Edited by Albrecht Schnabel, Upasana Garoo, Rohit Karki and Kevin Socquet-Clerc

Security Sector Responses to Covid-19 in the Asia-Pacific Region: Reflections on an Ongoing Health Crisis

With contributions by:

Fareesha Abdulla, Joao Almeida, Sabeena Bali, Deepak Prakash Bhatt, Yonghong Dai, Fan Gaoyue, Upasana Garoo, Michelle Glazer, Somsri Hananuntasuk, Muhammad Haripin, Kyudok Hong, Bayartsetseg Jigmiddash, Rohit Karki, Saya Kiba, Floris de Klerk Wolters, Ivy Kwek, Nishank Motwani, A N M Muniruzzaman, Aftab Nabi, Rajiv Narayanan, Xuan Anh Nguyen, Jennifer Santiago Oreta, Indika Perera, Charadine Pich, Albrecht Schnabel, Kevin Socquet-Clerc, Kim Sun, Amara Thiha, Julius Cesar Trajano and Li-Chiang Yuan

DCAF Geneva Centre for Security Sector Governance

The front cover depicts a Philippine security official helping disinfect hands on a busy street near a quarantine checkpoint in Marikina City. The picture was taken by Philippine visual journalist Veejay Villafranca on 16 March 2020. The first lockdown for Luzon, including Metropolitan Manila, was announced that same day.

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The opinions expressed in this publication are those of the authors alone and do not necessarily reflect the position of the institutions referred to or represented within this publication.

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Albrecht Schnabel, Upasana Garoo, Rohit Karki and Kevin Socquet-Clerc
Geneva, November 2021

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Abbreviations

ANDSF	Afghan National Defense and Security Forces
APU	Asia-Pacific Unit (DCAF – Geneva Centre for Security Sector Governance)
ASEAN	Association of Southeast Asian Nations
BAF	Bangladesh Armed Forces
CDC	Centers for Disease Control
CECC	Central Epidemic Command Center (Taiwan)
CSO	civil society organization
DCAF	Geneva Centre for Security Sector Governance
ECOWAS	Economic Community of West African States
EU	European Union
EVD	Ebola virus disease
F-FDTL	Falintil-Forces de Defensa de Timor-Leste
GAVI	Global Alliance for Vaccines and Immunization
GDP	gross domestic product
IGO	intergovernmental organization
JSDF	Japan Self Defense Forces
KDCA	Korea Disease Control and Prevention Agency
MERS	Middle East respiratory syndrome
MOH	Medical Officer of Health
NGO	non-governmental organization
NHRC	national human rights commission
NIA	National Immigration Agency (Taiwan)

NPRP	National Preparedness and Response Plan (Bangladesh and Bhutan)
PLA	People's Liberation Army (China)
PNTL	Polícia Nacional de Timor-Leste
PPE	personal protective equipment
SAARC	South Asian Association for Regional Cooperation
SARS	severe acute respiratory syndrome
SARS-CoV-2	severe acute respiratory syndrome coronavirus 2
SOP	standard operating procedure
SSG	security sector governance
SSR	security sector reform
SSR/D	security sector reform and development
UN	United Nations
WHO	World Health Organization

PART I

Introduction

Chapter 1

Reflecting on Security Sector Responses to the Covid-19 Pandemic in the Asia-Pacific Region

Albrecht Schnabel, Upasana Garoo, Rohit Karki and Kevin Socquet-Clerc

Introduction

The current Covid-19 pandemic has reshaped the way societies and states around the world are managing human, national and regional/international security using the organizations they have created to facilitate intergovernmental collaboration in solving pressing problems of regional and global concern. The truly global nature of the Covid-19 pandemic and its significant negative consequences for countries the world over have elevated the threat of current and future health crises to being a serious public health and security issue of global concern. The challenges presented to societies worldwide are multifaceted, and this volume focuses on one such aspect: the roles performed by national security sectors – those actors providing security, and those overseeing security providers on behalf of the society – in responding to the pandemic. Following a review of security sectors' involvement in managing and stemming the pandemic in different parts of the world, the main focus of this volume is on the Asia-Pacific region, and more concretely the countries of South Asia, Southeast Asia and East Asia.

Table 1.1: Population, Covid-19 cases and Covid-19-related deaths in South Asia

SOUTH ASIA			
Country	Population (2020, in thousands)	Covid-19 cases	Covid-19-related deaths
Afghanistan	38,928	56,153	2,464
Bangladesh	164,689	573,687	8,720
Bhutan	772	869	1
India	1,380,004	11,686,796	160,166
Maldives	541	22,662	66
Nepal	29,137	276,056	3,019
Pakistan	220,892	633,741	13,935
Sri Lanka	21,413	90,514	551

Table 1.2: Population, Covid-19 cases and Covid-19-related deaths in Southeast Asia

SOUTHEAST ASIA			
Country	Population (2020, in thousands)	Covid-19 cases	Covid-19-related deaths
Brunei	437	206	3
Cambodia	16,719	1,788	4
Indonesia	273,524	1,471,225	39,865
Laos	7,276	49	0
Malaysia	32,366	335,540	1,244
Myanmar	54,410	142,246	3,204
Philippines	109,581	677,653	12,992
Singapore	5,850	60,221	30
Thailand	69,800	28,277	92
Timor-Leste	1,318	351	0
Vietnam	97,339	2,575	35

Table 1.3: Population, Covid-19 cases and Covid-19-related deaths in East Asia

EAST ASIA			
Country	Population (2020, in thousands)	Covid-19 cases	Covid-19-related deaths
China*	1,447,470	101,560	4,839
Japan	126,476	458,562	8,886
Mongolia	3,278	5,392	5
South Korea	51,269	99,421	1,704
Taiwan	23,817	1,006	10

* The figures include Hong Kong and Macao.
Tables 1.1–1.3: Overview of incidence of Covid-19 as at 23 March 2021. *Sources:* UN Population Division (population),[1] Johns Hopkins University (cases and deaths).[2]

Background information

Before focusing on the main subject of this volume, this background information provides brief explanations of some main concepts on which this study is built and the wider regional initiative within which the study has been carried out.

The security sector, good security sector governance and security sector reform and development

This study assesses the roles of security sectors in the Covid-19 pandemic. It puts emphasis on the practice of good security sector governance (SSG) in the functioning of a country's security sector. Moreover, it expects that appropriate activities carried out as part of security sector reform and development (SSR/D) initiatives can prepare security sectors for more effective and accountable involvement in future health crises. When the contributions to this volume refer to the security sector, they mean all structures, institutions and personnel responsible for security provision,

management and oversight. When highlighting the utility of good SSG, the study considers how the principles of good governance apply to security provision, management and oversight by state and non-state actors. These principles include accountability, transparency, the rule of law, participation, responsiveness, effectiveness and efficiency. Good SSG implies that the security sector provides state and human security in an effective and accountable manner within a framework of democratic civilian control, the rule of law and respect for human rights. When discussing the value of security sector reform and development (SSR/D), this volume refers to the political and technical process of improving state and human security by making security provision, management and oversight more effective and more accountable. The goal of SSR/D is to apply the principles of good governance to the security sector.

DCAF – Geneva Centre for Security Sector Governance

This study was initiated by DCAF, specifically the team focusing on the Asia-Pacific region. For the 20 years since DCAF's founding, this Swiss-based international foundation has been dedicated to improving the security of people and the states they live in within a framework of good governance, rule of law and human rights. DCAF assists partner states and international actors supporting these states to improve good SSG through inclusive and participatory reforms based on international norms and good practices. DCAF provides policy advice, promotes norms and good practices, and supports capacity building of governmental and non-governmental security sector stakeholders, as well as of intergovernmental organizations, in support of nationally driven SSR/D processes. DCAF offers support in strategic planning, programme management and understanding of the political context of SSR/D processes: parliamentary oversight; gender and security; police and law enforcement reform; border management; intelligence governance; defence reform and defence integrity building; independent oversight institutions; civil society and media oversight of the security sector; justice sector reform; private security governance; and SSG and SSR/D.

DCAF's Asia-Pacific Unit

DCAF's Asia-Pacific Unit (APU), which initiated and implemented this study in collaboration with its partner institutions throughout the Asia-Pacific region, was established in 2017 after more than ten years of steadily increasing engagement in – initially – Southeast Asia, with the goal to expand its activities across other Asia-Pacific subregions. The APU provides support to nationally led SSR/D processes as well as to subregional and regional security sector experience-sharing initiatives. This is done in cooperation with national, regional and international partners supporting SSG and SSR/D across the wider Asia-Pacific region. The APU takes a subregional approach to promoting good governance of the security sector in the region, driven by its vision that by fostering inter- and intra-regional dialogues, experience sharing and cooperation within and between the subregions of South Asia, Southeast Asia and East Asia,[3] ongoing and new national SSR/D processes can be improved. Currently the network includes partners and experts in South Asia (Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka); Southeast Asia (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Timor-Leste and Vietnam); and East Asia (China, Japan, Mongolia, North Korea, South Korea and Taiwan[4]).

Together with its partners working on SSG and SSR/D in the Asia-Pacific region and its initiative on Promoting Good Security Sector Governance in the Asia-Pacific Region (see below), the APU organizes annual South Asia, Southeast Asia and East Asia SSG forums – as well as an annual region-wide forum – to create opportunities to exchange and learn from SSG challenges and identify SSR/D needs for the subregions and individual countries.

Initiative on Promoting Good Security Sector Governance in the Asia-Pacific Region

This study is based on an initiative between DCAF and its partner institutions throughout South Asia, Southeast Asia and East Asia entitled "Promoting

Good Security Sector Governance in the Asia-Pacific Region". The initiative aims to increase the opportunities to strengthen security sector oversight and management bodies across the region through training and capacity building, to a level where they can manage and oversee the security providers in line with the principles of good governance. Moreover, the initiative and its members develop and implement awareness-raising and capacity-building activities to ensure that security providers in the region are fully familiar with the concepts of SSG and SSR/D and respect the principles of good governance, particularly the value and importance of independent oversight.

Through participation at subregional and regional levels, the initiative allows for discussions among experts and stakeholders where national discussions do not take place due to political circumstances. This keeps alive the momentum for national conversations on the security sector – as well as incipient reforms – by offering in-country experts the opportunity to remain engaged in the SSG debate and practice at the subregional and regional levels.

The initiative focuses on horizontal and vertical interactions: at the horizontal level, it initiates multistakeholder dialogues between parliament, government and security officials, independent oversight bodies and members of civil society and academia, including subregional and regional initiatives, associations and organizations; while at the vertical level, regional, subregional and country initiatives and conversations are expected to influence and trigger conversations across these different levels of engagement. All participants in this initiative expect these dialogues and conversations to result in hands-on and practical policy action, which in turn generates sustainable buy-in for thorough examinations of security sectors and their compatibility and conformity with good SSG principles, public sector provision of security services, respect for human rights and fundamental freedoms, gender equity and international and regional standards, norms and principles.

The security sector's role in tackling health crises

Alongside the health sector, the security sector plays an important role in a country's response to health crises.[5] In most societies, all parts of the security sector are involved in the management of such crises: the armed forces maintain logistical preparedness, with vehicles, aircraft and ships equipped to carry cargo as well as personnel prepared for rapid deployment; they deliver materials to remote locations where local medical facilities may not have the resources to handle crises; and they airlift people in critical condition or materials out of an area. They erect makeshift medical facilities and are involved in disinfection campaigns and quarantine enforcement. Military hospitals often play important roles in research and vaccine development, and relieve pressure on civilian hospitals when deployed. Gendarmeries, national guards and civil protection units contribute to providing crowd control, maintaining public order and helping to enforce quarantine measures, usually under civilian command and control. Police services assist in ensuring individuals are in home isolation or quarantine, ensure that people follow social distance recommendations or order, gather and share information (or search for sources of disinformation), and support efforts to maintain public safety. Border and immigration guards control and monitor cross-border movement at airports, harbours and land borders. Intelligence services centralize and analyse data, assist in contact tracing, and collaborate internationally to prevent cross-border disease transmission. Justice and penal systems help maintain law and order, and ensure that fellow security providers are not overstepping their mandates or specific roles assigned to them under emergency measures. Prison guards and security officer try to maintain order, help ensure good sanitary conditions, implement health security measures and prevent panic and riots.

Needless to say, while extraordinary situations require extraordinary measures (typically in the context of emergency powers), they all too often do not benefit from extensive preparation, training and practice. As a result, abuse or misuse of such powers can – and does – take place. Thus close scrutiny and oversight by societal actors and state authorities,

especially parliaments, are key in ensuring that security forces respect and stick to their mandates, that principles of "do no harm" guide the inevitable incursions in the personal freedoms justified by emergency situations, and that emergency responses are proportional to the threat caused by evolving health crises. During pandemic crises, constitutional systems and democratic principles are still in place, and thus all executive and security sector actions are required to be in line with existing legal provisions and continue to be subject to parliamentary oversight. Chapter 2 discusses in more detail examples of security sector involvement in managing the Covid-19 pandemic.

DCAF focuses on the specific challenges and opportunities of SSR/D in fragile and conflict-affected societies, and the Covid-19 pandemic has shown the critical need for such societies to engage in SSR/D. Countries experiencing internal armed conflicts are particularly susceptible to a pandemic's negative consequences. Even in peaceful societies inadequate responses to pandemics can erode public trust in government and its institutions and lead to growing economic disparities, with unequal access to food, justice, housing and livelihoods, especially for the poor, disadvantaged, marginalized and otherwise vulnerable populations (including the elderly and children and women stuck in locked down households), while the wealthier parts of the population can guard their interests and lives. In conflict situations warring parties and trapped civilian populations are all potentially exposed to the virus and its multiple negative consequences. In countries with ongoing internal armed conflicts, state security providers must work in cooperation with non-state armed groups, as in remote locations or territories under non-governmental control access to affected individuals would otherwise be impossible. Only ceasefires facilitate protective measures and treatment for the infected.[6] If armed violence continues, pandemic responses will have little positive impact.

In situations of internal armed conflict, not unknown to several countries in the region, national and international crises can also serve as a trigger and stabilizing factor when addressed properly. The 2004 Indian Ocean tsunami and its role in finding peace in Indonesia's Aceh region is a recent

example. In the midst of armed conflict, if a cessation of hostilities can be negotiated and medical assistance offered, trust can be created between the warring parties, the local population, state security institutions and political authorities. Here the Covid-19 pandemic might serve as a catalyst for some positive outcomes that could help counterbalance the otherwise horrific damage the virus has wrought all over the world.

Methodology and structure of this study – Diverse context and diverse responses

The main part of this volume (Chapters 3–5) offers insights that are based on the responses to a series of questions posed to experts throughout the region, initially in the form of a questionnaire.

The first set of guiding questions addressed the lessons that might so far have been learned about *the relationship of the health and security sectors in preventing and managing health crises*, drawing on the evolving Covid-19 pandemic.

- What are the main human security and traditional security implications of the Covid-19 crisis?
- What are the main health challenges created by Covid-19 and similar (or worse) health threats, given the existing health infrastructure?
- What are the roles and capacities of the national health sector in preventing and managing an outbreak?
- Is there a need for security sector involvement in preventing an outbreak, responding to the outbreak and preventing further spread of the virus?
- What are the greatest challenges of cooperation between the health and security sectors in your country?
- What are the capacities of the security sector to assist health actors in preventing, managing and limiting the spread of the virus?

The second set of guiding questions addressed lessons that might have so far been learned about the *roles performed by security institutions*, drawing

on the evolving Covid-19 pandemic, along with *appropriate roles that should be played by them in future health crises*.

- What are lessons already learned, and what roles can be suggested for the national armed forces; the intelligence services; the police service; border management; international security arrangements, regional intergovernmental organizations (IGOs) and the United Nations (UN); national governments; and societal actors (media, civil society, think-tanks, etc.)?
- What have been the implications for and requirements of institutional and legal frameworks in crisis situations, as well as in the context of ongoing or anticipated SSR activities?

The third set of guiding questions addressed priorities to be considered by the security sector when *preparing for future health crises and pandemics*.

- What potential (global) health threats might in the future have a negative impact on security and stability?
- What will be priority areas for the involvement of the security sector: how should security institutions prepare for future health threats?
- What will be priority areas for the involvement of the health sector: how should the health sector prepare for new global health threats?
- How can the armed forces, intelligence services, police services, border management, local security actors, international security arrangements, regional IGOs and the UN prepare; how can national governments prepare; and how can societal actors (media, civil society, think-tanks, etc.) prepare?
- What are implications for and requirements of institutional and legal frameworks arising from the involvement of the security sector in health crisis preparedness?
- What are implications for and requirements of ongoing or anticipated SSR activities to adjust security sectors to future health crisis challenges?

The results of the questionnaire were reviewed and discussed by the APU team at DCAF in Geneva, and numerous follow-up interactions took place to review, discuss, update and fine-tune the various country-specific contributions. Not all countries are covered in similar depth and

detail, owing largely to contextual differences between the situation in each country, differences in the scope and extent of the pandemic in each country, different levels of involvements of the security sector, and different levels of access to information and approaches to data collection chosen by the country experts. There has also been great variation in the way the region's countries have experienced the pandemic, when and how different stages of the pandemic have affected them, how (and when) their governments and societies have reacted, and the extent to which these countries have been affected in terms of the number of infections, recoveries and casualties.

The social, economic and security consequences for each country have been very diverse – the full extent of all these consequences are not known at the time of writing and will likely not be known for some time, as some parts of the region may not yet have seen the peak of the pandemic. Thus the focus of this volume is on initial responses and lessons, as well as suggestions for better preparedness in the face of future health crises. At a later point, once the pandemic has ebbed off or potentially has reached its end, the same group of contributors will reflect on similar questions, with a focus on each society's recovery from the negative consequences of the pandemic. Here the focus will be on concrete measures that are being applied to improve our ability to prevent or, if that is not possible, to mitigate more effectively and efficiently the escalation of future health crises.

Volume overview

Following these introductory comments, Chapter 2, "Covid-19 and Security Sector Responses – A Global Overview" by Floris de Klerk Wolters, Albrecht Schnabel and Sabeena Bali, offers an overview of challenges to and responses by security sector actors worldwide in the Covid-19 pandemic.

The subsequent three chapters present subregional overviews of impact of Covid-19 and responses so far by security sector actors. These three chapters have three main themes. They first address the health and security implications of the Covid-19 outbreak; the capacities of the

health and security sectors to manage the outbreak; and the relationship between these two sectors. Then they examine the roles played by security institutions – and the security sector overall – in managing the Covid-19 outbreak. Finally, they offer suggestions as to the roles that should ideally be played by the security sector in health crises such the current Covid-19 pandemic. These subregional analyses summarize impressions and analyses shared by experts from throughout the subregion's countries and territories, and highlight some common trends and patterns that have emerged across each subregion. Chapter 3, "Covid-19 and Security Sector Responses in South Asia", is by Upasana Garoo, Michelle Glazer, Fareesha Abdulla, Deepak Prakash Bhatt, A N M Muniruzzaman, Nishank Motwani, Aftab Nabi, Rajiv Narayanan and Indika Perera; Chapter 4, "Covid-19 and Security Sector Responses in Southeast Asia", is by Kevin Socquet-Clerc, Joao Almeida, Somsri Hananuntasuk, Muhammad Haripin, Jennifer Santiago Oreta, Ivy Kwek, Xuan Anh Nguyen, Charadine Pich, Kim Sun, Amara Thiha and Julius Cesar Trajano; and Chapter 5, "Covid-19 and Security Sector Responses in East Asia", is by Rohit Karki, Yonghong Dai, Kyudok Hong, Fan Gaoyue, Bayartsetseg Jigmiddash, Saya Kiba and Li-Chiang Yuan.

The final Chapter 6, "Assessing Security Sector Responses to Covid-19 in the Asia-Pacific Region: Lessons, Recommendations and the Way Forward" by Sabeena Bali, Upasana Garoo, Rohit Karki, Floris de Klerk Wolters, Albrecht Schnabel and Kevin Socquet-Clerc, reminds us of the main topics and messages presented throughout the volume, highlighting common as well as diverse patterns and trends across South-, Southeast- and East Asia in the roles that have been performed by security sectors worldwide and in the Asia-Pacific region throughout the Covid-19 pandemic, as well as initial lessons that might already have emerged and may help in developing steps that could be taken to ensure more effective and accountable responses in future health crises.

Notes

1 UN Department of Economic and Social Affairs, Population Division (2020) "World Population Prospects 2019", New York, United Nations, https://population.un.org/wpp/.

2 Johns Hopkins University (2021) "Covid-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JSU)", 23 March, https://coronavirus.jhu.edu/map.html.

3 Ideally, and once funding has been secured, the subregion of Oceania will also be included in this network.

4 In 1971 the UN recognized Taiwan as a province of China.

5 For recent work by DCAF and the APU on the role of the security sector in tackling health crises, see S. Bali, F. de Klerk Wolters and A. Schnabel (2020) "The security sector and health crises: The roles of security sector actors in preventing and responding to epidemics and pandemics", SSR Backgrounder, Geneva, DCAF, www.dcaf.ch/sites/default/files/publications/documents/DCAF_BG_20_Health%20Crises.pdf; D. Lui (2020) "Impact of Covid-19 on security sector governance", briefing note, Geneva, DCAF, www.dcaf.ch/impact-covid-19-security-sector-governance; DCAF (2020) "Covid-19: Crisis and catalyst for security and justice reform", 15 June, www.dcaf.ch/covid-19-crisis-catalyst-security-justice-reform.

6 United Nations (2020) "Secretary-General's appeal for global ceasefire", 23 March, www.un.org/sg/en/content/sg/statement/2020-03-23/secretary-generals-appeal-for-global-ceasefire; United Nations (2020) "Secretary-General reiterates appeal for global ceasefire, warns 'Worst is yet to come' as Covid-19 threatens conflict zones", UN Doc. SG/SM/20032, 3 April, www.un.org/press/en/2020/sgsm20032.doc.htm.

Chapter 2

Covid-19 and Security Sector Responses – A Global Overview[1]

Floris de Klerk Wolters, Albrecht Schnabel and Sabeena Bali

Introduction

The first cases of individuals suffering from an unexplained pneumonia-like disease appeared in China's Hubei province in December 2019, followed within weeks by the then-largest quarantine in human history, affecting over 60 million people. The disease, later renamed coronavirus disease 2019 (Covid-19), is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Although the containment measures in Hubei were largely effective and curbed the spread of the virus in China, further hotspots soon emerged in South Korea, Italy and Iran. The virus spread from Italy and from Iran – to which virtually all cases in Iraq, Syria, Jordan, Pakistan and India in February and March 2020 were traced back. Within weeks Covid-19 had turned into a global pandemic, with millions of cases and several hundred thousand fatalities.[2] Billions of people across the entire globe were put under lockdown regimes, and the global economy experienced an unprecedented downturn as national economies ground to a halt.

As the Covid-19 pandemic unfolded and began to affect an increasing number of countries, security sector actors became ever more prominent in the global effort to deal with the pandemic. They came from the full spectrum of state and non-state security forces, from gangs in Brazilian *favelas* to the People's Liberation Army in China. Security actors in every region of the world saw their work affected by Covid-19 – ranging from border guards in Mauritania to crisis management teams in Greenland, and from the intelligence services of Israel to indigenous community

leaders in Malaysia. This chapter offers a global overview of the responses to Covid-19 by security sectors across the world, in both the Asia-Pacific region and beyond.

There are similarities between the security challenges faced during Covid-19's initial outbreak and those faced during previous infectious disease epidemics, ranging from the need for effective cross-border contact tracing to different law enforcement practices during large-scale quarantines. The severity of the Covid-19 pandemic can be at least partially explained by the fact that many of the recommendations and lessons that should have been learned from previous health crises, such as the 2002–2004 severe acute respiratory syndrome (SARS) coronavirus outbreak and the various Ebola virus disease (EVD) outbreaks, have not been heeded. Where they have, for example in parts of East Asia in response to earlier SARS outbreaks, the Covid-19 outbreak has been less severe as the crisis has been managed quicker, more effectively and more professionally. Different countries across the world are drawing the conclusion that previous lessons have not been acted upon. The United States is a notable example:[3] much criticism has focused on the decision to disband the National Security Council directorate responsible for pandemic responses after the 2014–2015 Ebola crisis. Despite all post-SARS improvements, China made some fundamentally similar mistakes to those made during the 2002–2004 SARS crisis – for example the hesitation of provincial authorities to act independently when the central government failed to act in time to prevent a larger outbreak.[4] The Dutch cabinet of ministers was criticized for ignoring multiple advisory reports based on the EVD outbreaks to develop international pandemic strategies,[5] and European Commissioner for Crisis Management Janez Lenarčič admitted that there were critical gaps in the readiness of European Union (EU) countries. Many countries did not even maintain statistics on things like crucial medical equipment and emergency supplies, which in turn meant that the EU and the European Centre for Disease Prevention and Control did not know the state of play.[6] Very few argue that the dawn of a new global health crisis came unexpectedly, but fewer still argue that the world was prepared for such crises.

Lack of preparedness

The lack of sufficiently developed core competencies to deal with health crises across health and security sectors has been one of the most striking elements of the Covid-19 pandemic. In past decades many voiced concerns about the lack of global preparedness in dealing with pandemics, despite the experience with multiple near-misses in recent years (e.g. SARS, EVD and Middle East respiratory syndrome coronavirus, or MERS).[7] During the Covid-19 pandemic critical discussions about preparedness hit headlines across the world, some examples being Bangladesh,[8] Brazil,[9] Canada,[10] China,[11] Indonesia,[12] Iran,[13] Iraq,[14] Libya,[15] Papua New Guinea,[16] Sudan,[17] the United Kingdom,[18] the United States[19] and Zimbabwe.[20] Although health crises usually lead to critical questions about preparedness, many concerns relate to the availability of medical equipment and research funding, and the political decisions and priority setting made in the aftermath of health crises. Initial outrage and calls for improved preparedness were all too quickly taken over by a return to normality and the delusion that future health crises can again be effectively countered by *ad hoc* and improvised emergency responses. This has prompted suggestions for an international organization to bolster pandemic preparedness.[21]

There are noticeable differences in preparation between countries that have experienced recent health crises and those that have not. The lessons learned from SARS and MERS are an important reason why several governments in East and Southeast Asia were better prepared to deal with Covid-19.[22] There are also some signs that in various (West) African capitals lessons from EVD have been learned, and many African states are now better prepared than in the past.[23] Often-cited examples of decent Covid-19 preparedness are Japan, Singapore and especially South Korea and Taiwan.[24] In a framework of well-functioning and strong civilian control, South Korea's and Taiwan's security forces successfully fulfilled important roles during the outbreak; this was partly due to the existence of well-suited standard operating procedures (SOPs) developed as responses to previous health crises.[25] Both countries are now considered as authorities in handling Covid-19.

The contrast with countries that had not previously experienced serious health crises is striking. France sold off a stockpile of two billion protective masks after the H1N1 epidemic in 2009 in favour of a just-in-time strategy that relied heavily on production and delivery capacities abroad.[26] Warnings about the risks of such a strategy were largely ignored, even though the strain on commercial supply chains for crucial healthcare items during the 2014 EVD outbreak was carefully examined and subsequently presented as a key health security lesson.[27] Still, just-in-time strategies, although discredited during the 2014 EVD outbreak, continued to be commonplace. In the USA, for instance, this caused severe shortages of basic and inexpensive medical equipment — a problem the Homeland Security Council had warned of a decade earlier.[28] Lessons learned during a crisis are often too quickly discarded and do no translate into better preparedness for the next crisis. Global funding for a SARS vaccine dried up very quickly once the 2002–2004 SARS outbreak came under control. In retrospect the development of a SARS vaccine would have created a much better starting point for developing a vaccine for Covid-19 (also known as SARS-CoV-2).[29]

Unfortunately, the list of unheeded warnings and lessons is lengthy. Following previous health crises and emergencies, there have been many recommendations to improve preparedness for disease outbreaks, including by national armed forces and associated research institutes. As the country with the highest total number of Covid-19 cases worldwide at the time of writing, the USA is an example of this. An extensive report prepared by the Infectious Diseases and Countermeasures Division at the US Defense Intelligence Agency explicitly incorporates insights from, among others, the 2014 EVD outbreak to warn of new outbreaks of viruses and shortages of or urgent need for "ventilators, devices, [and] personal protective equipment such as face masks and gloves".[30] The US Navy seemingly acted on lessons learned by revising its guidelines on the response to pandemic influenza and other infectious diseases in 2018.[31] Fast-forwarding to the Covid-19 outbreak, the extent to which these guidelines and recommendations were translated into actual preparedness becomes disappointingly clear: severe shortages of ventilators and face-masks, and the controversy around the

handling of an outbreak on an American aircraft carrier, show that the US Navy was not properly prepared to meet a new pandemic.[32]

Challenges for civilian management and oversight

A crucial component of SSG, including during health crises, is civilian management and oversight of security forces. Subsidiarity, or military deference to civilian leadership, is a cornerstone of effective and people-driven governance in situations of domestic natural disaster or health crises. However, during the Covid-19 pandemic there have been many challenges to civilian leadership across the world. In Southeast Asia, for example, where the history of civilian political control over the armed forces is often relatively recent,[33] civilian and military authorities compete for the upper hand in handling health crises, including Covid-19. For instance, Philippine President Duterte has repeatedly threatened military (and police) imposition of martial law.[34] Military backgrounds prevail among the inner circle of Indonesian President Joko Widodo, and especially the Tatmadaw in Myanmar and the military in Thailand seem ever-present in leading or competing with responses by civilian government agencies.[35]

Elsewhere there has been criticism of militarization during health crises, especially when civilian management is being challenged. The Sri Lankan military, for instance, was put in charge of the Covid-19 response and elections have been postponed: the absence of parliamentary oversight increases concerns about human rights violations by the police and military.[36] There are similar challenges in Brazil, where President Bolsonaro appointed an active-duty major general as interim health minister after the resignation of his predecessor in May 2020, along with 13 other military appointments in the Health Ministry.[37] President Bolsonaro also joined a rally of people protesting Covid-19 measures, and called for a return to a military dictatorship.[38] In Israel three cities have appointed former military officers to lead the coronavirus response, drawing criticism from other military officers alleging that these appointments compromise the civilian lines of responsibility in these municipalities.[39] Some analysts criticized the

rhetoric of several G7 leaders (including UK Prime Minister Boris Johnson, French President Emmanuel Macron, Italian Prime Minister Giuseppe Conte and US President Donald Trump) as overly militarized.[40]

There are worries about civilian and democratic oversight and control of the armed forces in Latin America beyond the example of Brazil, as it is a region that has long struggled with military juntas and undue military influence in government.[41] The armed forces across the region became heavily involved in the pandemic response, including taking on a vast array of tasks usually handled by civilian state and non-state agencies, such as border control, enforcement of quarantine and healthcare measures (for instance using drones), medical supply production, food distribution, decontamination and assisting in public health policy planning. Aside from making the armed forces highly visible in the public sphere, specific risks are associated with the exemption of security personnel from prosecution for abuse, such as laws exempting military and police from criminal responsibility being passed in Peru.[42] Other countries where the role of the military has been growing are El Salvador, Venezuela and Bolivia.[43]

Efforts by democratic institutions and their oversight roles suffered setbacks in many countries, as they were side-lined by political leaders, ministries and security institutions insisting on moving quickly to respond to the evolving pandemic without being held up by lengthy debates or oversight processes. With little preparation in place to respond quickly and effectively to the debate, many governments instead improvised and put pandemic response measures in place without consulting parliaments or other oversight agencies. It has become difficult for parliaments worldwide to continue their daily business under pandemic restrictions, such as the inability to meet physically combined with rules and customs demanding minimum presences for quorums.[44] One of the most dramatic curtailments of civilian oversight institutions took place in Hungary, where Prime Minister Viktor Orban introduced emergency powers that temporarily allowed rule by decree.

Various democracy and protest movements that began before the outbreak of Covid-19 fizzled out as a result of restrictions on the right of assembly and fears about spreading infections, such as in Iran, Algeria,

Lebanon and Chile. At the same time, large-scale protests still took place in the USA and Europe against (among other causes) police violence and racism. The balancing of public health considerations and civil rights, including the right to protest, remains an important challenge for policymakers.[45]

Problems with national and international response coordination

Effective preparedness for health crises requires well-developed coordination mechanisms for state and non-state actors' cooperation in crisis response. Calls for improved coordination mechanisms have followed each previous health crisis, including in the aftermath of the 2014–2015 Ebola outbreak. But yet again the coordination of public health measures (and of whole-of-government responses, including cooperation with security forces) at the national and international levels has been one of the most criticized aspects of the response to Covid-19. This has led to some discussion on the role of decentralized systems, as there have been severe tensions between national and subnational authorities, as well as among subnational authorities.[46] There was much publicity of the tension between the instructions from Brazilian President Bolsonaro on the one hand, who opposed far-reaching pandemic mitigation measures (and called them "a crime"), and, on the other hand, at the level of states, medical associations, health ministers, state governors and mayors of affected megacities.[47] Similar dynamics characterized the political debate in the United States, where President Donald Trump claimed "total authority" over the pandemic response and lashed out at "Democrat [Party] Governors" who pursued different strategies based on the specific dynamics of the pandemic in their states.[48] President Trump went as far as encouraging protests against governors in states with healthcare restrictions that he did not agree with, calling for their "liberation".[49] In response, US state governors formed pacts to coordinate healthcare and pandemic response measures under shared approaches, often following political party lines.[50] Italy and Spain also saw severe tensions between regional and national authorities (and political

leaders) concerning specific response measures, such as criticism of nationwide school closures in Italy and regional challenges to the Spanish central government's legal authority to declare a state of emergency across the entire country.[51] Similar clashes over response measures arose among the constituent countries of the UK, and between the various Belgian communities.[52]

In contrast, in Germany and Switzerland, for instance, federal and state governments managed to find unity in diversity when it came to their various pandemic responses. Individual provinces and regions in some non-federal systems were also influential in the response to the pandemic, as in the case of Veneto in Italy.[53] Despite some unavoidable tensions between federal authorities in Switzerland and Germany and their cantons and *Länder*, policymaking has been relatively harmonious and overall very effective. And while centralized approaches, as in France, have garnered praise, they have also been criticized for stifling local initiative among other problems.[54]

International collaboration proved equally controversial, and difficult at times. Mounting criticism of the perceived lack of political independence and transparency of the World Health Organization (WHO) led to the USA deciding to withdraw its funding in mid-April 2020.[55] Although there was widespread global criticism of the decision, other leaders (notably in Australia, Brazil and Japan) still voiced their doubts over the WHO's political neutrality, and many European governments also ignored or criticized WHO public policy recommendations.[56] Within Europe frictions appeared between EU and Eurozone member states, especially on economic cooperation but also on unilateral medical equipment export bans.[57] These export bans (some collective, in the case of the EU) had large-scale consequences for countries dependent on imports for medical equipment. Similar dynamics are appearing as the first successful vaccines are developed, produced and marketed.

Confusing, false and uncoordinated information

Closely related to the coordination of national and international pandemic responses, exchange of information has been among the most critical issues of the Covid-19 response. Recommendations about transparency and the free flow of information emerging from previous health crises have largely not been heeded, and information flows became a politically sensitive topic internationally as well as within many states. The vital roles of transparency and effective communication from the highest political levels have been stressed as key lessons in the management of Covid-19.[58] Challenges to information management became an important concern and gave rise to the term "infodemic", used by WHO Director-General Tedros Adhanom Ghebreyesus among others.[59]

Censorship and control of information by security agencies were widespread, with notable examples being China, Iran and Iraq, among many others.[60] At the same time China was complimented by the WHO (and initially also by some of the most vocal later critics of its handling of the crisis, including the US president) for its active cooperation, which in turn led to questions about the WHO's political independence (as noted above) and the reliability of the information shared. Similar criticism has been directed at other governments, notably the United States, following its confidential classification of top-level discussions on the virus.[61] The Chinese government imposed censorship restrictions on publishing medical research, with some research topics (e.g. the origins of Covid-19) requiring authorization by the central government, handed down propaganda and censorship directives to media outlets, and increased online and offline censorship efforts.[62] The transparent approach of South Korea and Taiwan has been widely appreciated and acclaimed as a key advantage in containing their respective outbreaks.

The European Commission[63] and the US Department of State[64] stated that the Russian and Chinese governments have been supporting Covid-19 disinformation campaigns. Some studies seem to confirm active Russian disinformation policies.[65] Pieces by Chinese state media such as the *Global Times* and China Central Television imply US government cover-ups and

complicity in the pandemic outbreak.[66] The Chinese government allegedly fuelled disinformation campaigns in Argentina, Italy, Italy, Serbia, Taiwan and the USA, among other countries.[67] The Chinese government has attacked voices criticizing its initial outbreak response, both at home and abroad.[68] Russian President Vladimir Putin in turn stated that Russia is targeted by fake news on coronavirus from abroad.[69]

However, some early research suggests that Covid-19 disinformation is easier for the public to identify than misinformation.[70] There are a wide variety of sources and types of misinformation, ranging from widespread circulation of withdrawn academic articles to the use of exaggerated data estimates.[71] One of the most important factors in the spread of misinformation has been social media.[72] Several social media companies (e.g. Facebook and Twitter) responded with promises to combat this, such as by removing tweets that deny the effectiveness of Covid-19 measures.[73] The extent to which these companies have lived up to such promises is contested.[74] Instances of fake news circulating on social media, including instant text messaging services, have been widely reported. Many governments took measures to counter misinformation, while reassuring and educating citizens through regular public service announcements and daily press briefings. For instance, Taiwan's simple health messaging, daily briefings and accurate and transparent information sharing are credited by public health experts as important factors in its relatively successful management of the outbreak, resulting in one of the lowest numbers of infections and deaths per capita globally despite its close links to the initial outbreak in China.[75]

Immediately after the initial Covid-19 outbreak in Wuhan, China, there were concerns about the accuracy of existing data on Covid-19 cases, particularly the data from China.[76] After initial hesitation, regional organizations like the Association of Southeast Asian Nations (ASEAN) and the EU started facilitating sharing information and data on regional platforms.[77] The African Union and the Economic Community of West African States (ECOWAS) assisted in increasing testing capacity, and supported tracking data on Covid-19 cases across the African continent.[78] Beyond case numbers, many questions about the virus and the viral disease remained,

and led to contradictory statements. It took many months for medical and virology experts across the globe to agree on fundamental questions about the virus, such as the possibility of aerosol or surface transmission. This sometimes led to issues of unclear, confusing and contradictory guidance while scientists were still searching for evidence-based answers. Reliable and updated information is crucial for health workers, the public and decisionmakers alike.

Contradictory and confusing statements were reported on the use of ibuprofen,[79] as both WHO experts and France's Ministry of Health published warnings, while at the same time different experts criticized the lack of research and evidence and others challenged the claims altogether. Similar discussions arose around certain protective measures, such as the use of face-masks and the merits of using the anti-malaria drug hydroxychloroquine.[80] The discussion on the utility of face-masks was particularly confusing: the WHO and numerous centres of disease control and health ministries (including in Germany, the USA and France) claimed that masks were counterproductive and would increase the risk of infection, but mandatory face-mask regulations were implemented in over 50 countries, including Argentina, Ethiopia, Israel, Lebanon, Morocco, Poland, Uganda and Vietnam.[81] As the pandemic worsened and more was learned about the utility of different preventive measures, masks were seen to enhance the protective value of social distancing, and many of those who were initially opposed to face-mask requirements started promoting them as an effective measure to slow down the spread of the virus.[82] Simple messaging and communication strategies were impossible in a context characterized by confusion, contradiction and disagreement about which measures are most suitable to prevent, mitigate and ward off the pandemic.

Reponses by the police

Police services were deployed as part of governments' pandemic responses across the world, most notably to help enforce measures taken to prevent

the spread of the virus. However, their roles differed widely across countries. For instance, while police powers were temporarily expanded in the United Kingdom (e.g. to instruct individuals to go home, and arrest or fine those who refuse to comply),[83] Japan's police were consciously not given similar powers to enforce restrictions with punitive measures.[84] Special Covid-19 police task forces were created in many countries, such as Sri Lanka[85] and Senegal,[86] while in France 100,000 officers were deployed to enforce the lockdown measures.[87]

Many police services were not well equipped to deal with infectious diseases. Police services in countries such as Belgium,[88] the United States (specifically New York),[89] Papua New Guinea,[90] Afghanistan[91] and Kenya[92] struggled with shortages of protective gear, slowing down and limiting the quality of their operational responses. Many police officers became infected themselves or had to be quarantined after they had been exposed to infected colleagues or members of the public.[93] Police departments in Northern Ireland and the Netherlands publicly called for support in dealing with detainees who were spitting and coughing at officers while claiming to be infected with Covid-19.[94] Dutch officers started using spit guards to protect themselves.[95]

Beyond protective equipment, many police services did not have procedures and standards in place for law enforcement practices. Patterns of criminality changed considerably with the spread of Covid-19 and changes in societal behaviour. Notable challenges included a sharp rise in cybercrime, and counterfeit medical equipment and scamming schemes.[96] In March 2020 Interpol issued international guidelines for law enforcement as a response to Covid-19.[97]

Community policing has been widely accepted as an important component of police services' Covid-19 responses.[98] Normal practices within a community-policing framework (such as occasionally participating in community activities or the police's direct social engagement with community members) had to be changed in line with pandemic response measures.[99] Various police services asked for more leeway in pursuing minor offences to minimize social contact and exposure to the virus. Police officers also found innovative ways to engage communities in a positive

manner while sticking to social-distancing measures. Examples include officers singing for dancing crowds on balconies in Panama City,[100] and singing for locked-down Spanish children on the Balearic Islands.[101]

At the same time, during the lockdown periods imposed by governments across the globe excessive police violence was reported in several countries. Curfew enforcement in Kenya left a 13-year-old bystander dead on his parents' balcony; in Punjab (India) and Paraguay some individuals accused of breaking lockdown rules were reportedly forced to carry out punitive exercises; while in the Philippines people were locked in dog cages for similar offences.[102] Security forces (not limited to police) reportedly used punitive exercises and pushed back demonstrations against lockdown measures or breaches of curfews with rubber bullets, tear gas and whips in places such as South Africa, Zimbabwe, Kenya, Uganda, Senegal and Nigeria.[103] Police clashes with demonstrators against coronavirus measures also occurred in Chile,[104] Israel,[105] Nepal[106] and various European countries. There was widespread use of sticks by Indian police to beat those not adhering to lockdown measures, and some people were forced to crawl home.[107] Police in the Philippines were ordered to shoot anyone who "caused commotion".[108] Less extreme cases saw hundreds of people being fined in Israel for walking further than 100 metres from their homes, UK police monitoring people on remote hiking paths with drones, and Australian police threatening individuals drinking coffee alone in public spaces with fines and up to six months in jail for undertaking non-essential activities.[109]

Responses by local security actors, community leaders and non-state security actors

Covid-19 has evolved into a worldwide pandemic, affecting communities of every size, type and culture, and of every geographic and economic background. Non-state security actors are engaged in many aspects of the pandemic responses.

