereby the government pays all the running expenses of the private hospitals to be available for NHS work. The private hospitals now [expect £10 billion of extra contracts from the NHS](#) over the next 4 years.

C. Other possibilities

While a number of countries the Covid-19 has been seen as an opportunity to promote and extend privatisation in healthcare, at least one country – Mexico - has continued to pursue progressive policies over taxation of businesses, and public ownership, through:

- Much [stronger tax collection from multinationals](#)
- Teaching healthy eating of [fresh food not processed food](#) e.g. from USA
- [reducing the power of neoliberal regulatory](#) institutions
- [Reversing privatisation of the power system](#) , and levying [higher electricity charges on companies](#)

10. Annexe: Countries and cumulative death ratios per 100k pop (as at 18 August 2020)

Source: John Hopkins University https://coronavirus.jhu.edu/data/mortality_18/08/2020.

Country	Pop	Confirmed cases	Deaths	Case-Fatality	Deaths/100K pop.
San Marino	0	699	42	6.00%	124.32
Belgium	11	78,323	9,939	12.70%	87.02
Peru	32	525,803	26,075	5.00%	81.51
United Kingdom	66	320,343	46,791	14.60%	70.37
Andorra	0	989	53	5.40%	68.83
Spain	47	342,813	28,617	8.30%	61.25
Italy	60	253,915	35,396	13.90%	58.57
Sweden	10	84,294	5,783	6.90%	56.79
Chile	19	385,946	10,452	2.70%	55.81
US	327	5,403,213	170,052	3.10%	51.98
Brazil	209	3,340,197	107,852	3.20%	51.49
France	67	252,965	30,410	12.00%	45.4
Mexico	126	522,162	56,757	10.90%	44.98
Panama	4	81,940	1,767	2.20%	42.3
Ireland	5	27,257	1,774	6.50%	36.55
Netherlands	17	64,468	6,194	9.60%	35.95
Bolivia	11	100,344	4,058	4.00%	35.74
Ecuador	17	101,542	6,070	6.00%	35.53
Colombia	50	468,332	15,097	3.20%	30.41
Armenia	3	41,663	818	2.00%	27.71
North Macedonia	2	12,739	544	4.30%	26.12
Moldova	4	30,183	896	3.00%	25.27
Canada	37	124,004	9,074	7.30%	24.49
Iran	82	343,203	19,639	5.70%	24.01
Kyrgyzstan	6	41,856	1,495	3.60%	23.67
Switzerland	9	38,124	1,991	5.20%	23.38
Kosovo	2	11,275	390	3.50%	21.13
South Africa	58	587,345	11,839	2.00%	20.49
Luxembourg	1	7,458	123	1.60%	20.24
Portugal	10	54,102	1,778	3.30%	17.29
Honduras	10	50,502	1,575	3.10%	16.43
Romania	19	70,461	2,991	4.20%	15.36
Iraq	38	176,931	5,860	3.30%	15.25
Bosnia and Herzegovina	3	15,801	471	3.00%	14.17

Guatemala	17	62,562	2,379	3.80%	13.79
Dominican Republic	11	86,309	1,453	1.70%	13.67
Argentina	44	294,569	5,703	1.90%	12.82
Montenegro	1	4,035	77	1.90%	12.37
Kuwait	4	76,205	501	0.70%	12.11
Oman	5	83,086	572	0.70%	11.84
Germany	83	225,007	9,235	4.10%	11.14
Russia	145	920,719	15,653	1.70%	10.83
Bahrain	2	46,835	170	0.40%	10.83
Denmark	6	16,003	621	3.90%	10.71
Monaco	0	146	4	2.70%	10.34
Saudi Arabia	34	298,542	3,408	1.10%	10.11
Serbia	7	29,682	674	2.30%	9.65
El Salvador	6	22,912	612	2.70%	9.53
Austria	9	23,370	728	3.10%	8.23
Suriname	1	3,016	47	1.60%	8.16
Albania	3	7,380	228	3.10%	7.95
Israel	9	92,680	685	0.70%	7.71
Turkey	82	249,309	5,974	2.40%	7.26
Sao Tome and Principe	0	885	15	1.70%	7.11
Bulgaria	7	14,365	498	3.50%	7.09
Kazakhstan	18	103,033	1,269	1.20%	6.94
Qatar	3	115,080	193	0.20%	6.94
Cabo Verde	1	3,179	35	1.10%	6.44
Belarus	9	69,516	610	0.90%	6.43
Equatorial Guinea	1	4,821	83	1.70%	6.34
Slovenia	2	2,416	129	5.30%	6.24
Hungary	10	4,916	608	12.40%	6.22
Eswatini	1	3,839	70	1.80%	6.16
Djibouti	1	5,369	59	1.10%	6.15
Finland	6	7,731	333	4.30%	6.03
Costa Rica	5	28,465	294	1.00%	5.88
Egypt	98	96,475	5,160	5.30%	5.24
Azerbaijan	10	34,219	506	1.50%	5.09
Poland	38	56,684	1,877	3.30%	4.94
Norway	5	10,005	261	2.60%	4.91
Estonia	1	2,190	63	2.90%	4.77
Ukraine	45	93,490	2,100	2.20%	4.71
Maldives	1	5,785	22	0.40%	4.27
Croatia	4	6,571	166	2.50%	4.06
United Arab Emirates	10	64,312	364	0.60%	3.78

India	1354	2,647,663	50,921	1.90%	3.76
Czechia	11	20,012	397	2.00%	3.74
Afghanistan	37	37,596	1,375	3.70%	3.7
Mauritania	4	6,701	157	2.30%	3.57
Algeria	42	38,583	1,370	3.60%	3.24
Antigua and Barbuda	0	93	3	3.20%	3.12
Guyana	1	709	23	3.20%	2.95
Pakistan	212	289,215	6,175	2.10%	2.91
Lithuania	3	2,416	81	3.40%	2.9
Iceland	0	2,011	10	0.50%	2.83
Philippines	107	161,253	2,665	1.70%	2.5
Barbados	0	151	7	4.60%	2.44
West Bank and Gaza	5	16,534	110	0.70%	2.41
Gabon	2	8,225	51	0.60%	2.41
Indonesia	267	139,549	6,150	4.40%	2.3
Libya	7	8,172	153	1.90%	2.29
Bangladesh	161	276,549	3,657	1.30%	2.27
Greece	11	7,075	228	3.20%	2.13
Paraguay	7	9,791	138	1.40%	1.98
Nicaragua	6	4,115	128	3.10%	1.98
Sudan	42	12,314	798	6.50%	1.91
Malta	0	1,306	9	0.70%	1.86
Morocco	36	42,489	658	1.50%	1.83
Haiti	11	7,879	196	2.50%	1.76
Guinea-Bissau	2	2,117	33	1.60%	1.76
Liberia	5	1,257	82	6.50%	1.7
Australia	25	23,558	421	1.80%	1.68
Cyprus	1	1,339	20	1.50%	1.68
Latvia	2	1,322	32	2.40%	1.66
Senegal	16	12,162	253	2.10%	1.6
Cameroon	25	18,469	401	2.20%	1.59
Lebanon	7	8,881	103	1.20%	1.5
Zambia	17	9,343	260	2.80%	1.5
Congo (Brazzaville)	5	3,831	76	2.00%	1.45
Namibia	2	4,154	35	0.80%	1.43
Central African Republic	5	4,652	61	1.30%	1.31
Lesotho	2	903	25	2.80%	1.19
Uruguay	3	1,440	38	2.60%	1.1
Venezuela	29	33,755	281	0.80%	0.97
Kenya	52	30,120	474	1.60%	0.92
Zimbabwe	15	5,261	132	2.50%	0.91

