



POLICY BRIEF

COVID-19 AND HUMAN INSECURITY

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ABSTRACT

Many dimensions of human security have been threatened by the COVID-19 pandemic in the Asia-Pacific Region, highlighting the importance of public preparedness and protection of human security. This paper explores how governments can safeguard multiple features of human security, including ending deprivations, upholding rights and freedoms, protecting people from uncertainties and unpredictable events, and creating a strong foundation of human development. In order to create strong human security across the region, it is a government's responsibility to put policies into place that will protect its people – especially vulnerable populations, such as women, those who are impoverished, people with disabilities, ethnic or religious minorities, children and the elderly – from lack of steady income, hunger, a lack of medical access and means of paying for it, abuse, persecution and discrimination. Governments must play a proactive role in enhancing capabilities, building people's agency and promoting human security by providing sufficient protection against downside risks. Three concerns should be at the forefront of future action: the role of the state vis-à-vis the private sector in the provision of basic social services; forming strategies to 'leave no one behind' rather than focusing only on economic growth; and promoting a more active engagement with the public to ensure greater involvement of different stakeholders in public decision-making. Nations need to re-envision their human development strategies to prioritize building resilience and empowerment that can overcome insecurities, especially in the event of future unforeseen crises, like the COVID-19 pandemic.

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INTRODUCTION:

The COVID-19 pandemic has made one thing clear: **nothing matters more to people than security in their daily lives.** The helplessness and lack of preparedness among individuals, families, communities and governments during the pandemic has underscored the need to focus on human security – an idea first introduced in the 1994 Human Development Report and later articulated in the 2003 Report of the Commission on Human Security, chaired by Sadako Ogata and Amartya Sen (UNDP, 1994; Commission on Human Security, 2003).

This paper revisits the idea of human security by examining efforts made over the past 25 years by

Asia-Pacific nations to promote human development and assessing the impact of the COVID-19 pandemic on the outcomes. Despite considerable progress, the COVID-19 pandemic has exposed the fragility of the development foundations of most countries in the region. An important lesson emerges: while human development remains essential, it cannot guarantee prosperity unless it also prioritizes human security. Looking ahead, nations need to re-envision their human development strategies to prioritize building resilience and empowerment that can overcome the sense of helplessness – one that not only dominates everyday lives but becomes worse in the event of an unforeseen crisis.

THE IDEA OF HUMAN SECURITY

Human security has many dimensions: economic, food, health, environmental, personal, community and political. Manifestations of insecurity include lacking a steady source of income, suffering from hunger, needing medical attention without the means of paying for it, living in fear of abuse and feeling persecuted for belonging to a particular race or religion. As the 1994 Human Development Report states:

In the final analysis, human security is a child who did not die, a disease that did not spread, a job that was not cut, an ethnic tension that did not explode in violence, a dissident who was not silenced. Human security is not a concern with weapons-it is a concern with human life and dignity (UNDP, 1994).

Of the many dimensions and features of human security, four have prescriptive importance and will inform the rest of the discussion. First, **human security means an end to deprivations.** At a minimum, this requires a guaranteed, steady source of income, freedom from hunger, good quality education and affordable healthcare, prevention of child abuse and domestic violence, and insurance of equal participation and non-discrimination. Second, **human security entails upholding rights and freedoms.** Crises such as the pandemic erode freedom from fear and freedom from want, but can also aggra-

vate threats to democracy and human rights through the stifling of voices and dissent.¹ Third, **human security is intentionally protective.** Individual states, therefore, need to create policies and programs that protect people from uncertainties and unpredictable events that could threaten their peaceful survival and dignity. For example, these policies should protect people from financial crises, natural disasters that destroy property and leave families homeless, and from future pandemics or health crises. Fourth, **human security and human development complement each other.** Human development has an inherently optimistic quality, given its focus on expanding freedoms, enhancing capabilities, increasing opportunities and guaranteeing human rights. Human security complements human development by focusing on protection from unforeseen downside risks.

This paper begins by assessing the current state of human development in Asia-Pacific countries and the immediate effects of the COVID-19 crisis before identifying a set of priority actions urgently needed to promote human security.

¹ See, for instance, the text of Amartya Sen's acceptance speech of 18 October 2020 after being awarded the 2020 Peace Prize of the German Book Trade by the German Publishers and Booksellers Association (Peace Prize of the German Book Trade, 2020).

HUMAN DEVELOPMENT IN ASIA AND THE PACIFIC

Discussions of Asia-Pacific development often overlook one of its distinct achievements. Between 1990-2019, South Asia and East Asia and the Pacific recorded the highest annual rates of increase in the Human Development Index (HDI) (Table 1).

ment, whereas 14 were in the ‘medium’ human development category (UNDP, 2020a).

The backlog of human deprivations in the APR remains large. The benefits of economic growth have reached

Table 1: Human Development Index trends, 1990–2019

Regions	Human Development Index (HDI) Value								Average annual HDI growth %
	1990	2000	2010	2014	2015	2017	2018	2019	1990-2019
South Asia	0.437	0.501	0.580	0.612	0.620	0.635	0.637	0.641	1.330
East Asia and the Pacific	0.517	0.595	0.688	0.718	0.724	0.735	0.740	0.747	1.280
Sub-Saharan Africa	0.404	0.426	0.501	0.530	0.535	0.542	0.544	0.547	1.050
Arab States	0.556	0.614	0.676	0.687	0.691	0.699	0.702	0.705	0.820
Latin America and the Caribbean	0.632	0.690	0.736	0.756	0.759	0.762	0.764	0.766	0.670
Europe and Central Asia	0.662	0.675	0.739	0.772	0.775	0.785	0.787	0.791	0.620
World	0.601	0.644	0.699	0.720	0.724	0.732	0.734	0.737	0.710

Note: Regions have been ranked in descending order of the 1990-2019 average annual HDI growth.