Numerous armed non-state actors have joined the effort to stem the virus. Rival gangs in the townships of Cape Town reportedly cooperated with local agencies to provide food to struggling households in their communities,[110] and gangs enforced quarantine measures in the *favelas* of Rio de Janeiro.[111] At the same time, Mexican and South African authorities have criticized aid efforts by gangs and instead called on them to end the violence they inflict on their communities.[112] Hezbollah in Lebanon, the Afghan Taliban, Hamas in the Gaza Strip and Libyan rebel forces have all implemented pandemic measures and/or provided healthcare and pandemic information to populations under their control.[113] For example, the Islamic State of Iraq and the Levant advised against travelling to Europe, and published healthcare infographics in its weekly newsletter.[114]

Other non-state actors became involved in the pandemic response, including indigenous communities. For instance, leaders of indigenous tribes in South America decided to cut tourism and go into lockdown,[115] and in Malaysia such communities decided to block access roads to villages and seek refuge in the forests.[116] First Nation leaders in Canada issued a state of emergency and asked the federal government for financial help,[117] with similar pleas from indigenous leaders to several governments in the Amazon Basin.[118] Non-indigenous community leaders have also been involved in the response to Covid-19. In the Senegalese–Gambian border region over 1,500 community leaders were engaged in keeping order and managing migration flows.[119] Community leaders in Kenya and Haiti were at the forefront of their respective countries' efforts to stem the disease outbreak.[120] Community activism in response to the pandemic ranged from Indonesia to Europe, and from India to Cuba.

Religious leaders at global, national and community levels headed efforts to promote protective responses and provide information on preventive measures and behaviours. In the United Arab Emirates (UAE), a *fatwa* in support of complying with government healthcare measures during Ramadan was issued by the Fatwa Council.[121] The Russian Orthodox Church adopted new guidelines in accordance with government recommendations on religious services,[122] the Dalai Lama expressed support for the crisis measures taken by the Indian government[123] and Pope Francis called upon a

global audience to pray in support of leaders needing to take extraordinary measures.[124] Aside from top-down support, there was broad bottom-up support for pandemic responses, including Augustinian nuns making masks, the streaming of religious services by church communities around the globe, and mask-wearing and social-distancing measures taken by religious communities ranging from Buddhist monks to Orthodox Jews.[125] But there have also been tensions between governments and religious communities over protective measures and social-distancing requirements that made physical religious gatherings and services impossible, like in the cases of ultra-Orthodox Jewish communities in Israel[126] as well as across the border in Palestine,[127] Christian Orthodox communities in Ukraine[128] and various religious communities in the United States.[129] Religious gatherings proved to be catalysts for the spread of the virus in several countries.[130]

Responses by national armed forces

Military forces across the globe are involved in efforts to manage and stop the spread of Covid-19, with varying levels of preparation and effectiveness. They are involved in disinfection campaigns, the setting up and enforcement of quarantine camps, logistics, medical research and healthcare provision. The provision of medical facilities ranged from US Navy hospital ships working in New York City to deployment of field hospitals in Alsace and Madrid. China sent over 10,000 soldiers to Wuhan, and its People's Liberation Army ran a large makeshift hospital in Wuhan between February and April 2020.[131] Navy ships of European countries were deployed in support of healthcare systems in overseas territories, including vessels from France,[132] the UK[133] and the Netherlands.[134] At the beginning of the outbreak militaries received infected individuals in military bases (such as in Canada, Italy and Indonesia), but as the pandemic worsened this practice was mostly abandoned. Armed forces have provided immediate logistical assistance: logistical teams have been called upon to deliver medical equipment in Indonesia, India, Switzerland and the UAE, and to transport patients in Italy and Germany.

There has been some controversy about the extent to which the military could protect its own service members. A call by the captain of US aircraft carrier to help protect its crew from further infections led to his dismissal, while cases of infection increased and a fatality was reported by mid-April.[135] Similar clusters of infection existed on other US ships, and also on a French aircraft carrier, leading to criticism about its lack of preparedness.[136] Thousands of soldiers were quarantined in China and Israel during the outbreak.[137] In Egypt, two generals died in an outbreak that infected many other senior military officials.[138]

Intelligence services, data gathering and surveillance

Intelligence services have been involved in the pandemic response with contact tracing, gathering data on the spread of the virus globally, collecting information on countries' responses (and non-responses) and sometimes offering direct help in acquiring medical equipment. One of the most prominent examples is the Mossad in Israel.[139] Along with contact tracing, Israeli intelligence was involved in manufacturing technology and medical equipment. The Mossad collaborated directly with hospitals and other relevant stakeholders, and obtained medical equipment based on indicated requirements. Other intelligence services have been criticized for their inaction: the pan-African intelligence capacity has been criticized for inertia,[140] and the performance of US intelligence services has been called the "worst intelligence failure in US history".[141] The relative unpreparedness of some intelligence services, including in the UK, has been highlighted.[142] Intelligence services of Russia, China, the United States and Israel have also engaged in research and attempts to collect better information and data on the spread and containment of the virus.[143] Domestically, intelligence services focus on contact tracing; more controversially, they use their information networks abroad to gather information faster than official publications, or to acquire medical and protective equipment.

Some intelligence services' approach to collecting data by using the latest surveillance technology has been highlighted and debated. Although

the use of surveillance technology has been hailed for its success in tracing and containing the virus in places like Singapore,[144] South Korea[145] and Taiwan,[146] there has been criticism of the extent to which surveillance can infringe on civil liberties.[147] Especially strict surveillance measures were put in place in China, and plans to retain the measures after the pandemic sparked domestic controversy and criticism from abroad.[148] Examples of surveillance include the use of robots and artificial intelligence, facial-recognition closed-circuit television and temperature scanners to detect cases of infections and improve the effectiveness of contact tracing. Many countries across the globe are (considering) using apps or mobile technology to improve contact tracing, including for instance Australia, France, India and South Korea, but concerns about privacy infringements associated with these apps are widespread and may prevent securing the critical mass of users required for the proper functioning of reliable and useful contract tracing. The Organisation for Economic Co-operation and Development has released guidelines for policymakers to ensure surveillance data governance is proportional, transparent, accountable and time limited.[149]

Conclusion

This chapter presents an overview of the pandemic responses by security sectors, and components thereof, across the world. The Covid-19 pandemic is a devastating crisis that has affected every corner of the globe with enormous human, societal, economic and political consequences. Unlike previous recent health crises, such as the SARS and EVD outbreaks, Covid-19 became a truly global pandemic. Infectious disease outbreaks are rarely isolated; rather, they affect and threaten every single state. As especially Covid-19 has shown, in our increasingly globalized world the threat of global infectious disease outbreaks looms large. Cooperation between the health and security sectors is indispensable during these health crises, and both negative and positive examples of this can be found across the globe. A more effective response to future health threats, be

they local, national, regional or global, requires improving health systems and facilitating cross-sectoral cooperation.

Security actors can learn from the lessons that emerged from previous health crises for more meaningful and effective security sector involvement. *Before a health crisis*, states must improve their preparedness for coordination and execution of a successful emergency response. Cross-sectoral cooperation is important in anticipation of an emerging health crisis. *During a health crisis*, the speed of the response is crucial. The speed will depend on the rapid availability of sufficient funding, and of health workers and security personnel trained for cross-sectoral cooperation in health crises. The involvement of security sector personnel is indispensable. *After a health crisis*, post-crisis reconstruction of infrastructure and health systems is needed to ensure preparedness for future threats. Security actors can draw on international experience and experience from previous crises for lessons on topics such as civil–military cooperation, information sharing, border management and regional cooperation and capacities. Successful policies, from a global perspective, were able to draw on previous lessons that were integrated into training, early-warning systems, guidelines and frameworks that governed health crisis responses.

Notes

1 This chapter is an abridged version of an early draft of F. de Klerk Wolters, A. Schnabel and S. Bali (2021) "Lessons from the Ebola crisis in the time of Covid-19: An urgent wake-up call for improving security sector preparedness to manage health crises", in A. Schnabel and I. Kickbusch (eds) *The Security Sector and Health Crises*, Geneva: DCAF.

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PART II

Covid-19 and Security Sector Responses in South, Southeast and East Asia

Chapter 3

Covid-19 and Security Sector Responses in South Asia

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Introduction

The unprecedented impact of Covid-19 on societies and their institutions has led to a series of responses by governments in South Asia. At its core the Covid-19 pandemic is a public health crisis, but its effects have exacerbated persistent political, social and economic structural inequalities that have rendered some groups more vulnerable than others. It has exposed fundamental weaknesses in the delivery of essential services and systems of protection and preparedness in the region. Pre-existing inequality in access to healthcare and livelihoods has become more apparent, and has questioned trust and the social contract between individuals and communities and the states that represent, protect and govern them. Public health practitioners are at the forefront of response measures, but security and justice actors are in the middle of managing a challenge that has the potential to alter socio-cultural dynamics, severely impair the economy, reshape international relations and redefine the role of states institutions and societies.

This chapter focuses on the implications of Covid-19 for security sectors and the involvement of security actors in pandemic responses in eight South Asian countries: Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka. The different ways in which national security sectors have responded to the Covid-19 crisis are reviewed

to improve understanding about the role of security actors during the global health crisis and to extract lessons for future responses and reforms. Each of the countries of South Asia has had particular challenges and successes in dealing with the situation. Some countries, such as Bangladesh, India and Pakistan, have reported relatively high numbers of cases. In contrast, Bhutan, Sri Lanka and the Maldives have experienced relatively low rates of infection. Since the drastic rise of cases in March–April 2020, many countries have enacted national lockdowns and quarantine measures. In South Asia the crisis has had wide-ranging effects on health, income and other aspects of human security, while exacerbating pre-existing traditional security challenges such as gender-based violence, organized crime across borders, cybercrime, violent extremism, etc. Different pre-pandemic fragile conditions in the region's countries have additionally affected preparedness and crisis response efforts. In Afghanistan, prolonged armed conflict has undermined social protection systems, healthcare capacity and the effectiveness of coordination mechanisms. India's large population has affected uniform implementation of mitigation measures from the centre to individual states. In Bangladesh the Rohingya population living in refugee camps have created additional dimensions for the pandemic response. In Nepal responses to the pandemic unfolded in the context of the ongoing transition to federalist structures. In Pakistan and Sri Lanka response measures were heavily supported and handled by the national militaries. Many countries in the region postponed elections during the first wave of the virus, except in Sri Lanka, where elections were held successfully on 5 August 2020. In Bhutan and the Maldives the tourism industry was hit hard, raising a number of human security concerns in these countries.

Health and security sector actors are not traditional partners in most South Asian contexts. Nevertheless, the scale of the Covid-19 crisis has necessitated cooperation between the two sectors, in different areas and with different degrees of success. It was observed that security and defence forces possess several comparative advantages, with expertise and capabilities in logistics, infrastructure, communications, transportation, intelligence, surveillance, reconnaissance and planning. It was noted in the DCAF study that greater clarity is required regarding how to operationalize

key aspects of cooperation, including the principle of last resort, information-sharing protocols and demarcation of roles and responsibilities. There is a need for analysis of how relationships should change in relation to different mandates, forces and contexts during a health crisis. Moreover, existing frameworks, structures and institutions for disaster risk reduction have been used in the region, which calls for further understanding of the synergies between natural disasters, health crises and the role played by the national security sector in managing and controlling these risks.

The pandemic has put healthcare, security and justice systems to the test in the federal structures of countries in South Asia, and underlines the need to strengthen cooperative federalism where a response is federally supported, state-run and locally executed. It is important to understand how institutional arrangements, such as coordination and strategic planning, the use of evidence to inform decisionmaking and communicating decisions to the public, contribute to managing policy responses to the pandemic by governments at federal, provincial and community levels. This highlights the role of community engagement in maximizing the effectiveness of Covid-19 preparedness and response strategies in preventing transmission at the community level and strengthening trust, resilience and confidence between law enforcement agencies and communities at times of health crises. Adequate governance of the security sector is now more relevant than ever, and failure to hold security forces accountable for human rights violations will further weaken state legitimacy. Careful consideration needs to be given to ensuring that police and defence's access to extraordinary powers during a pandemic is rapidly rolled back when it is no longer justified. In this context it is essential to focus on promoting accountable security sector interventions and establishing oversight mechanisms that can help restore public trust and confidence in the security institutions. Moreover, while developing responses to public health emergencies, security sector governance (SSG) should be systematically considered as part of whole-of-government approaches to policy development, planning and implementation during a pandemic. To be better prepared for current and future pandemics, it is imperative to invest in research on how integrated national health crisis management frameworks, including

emergency preparedness, readiness and response plans for Covid-19, health and security policies and specific legislation, have addressed and will address the multidimensional aspect of the coronavirus pandemic effectively.

This chapter reviews the Covid-19 situation in South Asia to measure the ways in which different security actors have responded to the pandemic and extract the necessary lessons learnt. The chapter has three sections. The first examines the human security and traditional security implications of the pandemic and the relationship between the health and security sectors in preventing and managing health crises. The second section highlights lessons about the roles played by security institutions during the pandemic. The third section addresses the priorities that are guiding relevant actors in the security sector in preparing for future pandemics.

The Covid-19 pandemic as a security threat: Impact on health and security sectors

This section reviews the security threats of the Covid-19 pandemic and its impact on the health and security sectors. The Covid-19 health crisis has highlighted prevailing vulnerabilities of human and traditional security during such a crisis. Beyond the public health impacts, the pandemic has affected social and economic conditions. Economic effects, such as loss of jobs and income, have undermined people's ability to sustain health, safety and other basic necessities. Further, the pandemic has disproportionately affected individuals from marginalized and low-income backgrounds, including the elderly, women and children. Inadequate access to health services and supplies contributes to issues of food security, feeble health practices, crime and unrest. In South Asia the crisis has had wide-ranging effects upon health, income and other aspects of human security, while exacerbating pre-existing traditional security challenges.

In many countries in South Asia the national health infrastructure was not prepared for a pandemic, leading to detrimental impacts on health systems and services. Particular health challenges include inadequate

testing capacity, inadequate facilities for the sick and general scarcities of resources. The unfolding pandemic made the intersection between the security and health sectors in responding to the situation clear. Generally, national health sectors in South Asia have faced shortages of health workers and supplies. Health sectors have cooperated with their national governments and security sectors to establish and promote proper prevention and management measures, including establishing quarantine facilities and expanding response capacities. The Covid-19 situation has highlighted the need for security sectors to be involved in pandemic responses to maintain stability and order, to assist with transportation and dissemination of resources and health supplies and, in general, to assist in the control of outbreaks. To coordinate most effectively, the health and security sectors require cohesive guidelines, clear communication and proper understanding of the challenges that each sector faces.

Human security and traditional security implications of the Covid-19 crisis

During the Covid-19 crisis, the concept of human security has emerged as an important framework for understanding global vulnerabilities that extend beyond traditional security concerns. The pandemic requires a comprehensive human security approach that encompasses universal human protection and empowerment. In South Asia the crisis has had wide-ranging effects upon health, income, education, food and other aspects of human security, while exacerbating pre-existing traditional security challenges. The crisis has also offered an opportunity to revisit the notion of security in general by focusing on it through the lens of human security.

In **Afghanistan** the primary human security implications of the coronavirus include loss of income, employment, education, basic healthcare, such as maternal care and vaccinations, and housing. It also affects food security, treatment and prevention of diseases, internal displacement and the repatriation of refugees to Afghanistan under overwhelming circumstances, and gender-based violence targeting women, girls and young boys. Alongside these human security implications of coronavirus, tradition security threats affecting communities in Afghanistan include

continuation of armed attacks against civilians by non-state actors like the Taliban and Islamic State of Iraq and the Levant (Khorasan Province). During the pandemic, **Bangladesh** faces a wide and diverse range of threats: unemployment, poverty, food insecurity, monsoon floods, transnational crimes, terrorism and violent extremism, and water scarcity, to mention just a few. The situation of Rohingya refugees in Cox's Bazar during the pandemic has put both the traditional and human security implications together. Cox's Bazar now hosts more than 850,000 Rohingya refugees across camps in Ukhiya and Teknaf upazilas (subdistricts).[1] Camp conditions are marked by insecurity, congestion and inadequate sanitation facilities and water infrastructure. The government of Bangladesh suspended all but essential activities in all 34 Rohingya refugee camps in Cox's Bazar as of 24 March 2020.[2] In **Bhutan** the situation has hit the tourism sector the hardest, affecting livelihoods of those who work in this sector and putting them at high risk. The decision was made to close the borders and regulate imports. This poses risks for the economic well-being of the country, as Bhutan relies on food and oil imports from India. As a result, food security has become a potential concern.

In **India** human security implications include food insecurity, especially a lack of availability of essential food for lower income groups, unemployment (particularly in the informal sector), migration of the labour force from one state to another, technological disparity and inequality of access to quality healthcare. Health security challenges involve people living in poverty in densely populated slums and unauthorized settlements where individuals do not have the requisite sanitary conditions to prevent the spread of the virus or to self-isolate. Furthermore, inadequate nutrition due to low incomes exacerbates the vulnerability of the poor. With schools conducting classes online, not all children in the country have equal access to primary and secondary education due to the technological disparity between the haves and the have-nots. The Covid-19 experience has expanded and rearranged the concept of national security, both internally and externally, to make it more inclusive and grounded in a holistic approach to human security. In **Nepal** the lockdown and closure of businesses and industries due to the Covid-19 crisis have left many without income opportunities,

and this condition in turn increases the threat to life and property in the community, because those hardest hit may resort to any means to fulfil their basic needs. In the **Maldives** the population is divided into three main sectors: Greater Malé dwellers (in Malé, Hulumale and Villimale), the outer islands, and live-in resort workers. These populations mix mainly during school holidays and Ramadan. The Covid-19 pandemic initially affected the Maldives during schools' first term break, and cases of infection were almost exclusively confined to foreigners staying in resorts, guesthouses and safari boats. These facilities are natural quarantine zones, where there is restricted social interaction between Maldivians and tourists. In the Malé area there was panic buying, leading to issues of food security. The government's system of delivery to households was not ready, and some people were left stranded away from home in accommodation they could not afford. The main security implication of the pandemic has been its effect on the Maldivian economy, which is overwhelmingly based on tourism. The cost of rent and loans is very high compared to other South Asian economies and most food is imported, so the removal of tourism revenue meant immediate crises for accommodation and food. Prohibition of congregation prayers in Malé and on other islands as a preventive measure against mass spread of the virus has become a new grievance among some religious extremists. However, many have publicly acknowledged the need for such measures, thus highlighting another aspect of security.

In **Pakistan** the main human security implications are due to a lack of medical facilities, food resources, communications and logistics, especially in rural areas and the mountain belts of Baluchistan, Khyber Pukhtoonkhawa and other remote areas in the deserts of Sind, Baluchistan and the Punjab. Lower-income groups, especially daily wage earners, street vendors, small shopkeepers, etc., were greatly impacted. Other security problems were irresponsible statements on television and in other media channels, and militant organizations have reportedly exploited the lockdown period to spread disinformation on social media and recruit youth in Pakistan.

Health challenges created by Covid-19

Beyond individual health implications pertaining to human security, in South Asia the Covid-19 crisis has entailed significant challenges for the national health systems. In the context of limited capacities of these systems and health infrastructure, the additional burden of the pandemic response has diverted scarce resources. Limited capacities and resources have undermined provision of Covid-related and other health services, posing unprecedented challenges, creating new vulnerabilities and worsening existing vulnerabilities.

Afghanistan's healthcare system and public services were already fragile and burdened due to decades of conflict, a low literacy rate and socio-economic and political crises. Along with a large influx of refugees returning from Iran and Pakistan, and with limited quarantine and containment measures in place, the health system in the provinces has been struggling.[3] Afghanistan is facing a serious shortage of healthcare workers, facilities and equipment in its Covid-19 response. According to the World Health Organization (WHO), Afghanistan is one of the most vulnerable countries in the world, with just 9.4 skilled health professionals and 1.9 physicians per 10,000 people.[4] In addition, the physicians are disproportionately distributed across the country, with 7.2 physicians per 10,000 people in urban areas and only 0.6 physicians per 10,000 people in rural areas.[5] Other challenges include the high cost of diagnosis, lack of diagnostic kit production, shortage of skilled laboratory staff, inappropriate sampling, lack of proper roads and low security for sample transfer due to the presence of the Islamic State of Afghanistan (ISIS) and the Taliban. Access to sexual and reproductive healthcare and services for survivors of violence has been severely affected.[6] In addition, the lack of protective equipment has affected many healthcare workers, and some have been forced to resign or stay home.[7] Existing healthcare infrastructure and available medical equipment in **Bangladesh** are not adequate to address Covid-19. The health system struggles regularly with limited public facilities, lack of essential commodities and limited availability of drugs and medical supplies. During the pandemic there has been an additional

shortage of appropriately trained health professionals and equipment. Continuing inequality in access to proper healthcare services remains another major challenge. In Bangladesh, the health system, although decentralized, never went through a process of devolution, so the power of decisionmaking remains concentrated in the Ministry of Health and Family Welfare in Dhaka, with the upazila health complexes simply carrying out plans and programmes decided by the ministry. The level of healthcare awareness among the general population is very low in Bangladesh, which makes people more susceptible to misinformation. Healthcare in **Bhutan** is largely publicly funded. Guided by the Constitution, the national health policy was approved by the Cabinet in 2011, prioritizing the realization of universal health coverage on the principles of primary healthcare. Despite the difficult geographical terrain and dispersed population settlements, access to health services has improved remarkably in Bhutan, and it has achieved full geographical coverage of Basic Health Unit Grades I and II district hospitals and referral hospitals.[8] However, during the pandemic the health system found it challenging to detect, confirm, contact trace and report cases. Raising awareness and knowledge among the general population about the risk and potential impact of the pandemic, especially social-distancing measures, was new to Bhutan. In **India** the challenges include inadequate healthcare services, such as lack of testing, inadequate data for tracking patients and inadequate isolation rooms and services. These problems intensify in rural India, where access to services is even lower. Digitizing healthcare services is essential to ensure continued delivery of vital care in times of restricted movement or in areas with limited availability of resources. Building trust and respect for the healthcare system and workers so patients are encouraged to come forward to use the facilities is critical during a pandemic.

Nepal has weak existing health infrastructure, and available facilities are distributed unequally in the country. Except in major cities, hospitals and health posts are located far from the local population, and availability of health workers and medicines has always been a serious challenge in the country. For these reasons, many rural people usually opt for traditional medicine and treatment. Weak health infrastructure and poor

awareness levels among the rural population are a serious threat to tackling this pandemic. The health system in the **Maldives** lacks diagnostic and infrastructural capacity, and is highly dependent on imported medicines and equipment. Expatriates make up a significant proportion of health sector workers, and there is a serious shortage of testing facilities. Due to the geographic dispersal of the islands, sample collection and transportation and delays in supplying essential medicines and equipment have been the main challenges. An overworked health workforce and lack of protective gear for these personnel have affected the capabilities of the health facilities. In **Pakistan** health sector corruption, a growing population and continued low literacy rates have impaired access to and availability of the existing health system. During the pandemic, identification of the number of individuals and families affected by the virus, reporting and availability of quarantine facilities are the main challenges. Additionally, considerable numbers of patients who contract Covid-19 do not report to the authorities because of stigmatization and a fear of being put into an ill-equipped makeshift facility.

Free universal healthcare is enshrined in **Sri Lanka's** constitution, but the country faces several challenges when it comes to maintaining economical, high-quality healthcare. The public health system has limited capacity to deal with the impact of pandemics and outbreaks of disease. In 2016 Sri Lanka conducted a joint external evaluation of its core capacities under the WHO International Health Regulations to prevent, detect and rapidly respond to public health threats, whether occurring naturally or due to deliberate or accidental events.[9] In the evaluation of national legislation and policies for implementation of required responses, surveillance and workforce development it scored 4 out of 5. It scored poorly on emergency preparedness and response planning and operations (1 out of 5), and personnel deployment and management during a public health emergency (1 out of 5), suggesting limited capacity to respond to public health emergencies. Following this, the Ministry of Health created the National Action Plan for Health Security (2019–2023), working closely with the WHO and other partners in the development of the plan. Its recommendations provide a platform to foster a multisectoral and one-

health approach to achieve higher levels of health security in Sri Lanka.[10] The recommendations, however, still need to be implemented.

Roles and capacities of the national health sector in preventing and managing an outbreak

While national health systems are the first line of defence in a pandemic, they are often underfunded, leading to major gaps in the health workforce, infrastructure, information systems and supply chains. In South Asia limitations in capabilities of health systems and health infrastructure have hampered the effectiveness of testing, quarantining and treatment measures in controlling the spread of the virus. An influx of large numbers of sick individuals in health facilities has stretched the capacity and resources of national health systems, and this has been particularly evident where resources are already scarce. Improved health security in South Asia depends on greater awareness, capacity, and cooperation and collaboration between communities, agencies, organizations and countries. To mitigate the impact of a pandemic there is a need to protect the health workforce and ensure continuity of health services during and after the pandemic.[11]

In **Afghanistan** the Ministry of Public Health is responsible for leading the overall national effort to tackle Covid-19. Funding from international donors boosted the capacity to respond to the virus, but capacity itself started at a very low threshold. In terms of impact, increasing capacity has had a detrimental effect on general healthcare services, as resources were redirected from other critical areas. The ministry has taken steps to mitigate the outbreak through a lockdown in urban centres such as Kabul, physical distancing and infection prevention and control measures. It also issued the Emergency Response Plan for Corona Virus 2020, which aims to increase the healthcare system's capacity by building hospitals, increasing numbers of health personnel, improving the health surveillance systems and providing additional equipment. In **Bangladesh** the Ministry of Health and Family Welfare is responsible for planning and management of curative and preventive health services. The Institute of Epidemiology,

Disease Control and Research is the focal institute for conducting public health surveillance and outbreak response along with the director of communicable disease control under the Directorate-General of Health Services. In July 2020 the Ministry of Health and Family Welfare Health Services Division issued the Bangladesh Preparedness and Response Plan for Covid-19. It outlines the planning scenarios, areas of work and priority activities required for the Bangladesh health sector to scale up its core capacities to prevent, quickly detect, characterize the response and efficiently control in a coordinated manner the Covid-19 threats, as required under the International Health Regulations. The main goal of the proposed plan is to communicate critical risks, disease information, and best practices to the communities, to counter misinformation and to establish, strengthen and maintain surveillance capacity nationwide for detection, reporting, and monitoring Covid-19 cases, including requisite laboratory capacity.[12] There is a need to have additional investment and disclosure about research and development of the vaccination in relation to Covid-19 to the public.

In **Bhutan** the Ministry of Health drew up a preparedness plan to combat the pandemic in late February 2020, before the first reported case. The plan set up different teams to tackle specific challenges. The Health Emergency Management Committee is the highest decisionmaking body in the Ministry of Health for health emergencies. The plan includes working to increase stocks of medical preparedness materials for a year, recalling doctors who have gone abroad, calling retired health workers back to work and engaging all health workers to manage Covid-19. The health sector keeps the public updated and informed via social media and official announcements, and advocates social distancing. Furthermore, efforts to set up quarantine facilities and a 21-day mandatory quarantine for anyone entering the country were quickly implemented at the start of the pandemic. During the pandemic the government accepts the costs of testing, medical facilities and quarantines. The Ministry of Health produced a preparedness and response document that details the healthcare sector's capacities in terms of surveillance, early detection, control and prevention, response and recovery.[13] The government has also developed a contact-tracing app called Druk Trace.

In **India** the Ministry of Health and Family Welfare and its support institutions have been at the forefront of releasing regular clinical and non-clinical guidelines and protocols based on the latest evidence. The ministry has released technical guidelines on contact tracing, quarantine, isolation, hospitalization, infection prevention and control, and extensive capacity building for all cadres of health and other interlinked departments. On 26 November 2019, before the pandemic started, the government launched an integrated health information platform with strong emphasis on an integrated disease surveillance programme.[14] This scheme, under the Ministry of Health and Family Welfare and assisted by the World Bank, is designed to strengthen surveillance for infectious diseases to detect and respond to outbreaks quickly. There are plans to set up a central disease surveillance unit and a state surveillance unit in each state to collect and analyse data. An early-warning system is part of the programme, to take timely preventive steps with wider outreach. Any initiative to address the health challenge must in future reflect community-based public health emergency preparedness and risk-informed policymaking. India has both a public and a private healthcare system, along with research and development capability that can be mobilized to address the Covid-19 crisis. The Indian government has launched a Covid-19 app, Aarogya Setu, and is encouraging people to use it. In **Nepal**, when it comes to preventing and managing an outbreak the national health sector has many capacities, including formulating guidelines and measures (both pharmaceutical and non-pharmaceutical) to contain transmission, categorizing areas based on risk level, informing the general public, and establishing emergency centres and treatment facilities (including isolation wards, quarantine facilities, etc.) at necessary locations.

In the **Maldives** the health sector has responded positively to the pandemic emergency. An integrated health information system needs to be made fully functional to provide up-to-date data for monitoring, and there is a need to strengthen online supply and logistics management platforms.[15] In **Pakistan** a national action plan for coronavirus disease has been developed by the Ministry of National Health Services, Regulations and Coordination as a blueprint for pandemic preparedness to provide a

policy framework for federal, provincial and regional stakeholders and for building capacity to prevent, detect and respond to the current crisis and any other pandemic.[16]

In **Sri Lanka** primary healthcare is delivered through two distinct systems: curative and preventive. As reported by the World Bank, the preventive care system is separated into geographic subdivisions known as Medical Officer of Health (MOH) units, each catering for 60,000–100,000 people.[17] The preventive wing of the public health system was activated by the Sri Lankan Ministry of Health to improve the preparedness and discharge responses during the pandemic. The preparedness and response role played by the MOH at the grassroots level falls into various action areas: risk communication, surveillance, case finding, contact tracing and management, including quarantine, public health measures, laboratory testing, case management, maintaining routine public health services, protecting field staff, business continuity/workplace public health measures, and acting as a technical agent for national public health programmes within the geographical unit for staff training.[18] The national-level authorities used the MOH and field staff to implement Covid-19 control and prevention decisions by issuing technical and managerial directives, using their well-established community infrastructure network and deep-rooted understanding of the community.[19]

The need for security sector involvement in preventing and responding to an outbreak

The involvement of security sectors in Covid-19 responses varies across countries in South Asia. Different security institutions, including police and military forces, support outbreak prevention and response through measures such as enforced movement restrictions, quarantine requirements and enhanced border controls. In many countries the security sector has logistical capacity – vehicles, aircraft, trains and ships equipped to deal with the pandemic, as well as personnel prepared for rapid deployment. Security and defence forces possess several comparative advantages, as they are often prepared to respond to emerging threats with expertise

and capabilities in logistics, infrastructure, communication, transportation, intelligence, surveillance, reconnaissance and planning. These forces are flexible and adaptable, with rapid-deployment capacities for a wider territorial outreach and presence.

Afghanistan needs a comprehensive approach that goes beyond security sector involvement. Any such effort needs to be evidence-based and should have public health officials at the forefront who can serve to raise awareness and help direct resources where they are needed. In Kabul heavy restrictions were imposed for about two months during a lockdown that was reliant on the Afghan National Defense and Security Forces (ANDSF). Although the lockdown minimized wide-scale movement and slowed the spread of Covid-19, it was insufficient to hinder people from congregating privately, and this contributed to the spread of the virus. For instance, Eid celebrations in June 2020 countered the positive impact of slowing down the spread of coronavirus, as many people visited family and friends across the country. A singular security-centric approach in Afghanistan's complex environment will have a limited impact; for a broader impact it is necessary to involve public health officials, local government representatives and traditional and community leaders to get community buy-in. In **Bangladesh** people have confidence in the capacity and expertise of the military when it comes to handling a crisis, especially natural disasters. The military has a reputation for being an efficient and effective institution that provides service to the people during a crisis.

In **Bhutan** the main need for security sector involvement is in border patrol. Bhutan is landlocked between China and India, which made it vulnerable during the outbreak. The security sector could also help promote self-isolation and assist with transporting infected people and those entering the country to isolation and quarantine facilities. In **India** the security sector is important in controlling the spread of the virus. Security forces can effectively enforce public order and undertake crowd management and protection of quarantined homes and treatment centres. In addition, they are well equipped and have fast chains of communication, which form the basis for effective logistics. The sector can also adapt to changes at short notice, which is a requirement in case of outbreaks

in remote areas. In **Nepal** there is a heightened need for involvement of the security sector in containing and responding to the virus. People in Nepal went through an uneasy period of lockdown, which directly affected economic activities and created serious shortages of basic food and supplies for many. There was fear of crime and unwanted problems such as robbery, theft, etc. In addition, there was an increased number of incidents of household violence during the lockdown.

In the **Maldives** there has been great need for involvement of the security forces in preventing and battling the pandemic. The military and police provide inter-island transportation and evacuation services, and have always performed this role in other national and local emergencies. In Malé the security sector's responsibility was mainly to enforce lockdowns and transport infected people to isolation and quarantine facilities. The police issued special permits for people involved in providing essential services. The military assumed various roles, e.g. rescue, border control and other public services, and especially took responsibility for food and water distribution and deliveries in the Greater Malé area. In **Pakistan** there has been a need for security sector involvement in preventing and responding to the outbreak. A major concern has been hoarding of essential items. Police and law enforcement agencies were required to uncover the places where food was stored. Furthermore, security personnel, especially the police, were mainly involved in enforcing lockdowns and quarantine. As the infection spread the Pakistani Army was deployed to assist in the government's Covid-19 measures. In **Sri Lanka** the government established the National Operation Centre for Prevention of Covid-19 Outbreak to spearhead combined operations to combat Covid-19, headed by the acting chief of defence staff and the commander of the Sri Lankan Army. The Ministry of Defence took the lead in coordinating the military, police and intelligence agencies.[20] Sri Lankan police and intelligence are working in close collaboration with health facilities to address Covid-19, and the army is focusing on containing the spread.

Challenges of cooperation between the health and security sectors

Health and security sector actors are not traditional partners in most South Asian contexts. Limited past cooperation and significant differences in relation to operations and resources have made cooperation between these actors challenging. But the scale of the spread of Covid-19 has necessitated cooperation between the two sectors in different areas, with different degrees of success. In general greater clarity is required regarding how to operationalize key aspects of cooperation, including the principle of last resort, information-sharing protocols, demarcation of roles and responsibilities, and analysis of how relationships should change in relation to different mandates, forces and contexts. Closer attention needs to be paid to periodic joint training exercises designed especially to understand how civilian and military components interface to maintain a coordinated response during a health crisis.

In **Afghanistan** the security environment is highly fragile, which limits the extent to which public health officials have access to communities affected by Covid-19 or can address other healthcare challenges. Resource scarcity, in terms of trained personnel as well as materials and finance, has restricted the extent to which security and health professionals can be mobilized to support national efforts to tackle Covid-19. In **Bangladesh** there was a huge gap in communication between the security sector and health practitioners. Security forces could play a critical role when it comes to providing logistical support and contingency planning. Military doctors could take the lead in terms of efficiency and contingency planning, as has been done in the past during natural disasters. **Bhutan** did not issue a countrywide lockdown, but relied on cooperation between the public and the health and security sectors to follow quarantine and self-isolation recommendations. A main challenge was to mobilize the population to self-isolate, and good communication and cooperation between the health and security sectors were vital in the success of this. In **India** the health sector needs to form part of an overall national security policy, especially in terms of a coordinated response. The first responders to this health crisis have been health workers, and then the security forces.

In **Nepal** the challenges of cooperation between the health and security sectors included weak planning and preparation, lack of a similar level of understanding between officials of the two different sectors, resource and logistic constraints, weak leadership and direction, and lack of common ownership and accountability. In the **Maldives** the police were given responsibility by the government to enforce lockdown, quarantine and isolation, but the police were not consulted before this decision was made. Police received the same basic guidelines as the public in taking preventive measures, and officers were not adequately trained in measures for self-protection from the virus even though they were exposed to the risks of transporting infected people to quarantine facilities. The health sector did not purchase enough protective equipment, such as masks, gloves and other materials, for police officers. In **Pakistan** the greatest challenges to cooperation between the health and security sectors were mainly due to the relatively small number of hospitals, dispensaries, doctors (especially paramedics) and pathology laboratories to serve the vast number of cities, towns and villages scattered over the provinces. Security sector actors were embroiled in their own professional duties, and faced multifarious problems connected with manpower, training and paucity of funds. In such a situation, where the health and security sectors already faced challenges related to institutional capacity, their levels of cooperation were bound to be weak. In **Sri Lanka** cooperation between health and security sectors has been addressed using good practices that were learned during the 2004 Indian Ocean tsunami. In the current pandemic the security sector has taken the lead role in managing the crisis.

Capacities of the security sector to assist health actors in preventing, managing and limiting the spread of the virus

The capacities of national security sector actors to support national Covid-19 responses in South Asia varied with the general capabilities of security institutions and the prevailing national conditions. Security actors, including police and military forces, have responded to the security concerns of the population by raising awareness about movement

restrictions and quarantine measures, helping identify and isolate populations at risk, conducting tracing and surveillance, delivering food and medical supplies, and ensuring the safety of health facilities and personnel. While performing these additional roles, the security sector's effectiveness depends on adequate measures such as personal protective equipment (PPE) and disinfection of vehicles and military hospitals. As the new tasks for security sector personnel have shifted focus and resources away from performing their core functions, there is need to have a clear legal and policy framework to avoid violations of national laws and human rights standards.

In **Afghanistan** the security sector created the conditions for healthcare professionals to undertake their duties by mitigating disruptions from direct and indirect threats. The capacities of the security sector that assisted healthcare actors in Afghanistan include mobilizing resources, providing reliable ground-lines of communication between affected communities and public services, large-scale patrolling and establishing checkpoints to limit the movement of people, and providing security at hospitals, especially those responsible for testing and treating Covid-19 patients. In **Bangladesh** the security sector had several advantages in terms of speed and execution. Nationwide logistical operations can be mobilized and accelerated to help maintain law and order rapidly. The security forces can provide support in maintaining social distancing, and can be employed to build temporary testing facilities. The Bangladesh Army could also undertake testing and mass vaccination programmes.

In **Bhutan** the security forces assist with efforts to support social distancing and self-isolation recommendations, and with setting up quarantine and testing facilities. The Bhutanese security forces are actively engaged in fighting the pandemic. A volunteer group known as "Desuung – the Guardians of Peace" was engaged from an early stage to assist the security forces in patrolling the borders and implementing preventive protocols. In **India** dedicated Covid-19 facilities, including high-dependency units and intensive care beds, were prepared in military hospitals and a number of facilities are kept ready on standby for use across the country. The Indian Army offered more than 8,500 doctors and

support staff to assist in the efforts to control the virus.[21] Most evacuation missions are spearheaded by the military, and subsequent management of evacuees and necessary quarantine is also conducted by the military. Some Navy ships have been converted to hospitals for isolating Covid-19 positive patients and for intensive and critical care. Similarly, the Air Force has assisted in air movement of expert medical teams and redeployment of critical care equipment such as ventilators from one hotspot to another. The Air Force can also assist in supply chain management for life-saving drugs, medicines and medical equipment from the source of production to the place of use.[22]

In **Nepal** there has been a need for the security sector to work with health actors to fight the pandemic. The security sector ensured that transmission-containing measures like lockdown were put in place firmly, assisted health workers in their travel to and service delivery at difficult locations, and provided protection to health workers from any unwanted behaviour or violence targeting them. Furthermore, the health sector needed help to deliver and transport important equipment and tools to places where they were needed and to establish emergency health centres and containment zones in the necessary places. In the **Maldives** the security sector had some capacity to help with the demands of the pandemic; the limitation was the number of vessels that could be used to move people. The vessels were primarily designed for military and coast guard work, and they could not transport large numbers of people or bulk cargoes. However, security services have the legal power to commandeer fishing vessels and ferries, and this proved adequate to support the movement of people.

In **Pakistan** the capacities of the security sector to assist the health sector differ depending on the security component involved. The security sector includes the police department, military forces such as the Rangers, customs departments, federal and provincial excise departments, the anti-narcotics force and the armed forces. The police were short of strength, lacked comprehensive training and professionalism, and faced ineffective chains of command and discipline in the lower ranks. However, among the senior ranks a degree of commitment was required in tackling Covid-19. Rangers are disciplined, well trained and part of the professional military

services capable of tackling such a situation, but they are few in number. The army can assist the health sector in preventing, managing and limiting the spread of the virus. In **Sri Lanka** police assisted in assessing local needs, isolating cases and pockets of outbreak, tracing contacts and ensuring the protection of infected persons and health personnel. Military forces were called upon to provide transportation, other logistical assistance and emergency medical care.

The Covid-19 pandemic as a human security threat

The concept of human security has emerged as an essential framework for understanding global vulnerabilities beyond traditional security concerns. The regional response in South Asia has highlighted that Covid-19 is not only a health crisis; rather, it is also a human security crisis depriving individuals of the ability to live with dignity free from fear and want. A health crisis demands a human security approach, including a whole-of-government approach towards human protection and empowerment. Covid-19 has become a public health emergency in South Asia, posing unprecedented challenges and generating new vulnerabilities and intensifying existing ones. The pandemic has affected each country differently depending on its health infrastructure, the spread of the virus, the political, economic and social context, and the country's preparedness. In South Asia, limitations on the capabilities of health systems and infrastructure have hampered the effectiveness of testing, quarantining and treatment measures in controlling the spread of the virus. All efforts are focused on slowing down the transmission of Covid-19. Preventing the virus spread requires outreach, and ensuring equitable and non-discriminatory access to information, prevention, protection, medical care and treatment for all persons. Security sectors in many South Asian countries maintained logistical preparedness to deal with the pandemic and personnel prepared for rapid deployment. Different actors, including police, intelligence, military and border forces, supported outbreak prevention and response through measures including enforcing movement restrictions and quarantine requirements, early warning of virus spread and enhancement of border controls.

However, there can be several challenges for training and cooperation, as the internal doctrines and manuals of security institutions are not adjusted to address the needs of a public health emergency – hence training exercises, staff planning and procurement might not reflect the newly undertaken roles and responsibilities. These new types of relationships depend on successful behavioural change, comprehensive legislative frameworks, updated operational guidelines and joint training that reflect the new understanding. Improving existing structures, capacities and relationships must draw on lessons from past responses to health crises. There is a need to develop a shared understanding of terminology and use of communication tools to build trust among health and security providers, and between these actors and affected communities. Furthermore, there is a need to develop analytical frameworks to understand how different components of human security and vulnerability interact across different spheres (national, regional and international). In this context, as in others, security is only as strong as the weakest link in the chain.

Roles played by security institutions and oversight bodies: Implications for institutional and legal frameworks and security sector reform activities

The Covid-19 outbreak has highlighted different roles to be played by the security sector in health crises. Different prevailing security conditions and different modes of engagement of security actors in the Covid-19 responses in the countries in South Asia have yielded different suggested roles for the security institutions. Activities of armed forces in response to coronavirus have included defence industry production of essential protective equipment, food and water distribution, construction of mobile hospitals and shelters, border support and reinforcement, public order and law enforcement support, transporting patients and repatriation of citizens, and disinfection of public spaces. Roles of intelligence services in addressing Covid-19 have primarily involved information gathering, influencing early-warning strategies and dissemination of information. It

has been important to ensure that the widespread use of technology to trace individual data and movements does not result in routine monitoring of citizens and systemic violation of the right to privacy. Depending on the structural organization of police forces in particular countries, police services have played an important role in maintaining domestic stability during the pandemic response. Given the international spread of the pandemic and the challenging border conditions and relations facing several countries in South Asia, border management has become a vital element of the response in the region. Beyond national security institutions, local security actors such as village leaders and elders can be positively engaged by public health services and governments in managing the Covid-19 crisis. The efforts and roles of private security actors have also been noteworthy.