Sierra Leone	8	1,956	69	3.50%	0.9
Malawi	18	5,072	161	3.20%	0.89
Japan	127	56,074	1,103	2.00%	0.87
Comoros	1	405	7	1.70%	0.84
Trinidad and Tobago	1	552	11	2.00%	0.79
Mauritius	1	346	10	2.90%	0.79
Belize	0	452	3	0.70%	0.78
Cuba	11	3,316	88	2.70%	0.78
Ghana	30	42,532	231	0.50%	0.78
Uzbekistan	33	35,329	232	0.70%	0.7
Tajikistan	9	8,065	64	0.80%	0.7
Brunei	0	142	3	2.10%	0.7
Mali	19	2,640	125	4.70%	0.66
Madagascar	26	13,827	170	1.20%	0.65
Somalia	15	3,256	93	2.90%	0.62
Korea, South	52	15,515	305	2.00%	0.59
Slovakia	5	2,902	31	1.10%	0.57
Nigeria	195	49,068	975	2.00%	0.5
Chad	16	956	76	7.90%	0.49
Ethiopia	110	29,876	528	1.80%	0.48
Singapore	6	55,747	27	0.00%	0.48
Jamaica	3	1,113	14	1.30%	0.48
Tunisia	11	2,107	54	2.60%	0.47
Georgia	4	1,336	17	1.30%	0.46
New Zealand	5	1,631	22	1.30%	0.45
Cote d'Ivoire	25	17,026	110	0.60%	0.44
South Sudan	11	2,489	47	1.90%	0.43
Guinea	12	8,482	51	0.60%	0.41
Malaysia	31	9,200	125	1.40%	0.4
Nepal	28	26,660	104	0.40%	0.37
Togo	8	1,147	27	2.40%	0.34
Benin	11	2,063	39	1.90%	0.34
China	1383	89,375	4,703	5.30%	0.34
Niger	22	1,167	69	5.90%	0.31
Angola	30	1,906	88	4.60%	0.29
Congo (Kinshasa)	83	9,676	240	2.50%	0.29
Burkina Faso	20	1,267	55	4.30%	0.28
Botswana	2	1,214	3	0.20%	0.13
Jordan	10	1,378	11	0.80%	0.11
Thailand	73	3,378	58	1.70%	0.08
Rwanda	11	2,453	8	0.30%	0.07
Mozambique	32	2,855	19	0.70%	0.06

Sri Lanka	22	2,893	11	0.40%	0.05
Tanzania	53	509	21	4.10%	0.04
Papua New Guinea	10	323	3	0.90%	0.03
Uganda	43	1,500	13	0.90%	0.03
Taiwan*	23	484	7	1.40%	0.03
Vietnam	80	964	24	2.50%	0.03
Yemen		1,869	530	28.40%	
Syria		1,677	64	3.80%	
Gambia		1,872	63	3.40%	
Bahamas		1,315	18	1.40%	
Diamond Princess		712	13	1.80%	
Burma		375	6	1.60%	

11. Annexe: the impact on Africa

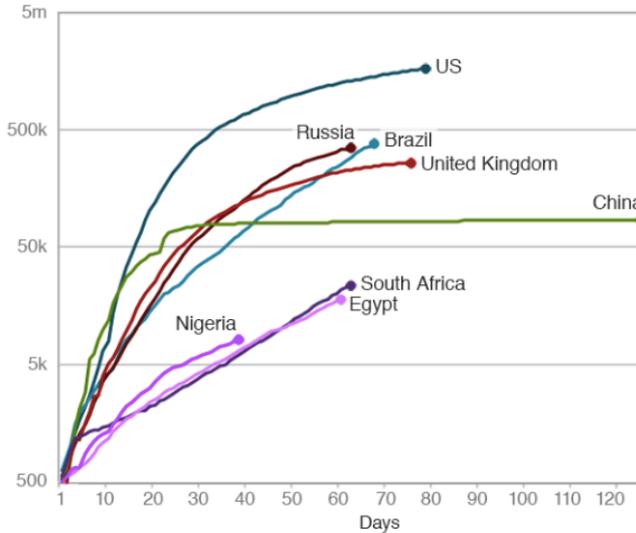
Africa was predicted to fail. On the 16 March 2020 the CNN predicted that ‘the Coronavirus could hit African countries the hardest’^{cxvi} In fact, while the responses varied considerably from country to country many African countries reacted extremely early, fast and well to the emerging Covid-19 crisis. Yet, this positive response did not match the repeatedly told colonial narrative which still dismisses the entire continent as inherently backward and dysfunctional.^{cxvii}

Africa had the advantage that around 60 per cent of Africa’s population live in rural areas with low population densities and fewer connections to the cities where the virus is generally concentrated.^{cxviii} Africa was also lucky in the sense that the virus reached Africa relatively late, giving the continent extra time for preparations.^{cxix} The first cases in Africa were reported at the end of February, to be precise on the 14th of February in Egypt and on the 27th of February in Nigeria.^{cxv} By mid-February 2020, the AU launched a continental strategy to better prepare and respond to the spread of the virus in Africa. As such, while there were vast differences in how African countries responded to the crisis, Africa managed to stand out in regional cooperation.^{cxvi} Many African countries demonstrated that they have learned their lessons from the HIV and Ebola pandemics and were able to put up a quick and creative response. Furthermore, many African countries are providing essential food supply to vulnerable households especially in informal settlements, not only to prevent the spread of the virus by enabling people to stick to social distancing measures but also to prevent food riots.

Nonetheless, Africa’s limited health care capacity made it indeed hard to affectively respond to the pandemic.

How fast has coronavirus spread?

Comparing its speed in different countries after 500th case



*Logarithmic scale

SOURCE: Johns Hopkins University. Figures current as of 25 May 2020

BBC

Source: BBC^{cxvii}

The aftereffects of the pandemic, however, are expected to hit Africa particularly hard. The continent has seen its first recession in nearly 25 years, and it is estimated that a further 23 million more people will be in extreme poverty due to the effects of the pandemic.^{cxviii} The poorest households and informal sector workers are especially at risk to suffer the consequences of the Covid-19 pandemic.^{cxix} The ILO projected that about 25 million jobs will be lost in Africa due to the pandemic and a recent UNDP report estimates that this figure is likely to be significantly higher.^{cxx} Most people in Africa – between 60-80 per cent - make their livelihood in the informal sector. The percentage is even higher among women and girls, who often work in particularly in low-paying informal occupations such as market vendors. As such the negative economic consequences of the pandemic may be gendered, hitting women harder than men.^{cxxi}

Also, in terms of education the long-term impacts are predicted to be severe. Experiences with the 2013-2016 Ebola outbreak show that children, and particularly those from low-income families, are likely not to return to school after a long absence.^{cxvii} As such, Covid-19 is likely to have devastating consequences for a whole future generation.^{cxviii} Furthermore, local governments are expected to have their budgets dropped by an estimated 30-65 per cent. This would have devastating effects not only on education but also other local government services, such as waste management.^{cxviii}

12. Annexe: Misleading indices

A. Global Health Security Index

The [Global Health Security Index \(GHS Index\)](#), prepared by the Johns Hopkins University (JHU), and The Economist Intelligence Unit (EIU), was published in 2019 as ‘the first comprehensive benchmark of health security and related capabilities’ which rates countries’ preparedness for epidemics. This was a pre-Covid index, and the scores reflect the supposed institutional superiority of western countries.