Source: UNDP (2020a)

Prior to the COVID-19 pandemic, **Asia and the Pacific had emerged as the world’s fastest-growing region, leading the world in poverty reduction.** Incomes expanded over the past three decades and pulled millions out of poverty. Impressive improvements in access to goods and services have resulted in significant gains in child survival, life expectancy and standards of living.

Despite these achievements, many countries in the APR continue to face serious human development challenges. In 2019, 31 out of the 46 countries in the APR fell in the category of low- and middle-income countries (LMICs). Only 15 were high-income countries.² Levels of human development also vary widely within the region. In 2019, Hong Kong (China) ranked fourth in the Human Development Index (HDI), while Afghanistan – a low human-development country – ranked 169th out of 189 countries. 22 countries fell into the category of ‘very high’ and ‘high’ human develop-

only a few, and not the poorest and most vulnerable: **An estimated 400 million continue to live in extreme poverty.** Unequal economic growth has, in many instances, worsened the power asymmetries between rich and poor, weakened social cohesion and undermined stability. Large disparities continue to prevent millions of families from leading secure lives and living in dignity. Despite gains in health, access to health-care and other basic services remains unequal and far from universal. Gender inequality continues to hamper development. A rising proportion of older people risk social exclusion, and a growing number of persons with disabilities face marginalization. Migrant workers and their families remain highly vulnerable.³

² Low-income economies are defined as those with a gross national income (GNI) per capita, calculated using the World Bank Atlas method, of US\$1,035 or less in 2019; lower middle-income economies are those with a GNI per capita between \$1,036 and \$4,045; upper middle-income economies are those with a GNI per capita between \$4,046 and \$12,535; high-income economies are those with a GNI per capita of \$12,536 or more (The World Bank, 2021).

³ The discussion on the backlog of deprivations in the APR draws on ESCAP (2017).

A recent analysis by the United Nations Development Programme (UNDP) reaffirms that policies in many Asia-Pacific countries have failed to translate high economic growth into tangible benefits for people in terms of better health, improved education, cleaner environments, or better access to basic social services. Even prior to the COVID-19 pandemic, the APR was on an unsustainable development trajectory. Rapid demographic growth, migration, high population density, displacement of animals and changes in land use had created ripe conditions for the rise of zoonotic diseases and their transmission to humans. The high dependence of growth on fossil fuels, as well as unsustainable production and consumption patterns, had begun to push against planetary boundaries. Rising inequality within most countries had exacerbated social tensions and several countries were experiencing protracted conflicts (UNDP Regional Bureau for Asia and the Pacific, 2020).

Children’s lives in South Asia remain insecure in many different ways (UNICEF, 2021). More than 60 percent of deaths in South Asia among children younger than 5 occur during the first month of life. Of the 144 million children who are stunted worldwide, 56 million, or nearly two in five, live in South Asia. Maternal mortality rates also vary widely with Afghanistan being among the countries with the highest rates globally. In 2017, South Asia had the second highest share of children living in extreme poverty (at 10.2 percent) and accounted for 18 percent of the world’s extremely poor children (Silwal et al., 2017).

Young girls in most parts of South Asia lack the freedom to pursue their ambitions. Early marriage, in particular, remains a stumbling block. Levels of child marriage vary greatly across South Asia, with the highest prevalence in Bangladesh – home to 38 million child brides married before their 18th birthday, including 13 million who married before the age of 15 (UNICEF, 2020a).

The backlog of human deprivations in the APR suggests that **the region has not been able to convert economic expansion into tangible benefits and increased security** in the lives of its peoples. Among the many reasons for the region’s under-performance in advancing human development and human security, six stand out:

1. Failure to create decent jobs. Although the APR has seen robust economic growth, many governments have proven unable to create sufficient job opportunities, especially for the more than 700

million young people in the region. According to the International Labour Organisation (ILO), 20 percent of the region’s workers aged between 15 and 24 account for almost half the jobless (ILO, 2021a). A majority of the employed young people (about 300 million) do not have decent⁴ jobs. For many, the option of staying unemployed does not exist. As a result, they often have no choice but to take up jobs that offer poor pay, poor conditions and poor prospects. As a consequence, they struggle for economic security and dignity, and to build a secure future for their families. The youth employment challenge is made more complex given the interconnections between economic development, child labour, rural livelihoods, urban and trans-border migration, gender, poverty and vulnerability.