Experience has shown that international and regional security arrangements, intergovernmental organizations (IGOs) and the United Nations (UN) can provide data and supplies to assist countries' national efforts as well as consolidating efforts globally and regionally. National governments are crucial in responding efficiently and suitably to a country's needs by assessing the response and preparedness policy, plans, rules and operational guidelines already in place and developing appropriate responses in coordination with the health and security sectors. Their role has been essential in creating streamlined communications and a cohesive and effective response to the Covid-19 pandemic. Broadly speaking, their suggested role is coordination and strategic planning, the use of evidence to inform decisionmaking, and communicating decisions to the public. Moreover, societal oversight actors, such as media, civil society and think-tanks, are central in ensuring proper dissemination of information and connecting the public with the country's institutions to promote collaboration and a sense of community. Institutional and legal frameworks create the backbone for appropriate and predictable responses to and preparedness for any new threat. In this context, the current pandemic has provided an opportunity to evaluate the effectiveness of security and health sectors and consider reform measures that are aligned with national frameworks.

Lessons learned and suggested roles for the national armed forces

Experiences in individual South Asian countries show that different prevailing security conditions and different modes of engagement of security actors in the Covid-19 response have yielded different suggested roles for the national armed forces. By far the most common uses of military forces during the Covid-19 crisis are to assist with defence industry production of essential PPE, food and water distribution, construction of mobile hospitals and shelters, provision of medical beds, border support and reinforcement, public order and law enforcement support, transport of patients and dead bodies, repatriation of citizens, and also at times disinfection of public spaces. During the first wave of the Covid-19 pandemic, members of the armed forces faced particular challenges, including shortages of PPE, a lack of health-related data and information sharing, and no training or preparation for the required tasks.

In **Afghanistan**, based on initial data and analysis, the role played by the ANDSF is significant in providing security to enable healthcare practitioners to continue working and gain access to rural communities. The ANDSF are significantly stretched and it is challenging for them to undertake additional responsibilities during a high-intensity insurgency. In **Bangladesh** the Bangladesh Armed Forces (BAF) have been engaged from the start of the pandemic to assist the civil administration in implementing preventive measures against Covid-19. The BAF coordinated with the Ministry of Foreign Affairs and the Ministry of Health and Family Welfare to evacuate the first batch of Bangladeshi citizens stranded in Wuhan, China on 2 February 2020.[23] As reported by the Prime Minister's Office and the Army Forces Division, the BAF have been assisting civil local district administration by conducting almost 600 patrols a day in 62 districts with around 7,000 troops and 1,100 vehicles to ensure social distancing, home quarantine and institutional quarantine measures for overseas returnees.[24] It was also reported that various teams and army patrols are disinfecting community facilities, raising mass awareness among the population, conducting medical campaigns and distributing relief in various districts of the country. The Army can be asked to establish quarantine camps in Dhaka

and other cities, if necessary.[25] According to the Prime Minister's Office and the Army Forces Division, the Navy is also assisting in civil administration activities related to Covid-19 in six districts of coastal upazilas (district subunits). The Navy has been distributing relief goods, masks, disinfectant and hand sanitizer, and has deployed a number of ships to alert fishermen and their families in coastal areas about Covid-19.[26] This same report highlighted that the Bangladesh Air Force has converted helicopters into air ambulances for transporting Covid-19 patients.[27]

In **Bhutan** Royal Bhutanese Army personnel have built makeshift houses for Bhutanese evacuees living across the Indian and Chinese borders. In India the Ministry of Defence has assisted stranded Indians from Covid-19-affected areas and organized relief distribution across the country. Indian armed forces hospitals and medical facilities have been utilized to treat Covid-19 patients, and some army bases have been converted into quarantine centres.[28] In these roles the military may need to perform additional functions (above maintaining law and order) due to the breakdown of essential services, such as managing the supply chain and ensuring proper functioning of public distribution systems (water, electricity, food). If the crisis persists the military may be called upon to run factories producing essential medicines and supplies such as ventilators and disposable PPE for medical professionals. The armed forces must also be on standby to address any incident at the borders.

In **Nepal** the national armed forces must effectively seal the international borders with India and China, establish additional security outposts in sensitive locations to minimize any chances of trespass from either side, and coordinate with other security actors to maintain law and order across the country. In the Maldives the National Defence Force, part of the national emergency operations centre, established the Hulhumalé medical facility in a short time span.[29] The security sector's involvement in preventing and controlling the spread of the virus is essential. Providing suitable training and ensuring adequate PPE for security sector personnel are crucial. Lessons learned from previous experiences such as the 2004 tsunami and earlier major outbreaks of disease are yet to be put to the test in the Maldives.

In **Pakistan** the health sector was not prepared to handle a massive and uncontrollable crisis such as this one. The immediate requirement was to deploy security personnel to ensure quarantine measures were obeyed and help the hospitals, dispensaries and health centres in the far-flung rural areas. On 23 March 2020 the Interior Ministry authorized deployment of the armed forces to the four provinces of Sindh, Punjab, Balochistan and Khyber Pakhtunkhwa. Troops were also sent to the federal capital, Islamabad, and the northern regions of Gilgit Baltistan and Pakistani-administered Kashmir, in line with provisions of Article 245 of the Constitution, which allows deployment of the military during emergencies and grants the army additional powers.[30] The National Command and Operations Centre, a civil–military hybrid institution, was set up to compile data on Covid-19 cases and take other measures, such as issuing directions regarding lockdown in certain areas, ensuring strict implementation of the standard operating procedures (SOPs) and coordinating the services of the volunteer Corona Tiger Relief Force. Formally the National Command and Operations Centre is headed by the minister for planning and two army generals,[31] but reportedly the decisionmaking power lies with military representatives within the centre. Headed by an army general, the National Disaster Management Authority is also under the army's direction.[32] In Sri Lanka the government has established the National Operation Centre for Prevention of Covid-19 Outbreak to spearhead combined operations to combat the pandemic; it is headed by a lieutenant general, the acting chief of defence staff and the commander of the Sri Lankan army. The president has appointed retired and currently serving military officials to other key public sector positions, including the secretary of the Ministry of Health, the director-general of the Disaster Management Centre and the director-general of the Customs Department.[33]

Lessons learned and suggested roles for the intelligence services

During the Covid-19 crisis the roles of intelligence services in South Asia have pertained primarily to information gathering, influencing early-warning strategies, dissemination of information and combating misinformation

and fraud. Considering the application of digital technologies in pandemic responses, it has been important to ensure that the widespread use of technology to trace individual data and movements during the Covid-19 crisis does not result in routine monitoring of citizens and systemic violation of the right to privacy. A consistent theme among countries in South Asia has been the implications of pre-existing weak governance and oversight of intelligence services, such that the credibility of security institutions can be further compromised during times of crisis.

In **Afghanistan** keeping health services and actors separate from the work of intelligence and military services is paramount to ensuring the safety and security of healthcare workers. It is highly likely that if the Afghan intelligence service, the National Directorate of Security, or other security forces were to collaborate with health actors, the delivery of healthcare would be treated with suspicion and seen as a cover for intelligence operations. This suspicion would make healthcare workers a target for insurgents and would undermine healthcare and the welfare of the people. In **Bangladesh** the Directorate General of National Security Intelligence provides critical information on movements of infected populations and surveillance of cluster areas, and can help in curbing cybercrime against children, which has increased during the pandemic. In **Bhutan** the preparedness plan created different teams to assist with the Covid-19 situation. The Outbreak and Surveillance Team was tasked to update the Health Emergency Management Committee on readiness plans and review and adapt evidence-based methods. Intelligence services have been used effectively, making a vast difference to Bhutan's ability to prepare for and tackle the pandemic and minimize its impact. In **India** the Intelligence Bureau is the lead internal security agency gathering information. However, gathering data in such a pandemic has been something new, and there is a need for a proper digital database, monitoring and surveillance facilities and vast data analytics to handle data overload to address the challenge. During lockdowns the state and central intelligence agencies must share and coordinate their efforts to ensure effective surveillance and keep track of emerging threats, such as transborder organized crime and cybercrime, and their implications for national security.

In **Nepal** the intelligence sector has to focus on making people aware of potential threats at the border and other sensitive locations, coordinating with other security actors to curb possible violence and criminal activities during lockdown, and keeping an eye on the needs and priorities of the people as they change over time, so that the government can develop effective plans and policies. In the **Maldives** the pandemic is a new experience for the current intelligence services. Intelligence personnel need to be aware of how existing terrorist networks could exploit the pandemic situation. In **Pakistan** intelligence services can play a very important role in collecting data and conveying it to the health authorities and government so that the concerned bodies have realistic and accurate knowledge. Pakistan's Inter-Services Intelligence service is supporting the government in tracing and tracking people who may have been in contact in with those who test positive for the virus.[34] Furthermore, intelligence agencies can make efforts to track down extremist and other groups on social media spreading disinformation about Covid-19 to create panic and undermine the government's efforts. In **Sri Lanka** the State Intelligence Service Directorate of Military Intelligence and the Police Special Branch are heavily involved during the pandemic. The Intelligence Service focuses on contact tracing and has set up centres for the control and collection of data/information.

Lessons learned and suggested roles for the police services

Depending on the structural organization of policing in a country, police services have played an important role in maintaining domestic stability during the Covid-19 health crisis in South Asia. Notwithstanding differing capabilities and resources available to the central/national and state/provincial police forces, engagement in enforcing movement restrictions, crowd control, monitoring quarantine, contact tracing, providing access to necessary facilities and involvement in information campaigns have been the key roles played by police services during the pandemic. The incidence of certain crimes appears to have increased, including domestic violence, violence against those suspected of having Covid-19, prejudice

and violence against foreigners and other minorities, human trafficking, medical counterfeiting, corruption, civil unrest focused at medical treatment centres, food outlets and distribution centres, and cybercrime. Law enforcement officers have experienced considerable stress during this time, and may have used excess force while maintaining public safety. Factors contributing to this elevated stress include increased risk of exposure through interactions with the community and concerns about exposing family members to the virus. In many countries in the region different initiatives were undertaken to enhance community security and build relationships and trust between security providers, local authorities, civil society and communities at all levels.

In **Afghanistan** the pandemic worsened an already fragile context: Covid-19 has led to an increase in inflation, loss of income and employment, increased displacement, and heightened tensions, especially in relation to scarce resources such as food, water and medicine, all of which increased criminality. There was an increase in theft, armed robbery, kidnapping and extortion, so the role of the police has been even more important in tackling these threats. The police in Kabul and across the country are already responsible for countering such threats, but large-scale corruption, lack of training, high turnover rates, political interference and other factors have severely harmed the police's reputation. Public perception of the national Afghan police is that they should be avoided as they make matters worse. Significant and sustainable reform of the police that is contextually appropriate and practical is needed for the police to play a meaningful role during the pandemic in the country. In **Bangladesh**, to maintain social distancing and protect vital supply storage units and healthcare personnel, law enforcement agencies must uphold the law of the land. The Bangladesh police have used more community approaches in performing these roles. In Sylhet Division police officers reached out to vulnerable rural communities with Covid-19-related hygiene education, and helped distribute bars of soap and leaflets on hygiene promotion under the community policing initiative.[35]

In **Bhutan** the police force has assisted the government in managing Covid-19 by monitoring health protocols to prevent the virus from spreading

and assisting in quarantining people coming from abroad. Moreover, the police service could help in engaging with the people, to advocate and educate them on health and sanitary issues, especially in the remote rural areas. In **India** police have been involved in maintaining order and security, preventing overcrowding and maintaining public order in and around hospitals, monitoring enforcement of quarantine, conducting contact tracing, providing security for temporary quarantine facilities, issuing curfew passes, accompanying healthcare workers who are conducting tests in clustered areas (blocked zones where Covid-19 positive cases have been reported) to ensure their safety, taking action against persons assaulting healthcare workers, and even taking penal action against landlords trying to evict healthcare professionals from their homes. The police have been communicating critical information to the public to dispel misinformation via social media platforms, by using microphones attached to motor vehicles or drones, and by briefing media personnel on a daily or regular basis.[36] Lessons learned include the need to supplement the police force with home guards, civil defence and central armed police forces. The police should be deployed to maintain law and order in coordination with these central armed forces, if necessary. The home guards and civil defence forces also need to be called upon to assist the police in monitoring containment zones and security. It is important to maintain emergency reserves of protective gear and conduct joint training and drills for better preparedness.

In **Nepal** the police service should be more vigilant in implementing transmission-containing measures put in place by the government, enhancing their coverage and patrolling to check and control those violating the containment measures, and coordinating and facilitating health workers in undertaking their duties. In the **Maldives** voluntary lockdowns were only partially effective and many people ignored self-isolation requirements. Police had to enforce the restriction of movement, which at times has led to excessive use of force. In **Pakistan** the main challenge is logistics and communications. There is an urgent need to distribute medicines, masks, gloves, sanitizers, etc. at health centres and to distribute pamphlets and circulars educating the public about preventive

measures to control the virus effectively. The police department has the manpower and vehicles to assist in distribution of the essential items. With a network of police stations and outposts based not only in cities but also in towns, villages and remote areas of the country, these units can serve as dispatch points for the necessary materials. In addition, police units can become eyes and ears for the government and provide accurate feedback on actual outbreaks as far as the spread of the virus is concerned. It is also necessary to arrange additional security for hospitals where Covid-19 patients have been admitted. The police services must train their staff to address all these new roles.

In **Sri Lanka** the police work in close collaboration with health facilities to address the pandemic. With the first confirmed case of Covid-19 on 12 March 2020, the inspector-general of *police* convened a meeting with senior police officers to discuss different steps to be undertaken, including appointing special teams in each police station to address Covid-19. Police officials in each of the 491 police stations around the island were provided with training, and specialized training on coronavirus was given to the deputy inspector-general of *police* and senior superintendents by specialist doctors.[37] Sri Lankan police officers faced a number of challenges, with a lack of necessary PPE such as face-masks, gloves, boots, caps and sanitizer for their protection. Measures were taken to make sure all police stations and barracks were disinfected regularly. Arrangements were made for people to gather outside police stations, and glass shields were provided to each police station to keep a safe distance between police officers and the public.[38] The most significant challenges faced by the police were in distributing essential food and medicine and maintaining essential services such as water, electricity and fuel.[39] Public spaces like bus stands, railway stations, religious places, hospitals and markets were regularly disinfected under the supervision of the Police Environmental Division. The police assisted in returning people stranded in Colombo to their villages,[40] in an effort coordinated by the public health inspectors of the respective towns, and also monitored the process of 14 days of self-quarantine.[41]

Lessons learned and suggested roles for border management

Cross-border travel has been essential to the South Asian region's economies and societies, as people often share culture, familial ties, economic activity and movement across borders. Many countries in South Asia have imposed various mobility restrictions, severely affecting the movement of people across the India–Nepal, India–Bangladesh and Afghanistan–Iran borders, and maritime borders between Sri Lanka, the Maldives, India, Pakistan and Bangladesh. After the outbreak of Covid-19 many countries closed their borders, prohibiting the entry of non-nationals; some reacted by limiting the number of entry/exit points, and others by mobilizing border reserve units or the army or civil protection agencies for support. Moreover, there has been a surge in trafficking, illicit market trading and organized crime activities across borders. Border officers serve as the *de facto* first line of control against the spread of Covid-19, but in most countries these guards did not initially have the right information or training on public health issues. They were exposed to risk of infection and did not have the capacity to protect themselves and others adequately. The operational realities facing border agencies in the first stages of the outbreak highlighted the need to step up capacities and technical assistance on health-related issues, including crisis management, contingency planning and early-warning systems with neighbouring countries.

Afghanistan has porous borders and weak border management, stemming from persistent conflict and the Taliban insurgency, resource constraints, insufficient capacity, corruption and political interference, as well as the influence of local, provincial and national strongmen. Numerous ongoing attempts have been made to strengthen border management via technology, training, increasing capacity, collaborating with international actors, development of cross-border mechanisms and ties and other efforts. Given the relative weakness and limited resources of the actors responsible for border management, it is difficult to see them playing a broader role, but it would be appropriate for them to continue building existing capacities. **Bangladesh** is a country with a large population and limited resources; it also hosts a large population of Rohingya refugees.

Any Covid-19 outbreak in the refugee camps could be disastrous, as most of them have a high population density. Bangladesh needs to have special border security measures and training in place to deal with the situation. In **Bhutan** it is important to ensure that the border is managed effectively; without this, the country would be more vulnerable to the pandemic. Bhutan closed its borders in late March 2020, which helped it to focus on tackling cases in the country and preventing new ones. The continuation of closer interactions with India in managing the borders helped in the efforts to fight the virus. In **India** the lessons learned arise from the fact that it shares land borders with six countries and has maritime boundaries with four countries. Internally, the movement of intra-state workers has been a challenge. It is essential to have clear guidelines and proper coordination for movement of people, and for providing health checks/ testing, transportation and food and medical supplies en route.

In **Nepal** border management should be more vigilant, checking the movement of people in and out of the country, assisting health workers in establishing temporary testing centres, and coordinating with the security sector to prevent any unwanted activities at the borders and helping to establish security posts wherever needed. In the **Maldives** border management needs to be strict and thorough. For weeks the Maldives was able to confine virus infections to the tourist areas, which gave the government time to organize coordinated responses in Greater Malé and other inhabited islands. **Pakistan** has borders with Iran, Afghanistan, China and India, which all have high numbers of cases. A major and severe problem in border control is the huge area to be monitored, especially in the dry, barren mountains and deserts of Balochistan. In conjunction with these problems, a further complexity is that human traffickers use unfrequented routes. The borders are porous and the manpower to control, monitor or check movements is grossly insufficient, but the armed forces can be called to assist in managing the borders. One important lesson learned by Pakistan is that ineffective and inadequate quarantine facilities at main border crossings can accelerate a crisis such as the Covid-19 pandemic. In **Sri Lanka** both the navy and the air force have increased their maritime observation capacity to assist in Covid-19 monitoring. By April 2020 the

navy had increased patrols and monitoring along the coastal belt around the island to secure maritime borders.

Lessons learned and suggested roles for local security actors

Local security actors play an important role in supporting public health services and governments in managing the Covid-19 crisis. In many countries in South Asia local security actors have responded in an *ad hoc* manner to the growing challenges due to a lack of preparedness, information and training. During a widespread crisis such as Covid-19, vulnerable and lower-income populations with no internet access are particularly at risk. In general, local justice and security providers, such as village leaders and elders, have ensured that communities are informed and have access to the services and materials needed to prevent and combat the spread of the virus. Local security actors can also share real-time data that are integral to effective response and preparing early warnings. Moreover, in South Asia private security actors have supported the enforcement of safety and contingency measures by controlling access to supermarkets and nursing homes, and protecting hospitals and critical infrastructure.

In **Afghanistan** many local security forces are poorly equipped, trained, experienced and resourced, and are therefore no match for insurgents. These forces are in some ways a tick-box exercise to show that the international community is doing something to buttress security in the country, but local security actors are unable to counter the Taliban. In some instances local security forces act with impunity, which makes them more of a liability than an asset. In **Bangladesh** private security guards are used check and monitor the infection, and to provide security at hospitals and food warehouses. In **Bhutan** local security actors are key in assisting the supply of proper sanitary materials to the most vulnerable members of the population and those in more rural areas, and in transporting infected individuals to isolation facilities. They can also help locals to set up quarantine zones in villages. In **India**, with the decentralized governance model – the Panchayat system – the role of local justice and security providers such as village leaders and elders has been crucial in

informing communities about how to prevent and combat the spread of the virus. Private security actors have played an important role in monitoring quarantine and contact tracing in cities during the pandemic.

In **Nepal** the local security sector actors should be more vigilant and check the unnecessary movement of people in the community, as well as facilitating those who need to travel, helping to implement lockdown measures firmly in communities, assisting in the establishment and operation of local quarantine/isolation zones, maintaining peace, law and order within communities, and helping in the distribution of relief materials to people in need. In the **Maldives** distribution of food, water, medicines and other necessities is a challenge, and the local security actors' role is crucial in ensuring that all those in need are supported. In **Pakistan** private security actors play an important role in monitoring quarantine and security at hospitals and health centres. Local security actors need to be active and alert, and initiate close coordination with the health and security authorities for better control and performance.

Lessons learned and suggested roles for international security arrangements, including regional IGOs and the UN

Experience has shown that detrimental impacts of the Covid-19 crisis can be ameliorated with support from international security arrangements, regional organizations, IGOs and the UN. The South Asian Association for Regional Cooperation (SAARC) is often perceived as being relatively ineffective due to a lack of cooperation and adequate resources. However, the regional and global scope of the pandemic has prompted development of the regional governance system. As coronavirus spread across South Asia, SAARC held its first virtual summit on 15 March 2020 to start regional coordination of the response. Sharing experiences and learning from new evidence-based approaches to address this health crisis regionally and internationally can only strengthen the global response. The Covid-19 pandemic has demonstrated that multilateral cooperation is a major factor in addressing regional and global challenges. An important aspect of such cooperation in relation to Covid-19 was adoption by the UN Secretary-

General of the UN Comprehensive Response to Covid-19 policy.[42]

In **Afghanistan** US and allied forces should maintain a residual force to give confidence to Afghans that the country is not being abandoned, and should continue to build the capacity of the ANDSF in areas such as special operations forces and capabilities in airlift, medical evacuation, command, control, communications, computers, intelligence, surveillance and reconnaissance, and professional training and mentorship so they can continue to take the lead in providing security and fighting the Taliban. Regional IGOs should sustain development programmes, secure funding and work with local partners, especially women. The UN must come out in support of Afghan human rights and women's rights to ensure they are not rolled back under a future agreement, and must work with multiple stakeholders on the delivery of the UN Sustainable Development Goals. In **Bangladesh** international and national non-governmental organizations (NGOs) can greatly benefit from exchange of knowledge and the expertise of the security forces in crisis management during natural and other disasters.

In **Bhutan** international security arrangements have given support and assistance during the pandemic. The WHO supplied initial rounds of testing kits, while the UN Development Programme and other UN agencies in Bhutan provided financial support. International security arrangements could assist in managing the borders and preventing unauthorized crossings. They could also assist in providing necessary health equipment and supplies, such as PPE, masks and sanitizer. In **India** the lessons learned include that the UN should not become politicized and there needs to be better coordination between various regional organizations. Cooperation within the regional body, SAARC, during the pandemic is essential. Suggestions include better integration of regional institutions with frequent interactions, sharing of data, sharing of equipment and medicines, and financial assistance. In **Pakistan**, **Sri Lanka** and the **Maldives** the UN, the International Monetary Fund, the World Bank, the Asian Development Bank, the World Food Programme and regional and international NGOs have distributed food, medicines, sanitizers, materials, etc.

Lessons learned and suggested roles for national governments

National governments have played a central role in Covid-19 responses throughout South Asia. The role of the national government can significantly expand in times of crisis, and becomes crucial in developing and implementing structures and plans to facilitate public services and best coordinate responses to a pandemic. National governments must coordinate health and security sectors effectively and work to combat social and economic impacts of crises by creating relief funds, especially to assist vulnerable populations. Most governments in the region have adopted a national response and preparedness plan to strengthen efforts, reduce gaps in coordination at all levels, ensure implementation of infection prevention and control measures, and mobilize communities. Potential additional roles for national governments in relation to the pandemic response could include establishing institutional arrangements for management and coordination of government operations at federal, provincial and local levels. Setting up specific institutional mechanisms for data collection and sharing scientific advice to feed into the decisionmaking process is crucial. Another important governmental function is developing measures to ensure effective and coherent public communications. This role is essential in creating streamlined communication, which helps build trust, confidence and legitimacy in the eyes of the public.

In **Afghanistan** the national government needs to protect the constitutional rights of all Afghans and not compromise hard-won gains for a peace deal with the Taliban. The Ministry of Public Health issued the Emergency Response Plan for Coronavirus 2020 to address preparedness and emergency coordination in the provinces, especially those bordering Iran and Pakistan. The government also established the Inter-Cluster Coordination Team as part of the public health management mechanisms to engage with relevant ministries such as health, education, economy and security.[43] The health sector must find creative ways to earn the public's trust so that people take government advice seriously. In March 2020 the **Bangladesh** government, through the Directorate General of Health Services of the Ministry of Health and Welfare, published the National

Preparedness and Response Plan (NPRP) for Covid-19, in an effort to prevent and control the virus and reduce its impact on the health and well-being of the people and the economy of the country. The government proposes to implement activities under the NPRP through committees from national to upazila levels, with multisectoral involvement of the relevant ministries, national and international organizations and development partners. The NPRP includes a mechanism to develop surge capacities to manage patients, sustain essential services and reduce social impact. The response strategy and actions will be continuously reviewed and adjusted as necessary to ensure efficient use of financial and human resources for an effective governmental response to the outbreak.[44] The Union Disaster Management Committee has been tasked to provide support to prevent the spread of the virus for the first time and the government has announced a 31-point directive to combat Covid-19, emphasizing that all government officials, including from the Health Services Division, the administration, law enforcement agencies and the armed forces, have to work in coordination with one another. A zero-tolerance policy around any corruption or misappropriation of relief across all levels needs to be implemented. The government must also establish an early-warning system to combat disease outbreaks in the future.[45]

In **Bhutan** the national government's response was key to the country's ability to minimize the potential impact of Covid-19. The government carried out rapid assessments and closely tracked cases to have a clear idea of the suspected impact and determine appropriate preventive measures. Social distancing was encouraged, 21-day quarantines were implemented and isolation facilities were quickly created. Schools were closed and tourism was halted by border closures. To combat the potential economic impact to those in vulnerable positions, the government announced loan and relief measures. As a first step, the National Preparedness and Response Plan (NPRP) for Covid-19 was issued on 21 January 2020. The NPRP is aligned with the Bhutan Pandemic Preparedness and Response Plan (2020), the Health Emergency and Disaster Contingency Plan (2016) and the Disaster Management Act (2013). The objective of the NPRP is to enhance the health sector's capacity for surveillance, detection, control and prevention

in response to the Covid-19 outbreak in the country. The plan is a dynamic document, to be reviewed and updated as and when required by the Technical Advisory Group for Covid-19. Overall, the lesson to be learned is that quick and organized responses which understand the community's needs have been effective in combating the pandemic in Bhutan.[46]

In **India** the pandemic has highlighted various challenges the national government faces in preparing for efficient responses in the future. It needs to invest in emergency capabilities in rural hospitals and clinics. The government must ensure that research, development and manufacturing of key medical, biotech and pharmaceutical items are done within the country. There is a need to identify key medical equipment and supplies, and ensure that manufacturing units have the capacity to adapt and produce these during emergencies. Digital platforms and social media have good outreach, but they must be monitored carefully to ensure no false/fake news is spread to create societal turbulence. Creating a streamlined channel of communication to ensure only verified information reaches the public is significant. The government should ensure proper coordination between all key elements of its structure at central and state levels and within society for smooth implementation of rules and guidelines. Active surveillance and setting up of district control rooms for monitoring are critical in addressing a pandemic. Early release of technical guidelines on contact tracing, quarantine, isolation, hospitalization and infection prevention and control, and extensive capacity-building training for health and other interlinked departments, including the security sector, can play critical roles in managing the situation.

In **Nepal** the national government needs to focus on formulation and implementation of effective guidelines to contain the spread of the disease, expand testing capacity and treatment facilities across the country, and communicate and coordinate with foreign governments and bilateral and multinational agencies. The government should design short-term and long-term relief packages for different sectors, explore the possibility of bringing back migrant workers and make necessary arrangements, and explore measures to open the country gradually without compromising safety procedures. In early March a national emergency operations centre

was established in the **Maldives**, cochaired by the minister of health and the defence minister, to oversee the activities of stakeholder agencies and the National Emergency Preparedness, Readiness and Response Plan for Covid-19. The country was divided into six different zones, each graded individually for engagement, preparedness and response.[47] A multisectoral technical advisory group was established to provide technical guidance for Covid-19 responses, and the government tasked the National Disaster Management Authority and Health Protection Agency to coordinate the nationwide multisectoral effort to safeguard the population.[48] On 4 March 2020 a joint drill was conducted by the Ministry of Health and the Disaster Management Authority to test the SOPs, which helped the authorities to manage the situation effectively.[49]

In **Pakistan** a national command and control centre has been established to ensure effective coordination between federal and provincial governments. The National Disaster Management Authority, with its provincial disaster management authorities, is the leading operational agency for overall Covid-19 response. The government formulated the National Preparedness and Response Plan for Covid-19 as a blueprint for its pandemic preparedness, providing a policy framework for federal, provincial and regional stakeholders. In addition, the federal government set up a national coordination committee, chaired by the prime minister and attended by the chief ministers of all the provinces and provincial health departments, to review measures for tackling coronavirus.[50] However, there are number of challenges, and coordination between the central and provincial/ regional levels is not well defined and needs to be further streamlined. There are not enough isolation and quarantine facilities and SOPs are not being implemented at these facilities; they still lack human resources, technical expertise, supplies, equipment and proper management. The people being quarantined or isolated are not properly briefed about social distancing and hygiene.[51] Community mobilization and sensitization activities are still weak. The government's crisis communication and community engagement strategy is progressing, and will be disseminated at all levels.[52] Collection, analysis, reporting and dissemination of health data are weak and fragmented at community,

facility, surveillance and laboratory levels. The lesson learned is that the Disaster Management Authority must be supported by adequate funding, technical expertise, and appropriate and effective plans. The hospitals at provincial and district levels are mainly handling the pandemic with directions and help from the federal government. The local governance structure is an important administrative tier that can effectively respond to the pandemic in view of the massive spread of virus in communities. Local hospitals and administrations are in a better position to act immediately and trace infection contacts. The district administration acts as a bridge between policy directions set by federal and provincial governments and policy implementation at the grassroots level by local actors. National government must initiate further national plans wherein the roles of federal and provincial governments are clearly delineated.

In **Sri Lanka**, in April 2020 the Ministry of Health and Indigenous Medical Services published Sri Lanka's Preparedness and Response Plan for Covid-19. This aimed to limit human-to-human transmission, to prevent transmission amplification events, to identify, isolate and care for patients at an early stage, including optimizing care for all patients, especially the seriously ill, to communicate critical risks information to all communities and counter misinformation, and to minimize impacts using multisectoral partnerships and a whole-of-society approach.[53] The government has established a presidential task force to direct, coordinate and monitor the delivery of continuous services for communities. It is planning to develop the country's infection control and surveillance systems, and to support epidemiological studies and research on the patterns of transmission and on community response and behaviour, which will help in planning strategies for future pandemic management.

Lessons learned and suggested roles for the media, civil society organizations and think-tanks

Experiences in South Asia have demonstrated that community-centred approaches can be useful in addressing the pandemic. Such community-centred approaches include investing in outreach and communication efforts

and working closely with entities such as community security councils, traditional leaders, religious authorities and civil society organizations (CSOs). Community organizations can be mobilized for surveillance, case detection, contact identification and follow-up and quarantine. During the crisis, the critical role of public information has resulted in important lessons and suggested roles for media outlets and CSOs. In sudden outbreaks, the public require access to timely and reliable information about disease symptoms and its prevention. Social media platforms proved to be fast and effective channels for searching, sharing and distributing health information among the general population and remote areas. However, poor comprehension and inaccurate or false information have contributed to misinformation and misunderstanding in communities. It is particularly important to monitor news and ensure that information is factual and trustworthy during periods of crisis. Further roles for the media, civil society and think-thanks relate to monitoring and oversight of governmental Covid-19 emergency responses and preparedness. Moreover, policy research organizations, academic institutions and think-tanks have made significant contributions through research that can inform government policies, legislation and crisis response plans.

In **Afghanistan** civil society, media and research institutions must provide a critical voice that presses the government and the international community to uphold Afghanistan's constitution and the rights it protects and provides. The media should continue to work to protect free speech and to demand transparency and accountability for transgressions, particularly those related to corruption, criminality, organized crime, sexual assault and harassment, and other matters of public interest. Research institutions need to be more closely engaged with the Afghan government in policy design and implementation. In **Bangladesh** the NGO Network for Radio and Communication has been mobilizing all community radio stations to develop and broadcast awareness-building programmes on Covid-19. These stations have been broadcasting coronavirus prevention education, in line with the NPRP for Covid-19.[54] All stakeholders, including the media, think-tanks and CSOs, should conduct research and analysis to stimulate discussion on Covid-19-related legislation, policies and plans.

In **Bhutan** societal actors can assist in keeping the public informed and advocating social distancing and self-isolation measures. In India it is essential that the media take responsibility for the information they dispense. The news should be fact-checked and not biased. Civil society can play a positive role by being an interlocutor between the government and the public. CSOs can help local authorities in distributing essentials items and collecting inputs from the community. Think-tanks can help by conducting and publishing research on issues related to the pandemic. This will ease the burden on the government and help construct policy responses for the post-pandemic period. Research institutes can also assist in providing accurate, timely and actionable qualitative research so that immediate support can be provided to respond effectively to the pandemic.

In **Nepal** societal actors should inform the people about the pandemic and the importance of following the safety measures put in place by the government. They can also help with providing basic relief items to the people hit the hardest. In Pakistan the media should play their role responsibly and avoid becoming a conduit for spreading disinformation. They should stage public awareness campaigns in a manner which does not create panic in society and highlights the efforts of the front-line agencies, including health, law enforcement and NGOs. In Sri Lanka civil society, media and research institutions should inform people about the pandemic, especially in remote rural areas.

Implications and requirements of institutional and legal frameworks for security sector involvement in health crisis preparedness

In relation to legal frameworks in the context of the pandemic response, legislative bodies should clarify the roles of security actors and define when these roles and responsibilities expire and when they will be reviewed. The South Asia region is prone to natural disasters, thus most countries have disaster management responses framed by national legal and institutional structures and plans. Recent experience suggests that legal and institutional frameworks should be created or adjusted to reflect the dimensions of a pandemic and distinguish such health crises from other natural disasters.

Moreover, it is important to highlight the oversight role of parliaments in enacting emergency legislation in response to the pandemic, in approving supplementary budgets or budget reprioritization and in overseeing the executive branch of the government. Additional research and analysis should be conducted to inform the new national pandemic legislations and the national response and preparedness policies, plans and programmes, stating the role of the security sector during health crises more clearly.

In **Bangladesh** most government actions have been taken under the Infectious Disease (Prevention, Control and Elimination) Act 2018, which repealed the colonial Epidemic Disease Act 1897. The 2018 Act is designed to help prevent the outbreak of infectious diseases, and gives power to the Health Ministry to enforce brief closure of any market, mass congregation, station, airport or port.[55] During the Covid-19 crisis the parliament has not been able to ensure the parliamentary accountability of the executive. In **India** the Epidemic Diseases Act 1897 and the Disaster Management Act 2005 are the laws that enable the government of India to address the current crisis. The government declared Covid-19 a notified biological disaster under the Disaster Management Act. This enabled the central and state governments to use the wide-ranging powers given to them under this Act to combat Covid-19. The absence of specific guidelines leaves a lot to the discretion of the executive at the central, state and local levels.[56] There are two bills pending in the Indian parliament that need immediate attention – the National Health Bill 2009 and the Public Health (Prevention, Control and Management of Epidemics, Bioterrorism and Disasters) Bill 2017. The pending Public Health Bill contains provisions that clarify the power of government to quarantine people, and is well defined. Such legislation should also cover resource allocation measures during a public health emergency. The policy on national health drafted in 2015 does establish that all health facilities should institute appropriate systems of care to deal with emergencies, disasters, epidemics and outbreaks. Both national health and security-related policies should be comprehensively reviewed within the context of the current pandemic.

In **Nepal** the Infectious Disease Act 1964 was revised in 2020 to make it compatible with the new constitution, including some rights for

provincial governments. However, Clause 2(a) diminishes their role, as it stipulates that if the federal government takes any decision related to a disease, provincial governments must abide by it. Institutional and legal reforms should create a robust legal framework to tackle national health emergencies, an institutional set-up (a high-level body) to coordinate and implement nationwide health measures, and a mechanism to create a stockpile of essential medical equipment and measures to produce such items domestically. In the **Maldives**, to strengthen the regulatory framework the country has enacted the Health Care Professional Act (2015), but has done nothing specific to address the pandemic. In **Pakistan** the province of Punjab promulgated the Infectious Disease Prevention and Control Ordinance 2020, which enables the provincial government to take all necessary measures to prevent and protect the public from Covid-19 and any such epidemic in future. In **Sri Lanka** the government has published a number of gazettes/directions and notices to address Covid-19, along with promulgating a new quarantine law.

Implications and requirements for ongoing or anticipated security sector reform activities

The unprecedented impact of Covid-19 on societies and their institutions has led to a series of extraordinary responses by governments, and has extended the scope of duties performed by security and defence forces in the South Asian region. Institutions engaged in oversight and accountability have been under tremendous pressure to ensure that security actors operate in accordance with the rule of law and human rights. The Covid-19 crisis should prompt reflection by showing that trust between the state and its citizens is crucial for effective management of major emergencies. In particular, failure to hold security forces accountable for human rights violations weakens state legitimacy and the effectiveness of crisis response efforts. Mandates of security institutions may need to be revised to allow for participation in managing health crises and, in doing so, holding security actors accountable for their actions. In countries where security sector reform (SSR) activities are under way, such reforms can

enhance preparedness of security sectors to manage health crises through interagency cooperation and coordination.[57] As highlighted in the previous section, new legislation, updated plans/guidelines and training for security actors can emphasize security sector development and governance in creating greater professionalism and accountability at times of a pandemic.

In **Afghanistan**, due to the ongoing insurgency it is difficult for large-scale SSR activities to take shape and be implemented. The government's focus is on building capacity and enhancing new and existing capabilities of the ANDSF as the conflict with the Taliban intensifies. As per the US–Taliban agreement, the USA will withdraw all military and civilian contractors from Afghanistan by May 2021, and this has added significant uncertainty about whether other allied countries will follow suit and exit Afghanistan. In **Bangladesh** the security sector should change and adjust to the changing circumstances. The sector should ensure more participation of women and encourage more transparency and accountability in terms of conducting operations.

In **Bhutan** the security sector should develop its capacity during health emergencies and focus on border management practices to prepare better for any future closures. Furthermore, gender sensitivity and human rights training will help the security sector to approach marginalized and vulnerable populations and maintain safety and stability. In **India** SSR activities should make sure that laws and guidelines are in place to reflect adequately on the roles and responsibilities of the security sector during a pandemic. Integrated response and preparedness mechanisms, plans and procedures will give rise to additional guidelines on interagency operational cooperation, planning and training. In the **Maldives** the national police and prison services were already undergoing a number of changes and development under the newly formed government, and the pandemic has provided a good opportunity to review and reflect on the role of security actors.

In **Nepal** ongoing or anticipated SSR activities include the need to have health hazards (biological dangers) noted as one of the security risks factors, capacity building and ensuring the preparedness of security forces to tackle the new and evolving threats and challenges. In **Pakistan** security

sector development should include reflection on the role of external oversight by civil society, the media and national human rights institutions. This is especially so in terms of activities and training on how to maintain law and order during a pandemic. In addition, an important priority is identifying measures ministries and departments should adopt to ensure that security actors remain safe while on duty. In **Sri Lanka** security sector development should be part of the review and evaluation of the lessons learned during a pandemic.

Security institutions and oversight bodies as important actors in health crises

Different prevailing security conditions and different modes of engagement of security actors in the Covid-19 responses in the countries of South Asia have yielded a range of lessons. With patterns of crime changing as a result of the pandemic, law enforcement agencies have been playing key roles in supporting the implementation of public health measures to contain the outbreak. These roles and functions have included restricting movement, imposing public order, contact tracing and securing delivery of emergency supplies, plus preventing specific criminal activities arising from the new circumstances such as sale of fake and counterfeit medical products, increased domestic violence and burgeoning cybercrime. During this pandemic, most nations across the region have looked to national militaries to assist civilian efforts to manage the Covid-19 crisis. Intelligence agencies have worked to centralize and analyse data and assist in contact tracing – efforts that require oversight to ensure proportionality and adherence to legal frameworks. As security sector actors are called upon to undertake functions that are not typically within their mandate, it is imperative that legislative bodies clarify these new roles and indicate when such roles are to expire or be reviewed. In addition, oversight functions of parliaments in relation to the pandemic have included enacting emergency legislation, approval of supplementary budgets or budget reprioritization and oversight of executive branches of government. Effective participation in the response by CSOs, media and other sectors supports public information dissemination and involvement of communities in decisions

that affect them, while ensuring that security-related response measures are necessary, reasonable and proportionate to combat the health crisis and protect communities.

Recommendations for more effective, efficient and accountable preparedness

This section examines and learns from the previous section to enhance effective and accountable preparedness and response by security actors during a health crisis. The different security institutions and actors all have a recognized role in providing an effective response to the pandemic, and their preparations will be key in determining how best to handle similar situations. Building core competencies to prepare for and respond to future health crises must be a joint effort between the health and security sectors. Preparations must include, if possible, conducting regular joint training, strengthening early-warning systems, establishing clear lines of control and responsibility that srest with civilian authorities, and sensitizing different groups (including health and security sector responders, communities and the media) to create shared understanding, trust and acceptance of the different roles involved in an effective response.

Emphasis in terms of crisis preparedness and response should include review of existing policy and legal frameworks outlining the roles and responsibilities of the security sector, and appraisal of accountability measures and financial resource allocation needed for the engagement of the security sector in public health emergencies. The security sector's capability to respond effectively to the Covid-19 crisis depends upon the availability of protective measures for personnel who may be highly exposed to infection in the conduct of their tasks, and resources for PPE and disinfection of vehicles and military hospitals.[58]

The potential impact of future health threats on security and stability

In South Asia potential future health threats may derive from natural disasters, climate change and water insecurity. The region is extremely prone to natural disasters, including earthquakes, flooding, cyclones, drought, landslides and avalanches. Countries with maritime borders along the Indian Ocean are already facing threats of elevated seawater levels. Access to clean water is another challenge that is emerging in the region.