However, an analysis by the UN Sustainable Development Solutions Network (UN SDSN) pointed out that [“there is no correlation” between countries GHS index scores and their performance in dealing with Covid 19](#). The index is worse than useless as a predictor of performance of countries in dealing with Covid19. The best prepared countries in the world, according to the GHS index, were the USA and the UK - which have been the most incompetent at controlling Covid19. In fact the index works in the opposite direction: out of the 13 countries which the GHS Index rate as ‘most prepared’, seven feature amongst the *worst* 13 countries in the world in terms of death rate per million so far under Covid19 – USA, UK, Netherlands, Canada, Sweden, France and Switzerland. By contrast, countries given mediocre ratings by the GHS Index have performed very well in handling Covid19, e.g. New Zealand and Greece are only ranked 35th and 37th in the league table, Vietnam and China are down at 50 and 51, Costa Rica at 62, Cuba at 110, and Mauritius at 114.

As the UN SDSN notes, some elements of the index suggests it has been designed to fit the desired result: in the healthcare category, for example, [the good, universal, German public healthcare system is surprisingly rated much worse than the notoriously poor USA system](#), as a result of arbitrarily scoring Germany zero for ‘communications’ and USA a perfect 100. Even the ‘detection’ sub-category of the GHS index actually [has an inverse relationship to the actual testing per capita of countries](#) under Covid19.

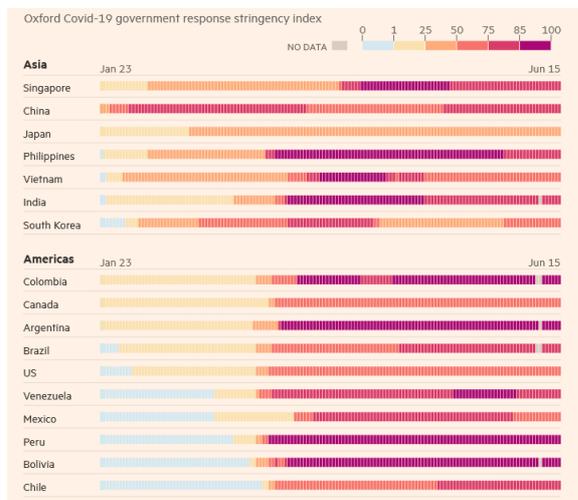
The GHS index is of interest because it presents the pre-determined assumptions of its builders that the most open western economies are likely to perform best. This we now know is quite wrong. UN SDSN suggested that the index fails because it does not take account of [“the central role of political decisions”](#), which is important in relation to universality of the public healthcare system, capacity for rapid testing, and public communications.

B. Oxford ‘stringency’ index

It is misleading therefore to look at the ‘stringency’ of the legal measures introduced by governments as an indicator of the effectiveness of lockdown, without the political context. Much media coverage refers to the Oxford University stringency index, which aims to measure the strength of government measures in different countries, implicitly arguing that the more restrictive and the more severely enforced the measures, the better they will work. The index has been used as a proxy measure of the extent of government lockdown to argue that the [USA delay in lockdown](#) compared with other countries was responsible for most of the much higher death rate, but the index is not necessary for such an analysis, which is demonstrated simply by the relative time-lapse between first case and actual lockdown being introduced. A paper by Oxford researchers received much coverage for its finding that countries it classified as ‘autocratic regimes’ achieved [a lower reduction in social mobility](#) than countries it classified as ‘liberal democracies’ even with similarly

stringent policies. It also found that [‘collective’ cultures achieved great reductions in social mobility than ‘individualistic’ cultures](#), which received less media attention.¹⁵

The weakness becomes apparent if the actual index ratings of countries are compared with outcomes in terms of cases or death rates. For example, the index shows maximum stringency (the darkest colour) over long periods for Colombia, Argentina, Peru and Bolivia – but Peru has one of the worst death rates in the world, Colombia and Bolivia are both failing to reduce the impact, while Argentina has the best record of the large countries in the Americas. Trust and collective values are far more convincing explanations of the relative success of Argentina.



¹⁵ It also found that countries with greater ‘state capacity’ did better, but its only measure of state capacity was the size of the armed forces relative to the workforce, so it is a less interesting finding than it appears.

13. Annexe: support for workers and households

In Asian countries:

- An overall trend is that they would first rather craft policies that add to their existing labour and business regulations rather than amend or outright contradict them.
- Reducing workers' exposure to COVID-19 in the workplace is more effective and feasible for more developed countries with less labour-intensive jobs.
- The most popular form of assistance in terms of *housing and bills* is offering aid with utility bills.
- The lack of attention paid to supporting workers with care needs may be indirectly putting female workers at an economic disadvantage.
- All countries have some form of income support to its citizens delivered in stimulus packages. The income support can be received by two groups of workers: unpaid, quarantined/suspended workers who cannot work from home and are on unpaid leave for more than an allotted amount of time, and people who are unemployed/partially/self-employed. Special attention and assistance are usually further paid to low-income households.
- All countries have extended their tax filing dates by at least one month after the original deadline. For countries that have tax relief measures, focus is primarily put on reducing personal income tax and increasing deductions on tax returns.
- Most countries prefer creating incentives for businesses to keep paying suspended workers through tax cuts and wage subsidies as opposed to having them be laid off and providing them with cash handouts. This is suspected to be because of job numbers.
- Mauritius implemented several economic protection measures, which included generous wage assistance schemes, the distribution of food, and support for the self-employed and those working in the informal sector. xxii It also amended legislation to ensure that people cannot be disconnected from their water or electricity services if they fall short to pay their bills. xxiii Both water and electricity services are publicly owned and managed. xxiv
 - Ghana, Guinea and Gabon announced that the government would cover the water bills of its citizens, while ensuring stable water and electricity supply.^{cxxv}

vi. Income support

The amount, frequency, and duration for this cash transfer vary from country to country. For example, in Pakistan, the support is a one-off cash handout, while in Vietnam, the government offered support through a fixed payment amount for up to three months.

Due to the fact that most countries have mandated policies for businesses to offer employees paid sick leave and have implemented other incentives for businesses to retain their workers through the pandemic, governments prefer to support workers through their employers rather than through cash transfers made to its citizens directly. For example, in New Zealand, to receive payments, quarantined/suspended workers who are on unpaid leave must be able to show that they have first sought assistance from their employer and tried to work out mutually beneficial arrangements without success.

Incentives for firms to continue paying suspended workers is elaborated upon in the subsequent Business Support segment. Notably, India withdrew a previously mandated order requiring all businesses to pay their workers throughout the lockdown, citing that businesses would not be able to support such a scheme without revenue. However, the India government has been providing support through in-kind (i.e. food, cooking gas) and cash transfers to lower-income households, insurance coverage for workers in the healthcare sector, and wage support and employment provision to low-wage workers.

All countries have been very generous in their spending for the stimulus packages. It would take analysis beyond the scope of this brief to be able to accurately evaluate the impact, helpfulness, and fairness of the provisions provided to workers financially in the long run. However, we are able to say with confidence that the stimulus packages, as developed and implemented by each government, reflects the economic makeup of their country. For example, there is a bigger focus on providing support to farmers in Thailand due to its prominent agricultural sector as opposed to Korea's, which is a technology-driven country, focus on providing support to workers through businesses.

vii. Helping workers stay in their homes/supported their household bills

The Thailand governments have offered to lower utility bills for everyone, and the Australian government is offering discounts and rebates on utility bills. Korea is making utility payments to low-income households.