2. The neglect of health justice. Most of the countries in the APR have yet to fully embrace the idea of universal health coverage. More than 40 years after the 1978 Alma Ata Declaration, health is still not recognized as a fundamental right, and national governments, as well as the world community, have not taken the necessary actions to protect and promote the health of all (WHO, 1978). The 1978 Declaration underscored gross inequalities in health status across and within countries as politically, socially and economically unacceptable. They remain a concern even now. The Declaration had called for attaining ‘Health for All’ by the year 2000 – a goal that required making primary healthcare (PHC) the cornerstone of health systems. The reach of primary healthcare remains extremely limited in many countries. For instance, in 2016 and 2017, the proportion of fully immunized children 12-23 months old was 49 percent in Timor-Leste, 59 percent in Indonesia, 62 percent in India, 66 percent in Pakistan, 70 percent in the Philippines, 77 percent in the Maldives, 78 percent in Nepal and 86 percent in Bangladesh (GDS, Ministry of Health and ICF, 2018; BKKBN et al., 2018; IIPS and ICF, 2017; NIPS and ICF, 2019; PSA and ICF, 2018; MOH Maldives and ICF, 2018; MOH Nepal, New ERA and ICF, 2017; NIPORT and ICF, 2020). State underinvestment in healthcare has

⁴ According to ILO: “Decent work sums up the aspirations of people in their working lives. It involves opportunities for work that is productive and delivers a fair income, security in the workplace and social protection for families, better prospects for personal development and social integration, freedom for people to express their concerns, organize and participate in the decisions that affect their lives and equality of opportunity and treatment for all women and men” (ILO, 2021b).

A joint ILO-Eurofound report identifies the following seven dimensions of job quality: the physical environment, work intensity, working time quality, the social environment, skills and development, prospects, and earnings (ILO, 2019).

also resulted in extremely high private out-of-pocket expenditures in the APR. Such expenditures run as high as 50-60 percent in Nepal, Pakistan and Sri Lanka, 62 percent in India and 74-75 percent in Afghanistan and Bangladesh (WHO, 2021). These private health costs have emerged as a major cause of impoverishment.

3. The neglect of basic education. Education is a valuable achievement in itself and a key component of a flourishing life, regardless of whether the individual earns an income or not. Education also has instrumental significance. It contributes to health and wealth and adds to a person's freedom to do the many things they value. Education develops civic skills, particularly important for strengthening responsible citizenship, promoting public participation and deepening democracy. Finally, education has powerful empowerment and distributive roles — the ability to resist oppression, to organize politically, and to negotiate better conditions, even within families.⁵ Despite the significant role that education plays in society, many countries in the APR have failed to provide universal quality school education to children. The mean years of schooling in South Asia (6.5 years) is only marginally higher than in Sub-Saharan Africa (5.8 years) and considerably lower than the average in the Arab region (7.3 years) and the world (8.5 years) (HDRO, 2020). Insufficient investment in teacher education and training, as well as in school infrastructure, has hampered quality education provision. Curricula often tend to be outdated and do not align with the needs of future labour markets.

4. Gender inequality and lack of women's economic empowerment. Sustainable and inclusive societies must prioritize women's equal access to ownership and control of land, property and other resources. A study by the McKinsey Global Institute estimated that with gender parity, Asian countries as a whole could gain US\$4.4 trillion of additional gross domestic product (GDP) by 2025 if they matched the fastest-improving country in the region; the full potential could go even higher.⁶

Women in most Asian-Pacific countries do not enjoy the same freedoms as women living in other parts of the world. In societies without systematic discrimination against girls and women, women outnumber men in the total population. In South Asia, with the exception of Nepal and Sri Lanka, men outnumber women in the total population — indicating the anti-

female biases that still dominate society. These biases deny girls and women equal opportunities to study, work, or even marry when and whom they choose to. This reflects the dominant patriarchal character of most Asian-Pacific societies.

Girls in many Asian-Pacific countries face more educational deprivation than boys. Except in Sri Lanka, the youth literacy rate (15-24 years) is lower for girls than for boys in all countries of South Asia. In Afghanistan, for instance, the female youth literacy rate is only 32 percent against the male rate of 62 percent.

Attitudes towards the abuse of wives also capture the subordinate position of women. According to the Demographic Health Surveys,⁷ in Afghanistan, for instance, eight in 10 ever-married women and more than seven in 10 men agree that a husband may be justified in hitting or beating his wife (CSO, MoPH and ICF, 2017). 32 percent of women and 17 percent of married men in Indonesia consider wife-beating justified in at least one of the five specified circumstances (National Population and Family Planning Board et al., 2018). In India, the percentages run to 42 percent of men and 52 percent of women (IIPS and ICF, 2017).

5. Weak social protection programmes. Despite economic progress, precariousness characterizes the lives of a majority of workers in the region, especially women. Most countries in the APR have weak social protection systems that fail to offer comprehensive universal coverage.⁸ Typically, poverty-targeted schemes fail to reach the poorest families. Maternity, unemployment, sickness and disability benefits accrue only to a small proportion of workers employed in the formal sector. In the absence of universal health coverage in many countries, unforeseen and

⁵ For a discussion on the many roles of education, see Drèze and Sen (1995).

⁶ Gender parity score based on 15 indicators, with equal weighting of all indicators, calculated an aggregate score at the country level to measure each country's distance from full gender parity (Woetzel et al., 2015).

⁷ The Demographic and Health Surveys (DHS) collect, analyse and disseminate representative data on population, health, HIV and nutrition in over 90 countries. The methodology and survey questions are standardised across countries. Attitudes towards justification of wife-beating are based on response to a set of five questions regarding the conditions under which hitting or beating one's wife would be justifiable. The five questions are: 1) if she goes out without telling her husband; 2) if she argues with her husband; 3) if she neglects the children; 4) if she refuses to have sexual intercourse with her husband; and 5) if she burns food (Guide to DHS Statistics, n.d.).

