As of May 6, 2020, all 10 ASEAN Member States (AMS) have reported cases of Corona Virus Disease 2019 (COVID-19) and the World Health organization has confirmed its local transmission. There are more than 50,000 COVID-19 cases across ASEAN.

ASEAN Response

On 15 February 2020, the Chairman of ASEAN released a statement on ASEAN Collective Response to the Outbreak of Coronavirus Disease 2019. Following this, a series of virtual meetings have been convened with the ASEAN Health Ministers and Senior Health Officials, the Economic Ministers, Defense Ministers, and Foreign Ministers, among others. Last 14 April 2020, the Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (COVID-19) was released, re-affirming the ASEAN Member States’ commitment to deepen their cooperation and adopt a collective response to the pandemic. Meetings between ASEAN and its external partners like China, Japan, the European Union, and United States were also conducted.

In summary, as of April 28, 2020, ASEAN has released the following statements and communiques in relation to its COVID-19 response:

1. Chairman’s Statement on ASEAN Collective Responses to the Outbreak of COVID-19 2019 (15 February 2020)
2. Joint Statement by the ASEAN Defense Ministers on Defense Cooperation Against Disease Outbreaks (20 February 2020)
4. Statement by the Chairman of the ASEAN Coordinating Council (ACC) on the Special Meeting of ACC on COVID-19 (20 February 2020)
6. Co-Chair’s Press Statement on the ASEAN-EU Ministerial Video Conference on Corona Virus 2019 (20 March 2020)
9. Declaration of the Special ASEAN Summit on COVID-19 (14 April 2020)
11. Statement of ASEAN Ministers on Agriculture and Forestry in Response to the Outbreak of COVID-19 to Ensure Food Security, Food Safety, and Nutrition in ASEAN (16 April 2020)
12. ASEAN-Japan Economic Ministers’ Joint Statement on Initiatives on Economic Resilience in Response to COVID-19 Outbreak (22 April 2020)

Among other things, ASMs have agreed on timely data and information sharing, and strengthened cross-border public health responses. They also agreed on maintaining strong trade and economic ties and sharing of technical information and best practices.
The impact of COVID-19 is extensive, but the brunt of the impact is borne by the vulnerable sectors of society. In their efforts toward overcoming the challenges brought about by the pandemic, ASEAN institutions and governments should take into consideration the plights of those in the vulnerable sectors and address their human rights concerns. This section highlights the human rights issues that arose in this time of crisis.

1. Labor rights

The COVID-19 pandemic has made millions of workers vulnerable to job loss, worsening labor conditions, and risk of infection. As businesses start to close down due to the economic and social disruption caused by strict lock-downs, people’s livelihood and job security continue to be threatened. Especially vulnerable are the daily wage earners and members of the informal economy. These are the same workers already facing low wages, lack of security of tenure, and unsafe working conditions. Adding to the risk are the crowded living conditions, and discrimination against migrant workers.

Workers in the supply chain are also particularly affected, with more and more factories across Asia closing due to raw materials shortages, reduced orders, and public health concerns. As an example, there have reports in the Philippines of minimum wage factory workers being forced to go on leaves without pay as the lockdown causes more than 700 factories to halt operations. In Indonesia, sales of micro, small and medium Enterprises have reportedly dropped and experts predict continuous losses in the next few months. Also badly hit are the 40 million garment workers, mostly coming from Cambodia and Vietnam, facing the risk of unemployment as factories close due to logistical difficulties, shortage of raw materials, and declining demand.

Also particularly affected are the essential workers, or those who continue to report for work to maintain essential services. Among the essential workers are the grocery employees, delivery riders, security staff, law enforcers, farmers, garbage collectors, etc. Aside from the difficulty in their task given the skeletal workforce, increase in demand and the difficulty in transportation caused by the lockdowns, their continuous service in the middle of the pandemic expose them to heightened risk of infection.

2. Migrant Workers Rights

Migrant workers are disproportionately at risk in the face of this pandemic due to unsafe and crowded living conditions, lack of security of tenure, exploitative labor arrangements, and limited access to healthcare and social services. The sites where migrant workers live and labor in like the tightly-packed dormitories and construction work sites make measures like social distancing very difficult, if not impossible, thus imposing higher risk for local transmission.