Both Australia, New Zealand, and India are putting a temporary "moratorium on evictions" (i.e. suspension of eviction) applicable to all landlords and renters. Australia granted land tax support to landlords if the benefits are passed onto tenants. New Zealand also implemented a rent freeze for 6-month until toward the end of September. In this vein, the Indian state governments are mandated to make sure that rent for all workers, including migrants, is suspended for one month.

viii. Tax relief measures

South Korea has increased Personal Income Tax (PIT) deductions for the period from March 1st, 2020 to June 30th, 2020 in addition to deductions on personal credit card spending.

Thailand decreased income withholding 3% to 1.5% for six months, and doubled the tax benefit for investing in long-term mutual funds.

Singapore waived the Foreign Worker Levy for the month of April, and granted a rebate of SGD750 for each work permit or S-pass holder.

Vietnam recently approved raising PIT deductions by 33% from USD386/month (VND9,000,000) to USD472/month (VND11,000,000), and deduction for dependants is proposed to increase by 22% from USD154 (VND3,600,000) to USD189/dependent/month (VND4,400,000).¹⁶

¹⁶Amounts have been converted from VND to USD. These measures were introduced on June 12, 2020, at which time the exchange rate was US\$1~VN\$23,294.08.

It is unclear how these tax incentives have affected or will affect employment motivations or economic wellbeing or activity due to their recent implementation. However, the expected outcome of these measures is increased future economic growth and consumption.

ix. Additional help with care needs

Only Australia, New Zealand, South Korea, and Singapore have been observed to have policies implemented regarding this issue. “Care needs” here is defined as necessary and unavoidable care given by the worker to children, elders, or invalids.

Australia provided free child-care to more than one million families until mid-July as well as providing a home care package to support senior citizens. In addition, International student visa-holders were allowed to work for more than 40-hours in the aged-care sector.

Both Korea and New Zealand have stipulations for funds available to families to acquire in-home childcare services, and for financial assistance if they are unable to work due to care duties to another.

Finally, Singapore has a 50% tuition fee offset scheme (subjected to conditions) for preschools. This tuition fee offset scheme is only available at the preschool level.

While this may seem at first glance overall an acceptable outcome, Amnesty International argues that this lack of support for care needs is indirectly putting females at a disadvantage, especially when we are talking about countries in Asia, because of societal norms and expectations. They said: “Before COVID-19, women and girls provided 12.5 billion hours of free care work every day globally. [...] Women in India spend 10 times more time on care work than men – both in urban and rural settings.” The United Nations have also reported higher rates of unpaid care work done by women throughout the current pandemic thus far.

Recommendations to help better this issue are as follows. In the short-term, taking women’s rights and well-being a priority in COVID-19 responses. In the medium term, designing socio-economic plans with a focus on the development and support of the futures of women and girls. In the long term, taking steps to provide equal and adequate support for care needs.

x. Healthcare services enhancement and investment

All countries have increased spending on healthcare services. Pakistan increased healthcare workers’ salaries, eliminated import duties on emergency health equipment, and provided an additional USD88,937,850 (PKR 15 billion) for health and food supplies; India is providing insurance coverage for its healthcare workers; and New Zealand is spending NZ\$0.8 billion (or 0.3% of their GDP) to reinforce healthcare capacity.

Australia, India, Korea, and Singapore are also taking this pandemic as an indication that they should be investing more in their healthcare systems, disease control services, and national stockpile of health supplies with the goal of sustainability and resiliency in mind. For instance: Australia is setting aside an additional USD6,732,703,000 (AUD9.4 billion, 0.5% of GDP) to strengthen the health system; India is investing USD201,0216,000 (150 billion rupees, about 0.1 percent of GDP) in health infrastructure.

xi. Reducing workers' exposure to COVID-19 in the workplace

There are several ways through which governments go about accomplishing this; and these measures are not implemented for workers alone but are a part of public education. The most popular and perhaps least expensive option is to issue and make widely available, in various forms, guidance for businesses and workers on how to properly behave during the new normal. Notably, South Korea published a 68-page document describing an admirable detail how their citizens should act in any given situation, and Vietnam popularised a song and dance about how to take care of your personal hygiene during the pandemic.

Most countries, such as Australia and New Zealand, highly recommend firms and their employees work together to figure out a way to work from home. And, in response to the pandemic, Singapore gave additional funding to better Financial Technologies' firms and its workers access to digital tools and strengthen the digitization of operations.

However, working from home is not feasible for places with higher manual labour demand, namely but not limited to India and Pakistan. In fact, it was because of the virus that the terrible living conditions of migrant workers in Pakistan and Singapore was called attention to—they have been squeezed into closet-sized dormitories that were not properly fumigated with roach-infested kitchens and bathrooms. Therefore, they were not able to practice social distancing properly. In Singapore by April 16th, the number of infections linked to migrant workers took up more than 60% of the total number of cases in the country.

To combat this, the Singapore government has made plans to build additional dormitories in the future and temporary housing near worksites for the time being. In addition, they have quarantined off the dormitories with known clusters of infection so as to contain the virus from spreading. In this, their efforts seem to be paying off. They are also doing testing on several thousands of workers per day and isolating those who are infected while transporting those who are not and are working in essential services to military camps, exhibition centres, floating hotels, and empty housing blocks.

xii. Prioritizing the distribution of PPE to healthcare workers

Even though all countries agree that personal protective equipment, such as masks, gloves, etc., should be made available first and foremost to healthcare workers, some countries are experiencing mild to extreme shortages of PPE preventing them from properly protecting workers from getting infected in their workplace.

With regards to masks, the Korean government has decided to intervene on the production and distribution so as to make sure that the right people are getting them first and that the masks are distributed fairly to the public through pharmacies. Due to the extreme shortage in the country, incentives were introduced to manufacturers to boost the production of masks, and exports were regulated to only 10% of total production for each firm. Also acting out fear of mask shortages, in March, India banned the export of masks for about a month until constant production resulted in a massive surplus.

Yet, the procurement of the necessary number of masks and other PPEs doesn't seem to have completely solved the problem for Australia, where doctors and hospitals are still not provided

with enough masks. According to the news outlet Reuters and other sources, the problem seems to lie in Australia's inability to properly distribute the equipment and the government's lack of transparency regarding inventory numbers.

Finally, though healthcare workers are prioritized to receive PPE by the government, frontline workers in other sectors, such as grocery workers, bus drivers, mail men, etc., are not presented as being next in the list, and are still not adequately provided for in terms of PPE in their line of work. In fact, even when healthcare workers are said to be prioritized during the distribution of PPE in policy, the reality is that doctors, hospitals, and other healthcare workers are still reporting that they are enduring an ongoing shortage of masks, leading to a rise in the number of cases for healthcare workers in certain countries, namely Pakistan with its 200 healthcare workers being tested positive within one week toward the end of April this year.

xiii. Support for migrant and immigrant workers

All countries have extended work visa expiration dates due to a myriad of reasons—but mostly because of social distancing rules and lockdowns delaying administrative processing and disrupting repatriation efforts.

Though in most countries, migrant workers aren't eligible for certain benefits in stimulus packages, they are not left stranded entirely by the governments. In India, this is literally the case. The lockdown left millions of migrant workers trapped in cities far from their hometown without means to get back due to transportation shutting down and state borders closing. The Indian government promised to help transport migrant workers back to their homes through special trains and buses for free, and provide them with necessary lodgings and food if needed.