⁸ See, for instance, the discussion in ESCAP and ILO (2021).

catastrophic medical expenditures continue to impoverish a large number of families that do not have access to affordable treatment, and push vulnerable households back into poverty. Even where pension schemes exist, the amount individuals receive is insufficient to cover basic needs. Significant under-investment in social protection bears much of the responsibility for the situation. According to United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) and ILO (2021), excluding health, many countries in the region spend less than two percent of GDP on social protection, compared to the global average of 11 percent.

The limited coverage of social protection programs in the APR also arises from the employment of a large workforce in the informal sector. More than 80 percent of all South Asia's workers, for instance, engage in informal activities, and more than 90 percent of the region's businesses are informal (Bussolo, Sharma and Timmer, 2020). Even in many formal firms, a large proportion of employment consists of informal workers, for instance in Bangladesh and Pakistan. Women make up a disproportionate percentage of workers in the informal sector and remain particularly vulnerable because they typically work for lower wages and in unsafe conditions.

Migrant workers face particularly bad conditions in many countries. For instance, according to the Thailand Migration Report 2019, there were approximately 3.9 million (non-Thai) migrant workers in Thailand, constituting almost 10 percent of the workforce (Harkins, 2019). Of these, some 21 percent undertook so-called 'irregular' work (working without work permits). Persistent labour abuses against migrant workers of any gender in regular and irregular work continues, including forced labour, such as deceptive recruitment practices and withholding wages. Most migrant workers find themselves denied fundamental rights, including access to basic social services. Migrant sex workers in Thailand, in particular, experience stigma and live in constant fear of harassment and arrest, as well as uncertainty in their family-supporting incomes.

6. Neglect of the most disadvantaged. Most of the countries in the APR have failed to ensure that benefits of economic expansion accrue to the most disadvantaged groups in society. The list is long and includes broad categories of vulnerable women, children (including children in care institutions), youth and adolescents (particularly girls), older per-

“We can learn much from the experience of countries in the APR, both those more and less successful in promoting human development and reducing insecurities, especially those exacerbated by the COVID-19 pandemic”

sons and people with disabilities. **Economic insecurities** concentrate not only among those in poverty, but also those with insecure incomes, low-income and informal economy workers, including those in the gig economy, internal migrant workers and migrant workers in foreign countries. People infected with COVID-19 and those in quarantine and their families, healthcare providers and frontline workers (especially during pandemics) face severe **health insecurity**, as do those living with HIV/AIDS and other chronic medical conditions, those in need of mental health and psychological support, those with general medical needs, and people with alcohol dependence and substance abuse disorders. Several groups also experience **physical insecurity**. These typically include ethnic and religious minorities, people living with diverse sexual orientation and gender identities, indigenous people and tribal communities, refugees, internally displaced persons (IDPs), refugee returnees and asylum-seekers, people in detention or deprived of their liberty, and Stateless populations. Other groups also face **environmental insecurity**, including, for instance, climate-vulnerable and disaster-affected people and those living in water-scarce and drought-prone areas.

This picture of unsustainable growth and unequal human development, coupled with high levels of vulnerability, has meant widespread and unequal impacts from the economic and health crises caused by COVID-19.

THE SOCIOECONOMIC IMPACTS OF COVID-19

The COVID-19 pandemic exposed the fragility of the APR's development efforts. Several recent reports have documented the devastating impacts of the COVID-19 pandemic on the lives and livelihoods of millions of people in the APR.⁹ Only a small minority of privileged has escaped relatively unscathed. A recent UNDP report on the APR (2020) identifies three major adverse impacts of the pandemic:

Global value chains and the supply and demand shock.

Governments face twin supply- and demand-side shocks. Loss of livelihoods and higher unemployment have greatly reduced the demand for goods and services. At the same time, the pandemic has severely disrupted global value chains, halted production and reduced the supply of goods and services. The adverse effects on economies highly integrated in value chains, such as China, have negatively impacted the closely integrated economies of other countries in the region, including Cambodia, Hong Kong (China), Japan, Malaysia, Singapore, the Republic of Korea, Thailand and Viet Nam. Moreover, restrictions on cross-border movements — and associated delays and cost increases — are likely to amplify the impact on value chains, affecting China and much of East and Southeast Asia. These shocks severely affect small and medium enterprises (SMEs) in particular, because of their limited access to resources and working capital; these firms account for more than 96 percent of all businesses and for two thirds of private sector jobs.

The social crisis. The cascading effects of the pandemic on employment in Asia and the Pacific have drastically cut production and increased trade barriers, reduced global demand and imposed restrictions on movement. As a result, the situation has worsened in many countries such as Bangladesh, Cambodia, India, Myanmar and Viet Nam that had already faced crises in employment and job losses even before the pandemic. While poverty has substantially declined in Asia and the Pacific, its rate of reduction has slowed down since 2010, and the COVID-19 pandemic will likely reverse a considerable part of these gains. The World Bank expects over 11 million people in East Asia to fall into poverty in 2020, with many more likely to do so across South Asia (The World Bank, 2020a).

The gender impacts. A third type of crisis has also emerged: **the crisis in caregiving**, severely impacting the already high gender inequality in the APR.