Afghanistan is a country prone to many natural disasters, including earthquakes, flooding, drought, landslides and avalanches, and to man-made disasters. Earthquakes are relatively frequent, especially in the north and northeast, and often trigger landslides. According to the WHO, the conflict in Afghanistan has forced people to flee from their homes, bringing the total number of internally displaced people to 251,188 in 2019.[59] The WHO also stated that 330,522 people had returned to Afghanistan since January 2019 from Pakistan, Iran and Turkey, with significant needs for health and other basic services.[60] According to the projections of the Afghanistan Humanitarian Needs Overview 2019, in that year 1.9 million people would need emergency health services due to conflict, natural disasters and a lack of basic services.[61] **Bangladesh** suffers from floods, cyclones, riverbank erosion, earthquakes, drought, salinity intrusion, fire and tsunamis, all of which lead to health crises. There have been more frequent and severe tropical cyclones, heavier and more erratic rainfall during the monsoon season, melting of Himalayan glaciers, lower and more erratic rainfall in the drier northern and western parts of the nation and rising sea levels.[62]

For **India** a change in weather patterns has a direct bearing on water scarcity, food security and health risks due to the ensuing change in disease patterns. As a low-lying archipelago with an average elevation of 1.5 metres above sea level, the **Maldives** has also been identified as one of the countries most vulnerable to threats posed by climate change and other natural disasters. The topography of **Nepal**, varying from the Himalayan mountain range and hills to low-lying plains, creates an equally diverse setting for floods, landslides and earthquakes. In **Pakistan** regular

flooding in the Indus River basin during the July–September monsoon season, earthquakes and yet another virus could be potential future health threats.

How security institutions should prepare for future health threats

In South Asia security institutions' mandates can be revised to allow for their participation in managing health crises and to make them more, transparent, accountable and efficient. Establishing clear guidelines and SOPs in laws, plans and procedures about their role in the pandemic response and preparedness is required. The security sector should strengthen complaints mechanisms, internal inspections and related capacities to increase public awareness of options for reporting security force misconduct or excessive use of power. Civilian oversight of the security sector by parliamentary committees on defence and security, ombuds institutions, national human rights mechanisms, CSOs and the media should be strengthened. Another area of priority for the involvement of the security sector is providing capacity-building training on health crisis management, proper medical screening procedures during public health emergencies, crowd and quarantine management, social distancing, surveillance collection and monitoring and other relevant issues. It is also crucial that adequate protective measures for the safety of security sector personnel should be in place, as they may be highly exposed to infection in the conduct of their tasks, and to provide them with regular mental and stress management counselling.

In **Afghanistan** security institutions need to work in an integrated manner with health professionals to give medical practitioners a safe space to operate and reach affected communities. The security sector in Afghanistan was called on to impose strict lockdown measures in Kabul and other cities; while these were effective, they failed to stop private gatherings that continued to spread Covid-19 across communities. Security institutions need to work on building public trust to get more people to adhere to advisories. In **Bangladesh** mobilization of troops to protect the safety and security of health workers must be ensured. The

rapid deployment of security forces with core medical personnel would help treat people in infected areas, so the police and armed forces must have training in how to put containment and quarantine measures in place. In **Bhutan** the security forces should develop appropriate guidelines and SOPs to enable them to mobilize in high-risk areas, assist in the tracking of potential threats and enact necessary measures to combat any realized threats, such as setting up health facilities and monitoring communities to ensure stability and cooperation.

In **India** the focus should be on ensuring that strong regulatory mechanisms are in place to provide an integrated health crisis management framework. Early-warning systems and plans for security sector reforms need to be embedded in a nationwide whole-of-government approach to managing health crises. In **Nepal** priority areas for involvement of the security sector include border control, maintaining law and order, establishing emergency health treatment zones, security of health workers and transportation of medical equipment and facilities. In the **Maldives** it is crucial for security sector personnel to be adequately trained in providing and practising infection prevention measures. In **Pakistan** security institutions, in conjunction with the Health Department, security institutes and academic researchers, must initiate a study on how to involve and prepare different actors for a health crisis. This effort should concentrate on collecting, analysing and disseminating relevant and crucial information to the public via publications, television, radio broadcasts, websites, etc. In **Sri Lanka** the security institutions should work under an integrated framework within a whole-of-government approach. It is also important in the context of Sri Lanka that there should be adequate legislative oversight by both parliament and civil society for the legitimate use of armed forces during health crises.

How the health sector should prepare for new global health threats

To prepare for new global health threats, national public health emergency management mechanisms should be activated, engaging relevant ministries such as health, education, travel and tourism, defence and

security to provide coordinated preparedness and response. The WHO has highlighted that robust Covid-19 surveillance data are essential to provide appropriate and proportionate public health measures.[63] Surveillance should focus on rapid detection of cases, comprehensive and rapid contact tracing and case identification. Most countries in South Asia struggle with laboratory capacity to manage large-scale testing for Covid-19, and this needs further attention. Infection prevention and control practices in communities and health facilities should be reviewed and enhanced, based on context.[64] Engaging communities in preparedness for and response to Covid-19 can also prepare the health sector to work in realistic, relevant and appropriate ways to meet the needs and challenges of every population group. In South Asia security institutions provided extensive operational, procurement and logistical support to the health sector, but to respond to future new global health threats these arrangements need to be clearly defined to avoid confusion and overlap of responsibilities and duties.

In **Afghanistan** the Ministry of Public Health has issued the Emergency Response Plan for Coronavirus 2020 to address preparedness and emergency coordination. In **Bangladesh** the NPRP for Covid-19 was approved in July 2020 to strengthen and maintain surveillance capacity nationwide for detection, reporting and monitoring of Covid-19 cases, including requisite laboratory capacity. It is important to have ample supplies of essential equipment for intensive care units, isolation chambers and quarantine facilities during the pandemic, such as PPE and ventilators. Full support should be given to the national public health emergency management mechanisms. The Ministry of Health and Family Welfare has constituted subnational multisectoral Covid-19 committees in each division, district, upazila, city corporation, municipality and union to coordinate and enforce all local social, administrative, legal and service delivery mechanisms to contain Covid-19.[65] The Institute of Epidemiology, Disease Control and Research has been nominated as the focal institute for conducting public health surveillance and outbreak response, and the director of Communicable Disease Control under the Directorate General of Health Services is the national focal point for WHO International Health Regulations. It is important that these institutions conduct proper research

and analysis to enable them to base their policies and plans on evidence-based facts.

On 21 January 2020 the government of **Bhutan** announced the NPRP for Covid-19. The plan is aligned with the Health Emergency and Disaster Contingency Plan (2016) and the Disaster Management Act (2013). The objective of the NPRP is to enhance the health sector's capacity for surveillance, detection, control and prevention in responding to, investigating and recovering from Covid-19.[66] The health sector in Bhutan now needs to operationalize the NPRP and prepare to address the challenges in the implementation of the plan.

In **India** there are three main national public health emergency management components within the Ministry of Health and Family Welfare – the National Health Mission, the National Centre for Disease Control and the Indian Council of Medical Research. During Covid-19 the Centre for Disease Control plays the lead role in investigating disease outbreaks all over the country (both central and state levels) and the Council of Medical Research, under the Department of Health Research, formulates and coordinates biomedical research. There is a need to review the national health policy (2012) and draft a national response and preparedness plan. Additionally, health sector funding should not only react to known public threats but must also have adequate built-in resilience. Vaccine and diagnostic innovations need platforms that can be readily adapted with rapidly scaleable resources. To prepare the health sector for new global health threats, there is a need to ensure adequate and sustainable long-term investment in research and development. The sector should be aided, informed and guided by a national health policy, underpinned by the hard-learned lessons of the Covid-19 pandemic.

The **Nepal** Ministry of Health and Population approved the Health Sector Emergency Response Plan for the Covid-19 pandemic in May 2020. The plan aims to provide clear policy guidance for timely health system preparedness and readiness to respond to the pandemic. The Epidemiology and Disease Control Division is in charge of epidemiological analysis of surveillance data and presenting key findings and recommendations for decisionmaking.[67] Other priority areas for involvement of the health sector

include stronger capacity in terms of testing and treatment facilities, activities to keep people aware and informed about health issues, national stockpiling of important medical equipment and materials, and domestic production of basic health products. In the **Maldives** the national public health emergency management mechanisms were activated in early March 2020, including designating the National Disaster Management Authority and the Health Protection Agency to coordinate nationwide multisectoral efforts to safeguard the population from infection. However, further clarity about the roles, relationships and coordination mechanisms in addressing future health crises is still needed.

In **Pakistan** the government has responded to the pandemic by strengthening coordination, case management, disease surveillance, laboratory capacity, and community mobilization and sensitization with the Covid-19 Pakistan Preparedness and Response Plan. The plan, prepared in consultation with the Ministry of Foreign Affairs, the Ministry of National Health Services, Regulations and Coordination, the National Disaster Management Authority and provincial disaster management authorities, aims to reduce gaps in coordination at all levels, support disease surveillance and laboratory diagnosis, enhance case management, ensure implementation of infection prevention and control measures, and lastly mobilize communities to control the outbreak.[68] Priority areas for the health sector could include conducting a study or an assessment of the weaknesses and challenges the sector confronts during the present crisis. Stress must be put on conveying to the public the precautions to be taken, the symptoms associated with this virus and the need for immediate reporting of infections, creating quarantine measures and distribution of facial masks, sanitizers, etc. In **Sri Lanka** the Ministry of Health and Indigenous Medical Services adopted the Sri Lanka Preparedness and Response Plan for Covid-19 in April 2020, with the overall goal of stopping further transmission of Covid-19, preventing its spread in the country and mitigating its impact. The health system should scale up the emergency response mechanism, and educate and actively communicate with the public through risk communication and community engagement. There is need to intensify case finding, contact tracing, monitoring, quarantining

contacts, isolating cases and expanding the Covid-19 surveillance system, among other priorities.[69]

How can the armed forces prepare?

Experiences of the Covid-19 crisis in South Asia suggest a range of preparatory requirements for armed forces regarding, for example, improved knowledge and procedures relating to health and infection, improved engagement in border management and improved supply-chain management capabilities, procurement, stockpiling, maintenance and other logistics policies during a pandemic. In several contexts, armed forces' internal doctrines and manuals must be adjusted, and joint training, simulation exercises, staff planning and procurement will need to reflect these new tasks. In a number of countries in the region the military is not well suited to serving easily as an adjunct to civilian emergency services, and any deployment of these forces during a pandemic should be understood as a temporary emergency measure with appropriate civilian oversight and review. Consideration should be given to reviewing the Oslo Guidelines[70] within the context of military engagement in disease outbreak preparedness and response, as well as to the importance of joint cooperation and training between the military and civilian medical personnel as an integral part of military readiness activities. Military authorities also need to address duty of care towards military personnel, while at the same time ensuring well-functioning armed forces in times of crisis. It is therefore essential to ensure that military personnel have the right to access preventive healthcare and treatment during a health crisis and beyond.

In **Afghanistan** the capacity of the ANDSF to undertake more than their current duties is quite limited and, as mentioned earlier, their involvement must be calibrated so that it does not endanger the lives of civilian professionals. The Taliban must not be fed propaganda that the ANDSF are using health challenges to advance the government's security objectives, as that would make civilian healthcare workers the targets of Taliban attacks. The ANDSF need to play a background role in facilitating access to

hard-to-reach communities, providing a secure and safe environment for healthcare professionals to operate freely, and laying down the ground-lines of communication for the transfer of patients, medical supplies and materials, among other support services. In **Bangladesh** armed forces must prepare measures to counter any epidemic before an infection hits at the community level. Specialized training programmes can prepare the armed forces efficiently during a health crisis. In **Bhutan** the armed forces can increase their capacity building, especially with border management practices. Furthermore, training on infections and preventive measures such as containment during a health crisis will be useful. In **India** the armed forces need to be prepared to utilize their emergency expansion capacities to distribute medical equipment, build temporary medical facilities, conduct evacuations, etc. Forces should be part of the early-warning system and receive training on their possible role in managing maritime and land border security.

In **Nepal** the armed forces should train their personnel in effective handling of a health crisis or potential infection outbreak, increase the number of health professionals within the armed forces, and develop strategic measures for containing a crisis, like border sealing and control. In the **Maldives** the armed forces should recognize that public health is a security issue and train personnel specifically on responding to outbreaks of disease. Understanding how infections spread and developing capacity to respond by preventing such spread are important. In **Pakistan** the armed forces can play a vital role by maintaining a lockdown at borders, providing logistics assistance at control centres and distributing pamphlets in villages where there are no electricity, internet, newspapers, television, radio, etc. In **Sri Lanka** the Ministry of Defence is already taking the lead in coordinating efforts between military, police and intelligence agencies.[71] Safeguards must be in place to ensure that deployment of the military to enforce social-distancing measures during a pandemic is done with proper accountability.

How can the intelligence services prepare?

In South Asia intelligence agencies have worked to centralize and analyse data and to assist in contact-tracing efforts. These activities require oversight to ensure proportionality and adherence to legal frameworks. There are several important considerations when deploying an intelligence service; not least, there is a need for clear delegation of authority regarding who is tasking and is responsible for health security intelligence collection. Ideally, legislation should be in place to define collection techniques and mechanisms in line with necessity and proportionality to preserve due process of law in intelligence collection. It is important that adequate training is provided to the intelligence officers to understand and analyse pandemic necessities.

In **Afghanistan** perhaps the only role that intelligence services should have is to track infections and alert the government of a potential health epidemic or pandemic. Involving the National Directorate of Security with the health system might undermine the security of civilians working to save lives and treat patients. There is a need to be mindful of the "do no harm" principle in this context. In **Bangladesh**, based on surveillance and coordinating data from both public and private sources, the armed forces will be able to analyse outbreak risk levels. Adequate training and resources need to be allocated to support such data analysis. In **Bhutan** intelligence services can coordinate with national and local governments to develop appropriate methods for disseminating information rapidly and effectively. Intelligence services should receive training on misinformation to enable them to monitor the spread of information properly and minimize false reporting, which could incite panic and stigmatism and threaten security and stability.

In **Nepal** the intelligence services should enhance their involvement to make stakeholders aware of potential threats in border areas and other sensitive locations, coordinate with other security actors to curb possible violence and criminal activities during a crisis, and keep an eye on the needs and priorities of the people during a crisis situation so that the government can develop effective plans and policies. In **Pakistan** intelligence services

must carry out debriefings and should assess their role in collecting and disseminating information regularly. The government also needs to focus on developing communication strategies to prevent and counter the spread of false information and conspiracy theories regarding Covid-19 by violent extremist and terrorist groups. In **Sri Lanka** intelligence services can make a large contribution in contact tracing and data collection to inform early-warning projections and other relevant plans and policies.

How can police services prepare?

Police services can prepare for crises such as Covid-19 by supporting implementation of public health measures while conducting rescue operations, protecting life and property, managing crowds, securing relief distribution, providing security for rescue camps, managing traffic and coordinating with other agencies on the scene. The work of police in the region could be assisted by preparation of guidance notes or SOPs on their extended roles during the pandemic. In relation to public order management, new partnerships between private security firms and local security and justice actors should be considered. Law enforcement agencies need to pay additional attention to preventing specific illegal activities arising from the Covid-19 situation, especially in addressing fake and counterfeit items, cybercrime, transboundary organized crime and issues related to prison management. The use of force by police to enforce lockdowns must be monitored, and proper guidance should be provided in this regard. Specific protocols on "stop, verify and assist" and adequate guidance on arrests and detention should be provided to police officers. Strengthening complaints mechanisms, internal inspections and related capacities to increase public awareness of options for reporting misconduct by security forces will hold police accountable for their actions and, more importantly, build trust and confidence between communities and security forces. Community partnerships and policing models that have emerged in the region while addressing the pandemic should be studied.

As in many countries, police in South Asia have facilitated access to essential services during the pandemic. Proper guidelines should ensure

a non-discriminatory response and provide special measures to protect vulnerable groups. State and local governments' policies related to Covid-19 should be clearly communicated to all officers on the ground. The role of law enforcement should be focused on informing the public about current restrictions and encouraging individuals to comply with state and local emergency health rules. There is an enhanced need to provide joint capacity-building training on crisis management, proper medical screening procedures, crowd management, social distancing and other relevant issues during public health emergencies. It is important that police services have adequate logistical support and that all officers, especially those in police stations and out on the streets, always strictly adopt protective measures. Police overseeing arrests must ensure protective measures for all persons in custody. Law enforcement agencies should have in place a plan for critical incident stress management to address officers' physical and emotional well-being and provide support services for officers and their families.

In **Afghanistan** police services could play a broader role in monitoring the movement of people and minimizing smaller gatherings to reduce the spread of infection. In **Bangladesh** police forces must have proper training on how to handle a crisis such as Covid-19 and have enough supplies, such as PPE, and methods of crowd control. Police should be equipped to fight cybercrime and online disinformation campaigns effectively by domestic, regional and international cooperation and using specialized investigative tools and transnational reach. Strategies and initiatives that bring police and communities closer at the local level by encouraging police to work with local leaders, including youth and women, need to be encouraged during a pandemic. In **Bhutan** police services should receive proper training on how to assist during health crises, including how to establish quarantine measures and handle infected individuals appropriately. Police services should prepare effective lines of communication with the health sector.

In **India** there is need to establish organizational links between health departments and police institutions to ensure good channels of communication during public health emergencies and facilitate joint exercises to improve preparedness for the future. Police services can be

prepared by introducing changes in police training manuals and having health experts on the faculty of police training schools, at both centre and state levels, to build police institutional capacity to tackle future pandemics. In **Nepal** the police service should be prepared to maintain law and order, and to coordinate with and facilitate health workers. In **Pakistan** police can be prepared by training on crisis management, proper medical screening procedures, crowd management and social distancing. In **Sri Lanka** the police can prepare by updating and revising community policing models, incorporating lessons learned during the pandemic. There is a need to have regular public information sharing during crisis situations to build trust and inculcate a sense of security.

How can border management agencies prepare?

With the vast spread of the virus across borders, the pandemic has changed patters of movement and trade and had impacted on immigration and border management approaches in the region. It is necessary to develop approaches that are well tailored to focus on specific national capacities. Furthermore, technical assistance is required in health-related issues for national immigration, border and consular authorities. Updated health advisories should be shared/circulated in real time with national and regional authorities, requiring efficient interagency and cross-border coordination on Covid-19 preparedness and response. Additionally, countries need to cooperate better on early warning and risk assessment, including crisis management and contingency planning. It is also crucial that immigration and border authorities are engaged in strengthening data collection from available sources to trace mobility better and thus contribute to preparedness and response in collaboration with relevant health authorities. Covid-19-specific SOPs for frontline border officials should be prepared and disseminated regularly. It is also important that border management agencies have adequate logistical support and all border officials always strictly adopt protective measures and guidelines.

In **Afghanistan** border management agencies could work more closely with their counterparts in neighbouring countries to get better access

to data and figures for people entering or exiting across their borders. Border agencies should work more closely with healthcare professionals, emergency relief services and relevant ministries to set up camps and/or quarantine facilities at borders to house people displaying signs of infection before they are allowed to continue their journeys. However, challenges to such a policy include large-scale population movements, limited resources, poor communication, lack of trust in public institutions and inadequate control systems. In **Bangladesh** border management is critical for containing epidemic diseases, and the security forces working at borders and in other remote areas are often the first line of defence. Hence border guard personnel need proper information and protective gear to stop pandemics at the borders before a virus or infection becomes active at the community level. In **Bhutan**, since some Bhutanese live across the border, a mechanism to create makeshift homes at short notice for those affected by border closures would be essential. Since tourism is important to Bhutan, monitoring health threats around the world will help Bhutan's border management to make appropriate judgements on border closures and travel restrictions in preparation for a potential new health threat.

In **India** the government has undertaken multiple initiatives, such as constructing roads, fencing and floodlights, installing radar and use of other border management technology to implement emergency mitigation measures to address overcrowding. Effective border management for complex territorial conditions such as in India calls for proper planning, joint training exercises and funding. In **Nepal** the government has to make border guarding more vigilant, check the mobility of people during crisis situations, assist health workers to establish emergency testing centres whenever necessary, coordinate with the security sector to prevent any unwanted activities at the borders, and help establish security posts wherever needed. In **Pakistan** border management is of the utmost importance, as the country shares a border with Iran, where the infection rate and casualties are high. Border management authorities should invest in writing suitable guidelines for handling stranded migrants, especially for managing controls and checks at the borders. In addition, the government should create adequate and effective quarantine facilities at all border

crossings. These centres should be managed by national authorities in conjunction with local bodies.

How can local security actors prepare?

Local security actors and their preparations are important components in improving national capabilities to respond to future health crises, given that they are direct interlocutors with local communities. Strong coordination is needed to ensure that all actors are working collaboratively to achieve a whole-of-government, whole-of-society response for building resilient health systems and maintaining security. Local security actors and village leaders can use their proximity and standing in affected communities to help manage community engagement, distribute medical supplies and disseminate information. It is important that traditional and religious leaders are given adequate training on public health emergency rules and government procedures and regulations to enhance public health safety during a disease outbreak at the community level. Similarly, private security actors should be further regulated to be more supportive to law enforcement agencies.

In **Afghanistan** local security actors can play a role by being trained in other areas besides security to provide various essential services, such as first aid, basic nursing and communications between public authorities and civilians. In **Bangladesh** local security actors can help policymakers and stakeholders by being the eyes and ears at the community level. Local security actors thrive on having close, trusted relationships with community members, but they must undergo proper training to contribute positively during an outbreak of a disease. Private security actors seem to be working on an *ad hoc* basis, and there is a need to define their role in providing and maintaining security during a health crisis. In **Bhutan** local security actors can remain in tune with the needs of local populations and keep lines of communication open with national security and health sectors. Furthermore, they should have appropriate training related to handling health threats and have guidelines in place to assist rural and vulnerable communities to gain access to needed healthcare and health

resources/supplies.

In **India**, with its decentralized framework of governance, both primary and secondary healthcare have been placed under the purview of the third-tier institutions called *panchayats* (rural self-government institutions). They play a substantial role in coordinating with government in organizing contact tracing, health check-up camps and sanitation and spreading social-distancing messages, among other activities at the community level. Emphasis should be given to conducting research to review their role during the pandemic. Also, the private security industry should have appropriate guidelines for its roles and be supported by training in managing the pandemic. In **Pakistan** the role of local security actors is of utmost importance, as they know the communities and their difficulties. They can devise effective plans and strategies at all stages of the crisis. Moreover, private security companies should be given relevant training to respond better to health crises. In **Sri Lanka** the government has initiated dialogue with local security actors to see how they can be involved in responding to the pandemic in community engagement programmes.

How can international security arrangements, such as regional IGOs and the UN, prepare?

The global response to the Covid-19 pandemic involves conducting ongoing epidemiological analysis and risk assessment at global, regional, national and subnational levels. To support this, operational, technical and research networks involved in international security arrangements – including regional IGOs and the UN – should be engaged to accelerate research, innovation and knowledge sharing. Crises such as the Covid-19 pandemic may offer opportunities for leaders from different fields to learn from good examples of crisis response in the region and to promote cooperation and policy coordination among countries.

In **Afghanistan** international security partners, regional IGOs and the UN could collectively provide continued funding and support to build national capacities. Staff in the country at the national, provincial and local levels are key to providing access to services, especially during times of

emergencies, natural disasters and epidemics/pandemics. Diminishing their capacities would do significant harm, thus adequate training should be provided. In **Bangladesh** a framework of cooperation must be established or agreed upon at national, regional and international levels to address the pandemic. In **Bhutan** the main way international organizations can prepare is by providing assessments and logistical support. The national government needs to track and monitor the spread of disease and keep lines of communication open with the international community.

In **India** the international security arrangements/regional IGOs and the UN can provide support with timely sharing of knowledge and research. In **Nepal** the UN could coordinate with national security organs to maintain law and order in the country, monitor and evaluate existing security arrangements and help resolve any disputes at the borders as they arise. In **Pakistan** these institutions have a crucial role, in that they have accurate international data as well as funding to address Covid-19. They can prepare reports based on statistics, and share them in real time with the government of Pakistan and the provincial governments. The UN and its agencies can function as coordinating institutions, and resolve financial deadlocks faced by governments. In **Sri Lanka** the international community needs to facilitate real-time information on the evolving epidemiology and risks, timely access to essential supplies, medicines and equipment, and sharing of the latest technical guidance and good practices.

How can national governments prepare?

Experiences of the Covid-19 crisis in South Asia have suggested a range of preparatory requirements for national governments. These include devising policies, plans and strategies for health and security institutions to detect early-warning signs of a disease and act promptly in response while adhering to human rights and gender equality. National governments should support reforms to create interministerial coordination mechanisms and build capacity for efficient and accountable preparedness and response. Governments need to address the spread of misinformation, ensure clear and timely communication with the public and seek opportunities for public

participation in the decisionmaking process during response and recovery efforts. Furthermore, it is important that governments integrate anti-corruption provisions in pandemic preparedness and response policies and plans. National governments must coordinate effectively between health and security sectors, and work on social and economic impacts of crises through initiatives such as relief funds assisting vulnerable populations. In addition, national governments need to address procurement and distribution strategies for vaccinations and medications.

In **Afghanistan** the national government needs to work with a broad set of stakeholders, including individuals in the opposition, to build a national consensus and raise public trust. Government officials must use an evidence-based approach to tackle problems. Their plans should be flexible, to adapt to contextual variances across the country. Moreover, the national government should engage experts from universities, civil society, think-tanks and the private sector to boost the overall capacity of the national effort and bring in other voices that can add significant value to any action plan and implementation effort. In **Bangladesh** the national government should clearly chalk out policies that enable it to respond rapidly to any health crises. In **Bhutan** the national government can develop a reserve for the tourism sector to combat the negative economic impact of closing borders. Furthermore, the government should develop a national policy and legal frameworks to respond to the health crisis, and strengthen communication with local governments, the health and security sectors and international security arrangements.

In **India** the government should streamline the information machinery at state, central and international levels – national governments need to ensure truthful and consistent public communication. A central expert body should formulate strategies for testing, hospitalization and treatment, with regular feedback from research centres and health authorities. Allocating hospitals and creating special treatment facilities for pandemic-affected patients is very important. These tasks should be enforced by the civil administration. It is also crucial to avoid stigmatization of the disease and spreading panic among the public, so firm action should be taken when patients suffering from the disease or the healthcare staff looking after

them are stigmatized or ill treated. Special arrangements should be made to maintain essential services such as health and hospital facilities, water supply, shops selling groceries and medicines, electricity, banking, police, sanitation, transport of goods, e-commerce, etc. First-responders should be provided with protective equipment and other facilities. In the **Maldives** the government must focus on the impact of the pandemic on the tourism industry, and provide appropriate social protection clauses in the national response and preparedness plan for Covid-19. The government also needs to address any complaints about abuse of power or corruption by security forces during the pandemic.

In **Nepal** it is important that the central government focuses on drafting or updating national policy frameworks to tackle the health crisis, developing mechanisms for communication with foreign governments and bilateral and multinational agencies during the pandemic, stockpiling important medical equipment and materials and building the necessary infrastructure to produce these domestically. In **Pakistan** the national government can prepare by assessing the shortcomings and challenges faced during the present crisis and reformulating plans and strategies. Government officials need to address the shortage of doctors, nurses, paramedics and technical personnel in the health sector. They should assess and distribute funds, medical/health supplies and equipment according to the requirements of provincial governments. In **Sri Lanka** the government needs to make sure adequate measures are in place to coordinate the roles and responsibility of security and health actors. A focus on building the resilience of the health system should be a priority.

How can media, civil society and think-tanks prepare?

Experiences of the Covid-19 crisis in South Asia suggest that the media and civil society should be supported in activities relating to analysis and communication of the security needs of vulnerable or underserved communities and those living in remote areas. Such activities can contribute to the formulation of more effective policies, legislation and crisis response plans. Experience has highlighted that governments and ministries should

consider the capabilities and resources of CSOs in contingency planning. Policy research organizations, academic institutions and think-tanks have made significant contributions to crisis responses through research and communication. With additional funds and resources, these actors can conduct thorough research, including surveys, public opinion data collection and assessments. To optimize contributions to crisis responses, CSOs and media should be provided with training on oversight functions that can highlight cases of abuse, excessive use of force, stigmatization, spread of violent extremism, mismanagement, and corruption by law enforcement and defence institutions during the pandemic.

In **Afghanistan** societal actors must take the lead in advocating and calling for an evidence-based approach to address the pandemic. They must engage the government at all levels to help deliver better outcomes, and they need to keep each other informed, especially regarding activities such as messaging to reach a broader audience – and doing this responsibly to ensure the credibility of the communication remains intact. In **Bangladesh** all stakeholders, such as the media, think-tanks and CSOs, should conduct research, surveys and public opinion assessments to inform a wide array of national policies and legislations. There is a need to build the capacities of key actors, such as youth leaders and religious leaders, to counter online recruitment and spread of misinformation by extremist elements. In **Bhutan** societal actors should develop their media training on preventing the spread of misinformation. CSOs can closely monitor human security needs and strengthen communication with the public and the national government.

In **India**, as evidenced by the negative impact of the "infodemic" in the wake of the Covid-19 crisis, the media should work towards stemming the spread of fake news to deal with future global health threats. Civil society can work to bridge the gap between policymakers and the public by advocating for the needs of the weakest stakeholders. Think-tanks can prepare for future health threats by producing actionable research and ensuring its mass dissemination, while at the same time providing expert-based policy recommendations to the government. In the **Maldives** it is vital to utilize and involve the resources of CSOs and the media to

reach out to remote communities in the islands. However, it is important to use good skills and training to analyse security-related laws, plans and programmes, executive orders and notifications issued during a pandemic. It is also important to improve the capacities of community leaders, local CSOs and youth groups to counter extremist messages and narratives and the spread of false information.

In **Nepal** societal actors need to focus on keeping people aware and informed about potential major health crises and the importance of following safety measures, helping with and coordinating provision of basic relief items to the people hardest hit, closely monitoring and evaluating the actions and activities of different stakeholders, and speaking out and applying pressure whenever needed. In **Pakistan** civil society actors should contribute positively and suggest solutions to government agencies in the health sector. In **Sri Lanka** CSOs and the media should be given training relating to their oversight functions.

Requirements for institutional and legal frameworks for security sector involvement in health crisis preparedness

Institutional and legal frameworks that oversee security sector involvement in health crisis preparedness and response need to be created or adjusted to reflect the new national and regional roles of the security institutions. Most countries in the region have adopted new national plans to address Covid-19 (as discussed in the previous section) and institutional frameworks that are associated with natural disaster management. It is now critical to address effective implementation of these new plans and frame suitable operational guidelines to support country preparedness and response. A lack of relevant laws and policies to address identified gaps and provide clarity, accountability and efficiency in health crisis response and preparedness of the security sector was highlighted by all countries in the region. Parliaments, CSOs, the media and think-tanks need to be prepared to perform their legislative oversight functions throughout the processes of drafting and implementing laws and reviewing associated institutional and legal frameworks.

In **Afghanistan** any effort to securitize a response to a health crisis should have an end date, to ensure that such provisions are temporary and can be dismantled upon the expiry of the executive order, policy enactment or legislation. Furthermore, the securitization of a health crisis must have legislative and public oversight. **Bhutan** can update and strengthen its preparedness plan to include the involvement of the security sector in health crises. In **India** there is need to review the existing legislation dealing with pandemics and draft a new regulatory framework, including reviewing national health and security policies together to address the pandemic.

For **Nepal** it is important to create a robust legal framework to tackle national health emergencies in future, build a high-level institution to coordinate and implement nationwide health measures, and develop a mechanism for stockpiling necessary medical equipment and materials, along with measures to produce such items domestically. In the **Maldives** there is a need to consult the relevant drafting bodies within the government, parliament and judiciary to review what worked and what needs to be strengthened in the legislation dealing with Covid-19. In **Pakistan**, to enable a review of institutional and legal frameworks the existing frameworks must first be properly implemented. In **Sri Lanka** legal and institutional frameworks used in disaster management should be closely reviewed to see how best they can or cannot be utilized for the health crises.

Adjusting security sector reform to future health crisis challenges

In South Asia the engagement of security actors in activities outside their core mandates has raised concerns about the effectiveness and erosion of institutional legitimacy and credibility. This extended scope of security institution functions has been accompanied by concerns about security sector oversight and potential intrusion of political agendas in security sector governance (SSG) during the pandemic. While the Covid-19 crisis has presented numerous challenges for national security sectors throughout South Asia, it has also presented opportunities to reflect on national crisis response arrangements and ensure that involvement of security institutions and actors complies with principles of good SSG.

For **Afghanistan**, as mentioned above, the approach to any healthcare crisis needs to be evidence-based and not security-based. SSR activities need to be done through broad consultation. If such an approach is adopted, the views of the healthcare community should be solicited to identify their priorities for SSR. In other words, stakeholder engagement is key to seeing that reforms reflect broader institutional requirements and needs. In **Bangladesh** the roles and responsibilities of security sector actors must be clearly defined in any future global pandemic. There should be immediate and workable training programmes for personnel in different branches of law enforcement services and other forces to help them perform the extended functions professionally. In **Bhutan** the security sector would benefit from strengthening training programmes aimed at health crisis preparedness. In **India** innovative methods and updated technology should be built in while reviewing the security sector's response and preparedness in dealing with the health crisis and implementing new plans. In **Nepal** the capacity and preparedness of security forces should be enhanced to meet new and evolving threats and challenges.

In the **Maldives** the pandemic has made many people question the assumption that national security is solely a matter of law and order or a military problem. The concept of security is being broadened to include health issues, and this will affect the direction and allocation of future security expenditure and training programmes. Police and military will need to be trained on infection prevention measures and social-distancing protocols. In **Pakistan**, when addressing SSR and development the issue of building trust and confidence in communities should not be ignored. In **Sri Lanka** the pandemic has given an opportunity to review the response of the security institutions and see how new initiatives can be launched under the national response and preparedness plan to address Covid-19.

Recommendations for effective, efficient and accountable preparedness

In South Asia it is crucial not to separate health threats from security threats, as separating mitigation measures by health providers from those of security providers will only exacerbate the risk for national health

crises to escalate. There is a need to develop a joint/integrated national health crisis management framework, including a national emergency preparedness, readiness and response plan for Covid-19, national health and security policies, and suitable legislation addressing pandemics. To prepare for new global health threats, national public health emergency management mechanisms should be activated, with the engagement of relevant ministries such as health, security, education and travel and tourism, among others. A number of recommendations in relation to security institutions are discussed in this chapter, including the need for internal doctrines and manuals for armed forces that are adjusted to a health crisis, as well as regular training exercises, staff planning and procurement that reflect these new tasks. A tool should be developed for rapidly assessing whether the response to a specific disease outbreak would benefit from military support, and consideration should be given to reviewing the Oslo Guidelines[72] with a focus on appropriate contexts for direct military engagement in a health crisis.

Intelligence oversight is important to ensure the widespread use of technology to track individual data and movements during the Covid-19 crisis. However, measures should be put in place to ensure this does not result in routine monitoring of citizens and systematic violation of the right to privacy. Excessive use of force by police to enforce lockdowns must be addressed in a guideline with specific protocols on "stop, verify and assist" and arrest and detention procedures. Strengthening complaints mechanisms, internal inspections and related capacities to increase the public's ability to report misconduct will be vital to hold police accountable for their actions and, more importantly, build trust and confidence between communities and security forces. In addition, it is important that adequate training is given to intelligence officers to enable them to understand, collect and analyse information during health crises. It is critical to assist national border control entities in enhancing interagency and cross-border coordination on Covid-19 preparedness and responses, and to develop, revise and strengthen national and regional contingency plans in line with the existing global technical guidelines on migration.

Community engagement should be established in supporting cross-border community-level awareness, in close coordination with local authorities, and by providing joint training for municipal officials and community members on Covid-19 preparedness and response measures. It is important that local and traditional leaders are given adequate training on public health emergency rules and government procedures and regulations. Civil society should be supported in analysing and conveying the security needs of vulnerable and underserved communities and those living in remote areas, while formulating related policies, legislations and plans to oversee the response to and preparedness for the pandemic. There is a need to support parliamentary committees on defence and security to ensure that the roles and responsibilities of security actors are adequately reflected in legislative and budgetary oversight. The global public health data architecture should collect data in a timely fashion, and conduct epidemiological analysis and risk assessments incorporating contributions from the security sector. Additionally, there is a need for a national pandemic law to address all needs and gaps and provide clarity in the roles and responsibilities of security institutions and actors.

Conclusion: Summary and patterns

The unprecedented scale and scope of the Covid-19 pandemic have ensured that the crisis has extended beyond national health sectors. The spread of the virus has led many countries to rethink institutional and legal frameworks circumscribing the roles and interrelationships of different institutions and sectors. In South Asia the national security institutions and actors have been deeply engaged in crisis responses, and this review of the implications of Covid-19 for security sectors in eight South Asian countries highlights several significant patterns.

- **Overarching national pandemic strategy, policy, laws and plans**. In response to the Covid-19 pandemic, most countries in South Asia adopted new national emergency preparedness and

response plans that are implemented in the context of pre-existing institutional disaster management frameworks. Attention needs to be paid to understanding the linkages of disaster risk reduction and preparedness with health crisis response and preparedness. A **comprehensive crisis management strategy** during a pandemic should provide the framework to coordinate preparedness and response planning by all sectors, including the security sector. It was reiterated that for an effective response to the pandemic a **whole-of-society approach** is required to coordinate the activities of various branches of government, national institutions and communities. It was also observed that approaches addressing health separately from security aspects of the crisis, thereby separating mitigation measures by health and security providers, will potentially undermine responses and exacerbate risks. It was noted that efforts should be made to develop and implement associated structures and plans in the security sector to facilitate and coordinate different public services and align them with the national Covid-19 preparedness and response plan. Hence there is a need to **harmonize plans and structures of security sector institutions, such as police, defence, immigration and border management, intelligence** and others, with the national preparedness and response plan for Covid-19 at federal (central), provincial (state) and community levels.

- Experience in most of the countries reinforced the significance of a **clear legislative and regulatory framework to reflect the new national and regional health-related roles and responsibilities of security institutions**. The crisis has given an opportunity to review the existing legislation, national security policies and associated plans and guidelines to make the security response and preparedness architecture coherent, accountable and efficient. In most countries discourse about drafting comprehensive coronavirus/communicable disease control legislation or updating existing epidemic disease legislation is already under way.

However, it is important that the roles of security sector actors are reflected adequately in any legislative drafting or amendments. In relation to emergency legislation, care should be taken to ensure that crisis-related functions and mandates are limited, time-bounded and proportionate to the nature of the emergency. This includes ensuring that law enforcement officials may use force only when strictly necessary and to the extent required for the performance of their duty, and only when less harmful measures have proven to be clearly ineffective. It was highlighted that, as a rule, the military should not conduct policing functions. Exceptional situations, however, may require the military to be deployed in a law enforcement context for limited periods and in specifically defined circumstances. In addition, whenever members of the armed forces conduct law enforcement functions, they should be subordinate to civilian authority, accountable under civilian law and subject to standards applied to law enforcement officials under international human rights law. Moreover, legislation pertaining to the extended role of private security companies and border and intelligence agencies needs to be reviewed. The role of legislative oversight by the parliamentary committees on security and defence in the region should be strengthened.

- **Operational and institutional guidelines for security sector actors**. Another important pattern emerging from experience in the region was the need for coherent operational and institutional guidelines to involve security sector actors in responses to the crisis. Based on the discussion in this chapter, in the case of **law enforcement services** a number of operational guidelines are highlighted. Like other essential service providers, police personnel are at a great risk of contracting the virus and also spreading it. It is vital that all officers, especially those in police stations and out on the streets, adopt strict protective measures at all times. Police officers overseeing lockups must ensure protective measures for all persons in custody at police stations and those held in prisons. The need for

comprehensive guidelines on occupational health and safety for law enforcement services and on mental and physical well-being during the pandemic was echoed in this study. In many countries in South Asia the police are a liaison point between people and essential services, and in the pandemic police officers were asked to help people access day-to-day needs, such as buying groceries etc., which was way beyond their normal duty. It would be beneficial to have operational guidelines for the police regarding facilitating public access to these services. The importance of having regular and clear communication both internally and with the public is mentioned over and over again in the chapter – a suitable guideline focusing on communication and public health emergencies would help to address the spread of any misinformation or disinformation regarding the pandemic and the role of security actors. Guidance on minimized use of force, a specific protocol on "stop, verify and assist" and arrests and detention should be provided, so that neither officers nor prisoners are put in danger of contracting the virus by being in close proximity in custody. There must be firm action against any police personnel found deviating from, abusing and/or violating established procedures and principles governing lockdown management, particularly on use of force, arrest and detention, and on managing public and essential services, thus clear guidelines on accountability for police misconduct during the pandemic should be drafted.

- Consideration should be given to reviewing the Oslo Guidelines on the use of military and civil defence assets during disaster relief in the context of military engagement in disease outbreak preparedness and response. In addition, operational guidelines for the **armed forces** need to incorporate the extended roles that arose during the pandemic. In the region the **border management agencies** should develop operational guidelines for frontline border officials at points of entry, and also for engagement of other security forces and services at land and maritime borders

in the Covid-19 context. It was highlighted that the **intelligence agencies** in the region have been involved in contact tracing and surveillance. It is vital to ensure that widespread use of technology to trace individual data and movements during the Covid-19 crisis does not result in routine monitoring of citizens and systematic violation of the right to privacy. There should be clear guidelines stating who within the government is tasked with and responsible for analysis of such data/information. Moreover, it should be ensured that the techniques and mechanisms used for collection are in line with necessity and proportionality regulations to preserve the due process of law. Another pattern noticed was the positive contribution of **local security actors and private security actors** in tackling the pandemic, and the need to have guidelines to articulate clearly their roles and responsibilities during preparedness for and response to the Covid-19 pandemic. In the study the need for a guide to capture the role of SSG oversight bodies, such as parliament, national human rights commissions (NHRCs), CSOs and the media, during the pandemic was recapped throughout.

- **Capacity building in terms of training and simulation exercises**. Experience in South Asia has highlighted that security sector actors need training to address the unique challenges they face in extended duties during the Covid-19 pandemic. To maintain law and order police services will benefit from training and simulation exercises covering areas including use of force, a human rights approach to crowd control, mass-gathering risk assessment, handling of sexual and gender-based violence cases, how to deal with special interest groups such as persons with disabilities and children during health crises, how to deal with persons in custody and prisons, and other issues. The degree to which security actors understand the Covid-19 pandemic will affect its impact on services and how well they are able to communicate information about the threat and manage fear in interactions with the public.

As highlighted in this chapter, security actors should be trained on communication management during public health emergencies. Awareness-raising training about Covid-19 for law enforcement services, armed forces, border and immigration agencies and other security actors will educate officials about how new plans and policies fit within the existing emergency operational framework. Equally, intelligence officers and other security actors should be trained on health surveillance data collection requirements and contact-tracing protocols if they are involved in this work. Officials staffing immigration and border controls should have training on detecting and managing cases of travellers potentially ill with Covid-19, and on addressing overcrowding at the border areas. Training should be provided to address occupational health and safety for law enforcement services, armed forces, border and immigration agencies and other security actors, including use of PPE and stress management to address officers' physical and emotional well-being. Private security guards and community leaders have contributed in controlling and managing the pandemic, hence they should also be given appropriate training in the context of Covid-19. Training should help to strengthen the capacities of parliamentary committees on security and defence regarding pandemic-related legislation, overseeing the government's pandemic preparedness and response, and supporting public consultation. Similar training should be given to other oversight bodies, such as NHRCs, ombuds institutions, CSOs and the media, so they can shed light on abuse and cases of mismanagement by security sector institutions, and also encourage people to participate in decisions made by executive, legislative or judicial authorities on key issues related to public safety and security.