In Thailand, business closures and loss of jobs have caused thousands of migrant workers from Myanmar, Cambodia, and Lao PDR to return home. This has posed the risk of transmission to rural communities that are relatively unprepared to address COVID-19 cases. Malaysia’s border shutdown also led to an exodus of Malaysians crossing the border into Singapore for fear of not being able to work. As a result, Malaysian migrant workers were found sleeping in the streets of Singapore, while many others scrambled to find temporary housing.

3. Surveillance and Clamp-down on Freedom of Speech

Strict anti-fake news laws and cybercrime laws with penal provisions are in force in Myanmar, Thailand, Singapore, and the Philippines. While it is important to fight misinformation, the penal provisions have also caused a chilling effect, as it “mutes peoples’ legitimate expressions of doubt and query on the actual situation in their countries”. In Cambodia, Human Rights Watch has reported the arrests of 17 people for their posts regarding the COVID-19 virus. Among those arrested were alleged members or supporters of the opposition party and a minor who posted about a rumored case of COVID-19 in her school. In the Philippines, the National Bureau of Investigation admitted to having summoned “more than a dozen people” over their social media posts related to the coronavirus. Among those summoned was one who posted about the alleged misuse of government funds allotted for COVID-19 relief. In Thailand, there are also fears that the anti-fake news laws can be used to prosecute people critical of the government’s response to the pandemic. Reinforcing this fear is the arrest of a gallery owner after he posted in his Facebook that upon his arrival in Bangkok from a foreign country, he did not encounter any COVID-19 screening. It was alleged that this post has caused panic, and misled people into believing that Thailand was not taking measures to avoid entry of the virus. Also in Thailand, Human Rights Watch reported that “whistleblowers in the public health sector and online journalists have faced retaliatory lawsuits and intimidation from authorities after they criticized government responses to the outbreak, raised concerns about a possible cover-up, and reported alleged corruption related to the hoarding and profiteering of surgical masks and other supplies. Some medical personnel were also threatened with disciplinary action – including termination of employment contracts and revocation of their licenses – for speaking out about the severe shortage of essential supplies in hospitals across the country”.

4. Securtization

In order to impede the spread of the COVID-19 virus, ASMs implemented strict measures to control the movement of their citizens and residents such as tightening its borders, banning mass gatherings, enforcing lockdowns, quarantines and curfews. Some ASEAN states like Thailand and the Philippines have declared to be under a state of national emergency while others

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like Myanmar and Singapore have deployed armed forces to aid in the enforcement of these strict measures.

The increase in military presence raised concerns over the use of excessive force or other abuses of power. In Myanmar, the military, also known as the Tatmadaw, was extended a significant role in the fight against COVID-19, which led them to create a task force separate from the committee set up by the government. According to a UN special rapporteur, the significant role extended to the Tatmadaw had emboldened them to commit war crimes against the ethnic Rakhine Buddhist civilians in their fight against the Arakan Army rebels. In the Philippines, the President instructed the military and police forces to shoot dead any quarantine violators, but, according to the Philippine Chief of Police, this was a mere over-emphasis by the President. A few days later, however, it was reported that a 63-year old farmer was shot dead by the police after he supposedly attacked them when told to wear a mask.

Even in times public health crisis, these control measures should not be used by states to over-reach and abuse their power and violate the rights of its citizens. It must be remembered that these measures were put there to protect the citizens and should be implemented with leniency. Penalties should be reasonable and not disproportional to the wrong done.

5. Lack of Support and Discrimination against healthcare workers

Like soldiers going to war unarmed, health care workers are also forced to put their lives on the line as they attend to confirmed and suspected COVID-19 patients without the proper personal protective equipment. In Malaysia, a video of nurses using plastic bags as personal protective equipment (PPE) as suits has gone viral and as of March 23, 2020, 20 medical staff have been infected with the COVID-19 virus. The problem also persists in Indonesia, where doctors were seen using raincoats as makeshift PPEs. As of March 24, 2020, Indonesia has reported that six of its doctors have died due to the virus. The issue is no stranger to the Philippines where as of March 31, 2020, 17 doctors have died as a result of COVID-19, and thousands of healthcare workers have been put on quarantine.