Although large-scale evidence, specifically from Asia-Pacific, remains limited, it is clear that women have experienced a particularly adverse impact from COVID-19, given the gendered nature of the health workforce and the accompanying risks that predominantly female health workers face, as well as their lower wages, higher share of unpaid care and the burden of domestic work. Additionally, the load on women has risen steeply compared to normal times because of school closures affecting over 850 million learners in the APR. Moreover, women principally shoulder the increased need for care of elderly relatives more at risk for COVID-19-related complications.¹⁰ Recent evidence points to a marked rise in domestic violence, and in discrimination at the workplace, as employers may see women overloaded with care obligations as less competitive and committed than male colleagues.

The crisis triggered by the COVID-19 pandemic had, in the initial phase of the lockdown, brought South Asia in particular to a near-standstill. Reports on the impact of the pandemic pointed out, for instance, that the economic disruption was visible from space. South Asia had darkened between March and August 2020, and night-time light intensity had declined in more than three quarters of South Asia's districts (The World Bank, 2020b). The temporary school closures in South Asian countries had kept an estimated 391 million students out of school in primary and secondary education. The pandemic may cause up to 5.5 million students to drop out of the education system altogether. In 2020, an additional 3.9 million children in South Asia under the age of five could suffer from wasting — and therefore become dangerously undernourished — as a result of the socioeconomic impact of the COVID-19 pandemic (Headey et al., 2020). Additionally, approximately 29 million babies that were expected to be born in South Asia in the approximately nine months since the World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020, risked having no access to primary healthcare due to stress on existing health systems and medical supply chains (UNICEF, 2020b).

⁹ See, for instance, UNDP (2020b).

¹⁰ See, for instance, the discussions in Wenham, Smith and Morgan (2020), UNESCO (2020), UN Women (2020a) and UN Women (2020b).

LESSONS LEARNED

We can learn much from the experience of countries in the APR, both those more and less successful in promoting human development and reducing insecurities (especially those exacerbated by the COVID-19 pandemic). A number of Asian-Pacific countries have received global recognition for their successes in handling the pandemic. These include Japan, New Zealand, Hong Kong (China), Republic of Korea, Thailand, Viet Nam, Singapore and Bhutan.

Japan does not have large national public health agencies, such as the Center for Disease Control and Prevention (CDC) in the United States, that it can draw on for technical support during pandemics. Instead, Japan was able to minimize the adverse impacts of COVID-19 through its unique model of regionalized public health delivery. This consisted of local public health centres (PHCs), *hokenjo* in Japanese, that doubled as ‘miniature CDCs’ within their respective communities (Hamaguchi et al., 2020). While PHCs illustrate the **importance of strong local public health institutions**, capable of swift adaptation to their local context, it is notable that these centres proved unable to facilitate testing.

New Zealand demonstrated the importance of **continued surveillance**. It also pioneered a social bubble model that allowed a defined group of people to have close physical contact with each other while practising physical distancing rules with others outside of that group (Cook et al., 2020).

Hong Kong, Japan and the Republic of Korea had an advantage: **the habit of mask-wearing** by people with respiratory conditions — already widespread before the COVID-19 pandemic as a way of protecting others from seasonal viruses or as a reaction to air pollution. After making mask-wearing mandatory in April 2020, Singapore's Government provided reusable cloth masks to the entire population (Han et al., 2020).

Several factors seem to have underpinned Thailand's success: a combination of **government action, social responsibility and community solidarity** ensured continued vigilance. Thailand also adopted a whole-of-society approach and ramped-up testing as borders reopened and full economic activities resumed (Sabharwal, 2020).

Viet Nam's successful tackling of the COVID-19 pandemic highlights the **importance of preparedness** in dealing with infectious diseases, critical for protecting

“Unsustainable growth and unequal human development, coupled with high levels of vulnerability, has meant widespread and unequal impacts from the economic and health crises caused by COVID-19”

people and minimizing their insecurities. Viet Nam had the advantage of an existing long-term plan for coping with public health emergencies, built on its previous experience with disease outbreaks, such as severe acute respiratory syndrome (SARS). To that extent, Viet Nam's success in dealing with the COVID-19 outbreak rests, at least in part, on the investments made during pre-pandemic ‘peacetime.’ Collectively, early preparedness, contact tracing, isolation and mass molecular (polymerase chain reaction [PCR]) testing, coupled with timely border closure, physical distancing and community adherence, have determined the success of Viet Nam's control of COVID-19 (Malhotra, 2020; Van Tan, 2021).

Several similar factors have contributed to Bhutan's success in containing the spread of the pandemic (Drexler, 2021). The country prioritized investing in preparedness, and, as early as mid-January 2020, had drafted and put in place its National Preparedness and Response Plan. A rigorous and altruistic state and public health response was accompanied by genuine civic compassion and engagement from King Jigme Khesar Namgyel Wangchuck, the Queen Mother, Bhutan's monastic community, cabinet ministers, political leaders, government officials and ordinary citizens, including farmers, volunteers, hoteliers and others. The government drew on its existing strengths and enhanced its capacities by shifting technicians from livestock-health and food-safety programs to its COVID-19 testing corps and by instructing non-specialist doctors and nurses in the clinical management of respiratory infections and WHO protocols.

Notably, the above exemplary governments also made it possible for citizens to follow public health guidance

by providing those required to quarantine with economic and social support.