- **Oversight mechanisms**. During the crisis many of the regular oversight mechanisms relating to the security sector have been severely curtailed due to limitations on the ability to work in a normal manner. However, the role of internal and external oversight

was emphasized by most countries in the region. Parliamentary oversight during the crisis not only includes scrutiny of legislation, fiscal policy, resource allocation, procurement fraud and corruption, but also advocacy for the inclusion of gender equality, human rights and duty of care within the policy responses of the security sector. The independent oversight role of NHRCs and ombuds institutions and public oversight by CSOs, the media and think-thanks in applying the essential checks and balances were well acknowledged.

- **Accelerate evidence-based data gathering, research and analysis to inform policy, law and planning during a pandemic**. Many countries have started sharing evidence-based research results and policy-related information among relevant ministries, research institutions and think-tanks, as well as with the public and other actors involved in pandemic response and preparedness. Substantial efforts in analysis and monitoring have focused on topics of gender, human rights and emergency powers, which can support reform of crisis response arrangements. The need to improve capabilities of security institutions in relation to data collection, monitoring and detection of **early-warning signs** regarding the spread of disease was highlighted by the experiences in the region. Experts from all security sector institutions should collaborate for effective information collection, sharing and analysis to strengthen a comprehensive response mechanism. In South Asia recent experience has shown that remote rural communities can contribute effectively to early-warning detection and analysis. The study further highlighted that the international community and regional organizations, such as UN agencies and SAARC, can assist in coordinating research and analysis efforts.

- **Focus on community-oriented confidence-building measures in the response to and preparedness for health crises**. Responding to

public health emergencies requires changes in regular behavioural patterns. Encouraging these changes requires coordination and an understanding of the culture and communities affected. During the pandemic some stimulating community partnerships and policing models emerged in the region that warrant further attention. Community, traditional and religious leaders and local justice/security providers have disseminated information on measures to prevent and contain disease at the local level, and ensured compliance. Building trust and confidence between communities and security forces is reiterated throughout this chapter.

- **Fragility, violent extremism and terrorism**. In many countries in South Asia the combined environment of fragility and Covid-19 has created an opportunity for violent extremist groups to take advantage of a deteriorating situation and undermine confidence in the government by spreading extremist narratives and disinformation. These groups grasp the chance to increase their support base by either exploiting grievances or filling the void created by the incapacity of state institutions to respond to the crisis. Hence it is essential to build and develop strategies for effective communication to prevent and counter extremist messages and the spread of false information regarding Covid-19. The focus should be on improving the capacities of key actors, such as community leaders, local CSOs, youth groups and law enforcement officers, to address this emerging security threat and protect communities.

- **Involvement of a regional organization to strengthen regional response and preparedness**. In the context of several pre-existing domestic and international migration crises in South Asia, the Covid-19 crisis highlighted the need to strengthen cross-border data sharing to create and improve understanding of internal and regional mobility. Given the transnational nature of the Covid-19

pandemic, SAARC could facilitate improved cooperation between governments in crisis management and develop a disaster-preparedness strategy at the regional level. Moreover, SAARC could lead research and evidence-based studies on regional multisectoral health crisis prevention, preparedness and recovery. A significant contribution of SAARC to Covid-19 responses in South Asia has been the establishment of a regional emergency fund, supported by many countries in the region.

- **Appraisal of SSG for better response and preparedness during a pandemic**. In South Asia the health crisis has given an opportunity to review and understand further the role of the security sector – including security providers and oversight institutions – in tackling the Covid-19 pandemic and how these efforts may be improved. The study highlights that research is required into how new innovations can support improvement in the effectiveness, accountability and professionalism of governance of security sector institutions during health crises**.** Additional attention must be paid to addressing increased gender-based violence, human trafficking and other organized crime, cybercrime, violent extremism, concerns of migrant and refugee security, prison and election security, and linkages to disaster risk-reduction strategies. While appraising SSG, the roles of non-state actors and extremism were similarly emphasized in the chapter. Finally, the response to public health emergencies often requires changes in regular behavioural patterns, which means that SSG activities need to be framed within a long-term approach that aims for sustainable changes.

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Chapter 4

Covid-19 and Security Sector Responses in Southeast Asia

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Introduction

As of 12 November 2020, Southeast Asia[1] had recorded over 1 million confirmed Covid-19 cases and almost 25,000 confirmed deaths.[2] Some countries, like Thailand and Vietnam, had some success in flattening the curve early, while others, such as the Philippines and Indonesia, struggled to reach this target. Others had apparent initial success that turned out to be short-lived – as seen in Singapore, where a sudden spike of infections, mostly involving foreign workers living in dormitories, appeared after weeks of low numbers of local cases. In most countries the healthcare sector has been under tremendous pressure to respond, and healthcare front-line workers raced against time as they themselves became infected while caring for the sick.

The first quarter of 2020 brought the first wave of infections. The easy movement of people across borders due to the no-visa policy of the Association of Southeast Asian Nations (ASEAN) is considered to have been a major contributor to accelerating the spread of the virus. The decision of countries to suspend cross-border travel in the region to slow down the rate of infection negatively affected trade and international tourism, two major sources of income for most Southeast Asian countries.

The health sector was the first to respond to the Covid-19 pandemic, as expected, but it quickly appeared that health actors could not manage a

crisis of such magnitude alone. The virus hit most countries hard, especially those whose healthcare systems were ill equipped to handle a sudden influx of patients. Even in countries where the number of contaminations and subsequent deaths was successfully kept under control, the pandemic put a significant strain on health sector personnel and infrastructure. A large amount of medicine and medical equipment was needed for the increasing number of patients, as well as the specific treatments used in severe cases of Covid-19. Few countries had the necessary pre-existing number of fully equipped intensive care units and trained medical staff to manage them, so medical infrastructure had to be adapted in haste to create space and equip it as quickly as possible. In several countries this shed light on the already existing limitations of healthcare infrastructure.

In the absence of a vaccine, governments declared community quarantines and emergency lockdowns to slow down, and if possible stop, the spread of the virus. Social/physical distancing was the main approach, alongside the use of face-masks. Community checkpoints were set up, and in areas where transmission was high entire communities were placed in lockdown. Armed forces and police were deployed to assist in managing checkpoints and enforcing these lockdowns. The police, armed forces and local security actors, who collectively have extensive experience in managing movements of people and vehicles at checkpoints during emergency situations, were all ill prepared for the health aspects needed at checkpoints to contain the virus (e.g. social/physical distancing, checking people's temperatures and enforcing sanitation measures). Many were deployed hastily without effective personal protective equipment (PPE), except for non-surgical-grade face-masks, leading to a high number of security personnel being infected. Further, in a context where the population did not initially understand the necessity for strict measures that dramatically hampered their capacities to earn income, and where information was initially often scarce, security sector stakeholders had to raise awareness and communicate rather than simply enforcing laws. These are roles with which they were not familiar, and often had not been trained to carry out. Intelligence services were tasked with controlling the spread of fake news and misinformation, and were in most countries closely involved in contact

tracing. They had to undertake these tasks with the minimum possible impact on individual rights of expression and movement, which was a hard balance to attain and required highly functioning oversight bodies at a time when civil society, media and parliaments struggled to play their roles as meeting was impossible. Local security actors have been essential, in many cases acting as a relay between central levels that need to receive information from communities to manage the situation based on accurate data and local populations that are scared and often misunderstand the necessity for restrictions. As all countries imposed limitations on those entering their territories, both foreigners and returning migrants, border management agencies had to carry out strict controls, learn to manage possibly sick returning populations and organize quarantine facilities, often with the support of the armed forces.

While non-traditional security threats like the Covid-19 pandemic have always been in the ambit of security discussions in Southeast Asia, it was obvious that no country was fully and truly prepared for these kinds of issues, as demonstrated during this crisis response. When the pandemic struck, no single country in Southeast Asia had its response prepared. At the time of writing, about six months after the onset of the pandemic response in Southeast Asia, the outcome remains uncertain. Some countries have begun to return to "normality" and allow commercial activities to restart, while others are slowly and cautiously trying to resume economic activities while accepting the fact that the virus will be with us for a long time.

The battle against Covid-19 has been intense, but other security challenges in Southeast Asia have remained and even worsened. The region has been fraught with both interstate and intrastate conflicts. These are persistent concerns that hamper development but normalize military presence in civilian communities, given that armed forces in Southeast Asia have been in prolonged and protracted guerrilla wars with rebel groups.

However, fighting rebellion is not the only reason why the military and police in Southeast Asia gained prominence. History shows that political leaders, in the process of state building, have often utilized security forces to strengthen their respective regimes and increase their control of power. Police and military have had a conspicuous presence, to varying degrees,

in state formation in the region. Moreover, given the strategic position of Southeast Asia due to both its location and its role in the regional security architecture, how it manages the current health crisis alongside its chronic internal security problems is of interest to the global political and economic community.

This chapter offers a broad narrative on how the Southeast Asia region has responded to the Covid-19 pandemic, focusing on the role of the security sector at large in supporting this response, and analyses lessons learned to offer recommendations for better preparedness for the health and security sectors. The first part examines the direct impact of the pandemic on human and traditional security, as well as the relationship between the health and security sectors in responding to the crisis. The second part goes more specifically into detail on lessons learned, including the roles of security actors, oversight bodies and international organizations in supporting the response, as well as the necessary adaptation of existing legal frameworks. Finally, the last section analyses how the various sectors and actors could better prepare for such a crisis if a similar situation occurs again.

The chapter shows the interwoven and multilayered issues, the complexities of state and societal responses and their consequences, both intended and unintended, for the security sector, the people and communities, and the broader agenda of human development and human security in the different countries.

The Covid-19 pandemic as a security threat: Impact on health and security sectors

This section describes the impact of the pandemic on health and security actors in Southeast Asia, and how, due to the scale of the needed response, the health sector required rapid support. It analyses the relationship between the health and security sectors in preventing and managing health crises, drawing on the evolving Covid-19 pandemic. It first reviews the main human security concerns related to the Covid-19 crisis and its impact on health

sectors. Particularly, it looks at how the security and health sectors have adapted to the challenges and responded to the pandemic, and what their roles and capacities have been in preventing and managing the outbreak. It examines the need for security sector involvement in responding to the pandemic, focusing more specifically on the need for cooperation between the health and security sectors. Finally, this section attempts to provide a better understanding of the exact capacities of the security sector to assist health actors in preventing, managing and limiting the spread of the virus. Overall, it gives a detailed overview of what has been put in place so far in Southeast Asia to respond to the pandemic, centring on the role the armed forces have played.

Human security and traditional security implications of the Covid-19 crisis

The Covid-19 pandemic has impacted on human security throughout Southeast Asia, not only by affecting people's health and causing death but also by severely undermining the economies of sometimes already fragile countries. Indeed, even in countries where the health impact of the pandemic can be managed, the mid- to long-term human security consequences for the population are significant, and sometimes hold the potential for broader threats to societies' stability and security.

In **Cambodia** Covid-19 has three main human security implications. Firstly, job security is threatened, especially for Cambodians working in the garment, service and informal sectors. Limited supplies of raw materials and a halt in purchase orders from Europe and the USA shook the important garment sector, which had contributed 17 per cent of the growth in Cambodia's real gross domestic product (GDP) in 2019.[3] In May 2020 the World Bank estimated that the Covid-19 pandemic could slow Cambodia's economic performance drastically, with GDP contracting by between –1 per cent and –2.9 per cent in 2020.[4] In February 2020 Cambodia had 1,087 industrial factories manufacturing garments, footwear and travel goods for export; but due to the pandemic an estimated 130 clothing and footwear factories (accounting for 12 per cent of the total export industrial factories) have fully or partially suspended their activities since mid-April 2020,

laying off nearly 100,000 workers.[5] In the service sector, particularly in tourism and hospitality (accounting for around 18.7 per cent of the growth in Cambodia's real GDP in 2019),[6] many jobs were lost due to a rapid and sharp decrease in tourist arrivals. In Siem Reap, the most popular tourist destination in Cambodia, tourist arrivals declined by 99.6 per cent in April 2020.[7] For informal sectors such as taxi drivers and construction and retail workers, income has dramatically dropped due to strict movement limitations. Many employees in these sectors live on a wage-to-wage basis, without regular income and generally without the capacity to build up savings; such an abrupt stop to activity has significantly affected their ability to support their families, creating important human security issues. According to a World Bank report released in May 2020, the Covid-19 pandemic put at least 1.76 million jobs at risk.[8] The government provided some support to address this issue, including distribution of monthly subsidies to garment and footwear workers[9] and the poorest families,[10] postponing tax collection from hospitality and other affected business sectors until January 2021,[11] injecting US$50 million into the Rural Development Bank to promote agribusiness and agro-processing companies[12] and reducing the provisional national budget for 2021 by 50 per cent.[13] However, given its limited resources, concerns remain that the government will not have the capacity to address the issues fully.

The second concern relates to access to information. Despite efforts by the government to launch information campaigns, considerable sections of the population have limited awareness of protective measures against the virus. The price of PPE such as face-masks and hand sanitizer sharply increased because of the rise in demand, and some business owners allegedly took advantage of the situation to inflate prices artificially. This might have reduced the ability of the poorest individuals to access important PPE. The lack of understanding of the Covid-19 virus and how it spreads among people also fuelled overreaction and discrimination against certain groups of Cambodians. For example, discriminatory comments against Cambodian Muslims spread on social media. The government stepped up efforts in stockpiling PPE and called for proactive campaigns about the virus; it also condemned any form of discrimination. Still, at the

time of writing more efforts are needed to raise awareness among broad segments of the population.

The third concern has been the fact that the spread of the virus has put significant stress on Cambodia's healthcare system. The country has limited testing abilities, as human resources and well-equipped healthcare centres are scarce. According to the government, as of late March 2020 Cambodia had only 0.2 physicians per 1,000 inhabitants (in comparison, for example, to an average of 3.7 physicians per 1,000 inhabitants across the European Union),[14] and not all of them could be devoted to responding to Covid-19, as normal illnesses had to be treated too. Well-equipped healthcare centres, especially in rural areas at village and district levels, are scarce, and most tests had to be analysed in the country's capital. Further, only people who had already declared clear symptoms were tested.

Some significant efforts by the Cambodian government must be highlighted. Covid-19 tests and treatment were free of charge for everyone in the country. The government despatched health workers from the capital to the less well-equipped provinces. It stockpiled 10 million masks and 1 million litres of hydroalcoholic gel for medical personnel.[15] It also encouraged Cambodian migrant workers (about 50,000 people) returning from Thailand as well as other returning Cambodians (including students) from Malaysia, Indonesia, the Philippines, India, Egypt and the United States to self-quarantine for 14 days, as the country could not afford to provide quarantine facilities for all of them. That also applied to returning Cambodian peacekeeping troops. Important challenges remain at the time of writing regarding how to make testing more widely available, how to ensure that more medical personnel can be mobilized, how hospitals and medical centres can be better equipped to treat Covid-19, and how to convince people to self-quarantine voluntarily. This crisis may also have consequences for traditional security, for example by destabilizing the economy and society to such an extent that government stability could be affected, and/or full economic recovery could be arduous and slow to achieve, leaving many people even more vulnerable.

In **Indonesia** the pandemic has numerous implications, starting with economic impacts. Schools were closed for more than three months between

March and May 2020. The number of confirmed cases remains high at the time of writing, but the national government decided to experiment with a so-called "new normal" policy. Meanwhile, security actors, including the military, police and intelligence, have been at the forefront of the Covid-19 response. In **Malaysia** Covid-19 negatively impacts on the livelihoods of many, and particularly affects low-income households, the elderly, migrant workers and other vulnerable groups. The lockdown has led to many losing their jobs or having to accept pay cuts, with the unemployment rate at a historically high figure of 5.3 per cent in May 2020.[16] Low-income households in Kuala Lumpur are much more likely to be unemployed, have reduced working hours and experience greater challenges in accessing healthcare and home-based learning. Covid-19 has exacerbated food insecurity among low-income households and forced many of these families to adopt less healthy diets, thereby threatening to intensify Malaysia's worsening child malnutrition crisis.[17] There have also been many cases among migrant communities and in prisons and detention centres. Regarding traditional security, the pandemic has strained the already limited resources of the security sector. For example, the military and the police, which had been deployed to respond to the pandemic, ended up with a limited number of personnel to address normal security issues. Meanwhile, the Navy and Air Force reinforced their responses to the arrival of refugees from Rakhine state, Myanmar.

Although **Myanmar** was one of the last countries in Southeast Asia to identify a cluster of Covid-19 contamination, the government did not have a crisis response strategy or action plan ready. However, the national armed forces had prepared a mitigation plan in early March. Both the Tatmadaw (the official name of Myanmar's armed forces) and the government considered the pandemic to be a human security crisis. An estimated 6.9–7.3 million jobs are at risk and more than 100,000 workers returned from Thailand and China due to factory closures, according to the International Labour Organization.[18] This could possibly affect traditional security, by destabilizing the country's economy. To set up a crisis response system in ethnic armed organization areas, the National Reconciliation and Peace Centre facilitated coordination meetings to support communication

between these local security actors and the central government.

The **Philippines** imposed the longest lockdown in Southeast Asia, and one of the longest in the world: it began on 15 March 2020 and was lifted on 30 June 2020. The quarantine/lockdown arrangement was meant to impose strict social and physical distancing and spread the predicted high number of patients over a longer period. This was largely due to the contextual reality that the country's healthcare capacity could not handle a sudden surge of Covid-19 patients.

The lockdown itself created a myriad of overlapping problems. Firstly, it affected the economy. Many companies were forced to stop operating, creating a domino effect on the supply chain of goods and products and a surge in unemployment. With the strict imposition of a stay-at-home measure, people were left with no choice but to comply. Daily wage earners were heavily affected, not just in their quality of life but also more essentially in their daily subsistence. The next heavy impact was felt by service industries, including transportation, food, restaurants, hotels, room rentals, and even the informal economy such as street vendors, public utility vehicle drivers and car-wash units. Further, the pandemic had a strong impact on the tourism sector, upon which the Philippines's economy is highly dependent. With the ban on domestic and international travel, foreign tourists stopped coming. Interestingly, the Covid-19 pandemic had little effect on the government's plans to strengthen its partnership with the People's Republic of China. For example, flights coming from mainland China were continued despite some criticism by the Filipino people. Secondly, in addition to its economic impacts, the lockdown reduced the social and political engagement and mobilization of civil society. Schools, places of worship and other social gathering places were closed. This directly affected public discussion, and consequently the exercise of oversight and monitoring of the government response by civil society groups. Finally, overseas Filipino workers were affected: the slowing down of global trade due to the lockdowns imposed in many countries resulted in thousands of Filipino workers across the globe losing their jobs. Moreover, due to the ban on international flights imposed by the Philippines government, many Filipino migrant workers were stranded abroad without income, reducing

many to poverty.

All these issues had a direct bearing on the security forces because the Philippines government, under the lockdown, relied on the coercive power of the police and military to ensure compliance from the population. The lockdown put additional pressure on the police and the military, which had to staff the many checkpoints on top of continuing to carry out existing internal security operations during the pandemic. Further, key equipment such as face-masks, hydroalcoholic gel, soap, gloves and other PPE items needed to protect police and military personnel at checkpoints were not part of the allocated budget of the security institutions, and hence had to be sourced from other means. Moreover, given the number of checkpoints established, there was not enough time to train many of the deployed police and military personnel on managing these health checkpoints. In the absence of training and clearly articulated guidelines, various cities differed in the implementation of checkpoints and lockdowns, leading to confusion and, in some cases, opening the door to violation of rights by leaving too much open to interpretation by security forces on the ground.

In **Singapore** the first effect of the Covid-19 pandemic beyond the direct health impact was on the national economy and the economic security of its citizens and residents. Severely affected sectors were those that rely most on international travel, including air transport, accommodation and other tourism-related activities. Service-oriented sectors such as retail and food were also severely impacted by the slowdown in domestic consumption as strict physical distancing measures were implemented, including work-from-home arrangements. Disruptions in global supply and demand chains have reduced growth in local manufacturing and trade industries, and the construction and real estate sectors were affected by the contraction of the domestic economy. However, there were also bright spots in the economy, particularly for the e-commerce sector as a result of the increase in demand for online sales and services.[19] The government provided financial assistance for unemployed and low-income workers as the Covid-19 outbreak destabilized businesses and displaced employees across Singapore.

Most Covid-19 infection cases in Singapore were recorded among foreign work permit holders living in dormitories, who accounted for more than 90 per cent of all cases.[20] The Ministry of Manpower announced that a total of 79,000 migrant workers had recovered from Covid-19 as of 22 June 2020. This figure included those residing in government-provided accommodation facilities, such as military camps. Care packages from government agencies, religious organizations and non-governmental organizations (NGOs) were distributed to affected migrant workers. Since August 2020 all dormitories have been declared clear of Covid-19 and 333,000 foreign workers in the construction, marine and food-processing sectors have been permitted to return to their workplaces.[21]

In **Thailand**, from a strictly medical point of view the pandemic has been kept under reasonable control, with no new local contaminations registered between June and August 2020 and only a handful of imported cases, and then between August and October 2020 a very low number of new contaminations. However, the crisis has had many wider consequences, mostly for people's livelihoods. In particular, incomes of workers in the service, tourism and export sectors dropped significantly, affecting primarily the middle and lower classes. The International Labour Organization estimates that nearly 4 million full-time jobs were lost in the first half of 2020, 6.6–7.5 million workers in Thailand might face disruptions because of Covid-19, and the share of working poor will more than double from 4.7 per cent.[22] This will continue to affect people's daily lives negatively for a long time. There have also been concerns that the emergency laws, for example the imposition of strict lockdowns, could be used to restrict democratic activities beyond what is necessary from a strictly medical point of view. In **Timor-Leste** the Ministry of Health stood ready to respond and adapted its response as the situation evolved. The World Health Organization (WHO) in Timor-Leste and the Ministry of Health reported details of the preparations. However, the Covid-19 pandemic led to panic because of a lack of information from the government.[23] There were unfortunate situations, such as when the government decided on Klibur Domin Tibar in Liquica municipality as a quarantine location; crowds opposed this decision, and attempted to block the site. In response, the

Polícia Nacional de Timor-Leste (PNTL) shot tear gas at the crowds.[24]

In **Vietnam** the first Covid-19 case was confirmed on 23 January 2020. Overall, the pandemic has had a significant impact on several aspects of human security, even though there were no direct consequences for traditional security. The first and most important impact was on health, for obvious reasons, but the pandemic had wider effects as well – primarily on the economy. Vietnam's economy has grown steadily in recent years, partly on the back of foreign investment. Because of the pandemic, even though the spread of the virus has been maintained under control, it is expected that GDP growth will reduce in 2020. The price of medical drugs and electricity has increased, while the impacts on tourism and entertainment industries have been significant as international visitors to Vietnam declined sharply and may remain lower than usual for quite some time. The government estimates that tourists visit to Vietnam might fall by 50–60 per cent and lead to a loss of US$5 billion in the second quarter of 2020, with the loss of Chinese tourism accounting for a large part of this. Further, this crisis has affected economic exchanges with China. Almost all sectors in the Vietnamese economy felt a strong impact, with many socio-economic activities stagnating.

Vietnamese manufacturing industry growth slowed to 0.2 per cent over the first half of 2020 due to weak foreign demand, significantly lower than previous years.[25] The service sector suffered severe losses, especially tourism, restaurants and transportation. The number of newly established firms dropped by 3.2 per cent over the first nine months of 2020 compared to the previous year, while 38,600 companies temporarily suspended operations – a year-on-year increase of 81.8 per cent.[26] The number of people joining voluntary social insurance programmes decreased sharply due to the pandemic, according to Vietnam Social Security.[27] In the first half of 2020 Covid-19 obliged many companies to reduce staff numbers and implement social distancing. As a result, many workers temporarily stopped work or ended contracts, which affected targets related to the number of people joining social insurance. Besides workers' difficulties, information about insurance policies could not be circulated as planned, because social-distancing measures meant that many public information events had to be

cancelled. Finally, most people with voluntary social insurance are informal workers who did not work during the pandemic, and consequently stopped participating in the insurance. The government will put measures in place to catch up to its targets, but it can be expected that this could have a health impact on many workers beyond the pandemic itself.

Health challenges created by Covid-19

The quality and quantity of health infrastructures vary greatly from one country to the next in Southeast Asia, but all were put under a pressure that they had not faced previously and had to try to adapt swiftly to respond to the Covid-19 crisis, often with limited preparation. Due to the large scale of the pandemic and the need for the entire population to use protective equipment, procurement of materials has proven to be challenging.

In **Cambodia** the main health threat has been limited nationwide testing capabilities due to a lack of well-equipped medical centres and adequately trained personnel. Additionally, due to the price increase of PPE such as face-masks and hand sanitizer, access to them was difficult for most of the population. By 31 August 2020 the number of confirmed cases in Cambodia was 274, according to the WHO, and it was still only around 300 by end of October.[28] With no reported local contamination, there was no panic among the population and by September 2020 large gatherings, parties and other social events had restarted, leading to renewed concerns among the health authorities. If new contaminations happened, or cases were imported, numbers of infections could rise quickly in communities. The limited number of fully equipped health facilities could easily be overwhelmed by a sudden influx of patients. The Ministry of Health and the prime minister communicated regularly about the need to enforce protective measures to prevent this from happening. A spokeswoman for the Ministry of Health stated that "we can forget the Covid-19, but the Covid-19 has never forgotten us".[29] However, it is unclear whether the message reached and was understood by communities throughout the country. In **Indonesia** the lack of rapid-test kits and well-equipped laboratories has been a significant challenge, as have been the difficult work conditions, including

lack of proper PPE for medical staff. In **Malaysia** a new spike in cases would quickly put the public health sector under strain – public hospitals account for only 40 per cent of the total hospitals in the country, with the remainder being private hospitals.[30] Fortunately, cases have been kept under control using movement restrictions. Hospitals experienced some shortages in supplies of PPE, but such problems were resolved early on. In **Myanmar** the healthcare system is considered one of the least developed in the region, and the overall health infrastructure was not ready for this kind of pandemic. The main challenges include the lack of enough tests kits and facilities to test the population and take samples for data modelling. Only a few thousand test kits were available. In addition, government hospitals have limited capacity to face a surge of patients in case of a major outbreak. The armed forces eventually acquired the materials necessary to analyse tests results, but due to a lack of reagents they could not be used until the end of April 2020.

In the **Philippines** the national government had no health security strategic plan, and took time to realize the urgency of the situation. No advance planning was done in January and February 2020 when the pandemic started to spread from China to the rest of the world. Hence by the time the government started taking systematic measures, there was already community-level transmission of infection. The approach was mostly "planning while doing". When a lockdown was imposed mid-March, there was hardly any infrastructure ready to respond to the crisis: there was no transportation ready for health personnel once the normal public transport service was suspended, no available mass testing kits, insufficient PPE for healthcare workers and no isolation facilities for infected persons. Later the government established testing centres, the bulk of them located in the national capital region, which was considered the epicentre of the virus outbreak. Despite the number of infected individuals identified, which, based on Department of Health data, passed 100,000 in early August 2020 and 400,000 in November, the government decided not to conduct mass testing.[31] Instead, it implemented a so-called "progressive Covid-19 testing programme" that gave priority to "people who are showing severe flu-like symptoms; the elderly; those with pre-existing health conditions; pregnant

women with mild symptoms; and healthcare workers with respiratory symptoms".[32]

In **Singapore** Covid-19 infections and casualties were maintained at a fairly low level as compared to many countries worldwide, with 28 deaths and 58,102 infected by November 2020.[33] According to experts, the low average mortality rate was due to the fact that the vast majority of those infected were young and healthy workers, with a majority displaying only mild symptoms, and because the healthcare system was never overwhelmed, with all patients receiving adequate care.[34] Targeted testing, mandatory isolation procedures, "contamination circuit breaker measures" from 7 April to 1 June (only outdoor essential activities and work-from-home arrangements were allowed), proactive contact-tracing measures aided by information technology solutions, strict physical distancing, distribution of face-masks and sanitizer to the public and border closures, among other measures, helped to prevent a spread that could have overwhelmed the country's healthcare system. In **Thailand** Covid-19 started to spread in February 2020, at which time the health facilities could accommodate the early cases. Several public health measures were introduced to control the spread of the virus. In late February 2020 the government declared Covid-19 to be a dangerous communicable disease and based its response on the Disease Control Act. That included intensifying active surveillance and control of the disease, two weeks prior to the WHO declaring Covid-19 a pandemic. At the time of writing, Thailand has been successful in preventing wider spread of Covid-19, but a challenge remains in maintaining this control in the long term, possibly until a vaccine is available.

In **Timor-Leste** the main obstacles have been insufficient health infrastructure and lack of facilities to respond to Covid-19. Given the intensity of the crisis, more preparations from the government were needed, but international partners' assistance made it possible to provide at least a minimal response in regard to adapting infrastructure and facilities.[35] In **Vietnam**, as described earlier, the health impact might be more obvious in the longer term due to the effect on workers' subscription to Vietnam Social Security; the Covid-19 pandemic itself had only limited consequences as the infection numbers have remained low, thus not putting the health

infrastructure under unmanageable strain.

Roles and capacities of national health sectors in preventing and managing an outbreak

The health sector was the first respondent in all countries due to the nature of the crisis, although it required systematic support from other sectors to face the scale of the pandemic. However, the exact roles and capacities of the national health sectors in preventing and managing this outbreak varied from one country to another, and countries put in place different systems of support and coordination to ensure that the health sector, sometimes pushed to its limits, would be able to face the challenges.

In **Cambodia** the government established the National Committee for Combating Covid-19. The roles of the national health sector ranged from curing the disease to raising awareness. The Health Ministry provided daily information about the situation to the public, and held frequent press conferences to address concerns. Other health institutions, such as the Pasteur Institute, the National Institute of Public Health and Cambodia's Centre for Disease Control (CDC), worked 24/7 to face the challenge – indeed, the Cambodian CDC is responsible for coordination of data analysis across Southeast Asia, cooperating with US scientists to identify and share relevant information about the virus with international labs. But the Cambodian CDC, despite intense efforts, needed support from international partners to respond to this crisis. Cambodia has a limited number of health personnel, well-equipped medical centres and hospitals, especially in rural areas and villages. To help Cambodia weather the impact of Covid-19, over US$20 million of international aid was pledged.[36] Many government and security sector officials donated their monthly salaries to assist the health sector. Moreover, the government received US$20 million from the World Bank, as well as financial, material and human resource support from development partners such as the USA, China, Japan and Germany to help in the Covid-19 response efforts.

In **Indonesia** the health sector worked closely with the Indonesian National Board for Disaster Management to provide updates about the

Covid-19 pandemic situation, manage the distribution of health and safety equipment, and conduct other logistical tasks. State-owned hospitals were assigned to be focal points for Covid-19 treatment, prevention and mitigation measures. In **Malaysia** the Ministry of Health took the lead in the response to the pandemic, and was responsible for tracing, testing and treating patients. Measures included a 14-day quarantine in selected hotels/accommodation imposed on people arriving in the country. The National Security Council and the National Disaster Management Agency played important roles in coordination across sectors. In **Myanmar** the Ministry of Health and its personnel were at the forefront of the response to the crisis, but it was unable to oversee coordination among ministries to ensure a holistic response. Due to the health sector's slow response and insufficient capacity to manage the outbreak, the vice president led the implementation committee, which was composed of various ministries, and its secretary was the chief of coordination of the armed forces. However, the national strategic committee for policymaking remained headed by the state counsellor. The national health sector was unable to conduct full-scale testing and struggled to manage an outbreak of more than few hundred patients.

In the **Philippines** it was not the first time that the national government had faced a major health crisis. When the severe acute respiratory syndrome (SARS) outbreak started in the early 2000s, the government reacted promptly; hence, despite the seriousness of the SARS threat, the government was able to manage the situation. But in the early stages of the Covid-19 pandemic, the lessons learned from SARS were unfortunately not applied. At the beginning of the Covid-19 crisis in January and February 2020, the government's focus remained on its diplomatic relations with the People's Republic of China and consequently a travel ban was imposed only later in the crisis. In March the Executive Department created the Inter-Agency Task Force on Covid-19, bringing together the different government agencies to ensure a coordinated approach. By April the National Action Plan on Covid-19 was formulated and a special body was created, still utilizing the "whole-of-government" approach in dealing with the issue. While the task force focused on policy guidance, the National

Action Plan focused on operations. A national monitoring system was established to monitor the actual cases, and several other task forces were created to address specific needs like quarantine facilities and returning overseas workers.

In **Singapore** the Multi-Ministry Task Force was established to manage the Covid-19 pandemic. Co-chaired by the ministers for health and education, the task force was able to set up preventive measures to mitigate the risk of imported cases and local community transmission. Its goal was to decrease the number of cases as much as possible. Contact tracing, quarantines and targeted testing were key to reducing the risk of local community transmission. The Ministry of Health focused on tracing and quarantining contacts with confirmed cases. The expansion of systematic testing in the community, supported by government and private hospitals as well as private and community polyclinics, helped strengthen disease surveillance, detect infected people early and lower the risk of further community transmission. In June 2020 a foreign workers' dormitory disinfection strategy allowed the safe return of migrant workers to the workforce. These efforts were complemented by technological applications such as *Trace Together* and *Safe Entry* (both are Singapore-based national digital tracing systems), aimed at expanding the country's contact-tracing capability.

In **Thailand** the Department of Disease Control under the Ministry of Public Health played a central role in controlling the spread of the disease from the start. The government set up a special unit led by the prime minister, the Centre for Covid-19 Situation Administration, which serves as a single command centre employing a whole-of-government approach in managing the pandemic response in a comprehensive manner. As a mean to control the spread of the virus, the Ministry of Public Health provides treatment free of charge to all Covid-19 patients, including non-Thai citizens, covering diagnostic testing and treatment expenses. In Thailand people are confident in their doctors and consider the health sector as overall more reliable than other sectors. Health volunteers in cooperation with local media help to remind the public about three important protective steps: wearing face-masks, washing hands with soap or alcohol, and social

distancing. Communication and information are delivered to all parts of the country. In **Timor-Leste** an inter-ministerial commission was created to respond to the Covid-19 pandemic. The commission is led by the Ministry of Health, with members from the Ministries of Finance, Defence, Interim, State Administration, Agriculture and Fisheries, Foreign Affairs and Cooperation, Education, Youth and Sport, Commerce, and Transportation, and the Secretary of State for Social Communication, the Timor-Leste Defence Force (Falintil-Forces de Defensa de Timor-Leste, F-FDTL), the PNTL and the Integrated Crisis Management Center.

The need for security sector involvement in preventing and responding to an outbreak

In normal times security actors have very different roles in the various countries of Southeast Asia, but tend to play a vital part in responding to major crises. This crisis, however, required a high level of communication and collaboration with other sectors and the population at large, as well as within all branches of the security sector – a way of operating that some actors were not necessarily used to.

Cambodia has a range of cooperative efforts among security actors such as the military, police and gendarmerie in helping the government's effort to disseminate information on prevention measures against Covid-19 transmission in communities around the country. From the beginning of the outbreak in March 2020 to the time of writing, over 70,000 Cambodian migrant workers had returned from Thailand. To facilitate their return, the military transported them from the Cambodia–Thailand border to their homes using military trucks.[37] The heads of military, police and gendarmerie forces all sit on Cambodia's National Committee for Combating Covid-19. In **Indonesia** security sector actors have been involved in various aspects of the response to the pandemic. The Indonesian National Armed Forces (Tentara Nasional Indonesia) have been involved since the first cases of Covid-19 were identified in the country in March 2020. The military built four major health facilities, including emergency hospitals and quarantine rooms, and provided transportation to support the public health system.

The National Intelligence Agency participated in surveillance and contact tracing. Intelligence officers conducted rapid tests in some areas with higher rate of contamination, known as "red zones". The National Police provided security support to local governments in enforcing the large-scale social/physical-distancing measures implemented from mid-March 2020 until the time of writing. Meanwhile, the defence minister coordinated the transportation of health equipment from China to Indonesia.

In **Malaysia** the involvement of the security sector in preventing further spread of the virus was mostly in enforcing movement control orders and ensuring that the population complied with social-distancing measures. In **Myanmar** the armed forces prepared for the outbreak from early March 2020. Important resources that were planned to support the organization of the seventy-fifth anniversary of the Myanmar armed forces were reallocated to the Covid-19 response. The armed forces renovated all their field hospitals, mobilized the army medical corps and disinfected streets and other public areas. The medical corps supported civilian hospitals in the Yangon region.

In the **Philippines** the declaration of a state of health emergency immediately mobilized the security forces. Apart from their expected role in managing and/or supporting the control of checkpoints, the military forces were mobilized to address complex problems such as the delivery of goods to hard-to-reach areas and transporting stranded individuals back to their provinces. The involvement of the military has been very natural (maybe too much so), since the department heads of critical agencies are all recently retired military generals, and the bond between the retired officers and those on active duty remains strong. The armed forces' former chief of staff, now retired and in a civilian position, heads the National Action Plan for Covid-19 and the operational unit in charge of addressing the various issues associated with the pandemic. Similarly, the head of the Department of Interior and Local Government, to which the Philippine National Police administratively reports, and the head of the Department of Social Welfare and Development are a retired military chief of staff and a retired commanding army general, respectively. These three departments play major roles in the government's response to the Covid-19

pandemic. Hence security actors became the main frontline implementers of the decisions, plans and overall strategy of the national government. On one hand, it could be argued that they were a useful resource given the organizational capability of the security institutions. On the other hand, the additional tasks further stretch the capacity of the military and police, which before the pandemic were already overburdened with tasks pertaining to internal security and criminality. It must be stressed that the ultimate responsibility for preventing and addressing an outbreak remains with the national leadership, and the responsibility to address the associated problems is with the civilian agencies, with the security forces supposedly playing only a supporting role.

In **Singapore** the Ministry of Defence organized the national face-mask distribution efforts with the support of many other ministries and agencies. The Ministry of Trade and Industry organized the supply of masks; the Singapore armed forces packed them and delivered them to the various distribution points around the clock. The face-mask distribution exercise covered over 5.5 million Singapore residents. To control the spread of Covid-19 among foreign migrant workers in their dormitories, government officers were deployed to work with dormitory operators to run the facilities. These 387 officers, coming from the police, Singapore armed forces and the Ministry of Manpower, were split into groups of nine; each group was assigned to one of the 43 dormitories, where a total of about 200,000 workers reside.[38] At the request of the Ministry of National Development, to create urgent housing as part of the national effort to stop the spread of Covid-19, unused parts of two military camps were allocated to house foreign workers temporarily. Meanwhile, about 200 police officers were deployed countrywide to administer security and maintain law and order at government quarantine facilities.[39]

In **Thailand** the police and military supported information campaigns with the slogan "stay home, stop the virus, save the nation". They worked under direct instructions from the prime minister. From the first week of April 2020, both national and international travel restrictions were enforced. The police and military facilitated health check-ups for those crossing the borders between Thailand and neighbouring countries, both

legally and illegally. As some people were quarantined at home, the armed forces also helped to deliver food and medicine to many households, while at the same time checking that these persons were complying with the 14-day self-quarantine. **Timor-Leste** created the Interministerial Commission to manage the pandemic, involving security sector authorities such as the Ministry of Defence, Ministry of Interior, Intelligence, F-FDTL and the PNTL. In **Vietnam** the army medical corps has carried out a series of operations in response to the pandemic since early January 2020. The army and other security forces established hundreds of fully equipped quarantine facilities to accommodate up to several thousand people who were considered at risk of having been infected. The armed forces also supported the production of test kits and research into treatments and vaccines. Notably, no infections have been recorded in the army and security forces at the time of writing.

Challenges of cooperation between the health and security sectors

While in some countries collaboration and cooperation between the health and security sectors happened fairly naturally, in most cases it was difficult for these two sectors with very different work habits to cooperate and coordinate their efforts. There were several cases of tension, and in some instances the absence of clear guidelines and legal frameworks compounded the difficulty by leaving the sectors to improvise their joint approach.

In **Cambodia** cooperation between the health and security sectors was not a significant issue and happened quite naturally, with each sector finding its place and role in the response coordinated by the Executive. In **Indonesia** coordination, and even communication, between these two sectors presented some challenges. In **Malaysia** communication and coordination were two of the greatest challenges for the health and security sectors. There were instances where the instructions from the two sectors contradicted each other. For example, security enforcement forces were arresting people who violated the government's Movement Control Order, but these persons were detained in prisons and detention centres where social distancing was very challenging to respect. Certain regulations, such

as authorization for barbershops to reopen, were challenged by the Health Ministry and later revised. In **Myanmar** the structural tension between the armed forces and the civilian government was the main difficulty. The civilian government considered the role played by the military in the Covid-19 response to be a challenge, or even a threat, to its legitimacy and leadership capabilities. In the **Philippines** civilian organizations' processes are very different from those of the military and police forces. While military and police are used to command, responsibility and unity of mission, civilian organizations tend to get entangled in policy debates. Thus it is critical that policies, strategies and guidance from the top are clear, so there is no confusion when they are implemented operationally by units on the ground, such as local government, military, police and village officials.

In **Singapore** the Homefront Crisis Executive Group, made up of permanent secretaries and senior officials of relevant ministries, handled the response to the pandemic. The group coordinates responses during national emergencies or periods of potential threat, such as the Covid-19 crisis. Its members give direction, offer suggestions on coronavirus to the Multi-Ministry Task Force and execute its decisions.[40] In **Thailand** a challenge during the Covid-19 pandemic response has been that government officials themselves have not systematically follow the imposed rules. For example, in some areas the police allowed Thai boxing matches to take place with an audience – making social distancing hard, if not impossible, to respect. Eventually the government declared a state of emergency in April 2020, allowing for tighter control. The movement of people between provinces was restricted, self-quarantine was mandatory nationwide and the government ordered all educational institutions to postpone semester commencement dates. In **Timor-Leste** an obstacle was the absence of clear guidelines to frame and structure the involvement of the security sector, because according to the National Security Law of 2010, involvement of security forces during an external or internal crisis should have dedicated rules. In **Vietnam**, as described in the previous subsection, the armed forces took the lead in the Covid-19 pandemic response, and no challenges to cooperation with the health sector were reported.

Capacities of the security sector to assist health actors in preventing, managing and limiting the spread of the virus

The capacities and approaches of the security sector to assist health sector actors in managing the response to a health crisis such as the Covid-19 pandemic vary from one country to another. It is important to define how security actors could play a role in supporting preparation for and prevention of such a crisis. In some countries this is a normal and well-established mechanism in times of natural disasters, while in others it has been more of a "learning by doing" exercise.