All around the world, the highly contagious nature of COVID-19 has also led to discrimination against health care workers. In Singapore, there have been cases of nurses and other healthcare workers being asked not to use elevators, not to ride the train, or not to buy food so as not to contaminate others. In the Philippines, a health care worker was attacked by throwing bleach at his face. Also in the Philippines, an ambulance driver was shot after getting in a row for parking his ambulance inside a subdivision. Before he was shot, the victim was asked to park the ambulance elsewhere because it was “contaminated.”

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16 Id.
6. Food Security

As countries resort to strict lockdowns, food security has been a major issue given the massive panic buying and halt in food production. Manufacturers, producers and farmers have raised the issues of lack of supplies, difficulty in logistics and restrictions in movement, and lack of human resources to continue mass scale production. Moreover, the lack of economic access to food threatens the health and well-being of vulnerable communities such as the poor, who were already struggling with hunger, and those who have lost their jobs.24

In their Statement in response to COVID-19, the ASEAN Ministers of Agriculture and Forestry agreed to minimize disruptions in the regional food supply, ensure that trade lines remain open and to reduce excessive price volatility, among others.25 In Indonesia and the Philippines, governments have issued orders to limit the purchase of rice, canned goods, and noodles to curb hoarding and to stabilize supply.26 In Malaysia, logistical issues forced farmers and fishermen to dump their produce because they have no means of getting them to the markets.27 In March, Vietnam, the world’s third largest rice exporter, also took drastic measures and banned rice exports to ensure adequate supply for the duration of the lockdown,28 but this ban was subsequently lifted on April 11, 2020.29

7. Disproportionate Impact on Vulnerable Populations: rural dwellers, elderly, people with disabilities

The closing down of borders leading to mass exodus to provinces pose a huge threat to poor rural communities. Even without the threat of COVID, rural communities already face challenges such as weak resilience, poor nutrition and limited access to resources and services.30 Their livelihoods are threatened as farmers and fisher folks are challenged by logistical difficulties. Worse, once the virus is able to enter the communities, getting medical attention is twice as hard for they are not adequately equipped with enough health care workers and medical facilities.

Also adversely affected are the elder population. It has been scientifically established that the elderly are most at risk from COVID-19 and majority of the fatalities come from the age group of 60-80+ years old. They are made more vulnerable by both physical and social reasons – given that they have physical and isolation challenges. Especially if they don’t live with family, the elderly can’t get information about what to do, or they’re not able to get food and aid.

Containment measures, such as social distancing and self-isolation are also more difficult for people with disabilities, especially for those who need support to eat, dress, and perform other daily functions. Moreover, there may be more difficulty in accessing aid, especially when usual services are put on hold.31

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28 Id.
The COVID-19 pandemic is not just a public health issue, for it is said to be "quietly eroding women's rights" in the background. Following what happened in China, lockdowns are expected to increase incidences of violence against women, given that women and children have no escape from their abusers during the quarantine. Lockdowns also affect their access to their support systems, immediate response mechanisms, and legal processes. In Singapore, the Association of Women for Action and Research have reported a 33% increase in calls made to their helpline. In Malaysia, Women's Aid Organization have also reported an immediate and noticeable increase in reports of domestic violence.

As healthcare systems are overwhelmed by COVID-19, women's access to health and reproductive services are also hampered. This particularly affects pregnant women and women in need of post-natal care. Also disproportionately affected are the women healthcare workers who according to UN Women, constitute 70% of the workers in the health and social sector globally. Aside from personal protective equipment, women have feminine and menstrual hygiene needs that are often neglected in times of crisis. There is also a considerable gender pay gap between men and women, even if they are faced with the same health risks.

Women in the informal sector are also badly hit given the lack of job security and financial safety nets. Moreover, women comprise majority of the service industry workers which took one of the hardest hits from COVID-19.

The risk of an outbreak is especially high for people deprived of liberty (PDL), those in immigration detention, and other places of detention. Due to overcrowding, cramped spaces and poor sanitation especially in prisons, social distancing is close to impossible. To prevent an outbreak in its prisons, Indonesia has released more than 20,000 PDLs to stem transmission in its overcrowded detention facilities.

Meanwhile, in Myanmar, displacement camps have been considered as ticking time bombs, with outbreaks ready to explode at any time. Overcrowding, lack of access to information, and movement restrictions have left displaced communities in Rakhine, Kachin, Shan, Chin, and Karen States especially vulnerable. Moreover, these communities have limited to no access to healthcare, and have inadequate access to clean water and sanitation.