Building trust through honest and effective communication has also emerged as another critical factor in controlling the adverse effects of such pandemics. Viet Nam’s success owes much to the trust built up through real-time, transparent communication from the Ministry of Health, supported by WHO and other UN agencies (Malhotra, 2020; Van Tan, 2021). In the Republic of Korea, the government’s highly transparent communication strategy helped gain public participation by disclosing detailed information on infected patients via government websites and text alerts. New Zealand’s Prime Minister and the Director General of Health have also won credit for their firm yet empathetic direct communications with the public (Han et al., 2020).

In Singapore, close to 95 percent of confirmed cases appeared among migrant workers living in overcrowded dormitories. The government responded by immediately improving disinfection regimens, establishing medical facilities onsite and shielding workers older than 45 years by moving them to less dense accommodation (Han et al., 2020).

Beyond these successes lie the broader challenges of ensuring human security. But most countries today do not yet have in place the needed institutions, policies and priorities. This needs to change. The Commission

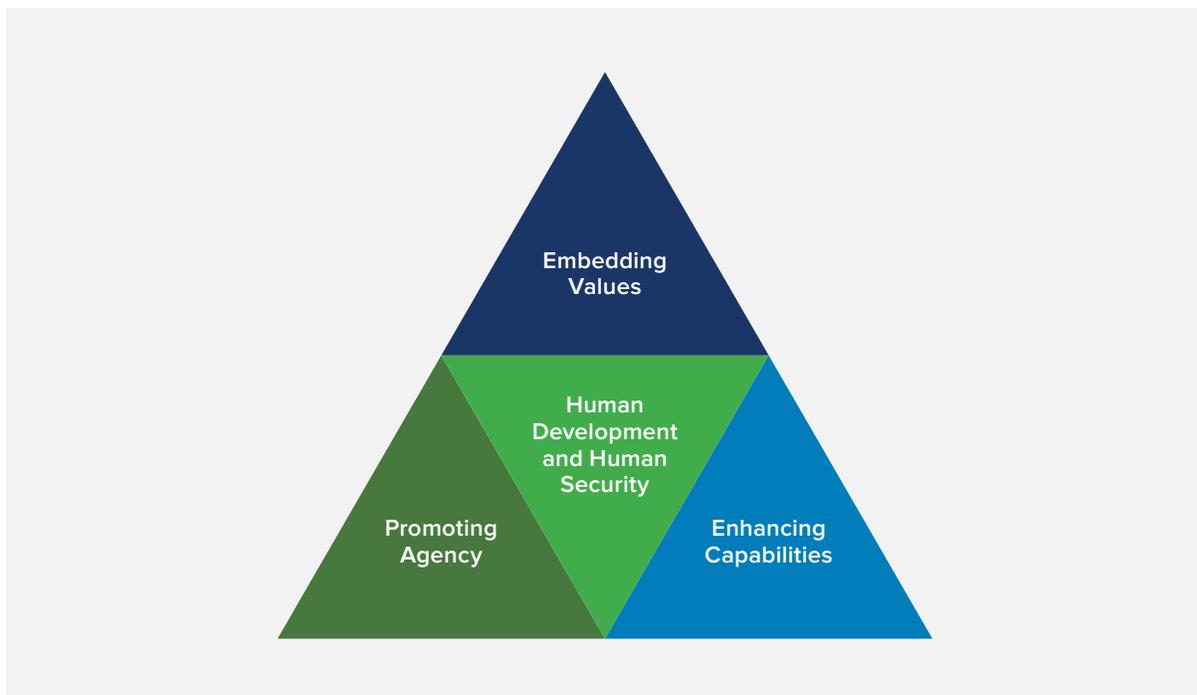
on Human Security has proposed mobilizing a **global initiative to place human security at the top of local, national, regional and global agendas**. This initiative would aim to prevent conflict and advance human rights and development; protect and empower people and their communities; deepen democratic principles and practices; and overall, promote a human security culture and framework.

Promoting human development has to go hand-in-hand with enhancing human security through measures that focus on protecting and expanding freedoms during downturns as well as in prosperity. Countries need to fulfil its legal obligations to protect and promote human rights, including the right to social security, and ensure their exercise without discrimination. Governments should create the enabling conditions and forge partnerships with civil society organizations and other stakeholders, both to safeguard people from threats, and simultaneously empower them to take charge of their own lives (Commission on Human Security, 2003).

THE WAY FORWARD

The three pillars of human development - **embedding values, enhancing capabilities and promoting agency** – spotlighted by the 2020 Human Development Report (2020a) have an equally central role in guaranteeing human security (Figure 1).

Figure 1: Three pillars for promoting human development and security



Source: UNDP (2020a)

EMBEDDING VALUES

A new approach to development must begin with reaffirming human values enshrined in the constitutions of countries. These would include, for example, **adherence to social, economic, cultural and political justice, liberty of thought, expression, faith, belief and worship, equality of status and opportunity, and solidarity assuring the dignity of the individual as well as the unity and integrity of the nation.** The United Nations 2030 Agenda for Sustainable Development foregrounds these values as central to transforming the world. There are, of course, numerous instances where communities in different countries of the APR came forward to help stranded migrant workers and others who lost their sources of livelihood. Nevertheless, states and societies, as a whole, will need to commit much more conscious investment to instilling a sense of community, non-discrimination and solidarity. This might require revisiting how school education inculcates values in the young, and also finding new mechanisms and platforms that can proactively strengthen actions by community organisations and others to build social solidarity and social cohesion.

ENHANCING CAPABILITIES

The following priorities have a particularly critical role in developing human and institutional capabilities.