In **Cambodia** many high-ranking officers and their units donated their salaries to the Covid-19 National Committee. The prime minister ordered the military to use military hospitals and medical staff in case of a major outbreak. In addition, the intelligence units were tasked with combating the spread of false information/fake news. The government regularly and publicly circulated information about the Covid-19 pandemic, relaying messages from the Ministry of Health of Cambodia and the WHO. In **Indonesia** the security sector provided personnel, equipment and logistic support. Following the central government's directive to implement a "new normal" policy in May 2020, there was increased deployment of security personnel throughout the country. The government announced that the joint operation of the Tentara Nasional Indonesia and the National Police would involve 340,000 personnel on the ground to maintain public order and ensure public compliance with social-distancing protocols.[41] Hospitals all over the archipelago owned by the Tentara Nasional Indonesia have been preparing for a possible new influx of Covid-19 patients (the so-called second wave). In **Malaysia** the security sector (both military and police) carried out joint operations in enforcing the Movement Control Order, including patrolling, managing checkpoints and other activities. The army was deployed to cordon off so-called red-zone areas which had been put under the Movement Control Order for a set time. Military doctors assisted in providing medical care, such as by doing triage at airports. In **Myanmar** the army medical corps and biological war division supported the health sector, and military medical facilities were adapted and made available;

some military barracks were transformed into quarantine facilities. In the **Philippines** the military and the police are the first responders in natural disasters, and hence have the most experience in addressing natural and human-induced disasters. Thus it was natural for the national government to rely on them. They are organizationally capable of managing and distributing aid swiftly, establishing the logistics of moving people and goods efficiently, and surveying the physical terrain to manage crowds. The security forces are also trained to make a quick assessment of the threats posed by a specific environment.

In **Singapore**, with the aid of technology (hardware and software), the Singapore Police Force, the Immigration and Checkpoint Authority and relevant ministries and agencies contributed to contact tracing, border/immigration procedures, "circuit-breaker" measures, enforcement of quarantine/stay-at-home orders and maintenance of safe distancing measures. As mentioned earlier, the military can be used to assist in wide-scale and quick distribution of essential items, such as face-masks, to the public, and helped to manage dormitories and quarantine facilities hosting foreign migrant workers, who comprised the majority of infected cases in Singapore. In **Thailand** the police were deployed in the capital, Bangkok, to set up checkpoints and implement movement restrictions, especially during a period of curfew imposed in May 2020 in Bangkok and its close suburbs between 10 pm and 4 pm. Soldiers in different provinces helped distribute food, face-masks and hydrogel, helped medical personnel to bring medical equipment to hospitals and distributed information leaflets during the lockdown. In **Timor-Leste** there was no clear task for the security sector, as described in previous subsections, so it is hard to analyse in what capacity the security actors supported the health sector. However, it is clear that immigration services played an important role by controlling people entering and exiting the national territory, and particularly in managing the risk of contamination from those entering Timor-Leste from other countries. In **Vietnam** the armed forces were heavily involved in establishing and managing necessary quarantine areas, as well as in supporting health research.

Towards improved coordination of health and security sectors

Beyond the direct impact on people's health, the Covid-19 pandemic has other significant impacts on human security, mostly due to its effects on national, regional and international economies. As often happens, during the crisis the most vulnerable, such as people living in the informal economy and migrant workers, are disproportionally affected. Further, prices spiked for basic PPE, and in some cases for necessities, making it even more difficult for poorer communities.

This crisis has put tremendous pressure on sometimes already fragile health infrastructures and limited health personnel. Most countries in Southeast Asia did not have enough testing capacity, or even access to enough chemicals to carry out testing. Not all populations have been affected in the same manner, and people living in more remote areas where the health infrastructure is more limited were specifically heavily affected.

Due to the highly contagious nature of this disease everyone involved in the response, from medical staff and border guards to the police and armed forces managing checkpoints, needed special PPE. In many countries it proved challenging to equip all responders appropriately, and security force personnel were sometimes exposed to contamination. Everyone needs access to their own protective equipment, mostly face-masks and hydroalcoholic gel, which creates both issues of stock and spiking of prices, and in many cases makes this equipment hard to reach for the more remote and poorer communities. Another way that these same communities have been specifically affected is the limited information that reaching them about the pandemic and how to protect themselves from infection.

We have seen in this section that to respond to the scale of the pandemic and try to slow down its progression, it is necessary to involve all branches of government quickly, starting with all stakeholders of the security sector. Even in countries where Covid-19 was reasonably successfully kept under control, support from the armed forces, police services, border management agencies and other security actors proved vital and continues to be central to the response at the time of writing. Police services and border management agencies are essential in enforcing lockdowns and controlling

borders strictly, while armed forces support the movement control orders at different levels when the police are overwhelmed. In many cases the armed forces' medical corps support the health sector's personnel and provide logistic support to move patients between medical facilities. The intelligence services play a key role in controlling information and stopping the flow of fake news, as it is core to the success of the response that the right information reaches the people. They have also been essential in contact tracing and supporting identification and isolation of infection clusters early on, to try to stop the spread of the virus.

In the meantime, security forces had to continue carrying out their usual tasks in internal security, counterterrorism and simply maintaining order. That proved challenging for many – and even more so because by being at the frontline, and often not with all PPE at their disposal, many of their personnel were affected themselves. The main challenge reported concerning cooperation between the heath and security sectors was the difficulty with coordinating and communicating efficiently between civilian entities and security services that have different *modus operandi*. A variety of structures at the national level were created to try to coordinate the response, sometimes headed by the health ministry and in other cases by government representatives designated by executive branches. However, these were mostly structures created in a rush or in an *ad hoc* manner, or structures planned for other kinds of emergency responses, such as natural disasters, and quickly refurbished to respond to the current crisis.

At the time of writing, the spread of the virus has been maintained under relative control in Southeast Asia as compared to other parts of the world, thanks to the involvement of all sectors and prior experience in crisis response by governments and security sectors. However, the human effects, mostly on people's livelihoods, are already dramatic, with millions losing their incomes, destitute migrant workers returning home and surging unemployment in service industries, such as tourism. Further, in several countries health infrastructures have already been taken to their limits, and will probably struggle if there is a new spike in cases.

Roles played by security institutions and oversight bodies – Implications for institutional and legal frameworks and security sector reform activities

This section looks at lessons that might be learned so far about the roles performed by security institutions, drawing on the evolving Covid-19 pandemic, along with proposals for appropriate roles for them during future health crisis responses. The previous section looked at how the scale of the pandemic challenged the health sector and support from the security sector proved essential at many levels. We also saw how the consequences for the lives of millions of people go far beyond the current health crisis. Here we analyse more specifically which roles security sectors should play in future health crises, and how they could be put under less strain while providing the best possible support. We examine the contribution to the response by armed forces, police services, intelligence services, border management agencies, local security actors and the national government, as well as by the media and civil society actors. We try to understand better what could and should be the involvement of regional and international structures in supporting the response. Finally, we examine the need for a more dedicated and a stronger legal framework for such a response, as well as possible consequences on current, or needed, security sector reform (SSR) activities.

Lessons learned and suggested roles for the national armed forces

At the time of writing the response to the Covid-19 pandemic is still ongoing in most of the countries under review, but the last few months have shown areas where the participation of the armed forces worked well and should be maintained, or possibly reinforced with proper checks and balances. Listed below are suggested roles or mechanisms that can be developed to improve the armed forces' involvement in future responses.

In **Cambodia** the armed forces should devote some portion of their personnel to assist the health sector in logistics, delivery of necessary commodities and awareness-raising about Covid-19 to the wider public,

especially in more remote provinces. Special attention needs to be paid to ensure that these activities are carried out transparently and in an accountable manner, respecting ethics. In **Indonesia** the national armed forces should assist the health sector. Massive deployments of personnel to support the central and local governments' "new normal" policy should be continued, and a strengthened oversight mechanism is needed considering the expanded role of the armed forces. For instance, the ombuds function could be reinforced. In **Malaysia** a more whole-of-society approach encompassing the efforts of the military, police, government and non-government actors is needed. The National Security Council needs to play a bigger leadership role in responding to such crises. The health minister and the health department's director-general should be more integrated in the National Security Council's decisionmaking process. In **Myanmar** the armed forces are trained for biological warfare, and with their strong institutional capability and experience in management, they are more prepared than the civilian administration to respond to crises. Indeed, the civilian administration is mostly made up of policymakers with limited or no experience in crisis response management.

In the **Philippines** there is a crisis management mechanism embedded in the different tiers of government, at the village, municipal or city, provincial and national levels. At each level the chief of the executive branch heads the crisis management committee. For example, if the crisis happens only at the level of a city, the city mayor heads the committee, and if the crisis affects a whole province, the chief of the executive at the provincial level takes up this responsibility. However, in the case of the Covid-19 pandemic the crisis management committee was headed directly by the president as the entire country was affected. The president used his position and mobilized the armed forces to help manage the response. Consequently, the crisis management committee, a mechanism designed for the civilian bureaucracy, was interwoven with the armed forces' disaster response mechanism. This posed a problem for oversight, especially when the line that divides the military and civilian entities is blurred.

In **Singapore** the whole-of-government approach to the Covid-19 pandemic response, with the positive roles played by security sector actors

and their strong collaboration with civilian actors, worked well. In providing care packages and assistance to vulnerable people, the participation of humanitarian, civil society and religious organizations was vibrant. Future exercises, training and continuing professional development programmes for the military may include lessons learned from this pandemic and how the armed forces can better contribute to the whole-of-government approach in any public health crisis. In **Thailand** people living in remote areas struggled to travel to work for two months, hence many lost their jobs and ended up with no income to meet basic needs. The government deployed the army to these remote areas to support the population. In these circumstances, the work of the armed forces, as well as village health volunteers supporting them, was essential. People recognized the positive role played by the police and military in providing this assistance in such difficult times. However, some negative impacts were also noticed, mostly in the conflict areas of the southern provinces, where there were allegations of the military taking advantage of emergency powers to confiscate cellphones and SIM cards on the pretext of preventing the circulation of fake news.

In **Timor-Leste** the National Security Law of 2010 adopted an integrated action plan: the National Security Integrated System guides the response to threats and risks, and specifies the role of the F-FDTL (Timor-Leste defence forces on issues of internal security). This system is applicable to crisis situations such as the Covid-19 pandemic. Important roles of the F-FDTL are to support the Interministerial Commission established by the government for controlling Covid-19 in sensitization and sharing information with communities about Covid-19; transportation of logistical equipment to hard-to-access locations; and transporting victims to isolation and quarantines areas. In **Vietnam** engagement of the armed forces in supporting quarantine measures proved effective due to their solid logistic and other capacities to respond to crises.

Lessons learned and suggested roles for the intelligence services

In the response to a crisis such as the Covid-19 pandemic it is of central importance to collect quality information and necessary data, and trace infection clusters quickly and efficiently. This makes the involvement of the intelligence services essential. However, giving intelligence services additional powers is always a sensitive subject. Here we try to understand whether this difficult balance has been attained in the different countries of Southeast Asia, and analyse suggested roles for intelligence units in future crises.

In **Cambodia** the intelligence services must counter promptly any spread of misinformation or false information in times of health crisis by providing accurate information via both traditional media and social media. These services need to continue to support the tracing of those who have been in contact with infected persons so they can be tested and properly quarantined and treated if infected. At the same time, the intelligence services should provide clear guidelines for people in all areas on how to monitor the Covid-19 pandemic. For instance, the services should make special efforts to ensure that information reaches people living in remote areas as effectively as it reaches people in urban areas. Further, the intelligence services should help people to distinguish between trustworthy sources of information they can rely on, such as the Ministry of Health and the WHO, and those not to trust. In **Indonesia** the role of the intelligence services has mainly been in collecting information and providing reliable databases to support the national response. Intelligence activities related to surveillance and the tracing process should be strengthened with adequate use of modern communication technologies. It is important for intelligence services to be able to play a constructive role in preventing the massive proliferation of Covid-19-related misinformation and hoaxes.

In **Malaysia** inputs from the intelligence services need to be pooled and distributed more effectively. Interagency cooperation needs to be strengthened in terms of sharing information and also acting on it. In **Myanmar** intelligence services could have been more effective in supporting the response to the pandemic. Their capacity needs to be strengthened

when it comes to data collection, threat analysis and threat modelling to enable them to take a more active part in the response. In the **Philippines** the intelligence services have been expected to support the contact tracing of infected persons, monitor community-level transmissions and monitor groups using the current crisis to create more panic and/or undermine the government's efforts.

In **Thailand** intelligence services should focus their actions during the crisis on preventing virus transmission rather than preventing protests against special laws and provisions. There is a need for defined oversight mechanisms to prevent emergency laws from being misused to reduce basic human rights such as freedom of speech. The intelligence services need to assist other security sector stakeholders by creating and maintaining detailed databases about the pandemic. In **Timor-Leste** the National Security Law of 2010 and the National Security Integrated System chart detail the role of intelligence services during the response to a crisis, mostly in regard to sharing information with the health sector, informing the police and local government bodies on enterprises and shops manipulating the prices of goods, updating the Interministerial Commission on the spread of rumours that could create panic, and supporting the health sector in providing accurate information to communities.

Lessons learned and suggested roles for the police services

With confinement and quarantines imposed in all countries at different levels, police support was needed to ensure these special measures were enforced. However, in this specific context the police services also had to play an awareness-raising role to help the population understand why quarantine measures were suddenly being imposed, and the role of uniformed personnel in enforcing them. Few police personnel across Southeast Asia had previous experience or training in such an approach to law enforcement.

In **Cambodia** the police need to work closely with the intelligence services to counter the spread of misinformation and false information about Covid-19. The police and intelligence services must coordinate their

efforts to trace those who have been in contact with infected persons so they can be tested, and properly quarantined and treated if sick. In **Indonesia** the police are central to maintaining public order and domestic stability, but some worrying trends were noted. For example, there were allegations of the police using the emergency laws aiming at fighting fake news to put pressure on people criticizing the government. This underlines the importance of the role of oversight mechanisms such as the National Police Commission, a body composed of elected public figures, to protect the people's rights to access information and freedom of expression. In **Malaysia** the police have historically been understaffed in carrying out usual police duties. The government should reconsider the current personnel distribution within the police force to reduce administrative workload and, in so doing, allow for more police presence on the streets. There have been suggestions about transferring some police power from the federal level to the state level to give states more autonomy in deciding how to best use their police units. Additionally, the prison system requires urgent attention and reform, as it is systematically operating beyond maximum capacity. The option of releasing non-violent criminals into a temporary parole programme to reduce inmate overcrowding should be considered, particularly for drug offenders.

In **Myanmar** the police had no prior experience of such a health crisis and had to continue carrying out their regular tasks while supporting the response to the Covid-19 pandemic and being involved in enforcing partial lockdowns. Local security agencies and community policing have been enlisted to support the police forces with little communication or time to prepare, which created tension. In the **Philippines** the police intelligence unit used the cybercrime law to penalize those who spread fake news. This raised concerns that this body could use the law to reduce freedom of speech for those who are critical of the administration. Clear parameters and guidelines must be set to prevent the authorities from overstepping their bounds under the aegis of public welfare.

In **Singapore** the Police Force Criminal Investigation Department helped with contact tracing and finding missing links within and among clusters of cases, using its investigative expertise in data analytics to analyse large

amounts of information, its ability to examine closed-circuit television footage carefully and its skill in asking investigative interview questions.[42] In **Thailand** the police have been under the supervision of the head office of the National Royal Thai Police. There was criticism that the systematic movement restrictions, especially in provinces where the spread of the virus was limited, might have gone too far and hampered people in earning a living, with a high number of checkpoints significantly increasing traffic jams and creating difficulties with accessing jobs overall. It could have been useful to deploy some polices forces to support border management agencies to ensure better screening of legal and illegal entries to the country. The police did not have enough emergency funds to provide adequate PPE to all its personnel, putting police officers at heightened risk of contamination and in turn further spreading the virus. In **Timor-Leste** the PNTL applied a community policing approach, as laid out in Organic Law PNTL 2019. This approach is essential to understanding the community and sharing information considering the feelings of the population. The PNTL has resources in all districts (*suco*), making it relatively easy for village and community police to share information and support people during the pandemic.

Lessons learned and suggested roles for border management

All countries in Southeast Asia, as in most of the world, applied strict limitations on those entering their countries to mitigate the spread of the virus. However, border management agencies were confronted with the issue of returning migrant workers who were forced to return home suddenly as they lost jobs in their host countries. To welcome them safely, quarantine areas had to be organized at all points of entry, and clear communication mechanisms put in place for returning citizens to understand the current situation in their own countries as well as what was expected from them. All these exceptional measures put the border management agencies under unprecedented pressure.

In **Cambodia** the Covid-19 pandemic demonstrated the need for strict border control. Like many other countries, Cambodia decided to close

its borders and restrict air travel. It cancelled visas on arrival as well as electronic visas/e-visas, and required all arriving passengers to have a negative Covid-19 test certificate and health insurance up to a minimum of US$50,000. To be more efficient, Cambodia needs to increase scanning and screening capabilities immediately at its main border entry points and close all small ones, to avoid spreading the border agency's personnel too thinly. There is also a need to increase the capacities of quarantine facilities at borders in case of a sudden increase in the number of people testing positive for Covid-19 upon arrival in the country. Cambodia should cooperate with neighbouring countries regarding exchange of information about travellers, to prevent possible contact cases entering the country. In **Indonesia** a need to improve the well-being of staff on duty at border control points was identified. Continuous coordination between border officers and local administration officials is essential to detect and control the spread of Covid-19 infections in remote areas.

In **Malaysia** the border management and maritime enforcement agencies have been struggling with refugee boats from Bangladesh. Initially the refugees were allowed to disembark, were screened and went into quarantine, but government authorities later stepped up efforts to deter the boats from entering Malaysian waters altogether. While concerns over intrusions are valid from the vantage point of national security, and even more so during such an unprecedented health crisis, the authorities must work closely with international and local NGOs to come up with a better solution to address the needs of refugees. In **Myanmar** the government failed to close the borders and manage the influx of people returning from Thailand and China; this could be regarded as a political decision taken to avoid creating tensions with countries that are important economic and political partners without broader consideration of the overall health situation in Myanmar. In the **Philippines** a travel ban was imposed on international and domestic flights to prevent further spread of Covid-19; this resulted in many people getting stranded, most of whom had limited resources and financial support. It is thus necessary for actions by different agencies to be coordinated: while the travel ban was considered a necessary health precaution, it had unintended consequences that

put many people who had been travelling or working abroad in difficult situations without plans in place to support them.

In **Singapore** the Immigration and Checkpoint Authority plays an essential role in containing the spread of Covid-19. It conducts mandatory checks on arrival for Singapore citizens, permanent residents, long-term-visit pass holders and short-term visitors who were given a stay-home notice as they arrived in the country. They were contacted via multiple platforms, including phone calls and short message service (SMS), to ensure compliance with the 14-day stay-home notice rules. In **Thailand** the work of the border management agency has been essential. Thailand shares a total of over 4,000 kilometres of borders with four countries (Myanmar, Cambodian, Malaysia and Laos), and the border management agency, supported by the police and military, has to monitor the official immigration checkpoints and also prevent illegal immigrants from entering the country using other routes. This monitoring requires a joined and coordinated effort among various security sector actors. At the time of writing, Thailand has been successful in keeping the spread of the virus at a low level, but this has required constant and efficient border monitoring to prevent new cases being brought in undetected. The government has also recently deployed an extra ten security operation units to ten provinces. In **Timor-Leste** the government decided to ban entry to the country to people who had been in countries affected by Covid-19 within four weeks prior to arriving in Timor-Leste.[43] The border management authorities played an important part in the pandemic response in executing the government's decision to isolate itself completely from the international community by applying full border closure.

Lessons learned and suggested roles for local security actors

Local security actors are essential relays to central-level security institutions during a response to a major crisis. They play a critical role in enforcing quarantine control and disseminating information to their communities. This requires a high level of cooperation between local and central levels of authority. In the countries taking part in this study, the

existing formal and informal channels and mechanisms between central/national security institutions and local security actors were utilized to facilitate this coordination. Based on initial lessons learned from the first few months of the response, some suggestions for improved roles for local security actors can be made.

In **Cambodia** local security actors have an active role and work closely with intelligence services to trace people who have been in contact with persons infected with Covid-19. They also have a part to play in providing information and education to those who do not comply with the government's health guidelines, and when necessary using legal measures against people who do not respect these guidelines. Local security actors need to work closely with the Ministry of Health to obtain clear guidance for the people in their communities. In **Indonesia** a better coordination system between local security actors and the national security sector is needed. Additional resources, including budget allocation and equipment, are crucial to maintain the readiness of local security forces. In **Malaysia** security is generally the purview of the national government. Stakeholders that might be regarded as local security actors (for example Volunteer Corps and the Civil Defense Force) still answer primarily to the federal government. Some municipalities have law enforcement agencies, but their capacities are very limited and their integration into the state and national chain of command for security and emergency activities is questionable. Local security actors should be empowered through increased decentralization, with greater involvement of local governments, community patrols and even security guards at private properties to prepare to respond to crises like Covid-19. In **Myanmar** ethnic armed organizations decided to implement lockdowns in areas under their control. The organizations that are part of the nationwide ceasefire agreement coordinated their responses at the local level with the armed forces; while in places controlled by ethnic armed organizations that are non-signatory to the ceasefire agreement, tensions with the military heightened.

In the **Philippines** the police work closely with local village authorities to staff the checkpoints used to impose lockdowns and quarantine. Local government units lead the efforts in addressing the health and social

services needs of their respective constituents. In **Singapore** local agencies should continue their active regulation of the private dormitories of foreign workers to ensure compliance with safety and sanitation standards and prevent further outbreaks affecting these workers. The deployment of unarmed safe-distancing ambassadors and inspectors instead of military or police personnel to enforce "circuit-breaker" measures is a good practice of active civilian participation in a pandemic. In **Timor-Leste** local community actors have helped in ensuring that the right information reaches communities to avoid fear and panic. Their role has also been central in making sure that clear information reaches appropriate bodies within the health sector to facilitate quick and efficient responses.

Lessons learned and suggested roles for international security arrangements, including regional intergovernmental organizations (IGOs) and the United Nations

The Covid-19 pandemic has been an international crisis on a scale never seen before, affecting every country in the world to some extent. It is thus essential for the response to be international as well, with a coherent multicountry approach. With ASEAN, Southeast Asia benefits from a well-established regional structure that is recognized as one of the most effective and efficient worldwide. In each country the UN is also present through several of its agencies. Here we look at how these international structures, and others, have been supporting the response itself and its coordination in Southeast Asia.

In **Cambodia** UN bodies need to increase their sharing and exchange of intelligence information and discuss best practices on how to deal with such a pandemic. The UN, and specifically the UN Security Council, could take this opportunity to mobilize support and channel resources to countries that need help. For regional IGOs such as ASEAN, there must be more frequent and systematic sharing of information, intelligence gathering and sharing of lessons learned on how to best respond to the pandemic. To support this, ASEAN should have a package of special funding to assist its member states during similar crises. In **Indonesia** international and regional

IGOs and the UN need to provide regular reliable data and balanced, impartial situation assessments. In **Malaysia** the UN and regional IGOs have played an instrumental role in assisting the national government during the Covid-19 response, including coordination of aid, assistance to special groups such as refugees, migrants, children and women, and research support on policy. The international community should continue to support national governments in coming up with policy responses that can help "build back better" societies that are more inclusive, resilient and sustainable and ensure that the process of recovery is based on the Sustainable Development Goals.

In **Myanmar** the support from the WHO in responding to the pandemic was considered inadequate, and regional IGOs failed to react immediately to the quickly developing and evolving crisis. In **Thailand** the WHO, the UN Children's Fund (UNICEF) and IGOs have shared information, knowledge and lessons learned during previous epidemics (AIDS, SARS and avian flu, for example), and highlighted the need for the population to support the government and the health sector. However, ASEAN must play a more important role in supporting cooperation among its member states and ensuring that across the region people are helped based on their needs and not their nationality or citizenship status. In **Timor-Leste** the support of international security organizations, IGOs and the UN was essential. Similar support also proved vital in overcoming the violent political crises of 1999 and 2006. In **Vietnam** the government has been cooperating closely with other countries and UN organizations, especially the WHO. Since Vietnam was the 2020 Chair of ASEAN, the government issued the "Chairman's Statement on ASEAN Collective Response to the Outbreak of Covid-19"[44] and chaired the special ASEAN and ASEAN+3 virtual summits on Covid-19.

Lessons learned and suggested roles for national governments

This crisis has called for responses involving all public sectors under the coordination and leadership of national governments. Some have applied a more centralized approach, while others tried to involve local government

structures. Based on initial lessons learned during the first few months of the Covid-19 response, it is interesting to analyse what has worked and what shortcomings can be identified and addressed.

In **Cambodia** in the short and medium terms it is important that the government remains on high alert to be able to respond quickly to any new wave of contamination and implement necessary measures immediately. The government needs to intensify the recruitment of community-based volunteers to assist in responding to such a crisis. In the long term, the public healthcare sector should be reformed to be more accessible and responsive to the needs of all people in all parts of the country. More resources need to be devoted to equipping medical personnel and health centres, as well as to supporting medical research and development. A specific national health budget needs to be dedicated to these reforms and improvements. All government institutions should create one committee, including research and development working groups, to study how to respond effectively and efficiently to any future major health crisis. At the same time, each institution should have a budget dedicated for such response. Importantly, the government needs to involve the private sector from all fields of activity in the discussion to prepare a response to potential crisis in advance. Additionally, the government needs to develop digital skills, knowledge and experiences of all staff at all levels to take advantage of technological innovations. The digital environment plays a crucial role in people's daily lives during such crisis and government departments need to be able to use these modern tools appropriately.

In **Indonesia** the national government needs to make sure that existing health protocols are systematically enforced. Communication between local governments and the national government must be improved to ensure that the response is coherent, efficient and implemented within the same legal framework throughout the country. The national government must systematically accommodate academic communities from various disciplines in formulating mitigation plans and future public health crisis prevention programmes. A whole-of-government approach should underlie national and local stakeholders' endeavours in maintaining the well-being of the general population amid potential infectious disease

outbreaks and climate-change-related disasters. In **Malaysia** the national government needs to have a more holistic and coordinated approach in managing national security. Currently, security and emergency services are only nominally operating under the National Security Council when facing emergency situations – in practice there is no single unifying locus (for example a national security adviser) to reconcile the two services.

In **Myanmar** the national government missed the opportunity to prepare early for the Covid-19 pandemic. Coordination in and among the various ministries was weak, but the government succeeded in mobilizing society. Citizen participation and social mobilization were the primary driving forces behind the Covid-19 response. In the **Philippines** the national government has the responsibility for overall policy directives; local government units operationalize these policies in their respective areas. During the current Covid-19 health crisis, the national government has been coordinating the efforts of the executive departments, especially in monitoring the spread of the disease and distributing support packages to affected and vulnerable communities. An immediate response, more deliberate and clear policy and an operational guide are necessary at the early stage of any crisis. This can be done if there is a comprehensive national health security policy and strategy in place. This strategy must be immediately discussed in parliament, and mechanisms put in place to guide future interventions in the event of another health crisis. In **Singapore** lessons learned from previous health and other emergency crises, such as SARS, supported by large investments in the healthcare system have significantly capacitated the government in preparing for and responding to Covid-19. The government's sound fiscal management over a long period of time has helped in building healthy financial reserves that can be tapped to fund emergency assistance plans for people who are directly or indirectly affected by the pandemic and displaced local workers, and to provide subsidies to business enterprises to protect jobs and the local economy.

In **Thailand** the 1.5 million village health volunteers, present in all communities, played an essential role in informing their communities about the Covid-19 pandemic and protection measures, often carrying out door-

to-door campaigns to raise awareness. The government needs to allocate some budget for these volunteers and encourage them to work closely with the 1,000 or so public hospitals that provide secondary and tertiary care services in 77 provinces. In **Timor-Leste** the national government needs to ensure that updated information on Covid-19 is regularly provided to communities to reduce fear and possible panic reactions. The necessary infrastructure to respond to such a crisis should be developed. The government must have an emergency plan to enable necessities to reach people in all parts of the country, and must also prepare an emergency plan for the repatriation of Timorese citizens who are stranded abroad when a crisis erupts, using what was done for 17 students who were evacuated from Wuhan, People's Republic of China as a reference. This could serve as a lesson for possible future responses.[45]

In **Vietnam** the national government decided to shut down schools, high schools and universities. Strict measures were taken to control the spread of fake news. Volunteers, who were heavily engaged in supporting the government response, provided face-masks and hand sanitizer to the public. A travel ban was imposed on those who had visited China, and there were several other travel restrictions. The government had to operate with particular challenges, including Vietnam's geographical proximity to China and the cross-border flow of people and goods between the two countries, which resulted in increased exposure to the pandemic. The government put economic mechanisms in place supporting businesses and the wider public, and held online meetings to keep people informed. Despite the challenges of the Covid-19 pandemic, the government took special care to try to reduce the impact on general development and ongoing administrative reforms. Special emphasis was put on preventing corruption and waste of resources. The government issued Resolution No. 42, with total funding of 62 trillion Vietnamese dong (US$2.69 billion), to finance measures supporting residents hit by Covid-19. This includes reduced prices for electricity, water and telecommunications and provision of preferential loans to destitute households via the Vietnam Bank for Social Policies.

Lessons learned and suggested roles for the media, civil society and think-tanks

In any crisis, communication is essential in preventing panic and ensuring the population can access the necessary information to protect people in a timely manner. This has proven particularly relevant during the Covid-19 response, as everyone has to be involved in preventing the spread of the virus by taking specific personal measures and must understand why some strict restrictions are imposed on daily life. By analysing the involvement of societal actors in the response, some roles for the media, civil society and think-tanks during similar responses can be suggested.

In **Cambodia** it is important that all members of the media adhere to professional journalism standards and continue to support communication efforts about preventive measures. Civil society and think-tank organizations can play a very beneficial role in supporting awareness-raising efforts about the pandemic. Civil society and media need to participate in the debate about how best to respond to the crisis and provide recommendations openly. The national government needs to consider these recommendations carefully. The government, civil society and media must cooperate to raise awareness in the wider public about advantages and disadvantages of new technologies, mostly social media. This would contribute to fighting fake news and misinformation. In **Indonesia** media and civil society can support the strengthening of social solidarity and encourage people to respect protective measures for themselves and others. They can also strongly contribute to community resilience. In **Malaysia** many think-tanks and civil society representatives have been active in providing research analyses and policy recommendations to the government, as well as in organizing public awareness campaigns and webinars and providing infographics about the Covid-19 pandemic. These efforts supported the national government's response by ensuring that accurate information reached both the people and the relevant government agencies, using accessible and reliable sources of information. These endeavours should be continued, as they contribute to a healthy discussion on policy matters regarding the Covid-19 pandemic response

while at the same time informing and educating the population.

In **Myanmar** media and civil society must work together to raise public awareness using various platforms, for instance by broadcasting educational programmes about protective measures against Covid-19. Unfortunately, a lot of fake news has circulated, blurring the important health messages that everyone needs to be aware of. Crowd sourcing is a method that can help identify and report fake news. In the **Philippines** the media and civil society keep a close watch on how the government spends its budget at all times. This oversight function has become increasingly important during the Covid-19 response to ensure that quickly approved emergency funding was used appropriately. Using social media as the primary platform, civil society actors spread information, report fake news, alert government officials on matters requiring their attention and, when necessary, apply pressure and criticize government actions and decisions.

In **Singapore** think-tanks such as the S. Rajaratnam School of International Studies have contributed significantly to policy and societal discussion of Covid-19, producing recommendations and analyses on its short- and long-term impacts on health, economics and human security. Mainstream media organizations have proven useful in disseminating updates on Covid-19 cases as well as developing laws and regulations so that people can stay informed and aware of their rights and obligations. Local humanitarian organizations and international NGOs should continue to increase their participation in overall Covid-19 protection measures and assistance to vulnerable and low-income sectors. The involvement of NGOs needs to be expanded in response to the pandemic, as until now their role has been limited to providing relief and care packages to the vulnerable. They should have a stronger role in addressing inherent vulnerabilities of those who are severely affected by the pandemic, such as foreign workers in dormitories and low-income households. In **Thailand** media and civil society contributed to reducing the spread of Covid-19 by providing consistent and accurate information. Daily reports, regular press conferences and civil society mobilization all played essential parts. Further, civil society organizations have distributed food and protective equipment in many provinces. In **Timor-Leste** the media provided information to

communities about Covid-19 protection measures. Civil society can support the government by circulating important messages to communities to help people understand and practise preventive measures in places where information is less readily available. In **Vietnam** strict control of possible fake news was implemented. Civil society and the media have played important roles, especially in disseminating information to the public. However, it is crucial to ensure that only accurate information is circulated.

Implications and requirements in terms of institutional and legal frameworks

The Covid-19 pandemic in Southeast Asia clearly demonstrates the need for dedicated and adapted institutional and legal frameworks during a health crisis response. Most countries used pre-existing emergency laws, often created for responses to natural disasters and not really adapted to the current crisis when it came to defining the role of different security sector actors.

In **Cambodia** the State of Emergency Law was passed in April 2020. During the response to a health crisis, ensuring equal access to proper healthcare without discrimination is essential. It is crucial that in addition to addressing the crisis, emergency laws provide the necessary political, economic and social protections while people are under lockdown rules and in many cases are made more vulnerable. For example, the Ministry of Justice started a reform at the beginning of the Covid-19 pandemic to help prevent prisoners from being infected in detention facilities. This included a six-month campaign to reduce a backlog of cases in courts and cut prison overcrowding.[46] However, this reform proved insufficient and more is needed to ensure that the legal framework provides the necessary protection to the most vulnerable. The same attention must be given to adapting the legal framework in relation to many other aspects of people's lives to reduce the impact of the Emergency Law.

In **Indonesia** there is a need for a specific legal framework to regulate the roles and operational scope of security actors during the response to a health crisis. Military involvement in the Covid-19 pandemic response has highlighted the importance of clear and specific operational guidelines for

military operations other than war. The need for massive deployment of troops in public spaces (in peacetime) demonstrated the lack of capability amongst civilian agencies, notably the police and the health sector, in providing security protection and medical facilities amid a major public health crisis. Moreover, there is a need to consider the formulation of better and well-delineated military/police joint operational arrangements and their oversight mechanisms. In **Malaysia** the armed forces only operated under the Prevention of Diseases Act, hence their power was limited, but it was first perceived as a violation of powers by some human rights groups due to a lack of understanding of the military's secondary role in military operations during peacetime. The government has yet to call for a parliamentary session about the crisis, so members of parliament who are not part of the executive government have no avenue for providing checks and balances on any government decisions, and nor was the additional expenditure approved/monitored by parliamentarians. This opened the door to a significant oversight issue.

In **Myanmar** the Natural Disaster Act has been the legal basis for measures taken in response to the Covid-19 pandemic, for example when it came to stop the spreading of fake news. The government imposed localized orders as legal measures by mid-April 2020. However, due to lack of coordination, these localized orders were not always compatible. In the **Philippines** a national health security policy and strategy needs to be put in place. It is expected that beyond the Covid-19 pandemic, similar health crises may arise. It is therefore necessary to lay down the policy framework to support the response to health crises in the future.

In **Singapore** the parliament has quickly enacted various laws to ensure the safety, health and economic well-being of its citizens and residents. One good practice has been that Covid-19-related laws and government regulations (on wearing face-masks, workplace safety measures, safe-distancing measures, border controls, etc.) have expiry dates and provisions for extension and amendment depending on the prevailing situation. These regulations are constantly updated and contain enforcement and penalty mechanisms, and they clarify the roles, rights and responsibilities of every sector and person affected by the Covid-19

pandemic and economic recession. Nonetheless, a stronger regulatory framework covering privately run dormitories for foreign workers might be needed to ensure the compliance of operators with rules on the sanitation and living conditions in such dormitories. In **Thailand** civil society and the media played their oversight roles by publicly questioning various government's decisions. For example, the issue of the Emergency Decree was questioned, since the Communicable Disease Law already seemed comprehensive enough to provide an appropriate legal framework for the Covid-19 response. Human rights groups alerted the authorities to the need to ensure that the Correction Department was taking proper measures to protect inmates adequately in all places and types of detention, and the possible need to adapt the Correction Act during the response to the pandemic, as overcrowding of prisons (a common issue in Thailand) could create a dangerous situation regarding the spread of the virus. There is also a need to ensure that measures are taken to allow relatives visiting inmates to keep socially distanced during their visits. Cancelling visits altogether would likely lead to other concerns, such as depression and tensions in prisons, so it is preferable to adapt the way prison visits are organized such that they can be continued despite the necessary restrictions imposed by the response to Covid-19.

Implications and requirements for ongoing or anticipated security sector reform activities

The Covid-19 pandemic and its response have had, and will likely continue to have, consequences for existing SSR. There are concerns that the pandemic could slow down or stop some ongoing SSR efforts. On the other hand, it could be regarded as a good opportunity to start some specific reforms to address shortcomings that have been made more obvious by the crisis.

In **Cambodia**, at the time of writing, the Covid-19 pandemic has not halted ongoing SSR; on the contrary, it has shed light on other necessary reforms, such as the justice system reforms detailed above. In **Indonesia** it is considered essential that, despite this or any other crisis, reform activities

continue. It is still too early to assess if that will be the case or not during the Covid-19 pandemic. In **Malaysia** joint operations between the military and the police during the Covid-19 response have been a step in the right direction in terms of interagency cooperation. However, there have been concerns about the hard stance of security actors when enforcing the Movement Control Order, including some arrests of people violating rules. More needs to be done to define the exact roles of enforcement agencies in taking measures to prevent abuses. Health has never really been regarded as a national security issue, hence the Covid-19 pandemic response was first handled only as a health issue, led by the health ministry, and later as a national disaster issue led by the national disaster agency. It was not until much later that it was considered the responsibility of the National Security Council. However, the health minister is not a member of the National Security Council, which might have led to some difficulty in communication. The crisis has challenged this thinking and should lead to pandemics being taken more seriously as non-traditional security threats, with the necessary legal framework developed accordingly. Regarding accountability for actions taken and related expenditures during this crisis, there is a need for a multilateral approach, and the parliament must be given the opportunity to debate and question the government's decisions.

In **Myanmar** the role of security sector actors in responding to this crisis has been limited, making it difficult to assess the impact on SSR. In the **Philippines** the modernization programme for the military and police was affected, given that the bulk of their forces were mobilized in the response to the pandemic. Further, the resources of these institutions were heavily depleted to address the health crisis. Other good governance initiatives have been rescheduled or even in some cases suspended indefinitely. In **Singapore** the significant contributions of security institutions to the government's coordinated response to a public health crisis will strengthen their capacity, best practices and skills set as well as the overall security sector governance (SSG).

In **Thailand** there is an acute need for SSR to be pursued, and not slowed down by the Covid-19 pandemic. Civil society still calls for reform of the police, the military and the justice system. Such reforms require the

public to be involved in discussions about modifications of the Constitution and some laws. There is a need for a legal framework supporting a more efficient, transparent and professional security sector that can be trusted by all people. In turn, a high level of cooperation and trust between security actors and the general public would contribute to improving the response to a crisis such as the Covid-19 pandemic by empowering local communities and involving them more extensively. In **Timor-Leste** the role of security forces in human security, particularly in times of health crises, is important. Timor-Leste has national legislation on the involvement of the security sector in crisis situations such as Covid-19, but in the absence of a national security policy it is difficult to prepare broadly for the threats and risks faced by the country. A security policy has been and remains a priority to establish the basis for SSR in Timor-Leste.

Towards dedicated and stronger legal frameworks to support security sector actors' response to health crises

One of the main lessons learned in all countries of Southeast Asia is the need for clear and specific legal frameworks to regulate the roles and operational scopes of the various security sector actors during a crisis such as the Covid-19 pandemic. The armed forces' involvement in the pandemic response has demonstrated the importance of strict and adapted operational guidelines for military operations other than war. There is a recognized need to have stronger standard operating procedures (SOPs) supporting the implementation of joint military/civilian responses to health crises. There is also a recognized need to ensure that necessary oversight mechanisms are in place to avoid security sectors and/or governments being tempted to use emergency legislation to abuse their power and authority, for example by reducing freedom of speech. Civil society and the media must retain their capacities as essential oversight mechanisms, complementing the work of the parliament in that task. Overall, it is important that any major health crisis is approached as a non-traditional security threat requiring the involvement of numerous sectors, including the security sector, from the beginning, and not only as the health sector's

responsibility. That allows better-coordinated preparations and training that would in turn render the response more efficient from the beginning.

Beyond security sector actors providing logistic support during a response, it appears that they could (and should) also play a key role in communication, in both controlling the spread of rumours and fake news and raising awareness among the population in hard-to-reach areas where other sectors might be weak. There, the support of local security actors is essential; indeed, not only do they have access to local communities, but often people in these communities are more inclined to trust them than any information coming from the central authorities. However, local security actors in return need to report transparently back to central authorities about the situation in their areas, so the national government can always maintain an accurate understanding of the situation. This requires specific coordination systems agreed upon at both central and local levels. Regarding police services, community policing arrangements would prove beneficial in ensuring that local communities buy into the response.

Importantly, security sector actors would need to be trained specifically on participating in such a response, which is outside their current scope of operations. Even in times of natural disasters, direct contact with the public, the need to put awareness raising before control, crowd-control techniques, etc. are not as important as during this specific kind of health crisis. For example, intelligence services' role in supporting the tracing of people who have been in contact with Covid-19 patients is essential, but intelligence personnel need to be trained in approaching this task from an awareness-raising perspective to avoid creating unnecessary fear and tension. The same is true for border management agency personnel, who currently have controlling roles but need to do more communication than stringent control during this kind of response, above all in handling the flow of returning migrants who reach their own countries in a desperate state and might not understand requirements such as quarantine.

Response to the Covid-19 pandemic has also highlighted the need for stronger and more systematic coordination and cooperation among Southeast Asia countries and more widely internationally. This crisis did not hit everywhere at the same time, even within the Asia-Pacific region.

Quicker sharing of information across countries could have allowed those where the virus hit later to prepare better. International organizations such as the UN have provided support to the response, which has been essential in some more fragile countries, even though it is often considered as having been too little too late. It is generally recognized that a lot more could have been done in terms of preparation if lessons learned from the first countries hit had been shared more widely and promptly.

Overall, this section demonstrates the need for national governments to make conscious decisions to prepare for the response to such crises. Security sector actors need to be trained and equipped, which can be done only if the necessary budgets are allocated. Adequate SOPs and coordination platforms need to be set up. A system needs to be established to share vital information with neighbouring countries to support their own response efforts.

Recommendations for more effective, efficient and accountable preparedness

This section addresses priorities to be considered by the various sectors when preparing for possible future health crises and pandemics. Based on what has so far functioned well or less well in the different countries of Southeast Asia during the response to the Covid-19 pandemic, described in more detail in the previous section, this section proposes avenues worth exploring to improve the preparedness of the different sectors involved in such a response. It first reviews what could be future health threats to security and stability, and then looks into how various security institutions and the health sector should prepare for these threats. It goes into more detail about how this preparedness should apply to local security actors, international security arrangements, national governments and various societal actors such as the media, civil society and think-tanks. The final section examines the related implications for institutional and legal frameworks arising from the involvement of security sector actors in health crisis preparedness and in terms of ongoing or anticipated SSR activities.

The potential impact of future health threats on security and stability

Beyond the current Covid-19 pandemic, similar health threats are likely to have a negative impact on the security and stability of Southeast Asian countries in the future. Most countries face chronic health threats, sometimes compounded by natural hazards. To analyse how each stakeholder could improve its preparedness, it is important to consider the most likely threats first.