Aid is provided to migrant and immigrant workers to certain extents in stimulus packages, which vary from country to country. For example, migrant workers in Thailand, and Vietnam are eligible for benefits received by informal and self-employed workers. In most cases, migrant and immigrant workers are guaranteed to receive paid sick leave and full payment of their wages and in some countries, a certain percentage of their previous income if they have been suspended without pay or laid off, amongst other benefits. Australia and New Zealand have made special concessions for international students with visas who are working in the essential services sector.

In most countries, repatriation efforts are underway, and testing for COVID-19 is free for all migrant and immigrant workers. In fact, most governments require testing before repatriation and the receipt of benefits by these workers. In Korea, healthcare providers are not required to ask or report the citizenship status of their patients. Singapore is building its migrant workers new dormitories; however, this is sensed to be done not merely for the benefit of the workers themselves but rather as an effort to curb the infection rates amongst migrant workers and stop the spread to outer communities.

Furthermore, due to lockdowns, the process for visa amendments to be reviewed on a case-by-case basis is expedited, and overstay penalties are mostly waived, but this is subjected to stipulations.

Overall, aid policies for migrant and immigrant workers are more robust in countries where there is a larger number of this population. However, policies dealing with migrant workers,

specifically, still seem to be lacking due to the fact that for the countries who host the majority of these workers, if the coronavirus had never happened, their poor working and living conditions would not have been a priority for these governments to have tackled; and therefore, they are now working hard to make up for their neglect and then some.

xiv. Help firms to retain workers

For most countries, the most popular way for governments to help firms retain workers is through wage subsidies for an allotted amount of time. For example, Australia's "JobKeeper Payment" program ensures that employers will be able to receive a \$1,500 payment per retained worker every two weeks for six months until late September.

Korea relaxed the condition for employment retention subsidy for businesses.

xv. Provide funding for worker training and required technologies

Australia introduced a new JobTrainer skills package (A\$2 billion), and New Zealand said that they would begin free vocational training for jobs in selected industries—such as jobs in the primary industries like agriculture, horticulture, etc.—starting July 1st. Both of these countries' efforts are done with the outlook of creating jobs in these industries in the future and being able to fill those positions with skilled workers. Additional motivation behind these policies includes long-term, sustainable economic growth and a strong, skilled labour force.

This is a very non-reactionary and forward thinking take on how governments should approach the economic downturn during the pandemic, and is considered highly recommended.

Changes to dismissal regulation/labour laws (to the benefit of the worker)

Only one provincial government in Pakistan—the Sindh government—announced that they would be prohibiting employment termination and giving everyone paid layoffs during the lockdown period in March. In addition, they established a tripartite mechanism composed of representatives of employers, workers, and the government to deal with salary complaints.

Though the focus of our discussion in this segment is on changes to dismissal regulations/labour laws which are to the benefit of the worker, it would be an oversight not to mention changes that are not. Around the start of May, to boost investment and compensate for the recent economic downturn, several states in India have issued ordinances to suspend labour laws—laws related to safety conditions, the recognition of trade unions, and legal working hours. This suspension is expected to last for 1,000 days (about years). The International Labour Organisation (ILO) have intervened and expressed "deep concern." ILO Director-General was said to have been "appealing to the Prime Minister to send a clear message to Central and State governments to uphold the country's international commitments and encourage engagement in effective social dialogue."

The Economist raised a question of their effectiveness, stating in the tagline: "Jobs are protected on paper but precarious in practice." The article argued that due to India's propensity to run businesses and the inspection of businesses on bribes and loopholes, the reforms might not bring about the results its backers are hoping for. Worker cost margins may vary by state, they said,

but “this is not because states differ greatly in their laws, but because they vary in their lawlessness.”

14. Annexe: support for businesses

xvi. Wage bill subsidy

All countries have wage subsidies for affected businesses, usually in the form of cash transfers made to employers, or collateral-free or low/no interest loans. New Zealand offered a lump sum 12-week wage to support employers who were severely affected by the pandemic. Singapore released four stimulus packages over the period from March to June with the offer to pay percentages of employees’ wages rising each time.

On top of that, Australia, New Zealand, South Korea, Singapore, and Vietnam all have a version of wage subsidy made available to employers specifically to continue paying their employees who have to go on leave. Australia is offering roughly USD1,074 (AUD1,500) before tax per employee firms keep on for the next six months. This scheme is also available for the self-employed. Korea temporarily increased employee retention support for SMEs, expanding coverage on employees’ “suspension period allowance” incurred during businesses’ temporary business closure between April and June from 75% to 90%. The budget for this increased from USD81.6 million (KRW100.4 billion) to USD407,160,293 (KRW500.4 billion). Also, in Vietnam, affected firms are eligible for no interest concessional loans from the Vietnam Social Policy Bank (VSPB) for continuing salary payment to suspended workers.

xvii. Simple unconditional subsidy

This refers to schemes which include the transfer of monetary funds directly from the government to businesses without any stipulations other than, in some cases, the business must be severely affected by COVID-19 and/or have their turnover be less than a certain amount, and interest free loans made out by the government directly to SMEs with the goal of meeting immediate cash flow needs covering fixed costs.

Australia is providing tax free payments of at least USD1,432 (AUD2,000) and up to USD17,903 (AUD25,000) to SMEs that employ staff with a turnover of less than USD35,807,750 (AUD50 million). This measure is projected to benefit around 690,000 businesses employing around 7.8 million people. Singapore set aside a loan capital of USD14.5 billion (SD20 billion) to help businesses and individuals facing cash flow challenges. New Zealand is offering up to \$100,000 in loans to businesses employing 50 or fewer full-time employees, which is interest free if the loan is paid back within a year, and an interest rate of 3% for a maximum term of five years.

xviii. Tax reductions

All countries have made efforts to reduce or relax tax obligations for businesses. These efforts include offering increased deductions or deferral on income/corporate tax, payroll tax relief, deferral or accelerated refund for Value Added Tax (VAT), accelerated tax refunds or tax cuts for certain industries, and easing measures and penalties for tax non-compliance.

Interestingly, in response to COVID-19, New Zealand announced permanent changes in business taxes to help free up cash flow for that cost roughly USD1.8 billion (NZ\$2.8 billion or 1.0% of GDP) which include “a provisional tax threshold lift, the reinstatement of building depreciation, and writing off interest on the late payment of tax.”

Vietnam is allowing firms and workers to defer contributions to the pension fund and survivorship fund without interest penalty for up to 12 months. The total amount of delayed contributions is estimated at USD409.2 million (VND9.5trillion, 0.1% of GDP). Korea has also deducted 30% of their social security contribution rate and decided to allow small business and low-income households to defer contribution payments for 3-month. Thailand is offering a rebate on contributions to the Social security fund by employers and employees.