Establishing effective social protection systems.

The umbrella of social security and social protection broadly includes **universal social protection**, including benefits for sickness, unemployment, occupational injury and survivorship; and **a social protection floor** consisting of essential services – ensuring availability, continuity and accessibility in public services, such as housing, water and sanitation, education, health including maternal and child care as well as family plan-

“Policymakers need to pay attention to creating conditions for human development, deepening democracy, mitigating and preventing the human impacts of climate change, reducing human insecurities, decreasing inequalities and addressing social injustices”

“Promoting human development has to go hand-in-hand with enhancing human security through measures that focus on protecting and expanding freedoms during downturns as well as in prosperity”

ning services, and family-focused social work support – and social transfers – a basic set of essential social transfers, in cash and in kind, paid to the poor, older persons and the vulnerable to enhance food security and nutrition, and to provide a minimum-income security, particularly in cases of sickness, unemployment and disability.

This will call for correcting the historical under-investment and prioritizing the provision of basic social services, with the following as primary goals:

Universal health coverage. Progress towards universal health coverage will require renewed political commitment, adequate investments in people and infrastructure, as well as an effective regulatory framework to ensure accountability. An increase in public spending will be necessary to reduce the burden of private out-of-pocket expenditures on healthcare. Community-based health initiatives will need to be strengthened to ensure access to primary healthcare for all.

Universal basic education. This will require investing in many well-known measures including: supporting girls' education and making schools adaptable to their needs; committing significant resources to schooling and school feeding programmes; empowering parents, community committees and other stakeholders to hold schools accountable for the quality of education; and encouraging states and school authorities to ensure a safe and secure learning environment, free from discrimination, health hazards and violence. The COVID-19 pandemic has opened the potential of using online learning and teaching methods in education. These require judicious deployment to ensure that the digital divide does not amplify the educational divides in society.

Providing minimum living standards. The present moment seems opportune for revisiting the Commission on Human Security’s recommended approach to work and work-based security. Secure livelihoods depend on finding sustained and creative ways of ensuring both income and meaningful work. This will require addressing issues of access to land, credit, training and education, especially for poor women. Equally critical measures would ensure a social and economic minimum for all, including the working poor and those in unpaid work. Special measures should increase protections for those in chronic poverty as well as those most vulnerable to economic hardship during economic downturns, disasters and crises, including women, children, people with disabilities and the elderly.

PROMOTING AGENCY

Individual states and societies must make concerted efforts to ensure four conditions that can promote agency and empowerment:

1. **A well-educated society** in which everyone has the freedom to express their views without fear.
2. **A free press** whose reporting on the failures of the ruling administration or the sufferings faced by the poor does not stand compromised because of pressures from the government in power.
3. **A culture of open public discussion** where opinions can be expressed without fear and in the true spirit of encouraging public debate.
4. **A listening government** open to engaging and learning in an effort to come up with solutions – as opposed to a government that uses its majority to pass legislation without a debate and discussion.

Fulfilling these conditions will go a long way toward deepening democracy and establishing a supportive framework for other security needs.

CONCLUSION

Even as nations step up to mitigate and reverse the negative impacts of the COVID-19 pandemic, it becomes necessary to re-envision the role of state governments. Governments must play a proactive role in enhancing capabilities, building people’s agency and promoting human security by providing sufficient protection against downside risks. Three concerns should provide a focus. The first addresses the disconcerting absence of serious public discussion on the role of the state vis-à-vis the private sector in the provision of basic social services. In a number of countries (and in South Asia in particular), governments appear to have abdicated their responsibilities to assure adequate protection to citizens. No country in the world has managed to provide universal healthcare or universal schooling without the dominant presence of the public sector. It is, therefore, disturbing to see a sharp increase in the share of both health and education delivery now in the hands of the private sector – along with a possibly unwitting withdrawal by the public sector.

Second, governments in many nations appear to have reached their limit in evolving strategies to ‘leave no one behind.’ Differentiated strategies under the umbrella of universal coverage could ensure that the most disadvantaged groups also gain access to basic social services and social protection benefits. Third,

states often appear overly preoccupied with promoting economic growth. Policymakers need to pay equal attention – if not more – to creating conditions for human development, including deepening of democracy, mitigating and preventing the human impacts of climate change, reducing human insecurities, decreasing inequalities and addressing social injustices.

At the same time, states and societies should promote more active engagement with the public and ensure greater involvement of different stakeholders in public decision-making. Many schisms in society have roots in misconceptions and entrenched belief systems that obstruct the building of social cohesion and social solidarity. Advocates fighting violence against women and children, for instance, have called for changing social norms, but progress in changing behaviours has not kept pace with recorded economic gains. The available means and media for influencing social norms and behaviours have increased phenomenally over the past two decades. Whereas the role of traditional communications media seems to have declined, the expansion in social media has brought phenomenal disruption. One could cite many instances of social media platforms used effectively in critical public health outreach. At the same time, the misuse of these platforms has also propagated hate speech and violence.

Addressing these gaps in development requires proactive measures to change social norms and behaviours. Towards this end, the 2020 Human Development Report recommends promoting learning and ensuring an alignment between self-interest and common goals. Governments need to create more favourable conditions: making behavioural change feasible, attractive and profitable for the majority of people, promoting agency through participatory approaches, and introducing laws and incentives that encourage desirable behaviour and innovation. Much remains to be learned about which efforts in this area will work best. Careful design and execution of such efforts, along with documentation and disseminating outcomes, will foster that learning.