In **Cambodia**, at the time of writing, the Covid-19 pandemic remains a serious threat even though no large spread of the virus has happened yet. Dengue fever is a health threat that has been increasing for several years and needs to be considered carefully. In **Indonesia** Covid-19 remains a current health threat, but other health threats such as malnutrition in remote areas and HIV/AIDS still need to be considered and addressed as well. In **Malaysia** Covid-19 or a similar virus might still be a threat in the future, and any recurrence would have a negative impact. Malaysia is also susceptible to other communicable diseases, including dengue fever and chikungunya. Further, Malaysia faces the challenges of an ageing population and therefore its inhabitants are more vulnerable to new health threats that might erupt. In **Myanmar**, on top of the current health crisis and other potential pandemics, climate change and related natural disasters will likely become an increasing threat.

In the **Philippines** the threat of dengue fever remains, and recently documented cases of the polio virus have been reported. In **Singapore**, apart from the Covid-19 virus, there is a rising trend in the number of dengue fever cases: the cumulative number of cases as of 24 August 2020 stood at more than 26,300, the highest recorded in a single year.[47] In **Thailand** there have been only a very low number of confirmed cases of new local Covid-19 contaminations after June 2020. However, the pandemic is present in vast parts of Southeast Asia and therefore could take hold again in Thailand in the near future. Thai medical teams should be deployed to support neighbouring countries that are still facing a spread of the virus, as the response needs to be regional. Thailand is currently facing a tense social and political situation, and a second wave of the Covid-19 pandemic could

further destabilize the country, leading to clear risks of unrest. In **Timor-Leste** it is difficult to assess what health threats might be in the future once this pandemic is over.

How security institutions should prepare for future health threats

Even though the Covid-19 pandemic is still ongoing at the time of writing, the response implemented in Southeast Asian countries has already delivered important indications on how security institutions could better prepare to support the response to such a crisis more efficiently. It is important to understand what could (and should) be priority areas for involvement of security institutions during a response to a major health crisis and how they could improve their preparedness.

In **Cambodia** there are three priority areas for the involvement of security institutions in response to a major health crisis. Firstly, they could reinforce their communication channels with the health sector, and communication should be institutionalized rather than *ad hoc*. Secondly, the security institutions need to strengthen and better equip their emergency response units and strengthen communication coordination among these units. Thirdly, the security institutions need to build the capacities of their medical and communications personnel to prepare better for future health threats. In **Indonesia** the security institutions need to be ready to provide timely strategic assessments early in a health crisis, to support the government's response planning and organization and help prevent the crisis from escalating. Collaboration with other countries' security institutions is paramount to ease coordination and joint operations when there is a need for either integrated global or regional responses. In **Malaysia** health security must be integrated into any crisis preparedness of security institutions. There is a need for further debate about the role of security sector institutions in non-traditional security threats such as pandemics and climate-induced disasters. During these kinds of responses, security actors play a supporting but essential role. In **Myanmar** there is an identified need to have stronger crisis management and mitigation plans in place. This would require further training of key security actors to increase

preparation and readiness.

In the **Philippines** the security institutions remain a policy instrument of the national government. If a health emergency erupts again, the police and military should take their cues from civilian agencies, which should lead the efforts. In **Singapore** the whole-of-government approach with strong collaboration among civilian and security institutions' actors should be maintained and key lessons should be documented for future reference in case of another health emergency. Lessons learned from the response to the pandemic should be included in training, exercises and continuing educational programmes for military and police officers, immigration staff and civil defence personnel. In **Thailand** the security institutions will be involved in responses to future health crisis, using modern technology. In **Timor-Leste** the security institutions need to learn from the lessons of the Covid-19 response to anticipate (and prepare for) the needs created by similar threats in the future. It is impossible to foresee when such a crisis might happen again and where it might come from. It is important that clear tasks are assigned to the security institutions for their involvement in public health crises within a clear and sound legal framework. The security institutions need to be involved in prevention, evacuations and attending to victims.

How should the health sector prepare for new global health threats?

The Covid-19 pandemic demonstrates that much could be improved to prepare health sectors better to deliver a more efficient and timely response, but it also shows that this can be achieved only through a proactive governmental approach. Thus it is important to get a better understanding of what could (and should) be the priority areas for involvement of health sector actors during a response to a new major health crisis.

In **Cambodia** the health sector needs to increase its efforts to strengthen the capacity of its medical personnel and infrastructure, as well as improving medical research and development. Additionally, the sector needs to have a specific budget dedicated to preparation for and response to an emergency health crisis. Finally, the health sector could strengthen communication

and set up institutionalized channels from national to provincial levels in all relevant security institutions, such as the military, police and gendarmerie, to ensure smooth coordination of work. In **Indonesia** there is a need for stronger and more proactive health infrastructure as well as readily available PPE for medics. In **Malaysia** there should be more investment in strengthening the public healthcare system. This includes increasing the capacity of public hospitals, more collaboration between public and private hospitals, increasing the salaries and well-being of medical personnel and ensuring universal health insurance coverage for everyone. In **Myanmar** the overall health system needs to be improved and coordination with international and regional health agencies increased.

In the **Philippines** the health sector must further improve its capacity to manage health crises. Better collaboration between public and private health institutions is key, along with a clear legal framework and operational guidelines grounded on community needs and reality. There is a need for a health security strategy that details the roles and responsibilities of the various stakeholders, including but not limited to the health, security, social welfare, transport and economic sectors during a health crisis. Such a strategy is essential in order to be better prepared to respond to future health threats. In **Singapore** constant investment in new technologies and intensive campaigns and education on hygiene and safety culture can help the health sector further enhance its already-sound public health management system. Human clinical trials for a potential Covid-19 vaccine began in August 2020 at Singapore Health Services/Sing Health's Investigational Medicine Unit. The vaccine being tested there has been named Lunar-Cov19 and is being jointly developed by Duke–National University of Singapore Medical School and the US pharmaceutical company Arcturus Therapeutics. Conducting human trials in Singapore guarantees that the country can secure enough doses of this Covid-19 vaccine once it is cleared for public release.

In **Thailand** cooperation between the WHO and the Thai Health Centre for Covid-19 Situation Administration is crucial. Sharing of information and lessons learned needs to be reinforced and awareness raising among the public about basic protective measures (wearing face-masks, washing

hands and keeping social distance) should continue. In **Timor-Leste** there is a need to invest in infrastructure, facilities and human resource capacities of the health sector. International collaboration to support and share experiences and help develop the capacity of local health workers in handling health and other crises is essential.

How can the armed forces prepare?

Due to their logistic readiness and their capacity to manage large-scale operations, support from the armed forces during a major crisis response, health-related or otherwise, is essential, but it remains important to understand how these forces could better prepare to deliver this support. By defining what could (and should) be the priority areas for the involvement of armed forces during a response to a major health crisis such as the Covid-19 pandemic and how they could improve their preparedness, future responses can be significantly improved.

In **Cambodia** the armed forces' medical personnel could be strengthened through capacity building and broadening their role to support a health crisis response better. Some military facilities should be prepared so they can be transformed for medical use in a timely manner if needed. Roles and regulations framing the participation of the armed forces in a response need to be better defined. In **Indonesia** the armed forces could improve their coordination with health sector stakeholders. It is crucial to improve internal armed forces' health protocols as well, as numerous members of the armed forces were infected with Covid-19. This merits attention, not only from security stakeholders but also from health agencies. Moreover, the armed forces should allocate additional resources to conducting regular simulations and training to understand and anticipate a potential similar health crisis better in the future. In **Malaysia** preparations could include more investment in the medical corps as well as in research and development on chemical, biological, radiological, nuclear and explosive materials. The armed forces should more seriously consider scenarios of military operations other than war, such as pandemics, in military exercises.

In **Myanmar** there is a need to build crisis management capacity in the armed forces to increase the support they can offer to the government and overall to the national public services in times of emergency. In the **Philippines** the military, police and other relevant agencies have formulated the national action plan on chemical, biological, radiological and nuclear threats, in anticipation of potential non-traditional security threats to the safety and security of the people. In **Singapore** developing new simulation exercises and training manuals incorporating responses to a public health crisis can help the armed forces better prepare for any pandemics. In **Thailand** the armed forces are capable of participating in a rapid response to a crisis. Their capacity could be reinforced by providing them with more systematic basic medical training and knowledge on how to communicate with the population in times of a health crisis. In **Timor-Leste** preparation should include updating information related to public health threats so the armed forces can set preventive mechanisms in motion before a crisis gets out of control. Additionally, the armed forces must be prepared ahead of time to manage the logistics of the response, where their support is particularly important.

How can the intelligence services prepare?

The role of the intelligence services during a health crisis response might seem less obvious than that of other security institutions such as police or armed forces. However, their participation is essential in ensuring that the right and necessary level of information reaches both the general public and the institutions leading the response, and in tracing and isolating clusters of infection. Thus it is essential to look into what could and should be priority areas for the involvement of intelligence services during a crisis, and analyse how these services could improve their preparedness.

In **Cambodia** intelligence services could prepare by improving their infrastructure, and thereby improve their capability to gather information. They need to have communication channels established with the health sector to improve collaboration and coordination, and consequently the efficiency of response. In **Indonesia** intelligence services are needed to

support the development of a reliable database updated in real time to deliver accurate data to front-line responders. Intelligence services need to have better early-warning systems for "security disruptions" that might harm national interests in general. In this case, intelligence services could establish and/or improve information and data sharing with foreign agencies at regional and global levels. ASEAN's Covid-19-related initiatives are in place and agreed upon by all member states; the question is whether such regional cooperation on data sharing and pandemic prevention can be operational and sustainable. In **Malaysia** improved early-warning systems and information exchanges about health crises are needed. In **Myanmar** it is felt that the role of intelligence services during the response to health crises should be upgraded. Indeed, as the need for tracing contact cases and monitoring potential fake news is paramount to the success of the response, the intelligence services have a central role to play as they are much better trained in such work than the police or armed forces. In the **Philippines** a community-based information network must be put in place to help government and private institutions in generating important data on communities, especially in times of emergency. Likewise, a comprehensive database for each community covering demographics, sectoral groupings and physical vulnerabilities, among other information, is necessary to improve the efficiency and effectiveness of response should a new crisis erupt.

In **Thailand** there has been a reduction of robbery, burglary and other so-called street crimes, believed to be partly due to the lockdown. The government has strictly restricted the movement of people, in turn reducing such illegal activities. At the same time, cybercrime has reportedly increased significantly.[48] In February and March 2020 the number of internet domain registrations increased by 656 per cent, mostly for sites relating to Covid-19. Many turned out to be scams, using public fear to sell supposed miracle medicines or cheap PPE. Gender-based violence, mostly against women and children, has increased[49] due to many people being locked with their abusers and the police being busy elsewhere enforcing movement control orders. Intelligence services could play an essential role in ensuring that such crimes are promptly identified and addressed

by providing rapid and accurate data to support the police. In **Timor-Leste** intelligence services could better share threat and risk information with other countries, including identification of non-traditional security threats and risks. Intelligence service should gather lessons learned from crisis responses to improve their readiness to respond to other similar crises.

How can police services prepare?

During the response to the Covid-19 pandemic police services in all countries are responsible for enforcing movement controls, quarantines, curfews and in some cases strict lockdowns, including management of checkpoints, with or without the support of the armed forces. While doing so the police come into direct contact with an often ill-informed public and therefore end up having to play an awareness-raising role, not only a law enforcement one. This is an aspect of police work for which personnel have not necessarily been trained. Here we try to identify how such shortcomings could be addressed to prepare the police services better and overall try to understand what could and should be priority areas for their involvement during a response to a major health crisis, and how the police could improve their preparedness.

In **Cambodia** the police services could strengthen their communication with the armed forces, intelligence services and health sector. The police need to emphasize the use of education measures first in a crisis such as the Covid-19 pandemic, before resorting to enforcing legal action. This requires police forces to be trained in responding specifically to a health crisis. In **Indonesia** the police services need to improve their communication with all health stakeholders and local governments to ensure efficiency and coherence of response during such crises. The police should refrain from taking excessive action against opposition groups that are critical of the government's Covid-19 response. A strong and impartial oversight body is crucially needed to ensure that the police and the government do not exploit the pandemic to strengthen their own power and control over the general public. In **Malaysia** police reform needs to address many systemic issues in the long run. As the complexity of crises and technologies evolves, the

police services need to evolve as well. In the future, hiring standards and requirements may have to shift radically to target higher-skilled personnel who are knowledgeable about modern technologies. This would in turn necessitate competitive remuneration to motivate people with this kind of knowledge to join the police force. Police salaries have been low for a long time. General improvements to the well-being of police personnel (for example regarding housing and other facilities) are needed. A long-term approach to prison system reform needs to assess judicial and legislative issues, particularly doctrines on crime and punishment. Currently, Malaysia's criminal justice system relies heavily on punishment rather than rehabilitation. This doctrine necessarily makes the justice system predisposed to finding criminals and jailing them, which is an inherently unsustainable process and leads to crowded detention facilities.

In **Myanmar** the role of the police services in the response to a crisis needs to increase. The police are often better aware of the needs of local communities than the armed forces that have played the central role during the response to the Covid-19 pandemic. They know the field better, and in some areas are also better accepted than the military, with their presence creating less added tensions. In the **Philippines** the police must improve interoperability processes and mechanisms with the military and other security institutions, especially during times of emergency and crisis. They must develop clear guidelines for personnel on how to deal with the public and critics within the ambit of democratic governance. Finally, they must strengthen community policing mechanisms to ensure greater collaboration and engagement with communities during emergency and crisis situations. In **Singapore** regular training on contact tracing and investment in technological tools should continue and be reinforced whenever possible.

In **Thailand** coordination between police and other security actors needs to be improved. The police could improve hotline services providing information and support on the Covid-19 pandemic to serve everyone better, including migrant workers, for example by providing information in languages other than Thai. The police services need to ensure that all their units carry out their duties clearly within the given legal framework,

in a transparent and accountable manner, and in the same way all over the country. There have been allegations of police units using emergency laws to antagonize local communities, specifically in the southern provinces where the level of violence has been high for many years. In **Timor-Leste** police forces could be better prepared by receiving updated and timely information pertaining to public health threats. That would help police services in setting up a preventive mechanism readily capable of responding to a health crisis before it erupts. It needs to be clear in the legal framework that police services do not only carry out crime prevention tasks but also have responsibilities towards protecting human security as a whole.

How can border management agencies prepare?

To control the spread of the virus, all governments in Southeast Asia put strict measures in place restricting movement in and out of their countries. At the same time, thousands of migrant workers returned home in a hurry as they lost their incomes, and had to be provided with quarantine facilities. These conditions created new challenges for the border management agencies. Here, we describe how border management agencies could be better prepared to respond to such exceptional circumstances in the future.

In **Cambodia** the facilities for health quarantine at the border need to be upgraded. Moreover, in times of crisis more staff should be devoted to border control to ensure adequate personnel are available when enforcing emergency measures and restrictions. Cambodia should exchange information about travellers with neighbouring countries during crisis responses. In **Indonesia** there is a need for better and clearer protocols for border control during health crises, and for much more communication with neighbouring countries to ensure that special procedures for border crossing are known and understood. In **Malaysia** there is a need for a more systematic and careful health screening at borders. Border management agencies need to receive reinforcement in these difficult times, and specific training to ensure they are ready to respond efficiently to any crisis from its onset. In **Myanmar** the role of border management has been confusing.

With strong quarantine procedures, border control required more experienced personnel, but these have been lacking. The armed forces had to be called in to supplement border management agencies in some cases, but they do not always have the necessary knowledge to handle border procedures adequately.

In the **Philippines** border management units must have clear guidelines defining rules for local and foreign nationals entering the country in times of emergency. Quick reaction systems like immediate set-up of health quarantine facilities, better coordination channels with airline, vessel and cargo companies and accurate information dissemination to affected individuals must be in place and ready to be operationalized swiftly in the event of another health crisis. In **Singapore** constant investment in appropriate technological tools could help border management units to adapt better and faster in a major health crisis. In **Thailand** border management agencies need to be reinforced by a dedicated medical unit during a health crisis response, to check people entering the country. Quarantine facilities must be organized at border checkpoints, with a dedicated budget allocated for such preparation. In **Timor-Leste** more equipment and facilities are needed for border management agencies to enable them to detect possible health threats and deal with them. There is a need for clear SOPs so that border personnel know their tasks and understand how to coordinate with other security institutions such as the police and the military when their support is enlisted.

How can local security actors prepare?

Despite the involvement of all government sectors in the response, national-level security actors could not always reach all parts of the country and therefore local security actors played an essential role. However, often they had not been prepared, and difficulties arose when it came to coordination and cooperation between national and local levels of security actors. Here we aim to understand better what could (and should) be priority areas for the involvement of local security actors during a major health crisis, and how they could improve their preparedness. Among local security actors

we include village-level officials, community leaders, local police, religious leaders, non-governmental armed groups and private security agencies.

In **Cambodia** the local security actors need to have a communication channel with the intelligence services, and should contribute to mobilizing support proactively. Additionally, local security actors need to coordinate closely with national-level stakeholders such as the Ministry of Health and civil society, for example to organize efficient awareness-raising campaigns. The local security actors need to work closely with grassroots organizations to help them understand health messages and therefore be in a better position to protect themselves. In **Indonesia** local security actors need to coordinate proactively with national security actors and local health stakeholders to ensure efficiency and coherence of the response. In **Malaysia** there is a need to develop a legal framework that would increase the involvement of local security actors in response to health crises. This would help to reduce the burden on the federal and state treasuries at the same time as increasing the efficiency of the response. Local governments could be better integrated into the chain of command to enable more organic and focused reactions to local problems, while also connecting local actors to higher echelons in times of large-scale emergency response. In **Myanmar** there is an identified need for local security actors to establish coordination mechanisms with the government's administration to ensure a coordinated and coherent response.

In the **Philippines** the crisis management committees at provincial, municipal and city levels serve as platforms to respond to any threat. Provinces, municipalities and cities must provide disaster management training to their key personnel, and are also required to allocate 5 per cent of their budgets to disaster preparedness and response.[50] In **Singapore** town councils now need to incorporate the lessons learned from the Covid-19 pandemic response into their regular plans and programmes for local residents, and most especially for vulnerable and low-income households. In **Thailand** the "village health volunteers" task forces have played an important local role in supporting the health and security sector actors. There are about 1.5 million of these volunteers present at village level; they have been conducting door-to-door visits to help local communities better

understand the pandemic and how to protect themselves. In **Timor-Leste** sensitization of local security actors is linked to threats to human security and local community response to public health situations. Information, education, evacuation and response from the health sector can and should be prepared ahead.

How can international security arrangements, such as regional IGOs and the UN, prepare?

The Covid-19 crisis has highlighted the need for a coordinated Southeast Asian regional approach to the response. Despite the well-established mechanisms of ASEAN, areas for improvement and better preparedness can be identified. To build upon the experience of this response and prepare better for possible future major health crises, it is essential to understand the priority areas for the involvement of IGOs and the UN. Listed below are suggested action points for international bodies.

In **Cambodia** the UN and its agencies should institutionalize information gathering and sharing among countries, especially regarding public health and safety issues. The UN and its agencies should have an emergency budget readily available to prepare for such unforeseeable crises. For regional government organizations such as ASEAN, a regional database should be established to share best practices in terms of health crisis and disaster management. An ASEAN information-sharing platform should be institutionalized so that all members can receive updated information in a timely manner whenever any member decides on new emergency measures. In **Indonesia** international and regional organizations need to be able to provide clear and fair assessments of the situation quickly, and be readily available to provide specific assistance as required to help prevent the situation from worsening while it is still manageable. In **Malaysia** international and regional organizations need to have a better-established plan of intervention to increase the coherence of the international response. This is especially true of ASEAN. In **Thailand** ASEAN, the UN and Ministries of Health from the different countries should have more regular meetings to share information and lessons learnt, and to coordinate their

responses. ASEAN and the UN should contribute funds for research on possible health crises and how best to prepare for them. In **Timor-Leste** the priority is to receive accurate information about global, regional and local developments of the response. For example, members of the police services voiced negative views about the role of the WHO in Timor-Leste, to which the WHO responded by demonstrating that the allegation was unfounded. Eventually, the prime minister of Timor-Leste apologized to the WHO. One of the triggering factors of such tensions is a lack of information; better training and information for security sector stakeholders could prevent such misunderstandings that render response more complicated.[51]

How can national governments prepare?

Even though in some Southeast Asian countries there were pre-existing structures for responding to major crises, mostly natural disasters, they often proved insufficient in the face of the scale of the Covid-19 pandemic. National governments had to adapt in a rush, often creating gaps or inconsistency in the response. It is important to understand how national governments could better prepare for possible future crises by understanding what the priority areas for their involvement during a response to a major health crisis should be and how they could improve preparedness.

In **Cambodia** the national government needs to increase investment in public healthcare services, medical personnel, medical centres and medical research and development. Additionally, it needs to increase the national emergency budget set aside to respond to crises like the Covid-19 pandemic. Finally, the national government needs to improve cooperation with other countries to establish a more sophisticated and effective disease and disaster management system. For Cambodia to be better prepared to respond to the next health crisis, there are five main steps the government should take (which also apply to natural disaster response). Firstly, each government department needs to have a committee, including research and development working groups, to anticipate future threats. Secondly, every government department needs to prepare an emergency budget for

crises. Thirdly, digital skills, knowledge and experience of all government officials at all levels must be developed. Fourth, rules, regulations, accountability and responsibility of the armed forces and police must be strengthened and moved beyond traditional security. Finally, the public and private sectors must work together in any necessary fields to be better prepared to respond together to any future threats. In **Indonesia** there is a need for an increased budget dedicated to health crisis preparedness and response. The national government should cooperate closely with the academic community to anticipate and mitigate future public health crises/pandemics better. Of particular importance is the revitalization of state–market–academic partnerships at national and local levels. Research and development is an essential sector that must be upgraded rapidly.

In **Malaysia** the national government could better prepare by laying out proper mitigation measures and helping people prepare to adapt to the "new normal" after the crisis. There needs to be more emphasis on crisis preparedness, including more exercises on pandemic response, as well as further mainstreaming of health security into the overall national security strategy. In **Myanmar** the national government needs to strengthen its internal and external coordination. Regular assessments should be conducted by the various government agencies involved in crisis response to prepare better for possible future health crises. In the **Philippines** a national health security policy and strategy need to be formulated to guide the various agencies in their responses to health crises and natural disasters. Such a policy and strategy must draw lessons from past experience in managing emergency and crisis situations. The guidance must clarify the coordination mechanisms needed to achieve a whole-of-government approach to such crises. It is equally essential to increase the budgetary support for the health sector and its response units. Finally, other sectors such as social welfare, transportation and small- and medium-scale industries also need to be supported.

In **Singapore** constant investment in the healthcare sector and in new technologies could help the national government to be better prepared. The journey to a "new normal" post-Covid-19 situation should be documented to institutionalize key lessons learned for future reference and application.

Laws and regulations may need to be amended from time to time depending on prevailing global and local situations. An enhanced occupational and health safety culture needs to be instilled in workplaces and educational institutions. In **Thailand** the national government needs to allocate some of its budget to reinforcing health security. Since early in the Covid-19 pandemic response, doctors have been urging the government to invest more, for example by building a factory that would be able to produce the vaccine once it is available. It would be useful to produce brief manuals with basic information about the virus and personal protective measures to be taken in several languages, to be distributed widely across the 77 provinces and at the borders to people entering the country. The national government needs to have prearranged plans to balance health priorities and the continuity of the economy during a response. It is also important for the government to prepare in advance for the post-Covid-19 scenario, as the economic impact for the population might well be even worse than the health crisis itself. The most vulnerable families and communities will likely need support to recover long after the Covid-19 pandemic has ended. In **Timor-Leste** the national government needs to develop an emergency plan dedicated to public health crisis response. It needs to have plans in place for a logistics response, including adequate infrastructure and enough equipment to face a sudden emergency. These preparedness efforts need to be supported by a dedicated budget.

How can media, civil society and think-tanks prepare?

Societal actors always play a central oversight role, and this becomes even more important when countries have to operate under emergency rules that could easily be misused by governments. They also need to transmit accurate information to the population so that people know how best to protect themselves and understand the necessity of exceptional measures such as movement restrictions. By relaying relevant and trustworthy information, these actors participate in reducing the risk of panic movements. Thus it is paramount to understand what could and should be priority areas for the involvement of the media and civil society actors

during response to a major health crisis, and how they could improve their preparedness.

In **Cambodia** the media should adhere to professional journalism standards. Civil society and think-tanks should provide advice in their areas of expertise to assist the national government. In turn, the government must give these entities a real chance to be listened to and provide recommendations. In **Indonesia** the media and civil society have an important role to play in encouraging social solidarity and publishing regularly updated situational analyses. In **Malaysia** the media and civil society actors are needed to provide quality analyses. This will also be the case during the return to a "new normal" – civil society actors will be essential in identifying weaknesses, flaws and areas for improvement in the functioning of the government and society during a pandemic, and importantly how to prepare better in the future. In **Myanmar** civil society actors played a central role in responding to the crisis. It would be useful to provide them with specific training to develop their capacities and allow them to play an even larger part in the future if such an emergency should occur again.

In the **Philippines** the media became the "eyes and ears" of society during the lockdown. They provided timely information, and reports on government activities and policy directives. Civil society groups like think-tanks and academic institutions made their research and studies accessible and understandable to the public. These allowed everyone to engage meaningfully with local and national government institutions even during the strict stay-at-home lockdown period. Moreover, many civil society groups have addressed gaps in government services and provided support to the most vulnerable communities affected by the health crisis. It is therefore necessary to keep a vibrant and independent media and civil society, especially during times of emergency and crisis, and to ensure that the discursive space between the government, private sector, media and civil society remains open and accessible. In **Singapore** humanitarian organizations should prioritize support addressing the needs of specifically vulnerable social groups in times of a pandemic or economic crisis. These include, for example, foreign migrant workers, the

elderly, persons with disabilities and low-income families. Think-tanks can contribute policy recommendations relevant to anticipating a future pandemic and addressing inherent vulnerabilities.

In **Thailand** there is a need for civil society to support the government's efforts in responding to a major health crisis, mostly by refraining from circulating inaccurate, or even knowingly wrong, information. Civil society and the media need to support accurate information campaigns, mostly to reach communities in remote areas. The media also need to relay the national response clearly and explain its logic. Many elderly people in poor communities still listen to the radio and watch television, but do not access much online media. Civil society and the media need to remain neutral and focus on relaying important messages, setting aside political motivations during the response. In **Timor-Leste** the media, civil society and think-tanks play an important role in responding to health crises. They circulate evidence-based information and provide substantiated analyses of the situation to the government as well as to society at large. This helps the government make decisions based on data and evidence, and helps the community in general to take appropriate preventive measures while reducing community-level fear.

Requirements for institutional and legal frameworks for security sector involvement in health crisis preparedness

The Covid-19 crisis has demonstrated that in most countries the institutional and legal frameworks needed to be updated and adapted to support security institution intervention and ensure that the response to a major health crisis was implemented in a coordinated and efficient manner. This is not a regular role for these security institutions, and in many countries adapted laws and SOPs are missing, leaving a lot of room for interpretation and consequently confusion. Thus it is crucial to analyse how legal frameworks could be better defined to ensure efficiency and coherence of response.

In **Cambodia** some responsibilities for judicial services should be shared at the subnational level to speed up processing of court cases.

Each province should have at least one provincial court. All judicial staff at subnational levels must have enough capacity to operate autonomously. In **Indonesia** there is a need during health crises for better regulation of the internal relationships among security institutions, for example between the armed forces and the police. There needs to be a clear division of labour and a predefined mission duration. Security sector actors' readiness should be maintained in various ways, for instance via regular training and war-games-like workshops for personnel so they can better anticipate future outbreaks and mitigate possible shortcomings. In **Malaysia** the most important requirement is to widen local governments' powers and reintroduce local government elections. Currently, municipal governments are appointed by the national government, which significantly limits the capacity of the average citizen to make his or her voice heard on local security and gives little impetus to local governments to do their best. To enable much-needed SSR, legislative consensus and judicial reform is required to strengthen local government.

In **Myanmar** social consensus should be reached on how to address the issue of people and groups who fail to comply with special orders and laws. In **Thailand** there is a need to ensure that emergency laws and decrees have a clear expiry date to avoid their misuse for power grabbing or curbing any basic human rights such as freedom of speech. It is also essential to find a realistic balance between having strict rules in place to control the pandemic and avoiding affecting the economy too greatly when the number of Covid-19 cases reduces. In **Timor-Leste** there is an important need for clear laws and rules on the involvement of security sector actors in dealing with health crises so they can play their roles and be prepared to work in coordination with the health sector. This needs to be supported by improved infrastructure and facilities to deal with a large health crisis.

Requirements for ongoing or anticipated security sector reform activities

It is important that a crisis such as the Covid-19 pandemic should not stop or reverse ongoing efforts in SSR. In fact, crises can be the ideal moment to identify new opportunities for SSR. Hereafter we try to understand better

the implications of the pandemic and requirements in terms of ongoing or anticipated SSR activities, to adjust security sectors to future health crisis challenges.

In **Cambodia** the government reduced its provisional budget by 50 per cent for 2021 due to the foreseen negative economic impact of Covid-19. This dramatic reduction in budget could well lead to stalling in some SSR efforts, which are costly endeavours. In **Indonesia** there is a risk that the health crisis could be used to justify the postponement of important SSR due to budgets being reallocated, security personnel being reassigned to enforce new policies, etc. This requires further study. In **Malaysia** there needs to be more emphasis on interagency cooperation and streamlined expenditures. Security must be thought of in a holistic manner, and the National Security Council ought to play a central role in coordinating a "whole-of-society" response to future security crises (health and otherwise). There is also a need for greater checks and balances, with more involvement from the parliament.

In **Myanmar** security sector actors continue to analyse lessons learned, remain committed to cooperating with other sectors to identify the best approach to SSR, and are ready to cooperate with others to find better solutions. In the **Philippines** the doctrines and operational guidelines of the security forces, particularly the police and the military, must be updated to reflect their support role during health emergencies and other crises that fall under the umbrella of non-traditional security threats. In **Thailand** it is essential that SSR does not stall (or reverse) as a consequence of the pandemic. Indeed, the pandemic is likely to continue for several months even at low level and stall the reforms for longer, which puts SSR at risk of simply being dropped from the agenda. However, many reforms are crucial for the future of the country. In **Timor-Leste** questions have been raised about what clear and specific roles the security sector should play in society, as its orientation is currently towards traditional security. The response to health crises should be embedded in ongoing SSR, and the roles of security sector actors need to be adjusted to allow a response to such crises.

Recommendations for effective, efficient and accountable preparedness

The response to the Covid-19 pandemic in Southeast Asia has highlighted areas where better preparedness and planning could most likely have reduced the impact of the crisis. As health crises and natural disasters are likely to happen again, it is important to analyse the lessons learned from the Covid-19 pandemic response and identify how countries in Southeast Asia can better prepare themselves. In most cases it was clear that health infrastructure, from hospitals to research facilities and available technologies, needs to be upgraded.

Across the countries of Southeast Asia, communication and coordination among sectors have been difficult. There is an identified need for better, stronger and more systematic communication and coordination between local and central levels. Local security actors need relevant information from the central level to provide support to their communities, and must also ensure that accurate information reaches the central level of authority to support the overall national effort. Efficient communication and coordination are also essential between different security institutions, for example between police services and armed forces, which are not necessarily used to working together during such a response. The national government can support such efforts by ensuring that clear laws, guidelines and SOPs are in place to provide an institutionalized framework for security institutions during such operations. These guidelines should be debated among all stakeholders, and must clearly define the roles and responsibilities of different security institutions as well as the communication channels among them. This could be supported by ensuring that responses to a major health crisis are embedded in national security policies and that such crises are recognized as a security threat.

A further area of improvement noticed in all countries is the need for increased specific capacity building of responders, at all levels. Crisis response requires that security personnel have the capacity to raise awareness and educate the public as much, if not more, than their capacity to enforce laws. Such capacity is rarely part of security force training. This is particularly true during a crisis for border management agency

personnel who, on top of having to enforce much stricter border control measures, need to manage quarantine facilities and, in many countries, flows of desperate migrant workers returning after having lost their income. Clearly, all possible improvements described here cannot be successfully implemented without a dedicated budget to cover emergency response and its immediate aftermath, as well as an annual allocated budget devoted to infrastructure and personnel preparedness.

The importance of the roles of civil society and the media cannot be underestimated. They have a vital part to play regarding oversight, but also a responsibility towards communities in making sure that appropriate and reliable information reaches everyone. Further, academics need to contribute impartial and unbiased analyses to inform governments' decisions.

Stronger regional cooperation and, more widely, international cooperation would support a more coherent and efficient response. It is important that international and regional organizations engage in scenario designing to increase preparedness. This should be considered at the government level as well as in the sense of increased cross-country cooperation among security sector actors. In Southeast Asia, ASEAN needs to play a stronger role in such coordination. The relevance of an ASEAN-wide emergency response plan to health crises should be considered.

There is a recognized need to focus on existing SSR efforts, which by nature are long-term commitments, and ensure that they are not compromised by sporadic or intermittent crises. SSR should not be put on hold due to budget restrictions or changing priorities, and a crisis should not be used as an excuse by SSR-reluctant governments to stall reform.

Conclusion: Trends and patterns

The countries of Southeast Asia have been battling the Covid-19 pandemic alongside pervasive challenges caused by ongoing internal security threats. Despite a certain level of control maintained over the number of infections and casualties in most Southeast Asian countries compared

to other parts of the world, the gravity of the pandemic has highlighted some clear shortcomings in the response system. In many cases these shortcomings have been compounded by pre-existing difficulties, such as uneven development of urban and rural areas and lack of solid infrastructure (health, communication and transport). Weak coordination between national and local government units, as well as between countries, has in several cases rendered the response less than adequate and inefficient. So has the absence of solid legal frameworks clearly defining the roles and responsibilities of each sector and actor in the response. The current health crisis has also exposed deeper institutional weaknesses in Southeast Asia.

Even though the Covid-19 pandemic is a health crisis, the fact that in many cases health sectors were quickly overwhelmed and, in all cases, had to impose exceptional measures led to the necessary involvement of security sector actors in the response. Given the uneven development of various areas, without adequate and efficient national health delivery systems, many countries in the region have relied on the armed forces and police services, and more widely on all security sector actors, in implementing the response. For example, armed forces offered support through logistics and provision of trained medical staff, police services were involved in imposing strict movement controls on people, and border management agencies had to check entries into each country closely, while in many cases a flow of returning migrant workers had to be welcomed back within the limitations of strict health measures.

Security forces, with vast experience in managing traditional security operations, were suddenly thrust into implementing measures that were new to them, without proper training and no clear legal framework or SOPs guiding their interventions. For example, how does one check temperatures of people at checkpoints? How does one communicate with a frightened population and participate in awareness raising? How does one implement social and physical distancing in crowded areas? What does one do with people who break new laws, in many cases simply because they are not aware of them? Across Southeast Asia, it became apparent that the guidance provided to security forces was either lacking or at least insufficiently clear, as was the legal framework that regulated the roles

and operational scope of security sector actors. Security force personnel need to receive specific and adapted training to handle response to health crises better in the future, and adequate stocks of PPE need to be readily available so they can carry out their tasks without being exposed to contamination themselves.

Most countries lack a national health security policy, plan or strategy. While non-military security threats have always been discussed and debated among concerned stakeholders, very few countries have invested in addressing the issue. Chemical, biological, radiological and nuclear measures and action plans are in place in several countries (and the same should be the case for health threats), but operationalizing them is still at a nascent stage. A national health security policy, plan or strategy would support the consistency of approaches across governments, civil society and the private sector. Without it, interventions tend to be piecemeal and disjointed, rendering them less effective, and in the worst case leading to confusion among the population.

From an economic perspective, the imposition of strict limitations on movement has had a significant impact on countries' economies, and this will continue to have human security implications far beyond the resolution of the pandemic. For many people across Southeast Asia who survived on daily wages or worked in informal sectors, the impact has been almost instant and often catastrophic. Once movements were restricted and businesses came to a virtual standstill, workers immediately lost much or all their income. The pandemic has disproportionately impacted the economically vulnerable. Marginalized sectors' workers, daily wage earners, women, children, the elderly and persons with disabilities have been the most affected by the economic and social impact of the crisis, and will continue to be in the long term if their specific needs are not adequately addressed. The long-term impact is expected to be especially severe in developing countries, and solutions will be needed to support the most affected sectors and individuals in the medium and long terms.

Southeast Asia is accustomed to natural disasters, hence most countries allocate a portion of their budget to crisis and disaster management. However, the Covid-19 pandemic is unprecedented in terms of impact and

scale, and demonstrates a need to increase budget allotment to avoid governments being in a position where they have to redirect budgets in an emergency, making the response less efficient. Some budget should also be dedicated to increase preparedness.

It has been quite apparent that communication, in terms of both the effectiveness of the messages and the platforms utilized to deliver them, has been insufficient in many countries in the region. During the response to a crisis, it is important that the government's messages are clear, reach all people and facilitate engagement with the government to find solutions to problems. Easy access to timely and relevant information not only appeases the anxiety of the population but also empowers people, as they can then participate meaningfully and engage in policy decisions. At the same time, given the uncertainty of the future and the widespread fear that engulfs people, fake news that could further confuse populations must be tightly controlled, creating a risk that national security forces and/or national governments could be tempted to use emergency laws to crack down on dissenting voices. Thus clear parameters and guidelines must be set to prevent authorities from overstepping their bounds and ensure that the space for freedom of speech remains open.

Overall, there is an identified need for strong oversight mechanisms during such responses, when emergency laws give special powers to governments and security institutions. However, the usual oversight mechanisms are weakened by these emergency laws (for example, parliaments cannot convene and civil society can less easily meet due to strict limitations on social gathering). That demonstrates the need for predefined oversight mechanisms, as part of an overall dedicated legal framework for health crisis response.

The Covid-19 pandemic has prompted some countries to review the institutional structures of their security sectors and how they relate to broader government bureaucracy. The "whole-of-government", interagency and convergence of services approaches have been adopted to address the problem. However, operationalizing these approaches has remained difficult. Coordination between military and civilian bodies has proven to be challenging, given the difference in norms, rules, practices

and traditions. Coordination mechanisms need to be strengthened, on the level of national ministries/departments as well as in vertical coordination and cooperation between national/central/federal government and local government units. This health crisis has highlighted the necessary role of local government units and local security actors in responding to a crisis, in mitigating its impact, and in helping communities to return to normality.

As a final note, while the security forces have time and again been utilized by governments in Southeast Asia to address the various challenges confronting states, one must not lose sight of the fundamental need to carry out such tasks within a framework of good SSG. SSG and SSR in the era of the Covid-19 pandemic must be viewed within the broader goal of promoting good governance. The goals of SSG and SSR are to ensure that security institutions are professional, accountable and responsive to the needs of the state, and more importantly that security forces do not contribute to or perpetrate abuses on people's basic rights, and that security institutions are capable of limiting if not absolutely removing the use of arbitrary power in the exercise of their mandates.

Notes

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Chapter 5

Covid-19 and Security Sector Responses in East Asia

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Introduction

The Covid-19 global pandemic has tested the strengths and weaknesses of East Asia's governance system. While it is too early to come to conclusions about successes or failures in terms of public health and the role of the security sector in the response to Covid-19, useful lessons learned from the region help to reveal some trends and patterns about the activities of national security sectors in managing and controlling the outbreak in the region.

East Asia, where the Covid-19 pandemic originated, provided a pivotal lesson regarding governments' response in managing and controlling the outbreak. Starting in the city of Wuhan in mainland China, the virus spread gradually to other countries in the region and globally, bringing the world to a complete halt. The pandemic has had disproportionate and compound impacts upon vulnerable sections of society, and has also negatively affected the region's economic growth and development. Moreover, it has compelled the countries in the region to rethink their social security and health policies. Governments have quickly shifted their stance from state-focused security towards a human security approach. It is noticeable that East Asian governments were also first to devise the strategy of closing international borders, restricting movement of people, imposing strict lockdowns and using quarantine measures to stop the virus from spreading. This strategy saw an increasing role for security institutions, providing crucial support in delivering services to the health sector and in

the overall management and control of the outbreak. The region has often been cited as a successful model for containing Covid-19 to a large extent and dealing with the second wave of the crisis effectively, and it provides an example for the world in handling the outbreak. National parliamentary elections were held successfully in South Korea on 15 April and Mongolia on 24 June, in the midst of the pandemic, reflecting the adherence of the region to the value of democratic governance even amid tackling the health security challenge. As of 12 November 2020 a total of 234,356 Covid-19 cases had been reported in East Asia, of whom 227,261 had recovered and 7,095 had died.[1] As evident from the data, Covid-19 was largely contained and East Asia witnessed a very small number of deaths in comparison to other regions. How did the governments in East Asia succeed in controlling the outbreak? What roles did the health and security sectors play in managing and controlling Covid-19? What lessons can be learned for better preparation for future health threats? This chapter seeks to shed light on some of these broad questions.[2]

A preliminary finding from the response of the countries in East Asia to Covid-19 reveals some mixed trends. First, the pandemic highlights the importance of prioritizing the human security approach in the forefront of government policy. As a result of this, the countries in the region have immediately prioritized the needs of the poorest and most vulnerable sectors of society through social security programmes, offering required healthcare support such as mass testing, distribution of health materials and mass production of masks, and an economic recovery plan for the most affected sections of society and businesses. In East Asia existing governmental institutions such as the Korea Disease Control and Prevention Agency (KDCA) and the Taiwan Centers for Disease Control (CDC) acted as a vital coordinating mechanism between health and security institutions to manage and control the Covid-19 responses. Secondly, security institutions in the region played a very supportive role for health actors in the management and control of the outbreak. While the national armed forces provided logistical support, human resources and medical teams in the earlier phase of the pandemic, the intelligence services assisted in contact tracing and isolation of Covid-19 patients as

the virus began to spread. Similarly, the police services and border control helped with imposing lockdown, maintaining law enforcement, monitoring quarantine facilities and controlling the movement of people through border checkpoints and immigration. In East Asia the role of the World Health Organization (WHO) was subject to increasing scrutiny by some countries for lack of transparency in information sharing regarding the origin and transmission of the virus. The media, civil society and think-tanks provided fact-check information on Covid-19 and helped to counter the fake news to a large extent. They also played the role of external oversight over the government response to the Covid-19 crisis. In some countries in the region, when an emergency was declared debates emerged regarding the mobilization of national armed forces. It became a matter of constitutional and legal discussions in Japan and Mongolia, where debates have centred on building effective parliamentary oversight over the Executive during the emergency.

Overall, the pandemic highlights the importance of focusing on security sector governance and reform issues. The chapter's findings suggest the need to shift the focus from traditional state security to the human security approach to deal more effectively with emerging health threats. The findings also emphasize that the logic of preparedness should guide security sector reform (SSR) processes. This means that the focus of SSR activities should be on preparedness to tackle future health crises better. The notion includes better preparedness of security institutions to deal with future health threats in an effective and accountable manner, establishing sound institutional mechanisms, such as a CDC, and an effective legislative framework for infectious disease control for better coordination of the response at both policy and operational levels, strengthening oversight in regard to the exercise of emergency power, and reforming global health governance to tackle future health threats. Lastly, the chapter provides some key recommendations for priorities for relevant actors in the health and security sectors in preparing for future pandemics in a responsible, effective and accountable manner.