Though the economic impact of these schemes are yet to be determined due to their only recent implementation and lack of relevant survey and research, the goals for these tax incentives are primarily to boost cash flow to businesses, provide additional support to key industries and sectors (e.g. the agriculture, construction, and export industries in Pakistan; the arts and screen industry in Australia; the aviation industry for New Zealand), enable employers to retain their employee, and stimulate economic growth in desired industries (e.g. domestic car production in Vietnam).

xix. Rent/utility bill relief

Australia and Thailand have taken measures to reduce utility payments for businesses; and Pakistan made out payments for electricity bills to firms. New Zealand introduced compulsory arbitration for cases where small business tenants are unable to pay rent due to COVID-19 and are unable to settle the issue with landlords. Vietnam announced that land rental fees are to be delayed by 5 months starting from April for those that lease directly from the government. In June, Singapore waived rented for SMEs for up to two months.

xx. Enhancements of financing schemes

Governments are enhancing financing schemes mostly by investing in securities and providing funds to banks to lend to businesses, directly lending to businesses interest free, expanding and lowering borrowing eligibility, restructuring of loans, and lowering interest rates. This is discussed in further detail in the Financial Instruments section of the brief.

xxi. Incentives for investing in businesses

For Australia, Pakistan and Singapore, motivations for creating incentives for investing in businesses mostly stem from their goal of transforming their economies into more green and technology-driven economies. Given the current state of affairs of the world (i.e. global warming, COVID-19, increasing usage of technology in the workplace, etc.), it is highly beneficial for these two countries to be making an effort to promote more sustainable business practices.

The Australian government is making payments up to USD14,341 (AUD20,000) to small businesses to upgrade to equipment that will reduce energy consumption, invest in monitoring systems that will help them manage energy usage, and conduct audits on energy usage to see if there are further opportunities to expand on efficiency. In addition, they are also implementing a new, time-limited 15-month investment incentive that will last until June 30th, 2020, to foster business investment and economic growth. On installation of eligible assets, businesses with a

turnover of less than roughly USD358.4 million (AUD 500 million) will be able to deduct 50% of its cost, with existing depreciation rules applying to the balance of the assets' cost.

The Pakistani government has expanded the scope of refinancing facilities with the goal of stimulating investment in new manufacturing plants and machinery, and supporting the modernization and expansion of 27 existing projects that totals around USD65.4 million (PKR11 billion) as of July 30th, 2020.

Singapore announced a Go Digital Programme for SMEs which provides support for businesses to digitally transform in light of social distancing norms. It also expands the scope of pre-approved solutions eligible for the Productivity Solutions Grant, which helps companies that want to adopt IT solutions and equipment to enhance business processes.

xxii. Specific industrial support & investment in certain industries

In response to the economic downturn, all countries have implemented specific support for key industries and industries that have been impacted the most by COVID-19; in addition, they also took the opportunity to invest in certain industries with aims for future growth.

Australia, India, and Pakistan have implemented support measures for the construction industry. Australia introduced the new HomeBuilder grant, offering roughly USD17,906 (AUD25,000) to those interested in building a new home or substantially renovating an existing home. India implemented a Building and Construction Workers Welfare Fund to provide relief to construction workers. Pakistan is providing tax incentives and ensuring loans for construction businesses and activities. Pakistan and India also have targeted support for the agricultural sector through loans and cash transfers.

Singapore is interested in sustaining and strengthening the financial technology capabilities in financial services. The government announced a package totalling USD91.1 million (SGD125 million).

Korea established a key industry stabilization fund that amounts to approximately USD33.8 million (or KRW 40 trillion, 2.1% of GDP) to support seven industries: airlines, shipping, shipbuilding, autos, general machinery, electric power, and communications. Funds will be provided through loans, payment guarantees, and investments, and raised by issuing government-guaranteed bonds in addition to contributions from private funds. The government also plans on spending USD4.3 billion (KRW 5.1 trillion) this year and USD64.2 billion (KRW76 trillion) over the next five years on big data platforms, artificial intelligence and fifth-generation telecommunication services.

Thailand has created a tourism subsidy package called "We Travel Together," which will cover up to 40% of selected travel costs for up to 5 million domestic tourists. Registration is required. This package is available from July 15th to the end of October of this year. As of July 30th, 4.65 million people have registered, and 1% of the trips have taken place.

Vietnam approved measures of cutting registration tax by 50% and deferring excise tax on domestically produced cars. Also, from August to December of this year, they will be deducting 30% of their current environmental protection tax on jet-fuel.

New Zealand also has schemes to support the tourism and aviation industry. The government has set aside roughly USD393.5 million (NZD600 million, 0.2 percent of GDP) for the aviation industry, and USD262.4 (NZD400 million, 0.1% of GDP) for the tourism recovery package. On

top of that, the government has approved a USD590.3 million (NZD 900 million) debt funding agreement, that is convertible to equity, with Air New Zealand to ensure continued freight operations, domestic flights and limited international flights.

xxiii. Debt moratorium

The Reserve Bank of Australia announced that, for capital adequacy and regulatory reporting purposes for a period up to six months, loans on repayment deferrals during the pandemic need not be treated as being in arrears for borrowers who have been meeting their repayment obligations. In addition, on July 7th, Australian banks extended debt moratorium for eligible borrows for another 4-month because of COVID-19.

The New Zealand government temporarily changed their law to enable businesses to put existing debt into hibernation for six months.

The State Bank of Pakistan is allowing banks to defer clients' payment of principal on loan obligations by one year. As of July 30th, a total equivalent of USD3.6 billion (PKR 605 billion) has been deferred.

Korea's domestic commercial and savings banks have been allowing loans to be rolled over for small businesses if they cannot make payments when they are due.

The Thailand government has implemented measures to relax repayment conditions for businesses. They include a loan payment holiday of 6 months for SMEs, and the suspension of principal and reduction of interest on the debts to Specialised Financial Institutions (SFIs).

The State Bank of Vietnam has issued guidelines to commercial banks to reschedule loans, reduce/exempt interest, and provide loan forbearance

xxiv. Other regulatory incentives and administrative support

To help businesses navigate available support measures, Australia has set up a dedicated website and hotline for SMEs to reach out to for information. In this vein, a small business COVID-19 planning tool was also developed.

New Zealand also launched an online tool called Cash Flow Forecaster426 which helps small businesses to forecast their cash flow in the COVID-19 context.

Vietnam has lowered their business registration fee since late February. The registration fee will be exempted for newly established household businesses. The business registration tax will be exempted for SMEs for the first three years. The government has also streamlined tax and custom audit and inspection at firms.

xxv. Silent subsidy

Economic support for business should also include the 'silent subsidy' of inaction: for example, very few governments seem to have required a reduction in rents, even though nearly all households have seen a reduction in their income. Utility bills have been frozen or reduced in some cases where the utility is publicly owned, but private companies are allowed to continue charging households for water and electricity even though lockdown increases the domestic use of water and power, so the companies get a 'free' increase in revenues.

15. Annexe: measures to support tourism

Most countries have seen little tourism activity during the peak of Covid-19. The travel and tourism sector is seeing an even worse decrease in the number of arrivals. Travel bans and social distancing policies make it impossible to operate tourism activities, as tourism is a sector that cannot be operated remotely and often involve mass gathering. During the first quarter of 2020 in the Asia-Pacific region, number of tourists was down by 35%¹⁷. Even when travel bans are lifted and flights are allowed, international travel to Asia-Pacific region might not be able to recover due to the mandatory 14-day quarantine required in most Asian countries¹⁸. Visitors will have to take into consideration when they have to be quarantined for 14 days upon arrival and another 14 days coming back. Where the costs of mandatory testing upon arrival is imposed on foreign visitors, it could be “even more expensive than airplane tickets”, said the chairman of Indonesian Hotel & Restaurant Association¹⁹.