9. Disproportionate Impact on People in detention and institutions

Women in detention and institutions, and movement restrictions have left displaced communities in Rakhine, Kachin, Shan, Chin, and Karen States especially vulnerable. Moreover, these communities have limited to no access to healthcare, and have inadequate access to clean water and sanitation.

8. Disproportionate Impact on Women and Girls

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10. Stigmatization, Xenophobia, and Racism

The COVID-19 pandemic has generated a lot of stigma, discrimination, racism and xenophobia against certain groups. Given the contagious nature of COVID-19, healthcare workers, people with infection, and their families have often faced discrimination and stereotyping, and are avoided and unjustly refused services. This has led to cases of eviction, loss of employment, abandonment, and even violence. In Cambodia, the Health Ministry posted on its official Facebook page an update of positive COVID-19 cases and made reference to specific groups of people who contracted the virus, including "Khmer Islam." As a result, Muslim communities were subject to an outburst of discriminatory and hateful comments. Cambodian Muslims has since reported instances of people refusing to sell or buy products from them, or to even exchange money.

Policy Recommendations

- A human rights-based approach to health requires participation, accountability, transparency, and equality in all stages of the pandemic response. While a pandemic response may require extreme measures, these measures should remain non-discriminatory and anchored in human rights. Anti-fake news laws should be utilized to stop disinformation, and never to restrain free speech. Declarations of state of emergencies, lockdowns, and restrictions on freedom of movement must be proportional and necessary, and should not come at the expense of their guaranteed rights to freedom of expression and access information.

- The ASEAN Intergovernmental Commission on Human Rights (AICHR) and ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) should exercise its oversight function and monitor the situation of the most vulnerable groups, and prioritize measures on how to protect their rights. This can be done by monitoring the state responses, information drives, issuing guidelines and statements, pooling support and best practices, and developing a reporting mechanism.

- Following the numerous declarations and the reaffirmation of its commitment to a unified response plan, ASEAN as a collective should release an ASEAN response plan, containing concrete measures to address the health, economic, and social needs of the people. With the proposed establishment of the ASEAN COVID-19 Response Fund in the Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (COVID-19), ASEAN should come up with concrete measures on how to utilize these funds in a fair and transparent manner to ensure that no country and no individual gets left behind.

- True to its identity as a people-oriented, people-centered region, ASEAN Member States should recognize the importance of a multi-stakeholder, multi-sectoral, and comprehensive approach. The people’s right to information is most important at a time of a pandemic, when people are scared and disinformation abounds. Moreover, people’s participation and civil society engagement must be a priority in making impact assessments and response planning to make sure that the needs of vulnerable groups heard and met. Efforts should be taken to ensure open communication lines between all stakeholders.

44 Id.
Cooperative efforts must be in place to mitigate the economic and social impacts of the pandemic. This includes ensuring a social safety net for the people following consequences of the pandemic. Measures must be taken to ensure food security in the region, and to stabilize the regional economy. Especially affected by the economic slowdown are the MSMe and vulnerable groups, who should be accorded with adequate government assistance.

ASEAN Member States should provide appropriate assistance and support to the nationals of ASEAN Member States affected by the pandemic in each other’s country or in third countries. Attention should be given to the millions of migrant workers who suffer from loss of jobs, displacement, and discrimination.

While the pandemic is undeniably an issue concerning peace and security, it should be noted that first and foremost, it is a public health emergency of international concern, requiring the implementation of people-oriented and people-centered policies, strategies and programs.

The effects of the pandemic should be viewed with a human rights lens, taking into account how it disproportionately affects the most vulnerable communities and groups, including the members of the informal economy, migrant workers, rural dwellers, women, the elderly, people with disabilities, and people deprived of liberty, among others. States should ensure non-discrimination and respect for human dignity in the delivery of aid and health services, regardless of citizenship, age, race, religion, political affiliation, gender, and economic status.

Governments should take steps to ensure support for and the safety of people in the frontlines of the crisis response, especially the healthcare workers. Regional cooperation is needed to ensure adequate provision of medicines, essential medical supplies and equipment, including the much personal protective equipment in all countries. Supply chains must remain open and unhampered.