One final, crucial lesson: the COVID-19 pandemic has shown that high incomes alone cannot guarantee health security. The Global Health Security (GHS) Index 2019¹¹ benchmarks 195 countries according to the Index’s definition of their level of ‘preparedness’ for dealing with epidemics or pandemics (Table 2).

High-income countries filled the list of the GHS top five ‘most prepared’ countries, with Thailand a lower-income outlier (GHS rank 6). The United States and the United Kingdom ranked first and second, respectively, for pandemic preparedness on the GHS Index, but by 15 April 2021, the two countries showed among the poorest rankings for preventing deaths due to COVID-19 per 100,000 population.

Looking at preparedness in terms of actually being able to prevent pandemic deaths instead of using the GHS-defined preparedness, of the 178 countries that had COVID-19-related cases and deaths as of 15 April 2021, the United States and United Kingdom rank 164th and 167th – in other words, they registered the 14th and 11th highest death rates, respectively. This disastrous real-world performance compares especially poorly to lower-GHS-ranked but higher-death-preventing countries in Asia, such as the global leaders, Viet Nam (49th on GHS vs. 1st for low death rate), or Bhutan (83rd on GHS vs. 4th for low death rate). Only Thailand ranked highly for both pandemic preparedness and performance.

Table 2: GHS Index 2019 predicted pandemic preparedness rankings versus actual pandemic death prevention rankings as of 15 April 2021 (top and bottom)

GHI predicted pandemic preparedness rank	Country	2019 Overall Score	2019 GNI per capita, Atlas Method (current US\$)	2019 World Bank country classifications by income level	Cumulative total COVID-19 deaths per 100,000 population 15 April 2021	Actual pandemic death prevention rank 15 April 2021
1	United States	83,5	65.850	High Income	168,88	164
2	United Kingdom	77,9	42.220	High Income	187,36	167
3	Netherlands	75,6	53.100	High Income	96,86	137
4	Australia	75,5	55.100	High Income	3,57	48
5	Canada	75,3	46.370	High Income	62,12	120
49	Viet Nam	49,1	2.590	Lower-middle Income	0,04	1
83	Bhutan	40,3	3.140	Lower-middle Income	0,13	4
6	Thailand	73,2	7.260	Upper-middle Income	0,14	5
23	Singapore	58,7	59.590	High Income	0,51	11
34	New Zealand	54,0	42.760	High Income	0,54	12

Note: Of the GHS 195 ranked countries, this table excludes countries in the WHO database that reported zero cumulative deaths per 100,000 population and the Global Health Security rankings have been recalculated for the remaining 178 countries.

Source: GHS (2021)

¹¹ The Global Health Security (GHS) Index, developed by the Johns Hopkins Center for Global Health Security, the Economist Intelligence Unit and the Nuclear Threat Initiative, is the first comprehensive assessment and benchmarking of health security and related capabilities across 195 countries. The measure aims to gauge the capacity of national health systems in contributing to global health security. The GHS Index uses 140 questions to make this assessment, organised across six categories: prevention of the emergence or release of pathogens; early detection and reporting for epidemics of potential international concern; rapid response to and mitigation of the spread of the epidemic; sufficient and robust health system to treat the sick and protect health workers; commitments to improving national capacity, financing plans to address gaps, and adhering to global norms; overall risk environment and country vulnerability to biological threats. Among its 140 questions, the GHS Index prioritizes not only country capacities, but also the existence of functional, tested, proven capabilities for stopping outbreaks at the source (GHS, 2021).

Rich nations were perhaps overly confident and unprepared when the COVID-19 virus was detected. Both the United States and the United Kingdom (at least initially) floundered in their response, and their handling of the pandemic proved far worse than that of many much poorer nations. Many Western nations prioritised capacities, such as economic activity and equipment, and not capabilities, such as effective quarantining and efficient contact tracing (Yong, 2020). The poor handling of the COVID-19 pandemic reveals that many rich nations had little experience in deploying their enormous capacities, in contrast to East Asian and sub-Saharan countries that regularly deal with epidemics.

These pandemic results imply that countries **do not have to become rich first to reduce vulnerabilities, enhance security, and promote the dignity of human lives**. It is possible for LMICs to protect people from downside risks. What seems less clear is how to do so, especially in a world undergoing rapid transformation led by the technology and communication revolutions. At the same time, the COVID-19 pandemic has exposed the fragility of the development foundations of most countries of the APR. A new ethic rooted firmly in human values should now guide policymaking. Such an ethic should recognize the **importance of promoting and protecting not just economic and social freedoms**, but civil, cultural and political freedoms, as well. Human insecurity stands heightened by increasing economic uncertainty, rising social inequalities and reduced mobility, all going hand-in-hand with increasing social fragmentation, growing authoritarianism and regressing democracy.

The evaluative evidence remains limited, on what works, when and why, and for whom in different cultures and contexts, across and within nations. Tapping existing knowledge, encouraging innovations and generating new evidence will become critical in reimagining the approach to enhanced human security and accelerated human development.

“Governments need to make behavioural change feasible, attractive and profitable for the majority of people, promoting agency through participatory approaches, and introducing laws and incentives that encourage desirable behaviour and innovation”

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REIMAGINING DEVELOPMENT POLICY AND STRATEGY IN ASIA-PACIFIC

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