Decrease in tourism activities has resulted in unemployment in the hospitality industry, tourist spots, aviation industry, and other transportation services. Due to the seasonal nature of tourism jobs, tourism workers become one of the most vulnerable groups during this pandemic²⁰. As tourism is a sector impossible to operate remotely, employees are “being asked to leave, to accept lower wages, or to take paid or unpaid leaves²¹²².” Ten percent of the total employment in the Asia-Pacific region is at high risk of losing their jobs in the travel and tourism sector. Covid-19 has taken a heavy toll on countries who have high dependence on travel and tourism such as Thailand and New Zealand, where travel and tourism’s share in employment reached 20% and 15% respectively in 2019 (Figure 1).

A. Government Support for Tourism Workers, Businesses, and The Industry²³

Most government **stimulus packages** focus on employees in sectors with high unemployment or low social security coverage. In South Korea, households working in tourism are included in a US\$16.6 billion package designated for a few “damaged industries”²⁴. The Korean Ministry of Culture, Sports, and Tourism is also spending USD\$30 million Creative Fund to support workers in Visual Arts such as

¹⁷ Pham, “Vietnam and Thailand Look to Lead Regional Tourism Revival Post Pandemic.”

¹⁸ “OECD Country Policy Tracker.”

¹⁹ Pham, “Vietnam and Thailand Look to Lead Regional Tourism Revival Post Pandemic.”

²⁰ Ritmeester, “Tourism and Travel Southeast Asia.”

²¹ Ritmeester.

²² Pinchuck, “How Covid-19 Will Change the Thailand Tourism Sector.”

²³ Most government support packages include tourism, and they are mentioned in the Financial Instrument part of this report. The policies mentioned below are designated for the tourism sector or for a group of industries including tourism.

²⁴ “OECD Country Policy Tracker.”

artists and theatre workers²⁵. In Singapore, workers in aviation, hospitality, tourism, convention, and exhibition services that cannot resume to business during the pandemic are receiving the highest cash grant rate of 75% of their gross monthly income (up to their first USD\$3,300 in income)²⁶. The country is also providing 25,000 traineeships for first-time and mid-career job-seekers in all fields²⁷.

Export businesses in Australia affected by Covid-19 are eligible for a **loan** from USD\$178,000 to USD\$36 million as a part of the COVID-19 Export Capital Facility²⁸. Tourism businesses in South Korea are also receiving unsecured loans in a USD\$82 million loan package. The hotel businesses are also allowed to delay payments on their existing loans²⁹. Export sector (including tourism) in Australia is receiving an increase of USD\$36 million in funding to cover part of their costs. This is a part of their Export Market Development Grants scheme³⁰. Meanwhile, domestic tourism in Thailand has been approved a USD\$717 million **stimulus package** that lasts until the end of October. This includes subsidies for services at tourist spots, as well as funding for health volunteers and officials' holidays costs³¹. New Zealand has also set aside USD\$265 million for their Tourism Recovery Fund, including the Tourism Transition Programme, Strategic Tourism Assets Protections, as well as the New Zealand Futures Tourism Taskforce³². In Japan, a stimulus package worth USD\$10 billion is given as vouchers and discounts to tourism, food, and transport services. This is designated to attract more visitors and customers once their border is open again³³.

It is unsure whether the packages are enough for tourism sectors to survive the pandemic with so much uncertainty in the long run. According to tourism business owners in New Zealand, government package will "not be enough" to cover the loss³⁴.

Some countries are **waiving certain fees for businesses** in the travel, tourism, and hospitality sectors. For example, Australia waived the EMDG export performance requirements for this year and next year³⁵. Similarly, Singapore has 90% the minimum **financial requirement reduced** for businesses in

²⁵ "Korea's Policy Responses to COVID-19: Building Resilience for Culture, Sports and Tourism;" about 12 thousand artists are included.

²⁶ "Singapore - Government and Institution Measures in Response to COVID-19."

²⁷ "Singapore - Government and Institution Measures in Response to COVID-19."

²⁸ "Tourism Policy Responses to the Coronavirus (COVID-19)."

²⁹ Song, "Culture Ministry Announces Progress on Financial Aid for Tourism Sector Hit by COVID-19 Outbreak."

³⁰ "Export Market Development Grants."

³¹ Medina, "Thailand Issues Stimulus Packages to Boost Domestic Tourism."

³² "Tourism Policy Responses to the Coronavirus (COVID-19)."

³³ "Tourism Policy Responses to the Coronavirus (COVID-19)."

³⁴ Vu and Kapoor, "With Coronavirus under Control, Vietnam and New Zealand See Different Travel Trends."

³⁵ "Export Market Development Grants."

this sector to keep their license³⁶. It is also **waiving license fee** for travel agents, tour guides, and hotels during the pandemic. Up to half of the cleaning fees for hotels with suspected cases is also covered by the government³⁷. The Singapore government is preparing USD\$69 million for **special payment for private hire car service and taxi hirers** (more than USD\$200 for each car). Private bus owners are also receiving tax refund and **parking charge waivers** for half a year³⁸.

Collaborating with hotels to provide locations for quarantine is another good strategy in an attempt to save the hospitality industry. Not only hotels are able to go back to service, some governments such as Vietnam are reducing the stress on their budget since they have been providing quarantine facilities for free. Thailand and Singapore are having a similar approach on using hotels and resorts for quarantine, with more than 50% of hotel capacity in Singapore is used for Covid-19 related purpose³⁹.

The **aviation industry** has received much attention from Asian countries' governments. Various types of support such as **tax cut, loan, and subsidies** were offered in an attempt to save airlines from the verge of bankruptcy. New Zealand is planning on spending US\$400 million to subsidize wages and other costs for the industry. As in the case of Vietnam, the Parliament approved an oil tax cut of 30% for airlines⁴⁰. Thai government, on the other hand, gave its national airline a loan of more than US\$1.5 billion. In South Korea, US\$33.3 billion in bonds were issued to key industries including aviation. Singapore confirmed that it will provide USD254 million for airlines and cargo business in Changi Airport⁴¹. Meanwhile, Australia's Aviation Relief Package, estimated to cost USD\$509 million, is helping the sector to reduce the burden of air service fees, fuel taxes, etc⁴².

B. Travel and Tourism upon reopening

Initial reopening of **domestic tourism** before international tourism is a part of a gradual approach to reopening and economic recovery. Countries such as New Zealand, Vietnam, and Thailand have lifted domestic travel bans and are working hard to promote domestic tourism. New Zealand's Prime Minister Jacinda Ardern is urging employers to "consider four-day work weeks" and claimed that the government is working on having more public holidays to boost tourism⁴³. Vietnam also came up with a new campaign "Vietnamese people travel in Vietnam." Singapore is promoting "Singapoliday" encouraging people to take "mini holidays" in their home country⁴⁴.

³⁶ Tay, "Coronavirus."

³⁷ "Support Measures for Tourism Businesses."

³⁸ "Singapore - Government and Institution Measures in Response to COVID-19."

³⁹ "Singaporeans Urged to Take Local Holidays to Boost Tourism amid Virus."

⁴⁰ "OECD Country Policy Tracker."

⁴¹ "Singapore - Government and Institution Measures in Response to COVID-19."

⁴² "Tourism Policy Responses to the Coronavirus (COVID-19)."

⁴³ Vu and Kapoor, "With Coronavirus under Control, Vietnam and New Zealand See Different Travel Trends."

⁴⁴ "Singaporeans Urged to Take Local Holidays to Boost Tourism amid Virus."

It is doubtful whether domestic travel in those countries can make up for the loss when foreign visitors are still barred. As of 2019, foreign visitors spent over USD\$547 billions in Asian countries, taking up to 6.6% of its total export⁴⁵. In Vietnam, foreign visitors accounted for only 17% of the total number of tourists in 2019, yet their spending was higher than all domestic visitors' spending combined. Likewise, revenue from foreigners' spending in New Zealand takes up to almost half of total tourism revenue annually⁴⁶. Meanwhile, encouraging domestic travel can only make up for a very small part of tourism revenue in small countries such as Singapore. Without international visitors, the tiny country of 721.5 km² can barely make ends meet from domestic tourists alone⁴⁷.

The early reopening for domestic tourism also imposes a high potential risk of an outburst. For example, after a long period of successfully sustaining Covid-19 and having no locally transmitted Covid-19 infection, Vietnam is witnessing a quick rise in daily cases due to active tourism activity in Da Nang - one of its most attractive tourist destinations⁴⁸. The number of tourists who returned from their Da Nang vacations in July is expected to be 80,000 people⁴⁹.

A common approach for reopening in most Asian countries is allowing tourist destinations, casinos, bars, restaurants, etc. to accept visitors but at a **limited capacity**. For example, Singapore only allows a maximum of 25% capacity, while Thailand allows from 30-50% capacity⁵⁰.

Given the positive sign in the low number of cases in July, governments here are considering a "**travel bubble**" among countries who have successfully contained the virus⁵¹. The plan was to reopen borders among member countries to boost tourism. Japan, South Korea, China, New Zealand, Vietnam, and Australia are in consideration of the travel bubble; however, it is still a plan with no date set⁵². Unfortunately, the incoming second Covid-19 wave is said to have "shattered travel bubble hope"⁵³.

Isolated tourism spots are another strategy to open up the countries for foreign visitors. Thailand is now drafting a "special long-stay package in isolated and closed areas where health monitoring can be easily controlled⁵⁴." This will be similar to quarantining foreigners upon arrivals, yet tourism is still promoted while the risk from Covid-19 is kept out of domestic citizens. In addition, when limiting the

⁴⁵ "Economic Impact | World Travel & Tourism Council (WTTC)."

⁴⁶ Jamal, "Covid-19."

⁴⁷ Abdullah, "Campaign to Encourage Domestic Tourism Will Cushion COVID-19 Blow, but Not Make up for Drop in International Travel, Say Observers."

⁴⁸ Regan and Nguyen, "Vietnam to Evacuate 80,000 Tourists from Da Nang after Three Residents Contract Covid-19."

⁴⁹ Regan and Nguyen.

⁵⁰ AFP, "Singapore Gears up to Reopen Tourism-Linked Businesses, Covid-19 Tally Reaches 43,661."

⁵¹ Pham, "Vietnam's Domestic Tourism Is Now on the Rise."

⁵² Pham, "Vietnam and Thailand Look to Lead Regional Tourism Revival Post Pandemic."

⁵³ "Asia COVID Resurgence Shatters Travel Bubble Hopes | Voice of America - English."

⁵⁴ Kucheran, "Thailand Reopening To Tourists."

number of tourists, Thailand is aiming for more well-off visitors whose spending is expected to be five as much as a regular visitors⁵⁵. Their plan is to use the finest resorts/islands in the country as isolated quarantine locations for those “high-end” visitors.

South Korea is having a more unique approach to the pandemic with their **virtual exhibitions** and videos of concerts⁵⁶. Given its strong background in visual arts and its well-known K-Pop (Korean Popular music) culture, while this measure cannot make up for all the losses Covid-19 brought about, it can help South Korea secure their reputation in the music and art market internationally. This approach also meets the high demand for online contents during the quarantine period worldwide.

To prepare for a rebound after the pandemic, Singapore has promised USD\$65 million to provide **training for professionals** and to cover future costs of qualifying products in tourism sectors⁵⁷. They have also prepared US\$16 million to help tourism businesses market their products once international travel takes off again. Thailand, on the other hand, is working on a **social rehabilitation project** with a fund of roughly USD\$13 billion on four sectors including Future Sustainable Growth (with tourism being one of the five focus) and Local Economic Development (for community tourism and community businesses)⁵⁸. New Zealand has initiated the Tourism Transition Programme to guide the tourism

ⁱ <https://www.theguardian.com/world/2020/may/05/why-has-eastern-europe-suffered-less-from-coronavirus-than-the-west>

ⁱⁱ <https://www.theguardian.com/world/2020/may/05/why-has-eastern-europe-suffered-less-from-coronavirus-than-the-west>

ⁱⁱⁱ <https://www.ft.com/content/f9850a8d-7323-4de5-93ed-9ecda7f6de1c>

^{iv} <https://coronavirus.jhu.edu/testing/international-comparison>

^v <https://ourworldindata.org/covid-exemplar-germany>

^{vi} <https://www.theguardian.com/us-news/2020/jun/09/us-congress-billions-coronavirus-aid-relief-package>

^{vii} <https://www.ft.com/content/b8a29cfc-8ac1-11ea-a109-483c62d17528>

^{viii} <https://www.ft.com/content/f6f61677-745a-4afc-b3de-3c68fd45a50e>

^{ix} <https://www.grain.org/en/article/6502-agro-imperialism-in-the-time-of-covid-19>

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<https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=2.1%20Physical%20infrastructure&Type=Section>

^{xi}

<https://www.covid19healthsystem.org/countries/greece/livinghit.aspx?Section=2.1%20Physical%20infrastructure&Type=Section>

⁵⁵ “Thailand Aims to Turn Away from Mass Tourism and Target Wealthy.”

⁵⁶ “Korea’s Policy Responses to COVID-19: Building Resilience for Culture, Sports and Tourism.”

⁵⁷ “Singapore - Government and Institution Measures in Response to COVID-19.”

⁵⁸ “OECD Country Policy Tracker.”

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- ^{xii} <https://www.tralac.org/documents/resources/covid-19/regional/3738-covid-19-in-african-cities-impacts-responses-and-policies-uneca-june-2020/file.html>
- ^{xiii} <https://www.tralac.org/documents/resources/covid-19/regional/3738-covid-19-in-african-cities-impacts-responses-and-policies-uneca-june-2020/file.html>
- ^{xiv} <https://www.tralac.org/documents/resources/covid-19/regional/3738-covid-19-in-african-cities-impacts-responses-and-policies-uneca-june-2020/file.html>
- ^{xv} <https://www.bbc.co.uk/news/world-africa-53515608>
- ^{xvi} <https://www.theguardian.com/world/2020/may/31/south-africas-alcohol-ban-has-given-massive-boost-to-criminal-gangs>
- ^{xvii} <https://www.bbc.co.uk/news/world-africa-53699712>
- ^{xviii} [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)01163-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01163-0/fulltext)
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- ^{xxx} <https://www.theatlantic.com/international/archive/2020/04/angela-merkel-germany-coronavirus-pandemic/610225/>
- ^{xxxi} <https://www.ft.com/content/d79a157d-c1bc-49e4-a8b1-f8800fc4f012>
- ^{xxxii} https://apolitical.co/en/solution_article/how-brazils-favelas-can-teach-the-world-to-fight-covid-19
- ^{xxxiii} Chile in Flammen (17 July 2020) The Covid-19 Crisis in Chile and Solidarity Strategies from Below. Live talk. Available at: <https://www.youtube.com/watch?v=cjbLsMqLIEY>
- ^{xxxiv} <https://uk.reuters.com/article/uk-health-coronavirus-chile-hunger/chileans-rediscover-community-kitchens-as-coronavirus-and-hunger-bite-idUKKBN22Z001>
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