The first part of the chapter examines the human security and traditional security implications of the pandemic in East Asia, as well as the relationship of the health and security sectors in preventing and managing health crises, based on lessons from the Covid-19 pandemic in the region. The second part examines lessons learned about the roles played by security institutions during the pandemic in the region. Lastly, the third part examines priorities that are guiding relevant actors in the regional security sector in preparing for future pandemics.

The Covid-19 pandemic as a security threat: Impact on health and security sectors

This section discusses the impact of the Covid-19 pandemic on the health and security sectors in East Asia. Access to health services for low-income and underserved populations was gravely affected, resulting in disproportionate human suffering. The pandemic strained healthcare workers and tremendously stretched the capacity of well-equipped health infrastructure in East Asian countries. The section also highlights how the political and administrative leadership played a responsible role in rapidly controlling and managing the outbreak in East Asia.

The security sector played a supportive role to the health sector. The Covid-19 crisis forced governments in the region to declare emergencies, close cities and provinces and impose strict lockdowns to manage the spread of the outbreak, and security institutions were tasked to assist in implementing these restrictions on movement. Existing institutional and legal mechanisms on disease control helped guide interactions between health and security institutions and various government agencies. It was evident that the close cooperation and coordination between health and security sectors, under responsible political leadership, played an instrumental role in the management and control of the outbreak in the region.

Human security and traditional security implications of the Covid-19 crisis

The Covid-19 pandemic has heightened human security concerns and seen increased traditional security challenges in East Asia. It is now imperative for governments in the region to focus on addressing the human security concerns of the people, with special provisions to safeguard vulnerable and marginalized groups. The prolonged Covid-19 health crisis has intensified geopolitical rivalries, vulnerabilities in cyberspace and territorial disputes, threatening regional peace and security and undermining long-standing traditional security concerns in the region.

In **China** the main human security implications stem from the health and economic needs of vulnerable sections of society during the pandemic. Masks, disinfectant and food are important daily essentials, and the lack of such goods and services in the early days of the outbreak led to widespread panic, especially among the poorer segments of society and small traders. As the country's epidemic control policies continued to address the need for medical and food supplies, people's confidence in the government gradually increased. In relation to traditional security, attacks on the political system by negative public opinion both domestically and internationally will have larger implications for China's national interests. For China, traditional security implies the continuance of its political system, protection of its international prestige and sustainable economic prosperity for its citizens. China must improve its public credibility and inspire confidence when it comes to dealing with the psychological, social and economic impacts of the outbreak. The perception of China being a threat in the post-Covid-19 world, plus economic and military pressure from abroad, have heightened China's traditional security concerns.[3] The intensification of strategic competition between the United States and China over shared global commons has increased concerns over regional peace and security, which will have multifaceted security implications for China.

In **Japan** the pandemic has raised human security concerns, thus deepening the threats to the security of the state and its citizens. Fake news and disinformation circulating on the internet also caused panic among

the general population, but the responsible ministers issued very few reliable official communications to counter such false rumours in a timely manner at an early stage. The Covid-19 pandemic has become a vehicle for the escalation of previous geopolitical threats. Japan's main traditional security concerns are increasing nuclear and conventional military threats from North Korea; increasing Chinese military assertiveness in Japanese territorial waters; vulnerability in cyberspace; and maintaining and evolving its beneficial alliance with the United States.[4]

Mongolia identifies health crisis preparedness an area that requires urgent attention to save human lives. The pandemic has brought a significant change in traditional security thinking, as it is no longer being understood purely in military terms. The transnational nature of emerging security challenges could undermine both national security and human security, thus it is important for the government to develop a national security policy focused on protecting people, society and state.

In **South Korea** traditional security needs are prioritized over human security concerns – mainly because of nuclear North Korea, which is a major threat to South Korea's national security interests. There was a stark reminder when, amid the Covid-19 crisis, North Korea fired several ballistic missiles, threatening regional peace and security and South Korea's strategic interests.[5] This incident reminded the South Korean government – which had focused on addressing the human security challenges emerged out of the pandemic – not to lose sight of traditional military threats. It underlines South Korea's persistent traditional security concern that the rapidly increasing missile capabilities of North Korea will undermine the military balance of power in the region.

In **Taiwan** the definition of security has broadened in the last two to three decades to incorporate much more than traditional military threats. Since the early 1990s the Taiwanese administration has acknowledged the transnational nature of new threats to security. According to the National Defense Report 2000, Taiwan has embraced the concept of non-traditional threats as well as human security, recognizing the multiple domains of security – political, military, diplomatic, economic, food, environment, information and epidemic prevention. The report proposed that security can

no longer be limited to any given nation's sovereignty issues; the common security of all human society is also involved.[6] Ever since the release of the report, non-traditional threats have been considered as highly relevant for national security in Taiwan. In terms of Taiwan's traditional security, since China perpetually pressures Taiwan to be unified on China's terms, the Chinese military threat has become the biggest security concern. Unlike traditional military threats, infectious diseases, especially Covid-19, challenge people's well-being and even survival, and as such are framed as threats to security. Given that diseases are not contained by natural or human-made state borders, they are included among global problems that require global response, coordination and cooperation.

Health challenges created by Covid-19

Covid-19 has accelerated health challenges and put pressure on the existing health infrastructure in East Asia. During the early part of the outbreak, identifying Covid-19 cases and preventing further spread was the major public health challenge. Once cases rose exponentially, it became an arduous challenge for healthcare workers and health infrastructure to provide adequate treatment to all the infected people. The pandemic response showed the importance of having close coordination between government ministries and the scientific community.

In **China** the major health challenge created by Covid-19 was to control the spread of the disease – which was highly contagious and difficult to identify. In this outbreak management it was necessary first to determine whether a person was infected with the virus, and then to isolate the infected patient, closely observe other potentially infected people in contact with them, develop specialized treatment plans, and finally cut off the virus transmission path to reduce the social infection rate. In **Japan** the health challenges were twofold. First, there was a lack of extra incentives from the government to motivate frontline workers. There was a lack of respect for nurses, caregivers and co-medicals who worked in facilities other than hospitals (e.g. facilities for the elderly and handicapped). Even though they received professional training and had impressive skills and knowledge,

they were under heavy stress and pressure in trying to prevent the outbreak. The work of frontline responders during the pandemic response did not receive due recognition. Some health workers had to leave their homes and sleep in cars or workplaces to avoid discrimination from friends and the neighbouring community. Second, there was a lack of coordination between epidemic experts (medical doctors who worked in national health think-tanks and state universities) and health practitioners on the ground.

In **Mongolia** there was a relatively low number of cases, with no local transmission and zero deaths. The government reported the first case only on 2 March 2020, and the infected person was a foreign citizen on a flight from Moscow. Mongolia, whose land border with China is its longest border with another country, developed early interventions approved by the WHO to delay the onset of the outbreak and its severity. It activated the country's interagency emergency management system, empowering the State Emergency Commission – a governmental body led by the National Emergency Management Agency – to lead the coronavirus response.[7] In early January 2020 Mongolia started countrywide control measures based on the 2017 Disaster Protection Law.[8] These measures included promoting universal personal protection and prevention, such as the use of face-masks and handwashing, restricting international travel, suspending all training and educational activities from kindergartens to universities, and banning major public gatherings such as the celebration of the national New Year holiday. The government initiated active infection surveillance and self-isolation measures, but a fundamental challenge was the lack of necessary equipment, tests and respirators. Government rules requiring all incoming citizens to quarantine for 21 days in hospitals led to a severe shortage of capacity in hospitals and some lodging facilities.

In **South Korea**, as the number of Covid-19 patients increased sharply it was impossible to treat all of them. In the early stage of the infection's spread the government mistakenly predicted that the pandemic would soon be over, and had not done enough to prepare for worst-case scenarios. Second, Daegu in the Gyeongbuk region initially saw a higher concentration of the outbreak, but it soon spread to the Seoul metropolitan area, where one-third of the total population lives. The crisis required the establishment of a

system that could integrate and use local medical facilities and resources to respond effectively. In **Taiwan** dealing with Covid-19 was an unprecedented health challenge, but the response to the outbreak was expeditious thanks to pre-emptive measures. In late January 2020 President Tsai Ing-Wen convened a high-level national security meeting and issued four epidemic prevention directives providing government agencies with better coordination, adequate monitoring guidelines, effective communication and central command of the government response to control and manage the outbreak. The major health challenges posed by Covid-19 do not come from inside Taiwan's existing health infrastructure, but are due to lack of access to WHO information sharing. Taiwan's health officials could not receive first-hand information or participate in other joint activities, as Taiwan is not an officially recognized member of the WHO. Hence access to information and services, including data sharing, assessment of risk, early warning, surveillance and provision of virus samples and equipment, was denied.

Roles and capacities of the national health sector in preventing and managing an outbreak

National health sectors play a leading role in East Asia in the prevention and management of the Covid-19 outbreak. In East Asia governments have allowed the ministries of health to oversee the epidemic response. In some countries the institutional and legislative mechanisms for disease control have an instrumental role in managing the outbreak. Good practices reflect that these mechanisms are important in effectively covering aspects of coordination with other ministries, divisions, departments and security institutions in the early management and control of the disease.

In **China** the national health sector plays an important part in the prevention and management of outbreaks. The central government set up a leading group of experts for epidemic responses, combining the efforts of the health, transport, finance and other sectors to concentrate on support in the city of Wuhan. The health sector had a role in notifying early cases of Covid-19, garnering knowledge on the importance of protection and

deploying medical resources in a timely manner. In addition, local medical and health institutions also actively cooperated with the government and health sector to play an important role in community protection. In **Japan** the prefectural office of the Ministry of Health, Labor and Welfare played a major part in keeping records of cases, results of polymerase chain reaction (PCR) tests for Covid-19 infection and quarantine measures all over the country. The Prime Minister's Office invited epidemics experts to a special committee to elicit their suggestions. Japan has an established universal healthcare system and all Japanese have equal access to advanced medical care, which was pivotal in testing and treatment of Covid-19 patients. In **Mongolia** the Ministry of Health and the National Center for Communicable Disease oversaw investigation, testing, tracing and quarantine during the outbreak. The ministry deployed health professionals in hospitals and other quarantine facilities to provide adequate care for infected people; most patients were successfully treated, and there were no deaths. The health sector played an important role not only in detection and treatment but also in providing timely information, updates on cases and prevention measures.

In **South Korea** the KDCA was in charge of combating the spread of coronavirus and helped to establish smooth collaboration between the government and the scientific community. The national health sector developed an effective epidemic preparedness and response framework through early detection, containment and treatment of Covid-19 patients. The health sector took a series of measures, including immediately building hundreds of innovative, high-capacity screening clinics, recruiting temporary health workers and working closely with the private sector to ensure an adequate supply of tests. The strategy of isolating infected patients, supporting those in quarantine to increase compliance, and monitoring and tracing contacts using various digital technologies was effective in containing the outbreak. South Korea's previous lessons from an outbreak of Middle East respiratory syndrome (MERS) in 2015 were very important in bringing several reforms to the health system to boost preparedness, which helped the government to act quickly and effectively in the Covid-19 response.

In **Taiwan** the Ministry of Health and Welfare played a crucial role in preventing and managing the outbreak. The Communicable Disease Control Act, which was amended in 2019,[9] gives the Ministry of Health and Welfare adequate capacity to respond to health crises. Using the experience of dealing with severe acute respiratory syndrome (SARS) in 2003, Taiwan's CDC has since then strengthened its abilities in preventing and managing potential pandemics, starting with the avian influenza epidemic (also in 2003). The government was highly supportive and willing to allocate necessary funding for preparations. In May 2005 the Executive Yuan (the executive branch of central government) approved the first National Influenza Pandemic Preparedness Plan, comprising four major strategies and five lines of defence. The four strategies are surveillance and assessment, interruption of transmission, antivirals and influenza vaccines; the five lines of defence are containment abroad, border control, community epidemic control, maintenance of medical system functions, and individual and family protection. Together, these measures minimize the mortality rate, economic losses and impact of novel influenza viruses.

The need for security sector involvement in preventing and responding to an outbreak

Security sector participation in Covid-19 responses varied across East Asia. Lockdown and emergency enforcement to contain the outbreak of the virus required governments to involve the security sector to implement rules and regulations. A need also arose to maintain political stability and security within countries and territories, as situations unravelled and became chaotic; in certain areas the involvement of security institutions surpassed the limits of their mandates and required heightened scrutiny.

In **China** the involvement of the security sector was essential. The prevention and control of the epidemic was a nationwide campaign that required the close cooperation of multiple security departments to ensure social stability and rational allocation of resources under the state of emergency. The firm control and the mobilization of the security sector by the government in an efficient and effective way helped to prevent

the further spread of the virus and ensure public safety. In **Japan** the mobilization of the Japan Self Defense Forces (JSDF) during the initial period assisted health actors in outbreak prevention and response. The JSDF were used to control a Covid-19 outbreak on the *Diamond Princess* cruise ship, quarantined in Yokohama, to prevent the further spread of the virus among passengers, crew, healthcare providers and quarantine officers. The JSDF provided disaster-relief-style help to transport patients from the *Diamond Princess* cruise ship[10] to the JSDF hospital. No JSDF personnel engaged in the mission were infected by the virus. The JSDF also supported the accommodation of patients, provision of medical care, transport of Japanese nationals coming back from foreign countries to designated quarantine places, and logistic support. The JSDF only provided support to the Ministry of Health, Labor and Social Welfare, and limited their role to the initial period of the outbreak. In **Mongolia** the government involved the security sector in enforcement of public safety orders and traffic bans adopted by the National Emergency Committee, and in monitoring quarantine facilities. Security sector institutions such as police, armed forces and border control authorities were at the centre of national responses and played a publicly prominent role in enforcing emergency and health measures. They used military hospitals and other temporary facilities built by the government for quarantining patients.

South Korea has developed a crisis response system to tackle potential threats from North Korea's chemical, biological and nuclear weapons, which was helpful to control and manage the Covid-19 outbreak. The KDCA conducts annual drills, including training to respond to chemical and biological attacks.[11] These drills allow the South Korean military to help diagnose, determine and control affected areas and respond accordingly. During the Covid-19 outbreak the government deployed military personnel early to virus-hit areas to train civilians in using protective masks and clothing, disinfecting public spaces and distributing supplies. The military fielded a highly trained team of experts from the Armed Forces Chemical, Biological, and Radiological Defense Command to disinfect hospitals and other priority facilities in the most affected area in South Korea. The Command assisted municipalities in decontamination work, while other

units deployed armoured combat vehicles to disinfect larger community areas such as schools. Improving the ability of military personnel by training helped them to understand the nature of infectious diseases and develop a response strategy with the support of the KDCA to control the virus.

In **Taiwan** there was a substantial need for the security sector to get involved in preventing and responding to the Covid-19 pandemic. The pandemic was classified as a serious non-traditional security threat under the national security system; hence the Taiwanese administrative mechanism upgraded and categorized Covid-19 accordingly. The Executive Yuan had established a cross-sectoral cooperative system, placing responsibility for strategic planning with the Ministry of Health and Welfare while local governments serve as implementing bodies. Taiwan had previously implemented quarantine measures during the 2003 SARS outbreak. Such initiatives – which clearly demonstrate state power in times of crisis – remain extraordinary in the sense that they place limitations on an otherwise inviolable right, namely the freedom of movement. Quarantine measures are generally considered to be an archaic method of protecting public health, and the health sector does not have expertise and authority in law enforcement, investigation and border control. Hence during the SARS outbreak and again during the Covid-19 pandemic it has been necessary to involve security institutions in implementing quarantine measures and responding to the virus outbreaks generally.

Challenges of cooperation between the health and security sectors

While coordinating the response to the pandemic, the health and security sectors faced several challenges. As manifested in numerous instances, these challenges were mainly lack of clarity in provisions or inadequate policy demarcation regarding roles and responsibilities of authorities, and confusion at the operational level. The pandemic emphasized the need to develop closer cooperation among the institutions. Taiwan's response is a prime example, as during the Covid-19 outbreak the CDC enabled and enhanced effective coordination between the health and security sectors.

In **China** the greatest challenge was the distribution of authority between the security and health sectors. The security sector was mainly responsible for social stability and resource allocation, while the health sector was mainly responsible for disease treatment and drug development. However, sometimes there is confusion regarding task allocation to the two sectors. For example, the distribution of emergency medical supplies involved unified and controlled procedures for the health and security sectors, but some hospitals were forced to acquire their own medical supplies unilaterally due to the emergency situation. In **Japan** the health and security sectors collaborated fairly well, with the JSDF limited to supporting the health sector, as discussed previously. There was a clear understanding that the Covid-19 response was a part of disaster relief operations, and for such operations the JSDF have very clear standard operating procedures (SOPs) giving direction to mobilize over 2,000 soldiers every year, while the JSDF Act authorizes the mobilization of forces during disaster relief and rescue.[12] There are three conditions that allow the JSDF to be despatched for disaster relief: impartiality for the public good, emergency and last resort. In **Mongolia** there were few significant challenges in cooperation among the health and security sectors. The security sector is closely cooperating with the health sector and others; indeed, security institutions and health officials have been jointly organizing a Covid-19 control and management drill to test their capacity and coordination ability in case of a real outbreak in any part of Mongolia.[13] This has further strengthened their cooperation in the fight against Covid-19.

In **South Korea** the government allowed some private companies to use security personnel to put in extra hours to help manufacturers to fulfil demands for masks and other health equipment. Although it is common for the military to support the people in the event of a natural disaster, it has led to wider discussion about whether it is appropriate to allow certain companies or individuals to use military resources even in times of crisis. In **Taiwan** there is smooth cooperation between the health and security sectors: after the experience with SARS, several intergovernmental mechanisms, measures, laws (such as the Communicable Disease Control Act) and regulations in fighting infectious diseases are in place. These

laws and regulations allow the health sector (the Ministry of Health and Welfare) to collaborate with other government agencies, including security sector agencies. The Communicable Disease Control Act did not articulate the issues of national security or national defence, and neither of these two areas fell under the authority of the command centre prescribed by the Act. The Ministry of National Defense and the National Security Council make professional judgements in defence and security respectively, and the Ministry of Health and Welfare has authority in epidemic alert and prevention. Although the Ministry of National Defense and the National Security Council may assess intelligence regarding epidemic situations through other official channels, they are not the competent authorities mandated by the Communicable Disease Control Act to implement measures to tackle infectious diseases. This Act can use the All-Out Defense Mobilization Readiness Act's system to implement epidemic prevention measures when needed. This shows that legislative review is necessary to provide an exclusive mechanism for managing epidemic prevention involving national security issues.

Capacities of the security sector to assist health actors in preventing, managing and limiting the spread of the virus

The capabilities of the security sector to support national health actors vary in East Asia, depending upon the capacities of the security institutions. Security sector actors assisted health actors through logistic and transport support, which helped in the timely distribution and supply of health materials. The health sector also used military and police hospitals and other facilities for the treatment of infected people. Apart from ensuring the enforcement of lockdown and controlling the movement of people, the security sector supported by maintaining quarantine facilities, managing border control, safeguarding public safety and security, conducting tracing and surveillance, and mobilizing security personnel to protect vital national infrastructure.

In **China** the security sector had an important role in the prevention and control of Covid-19. First, it controlled the excessive flow of people. This

outbreak had a potent ability to spread and it started during the traditional Chinese Spring Festival, which sees a period of intense mobility. Second, it allocated a reasonable amount of resources. The police services stopped the phenomenon of price gouging and ensured basic living standards for ordinary people. Finally, the security institutions provided firm support to hospitals and other medical facilities to help transport materials and deploy personnel. In **Japan** the government declared a state of emergency on 7 April 2020 to control and manage the outbreak.[14] However, in comparison to other countries this state of emergency was not a strict lockdown and was mainly based on self-restraint – a strategy that largely relies on social pressure brought to bear on individuals and businesses to heed public health advice. The government warned people to remain cautious to prevent a second wave and keep avoiding the "Three Cs": *confined* and *crowded* places and *close* human contact.[15] The Ministry of Defense deployed the JSDF to support the health sector in response to Covid-19, with defined roles and responsibilities. The response was framed as a disaster relief mission rather than a disease response, because existing law did not provide for deployment of the JSDF domestically for disease response. In **Mongolia** the security institutions were involved in the enforcement of public safety orders, traffic bans adopted by the National Emergency Committee, and monitoring quarantine facilities. Because of additional responsibilities during the pandemic, allocating enough resources was essential.

In **South Korea** the Armed Forces Medical Command deployed the Armed Forces Medical School, 14 front and rear military hospitals, the Armed Forces Hospital Training Station and the Armed Forces Medical Research Institute. Army officers' quarters were used to house patients, and people were quarantined at military facilities. In **Taiwan** different security sector agencies assisted health actors. The police handled public safety, crime investigation, information gathering and sharing, cracking down on fake news and disinformation, and enforcing isolation or quarantine to ensure people stayed at home. The National Immigration Agency (NIA) was responsible for border control at airports and harbours, and investigating overstayed foreigners and foreign labourers. The Ministry of Defense maintained national defence and security, set up field hospitals, deployed

chemical corps to conduct hygiene tasks, and mobilized military hospitals to accommodate Covid-19 patients and military personnel to produce strategic resources such as masks. The Ministry of Justice Investigation Bureau was responsible for investigating crimes related to Covid-19, information and intelligence gathering and sharing, and cracking down on fake news and disinformation. The National Security Bureau was responsible for gathering Covid-19-related information and intelligence, and handling international intelligence cooperation. The National Security Council convened regular intergovernmental meetings and was responsible for security policymaking.

Covid-19 as a human security challenge

Overall, the Covid-19 pandemic increasingly shifted the focus of countries and territories in the region from traditional state security to addressing the human security challenges. The 2003 SARS and 2015 MERS outbreaks in East Asia had already underlined the need to categorize infectious diseases as threats to both human and national security. These past lessons of tackling health crises resulted in increased cooperation between health and security sectors, as evident from the effective management of Covid-19 in East Asia, with government prioritization of human security needs during the crisis and increasing compliance by the public with government rules and regulations. The Covid-19 crisis gave an added spur to reforming governments' approaches to investing in preparedness for managing health crises.

The Covid-19 pandemic severely affected the health infrastructure and stretched the capacity of healthcare workers. Ministries of health were nodal institutions in the prevention and management of the outbreak in the countries and territories in the region. The KDCA and the Infectious Diseases Control and Prevention Act in South Korea and the CDC and Communicable Disease Control Act in Taiwan were effective in coordinating security institutions, health actors and other ministries, at both operational and policy levels. Other policymakers could learn from the applicability of CDCs and, where necessary, contextualize similar kinds of institutional and

legal frameworks to combat future health threats. A further detailed study should be conducted to understand the role of a CDC in the prevention and management of Covid-19 in the region.

With countries upgrading their categorization of the pandemic as a national security threat, prioritizing it at top level, this gives security institutions elevated prominence. The security sector broadly supported the health sector, imposed quarantine and lockdown measures, traced contacts, conducted surveillance using advanced technology, and provided logistics and other support. Discussion on regulation and management of future health threats has been accelerated. Stemming from these developments, states have ventured into a debate on legislative and institutional reforms to ensure closer cooperation between security and health institutions to tackle future health threats.

Roles played by security institutions and international actors

This section discusses the roles played by security sector actors in terms of overall management and control of the Covid-19 pandemic in East Asia. Security institutions contributed in a variety of roles. The national armed forces were helpful in providing logistical and medical support, and coordinating the relief effort in the earlier stages of the outbreak. Intelligence services worked in tracing, isolating and monitoring Covid-19 patients, and countering fake news and disinformation related to the virus. Police services maintained law and order, especially ensuring the public did not violate lockdown measures, by routine patrolling and implementing government directives. While there were criticisms in some countries regarding government delays in closing international borders, once governments issued the directives the effective measures were in a place at the border checkpoints and immigration. The section also highlights how national governments played an important role through their political and institutional leadership in managing the health crisis.

In terms of the United Nations and related organizations, the section examines the critical role played by the WHO in the East Asia region. While

some countries felt that positive support was received from the WHO, others criticized its inability to identify the virus early and prevent a global outbreak. The section identifies that the media, civil society and think-tanks constantly monitored and debated governments' response strategies, including the role of the executive during the emergency, and questioned the legitimacy of their executive powers. Lastly, the section discusses how the pandemic has opened the door for SSR initiatives in the region.

Lessons learned and suggested roles for national armed forces

The roles of national armed forces varied in the Covid-19 responses in the countries and territories of East Asia, but they all contributed significantly in the control and management of the Covid-19 pandemic. They provided military logistical and transport facilities, medical teams to assist local hospitals, and a range of other activities to support health actors. Prior involvement in disaster relief and humanitarian assistance prompted a reassessment of armed forces' preparedness to tackle health crises, and this proved to be helpful in combating Covid-19 pandemic challenges.

In **China** the People's Liberation Army (PLA) played an important role in the fight against the pandemic. In the early stage of the Covid-19 outbreak the PLA sent three medical teams to Wuhan to help local hospitals tackle the virus; each team was composed of 150 doctors and nurses. They arrived first and left last, making important contributions to the control of the pandemic. The PLA also sent aircraft to transport medical teams and materials to Wuhan. Police and auxiliary officers handled emerging dangerous, difficult and burdensome tasks such as guarding hospitals, transporting patients and patrolling the streets to maintain order. Customs officers applied the law and carried out quarantine and other health-related duties, helping prevent the re-emergence of the virus in the country.

In **Japan** a crucial outcome of the pandemic has been a greater urge towards modernization of the military. Due to the continued impact of Covid-19, there has been much internal discussion among Japanese stakeholders on whether the JSDF's future operation should be increased in the new fiscal year. Increasing JSDF numbers has been suggested, as has

investment to increase the JSDF's capabilities to fight against infectious diseases and other chemical, biological, radiological, nuclear and explosive threats.

In **Mongolia** significant discussions took place as to whether the military should play a leading role in preventing the epidemic. Civil society actors criticized the mobilization of armed forces under the pretext of a state of emergency. In **South Korea**, whenever an epidemic occurred the military temporarily provided medical personnel to respond to the crisis, but it always remained in the background and never developed a full system to manage crises. This is because the military must remain on alert for any form of warfare with North Korea and ensure the health and safety of soldiers, protecting them from infectious diseases. However, during the Covid-19 crisis military personnel from South Korea's chemical, biological, radiological and nuclear military command were actively mobilized to disinfect hospitals and contain the outbreak in the affected areas. The military also contributed medical staff and equipment and provided vital support to health personnel. In **Taiwan** the resources mobilized to respond to outbreaks of infectious disease are closely and directly linked with the armed forces. For example, Taiwan's Ministry of National Defense mobilized forces to help the country control the spread of SARS in 2003, and the government chose the military-run Institute of Preventive Medical Research (under the command of the National Defense Medical College) to develop a vaccine against SARS. In addition, epidemic training exercises were held by the CDC in 2006 and 2007 in conjunction with a military exercise organized by the Ministry of National Defense and within the framework of a cooperation agreement between that ministry and the CDC. Assisting the health sector in dealing with infectious disease has thus been a crucial role for the military during both peace and war. Currently, based on the Communicable Disease Control Act, Taiwan's armed forces are directly under the command of the Central Epidemic Command Center (CECC), and carry out various tasks designated by the CECC to cope with Covid-19.

Lessons learned and suggested roles for the intelligence services

The roles of the intelligence services during the Covid-19 response in East Asia heavily relied on greater use of digital technology. The people and governments in the region use advanced technological systems at work and in their daily lives, and these were cited as being helpful for the intelligence services to trace, isolate and monitor quarantines for Covid-19 infected patients to ensure public safety. Effective use of digital tools by intelligence services played a pivotal role in supporting health sectors.

In **China** the Department of National Security and Department of Public Safety helped to control the spread of the pandemic by tracking the whereabouts of confirmed and suspected Covid-19-infected patients and passing this information to the Chinese Center for Disease Control and Prevention under the National Health Commission of China. China has used big data, artificial intelligence and other new technologies in research and analysis to forecast the trend of Covid-19 developments and epidemic control. The application of these tools in epidemiological investigations helped in identifying infected persons and tracking close contacts associated with these individuals for quarantine. The intelligence services developed a database system under existing law to provide services for virus risk control, detect disparate groups at risk, predict risk factors in different areas and facilitate the orderly flow of people and the resumption of business operations. In **Japan** the government relied on contact tracing with the support of technology in identifying the formation of clusters. Recognizing that some Covid-19 patients end up infecting many people, the central and local governments encourage people to download and use a smart phone tracking application, which is helpful in tracking mobility. This has retrospectively assisted in tracking links between patients, found unrecognized cases surrounding the original source and identified clusters.[16] Continuous monitoring of the number of unlinked cases led to early detection of exponential growth in the number of patients, which enabled the government to give the public effective early warning. In **Mongolia** the intelligence services undertook extensive contact tracing to identify Covid-19 cases. However, such tracing has been part of

the mandate of the National Center of Communicable Diseases since its inception, and there was no significant discussion as to what extent the intelligence service played a leading role in contact tracing.

In **South Korea** the government used intelligence services widely in identification, isolation and contact tracing among the population. Intelligence services developed and ran the Covid-19 Epidemiology Investigation Support System in cooperation with the KDCA,[17] and developed a system with the cooperation of mobile carriers and credit card companies for contact tracing of infected persons. For this, the existing legislative framework (the Infectious Disease Prevention and Control Act) allowed mobile carriers to share individual data during the crisis. This helped the intelligence services in collecting information by regularly visiting facilities, including pharmacies and medical facilities, and reviewing cellular GPS data from cell phones, credit card transaction logs and closed-circuit television footage of the general population. Information collected from interviews and verified with other data facilitated the identification of contacts and taking containment measures. These strategies helped in early case detection, kept the rate of new infections low and potentially reduced crude fatality rates by preventing hospital overcrowding and infections among high-risk populations.

In **Taiwan** national intelligence agencies performed their role with due diligence, as they were familiar with the health actors and assisted them to implement quick and effective measures. The health and intelligence agencies collaborated smoothly in information sharing: when health actors needed to trace the contact history of infected patients, intelligence services provided useful information such as closed-circuit television footage and records of phone calls, purchasing history and social media messages. Using technology, they could monitor those in need of isolation or quarantine to ensure public safety and health. The police and the Investigation Bureau cracked down on those disseminating fake news and disinformation with the purpose of destabilizing society during the harsh time of Covid-19.

Lessons learned and suggested roles for the police services

During the Covid-19 crisis police services have played an important role in maintaining law and order in East Asia, undertaking a variety extra tasks beyond their regular duties. These include patrolling the streets for health and security reasons, supporting health authorities in epidemiological investigations and ensuring citizens' well-being while under lockdown measures. In terms of their own health and safety, it is noted that their roles in the front line exposed them to heightened risks of contracting the virus.

In **China** the local police sealed off the cities of Hubei and Wuhan and established checkpoints for cars, buses, trucks and people going in and out, to cut off the spreading chain of Covid-19 to other regions. They also patrolled streets to prevent crimes such as theft and robbery. In **Japan**, once the government declares a state of emergency the police increase patrols to thwart looters and thieves. However, emergency powers do not give police any greater authority to enforce movement-restriction measures; they must rely on cooperation from the public to stay at home. In the light of Covid-19, the National Police Agency circulated an internal memo reiterating these limitations on emergency powers and warning against the use of excessive force. According to the Police Duties Execution Law, police may not ask questions that directly relate to a potential crime, so the memo also specifically instructed officers not to ask pedestrians in entertainment areas what they were doing, as that would go beyond their mandate. In **Mongolia** the police played a significant role in the outbreak's prevention, enforcing bans and other public measures. However, the question remained as to whether police services were prepared and equipped well enough to deal with an epidemic outbreak.

In **South Korea** the Korean National Police Agency concentrated all resources on its core tasks. The Standard Manual of Crisis Control and Infectious Disease Disaster stipulated police roles: public order management by supporting isolation of patients and access control; protection of essential facilities, including disaster management resources; police enforcement of measures aiming to prevent and manage infectious

disease; and cooperation in providing location information for individuals under quarantine control. The government should provide the police with personal protective equipment (PPE) because they come into regular contact of infected patients while carrying out their duties. In **Taiwan**, to avoid importing more cases of Covid-19, the CECC under the Ministry of Health and Welfare strengthened disease control and has been tracking inbound passengers since March 2020, and the National Police Agency plays a vital role in tracing these passengers. The police cooperated with the central government to set up a command centre in the agency, assisted the authorities in ensuring individuals were at home in isolation or quarantine, and seized people for breach of relevant regulations. In addition, all police agencies formed task forces to seek missing persons who should be in home in isolation or quarantine. The government deployed police outside quarantine facilities to ensure compliance. Meanwhile, the National Police Agency Criminal Investigation Bureau has been looking at people suspected of spreading of false rumours and disinformation about Covid-19. The CECC also requested the bureau to investigate mask distribution, because masks are viewed as a strategic resource that cannot be distributed or sold through unofficial channels. Apart from these countermeasure tasks, the police conducted daily routine missions to ensure public safety.

Lessons learned and suggested roles for border management

Considering the spread of the Covid-19 virus from China, border management is an essential area of focus for the countries and territories in East Asia, and there is a need to improve cooperation and information sharing. Governments in the region imposed complete travel bans at both domestic and international levels to contain the virus. Border management required border security officers to ensure citizens and international travellers complied with the government measures.

In **China** it was important to have better border control to prevent Covid-19 from spreading. China has long borders with 14 countries and large numbers of international airlines fly in and out of the country, so several measures were adopted to strengthen border management.

Chinese embassies reduced the number of visas issued to foreign visitors, and the numbers of foreign airliners, ships and trains entering and leaving were limited. China demanded that planes flying to Beijing from overseas must land at other airports first to have coronavirus tests and then fly to Beijing; confirmed Covid-19-infected passengers would be transferred to hospitals immediately for treatment, and the other passengers would be isolated from the public for 14 days. The same procedure was followed at land border entrances. These measures were useful to a certain extent in preventing Covid-19 from spreading to other territories in China. In **Japan** the Ministry of Justice (Immigration) and the Ministry of Foreign Affairs decided on immigration policies to limit inbound arrivals. In **Mongolia** the border management agencies played a significant role in monitoring and managing movement while mitigating health hazards. The country closed its borders and banned all flights, trains and other transport; the only exception granted by the National Emergency Council was allowing Mongolian citizens to arrive from overseas. In **South Korea** the government failed to close the borders promptly when Covid-19 broke out in China, and paid a high price. The administration was reluctant to shut the door on China, but in reverse the Chinese authorities did not allow South Koreans through their entry points. This created a lot of dissatisfaction and distrust of the government.

In **Taiwan** closing national borders played a crucial role in preventing the spread of Covid-19. Countries could delay the spread of the disease by imposing severe restrictions on international travel and closing borders to prevent import. Taiwan is an island nation, so its border is not as porous as for land-based countries. It has the benefits of being geographically isolated, so alternative ways of travel other than aircraft are difficult, and a well-developed border control system facilitated the NIA's efficiency. The NIA has been strengthening enforcement and launching nationwide sweeps against illegal overstaying populations to ensure all immigrants and migrant workers are healthy and under control. In cooperation with the CECC and the Ministry of Labor, the NIA has been promoting disease control and public hygiene awareness through multiple channels, including immigrant counselling. The NIA service centres and social media,

meanwhile, beefed up quarantine facilities to protect their front-line staff.

Lessons learned and suggested roles for local security actors

The role of local security actors in managing the Covid-19 crisis was minimal in East Asia. No significant part was played by these actors in any country other than China.

In **China** local security actors such as private security guards and security volunteers played a fundamental role in preventing and controlling the spread of Covid-19. They were positioned at the gate of each community centre, taking the temperature of every person entering the centres, registering every visitor and immediately sending those who had a fever or were infected to specified hospitals or isolation facilities. In **Japan**, **Mongolia** and **South Korea** there was no role for local security actors in the control and management of the outbreak. In **Taiwan** local security actors such as tribal forces, warlords, rebel forces, militias and private military companies do not exist.

Lessons learned and suggested roles for international security arrangements, including regional IGOs and the UN

In East Asia, among all the regional IGOs and the UN, the role of the WHO has come under scrutiny. The governments of Taiwan and South Korea had reservations about the role played by the WHO during the Covid-19 response, whereas Mongolia and China appreciated the position of the WHO.

In **China** the WHO was significant in coordinating the fight against Covid-19. However, in the opinion of the Chinese government the lack of funds and the politicization of the pandemic by some countries has weakened the roles and responsibilities of the WHO, which needed more support and assessed contributions from its 194 member states. The Chinese government has voiced its concerns in the UN Security Council, given the need for global cooperation to tackle the challenges posed by the Covid-19 pandemic. The different threat perceptions of countries

and the stigmatization of China for spreading the virus have hampered global cooperation. In **Japan** various international organizations received funding from the government to combat Covid-19. In **Mongolia** the WHO played a significant role in assisting with developing necessary guidelines and measures to prevent and detect the virus. UN agencies played a significant role in aiding the national response measures. In **South Korea** the government is unhappy with the WHO response during the Covid-19 crisis, and feels that the UN agencies did not play a significant role in the pandemic response. In **Taiwan** the government is discontented with the role of the WHO and how it treated Taiwan in the context of this pandemic – mainly because Taiwan is not a member of the United Nations. Despite quick reactions and early warnings from Taiwanese officials regarding the potential spread of the virus, the WHO did not take the issue seriously. In the opinion of the Taiwanese government, Taiwan's exclusion from the WHO and the World Health Assembly has been unfair, because Taiwan would have provided support in a global fight against the pandemic

Lessons learned and suggested roles for national governments

National governments have played a responsible role under the guidance of political leaders in the management of Covid-19 responses in East Asia. Political leaders provided overall direction and coordinated the health and security sector responses effectively. In East Asia the leadership also took into consideration the opinions of medical experts, and followed their recommended safety and security measures to respond to the pandemic quickly.

In **China**, after the outbreak of Covid-19, the government established the National Leading Group headed by Premier Li Keqiang to direct the fight against the pandemic. The government also decided to lock down Wuhan and Hubei province, built Leishenshan and Huoshenshan hospitals in ten days, sent 344 medical teams with 42,322 medical workers to Wuhan and Hubei to help treat infected patients and coordinated the transportation of medical materials and other necessities to Wuhan and Hubei from all parts of China. The government controlled the spread of Covid-19 within three

months and with a low death rate, through a combination of strong political and institutional leadership.

In **Japan** the prime minister declared a state of emergency on 7 April to control and manage the outbreak. The government made this declaration on the assumption that, without taking emergency measures, the Covid-19 infection situation could exceed the capacity of Japan's medical system and cause serious damage to the lives and health of the people and the national economy. There was criticism of the legal basis for the declaration of a state of emergency. However, the Act on Special Measures for Pandemic Influenza and New Infectious Diseases Preparedness and Response (passed in 2012 in response to the global pandemic of H1N1 influenza of 2009) provided the legal basis.[18] On 13 March 2020 an amendment to the Act related to Covid-19 was enacted. Now, based on this Act, the prime minister can declare a state of emergency and take various measures to prevent the spread of infection and maintain societal functions. In **Mongolia** the government declared a "state of alert" under the National Disaster Law; this response was controlled by the National Emergency Committee, headed by the deputy prime minister.[19] The regulation was used to impose emergency measures, as the president of Mongolia can only enforce a state of emergency with approval from parliament. However, during the Covid-19 pandemic the government did not seek approval from parliament, and civil society actors criticized the government for not adhering to the rule of law.

In **South Korea** the government produced a strong response mechanism for Covid-19, which can serve as a lesson for the rest of the world. It developed and applied a very effective model known as a TRUST strategy – a mnemonic for "transparency, robust screening and quarantine, unique but universally applicable testing, strict control, and treatment".[20] South Korea's ability to test, trace and treat infected people has allowed the national government to control the spread of the virus without imposing the aggressive lockdowns or complete travel bans that other countries have adopted. The KDCA, under the Ministry of Health and Welfare, served as a primary epidemic control centre with all the requisite power for times of emergency, and its director has the power and authority of a deputy

minister. When Covid-19 struck, South Korea's political leaders followed the guidance of scientific experts at the centre. This has also helped to establish public trust, as the population strictly followed the social distancing and quarantine measures.

In **Taiwan** the national government gained trust and credibility from the Taiwanese people while responding to the Covid-19 crisis. After the 2003 SARS experience, the government set up guidelines, SOPs, laws and regulations, resources, equipment and structures to deal with infectious diseases and allow the security sector to respond and react quickly. The first step is for the national government to recognize a crisis. As sporadic cases were reported from China the Taiwan CDC officially activated the CECC, which focuses on addressing severe special infectious pneumonia under the National Health Command Centre, with the minister of health and welfare as the designated focal point. The CECC coordinated efforts by various ministries, including security sector agencies, to counteract the emerging public health crisis. The government then focused on managing the crisis. The CECC rapidly produced and implemented a list of over 120 actions, including border control for air and sea entries, case identification (using new data and technology), quarantine of suspicious cases, proactive case finding, resource allocation (assessing and managing capacity), reassurance and educating the public. In particular, the CECC takes an active role in resource allocation; for example, it mobilize private businesses to mass produce face-masks, sets the price of masks, and uses government funds and deploys military personnel to increase mask production.

Lessons learned and suggested roles for the media, civil society and think-tanks

The Covid-19 crisis requires a whole-of-society approach, as reflected in the roles played by the media, civil society and think-tanks in the countries and territories of East Asia. They provided timely information through various media platforms, and provided research and publications. The spread of fake news via social media channels created public fear and panic during the crisis, and some governments took measures of varying degrees of

severity in banning such media outlets circulating fake news. Suggestions have prominently surfaced that effective collaborations with media, civil society and think-tanks are highly important.

In **China**, after the first outbreak, the Chinese media, civil society and think-tanks worked together to cover the positive side of China's response. Wuhan and Hubei province received support and encouragement from the Chinese people. However, concerns remained regarding fake news and disinformation, which triggered panic and confusion. The government promptly released information on local Covid-19 control on government websites and all provincial social media platforms to counter fake news. To disseminate knowledge about its Covid-19 response, China released relevant information via various platforms, the media and other internet services. In **Japan** most media outlets integrated a political element when analysing the government's pandemic response. This led to confusion over how the media should approach the situation, especially with the passage of a revised law to give the prime minister powers to declare a state of emergency and, as a result, potentially limit press freedom. Civil society members encouraged the adoption of measures to ensure that parliament continues to function, is engaged in and fully consulted on decisions about the pandemic response, and can fully play its oversight and control roles. In **Mongolia** the media were important in public communication, providing real-time information and press conferences. There were some concerns related to potential fake news about the outbreak that triggered more public fear and panic. Because of this, the government enforced a new ban on false information about Covid-19.

In **South Korea** the media and social actors contributed significantly to educating people on preventing the spread of coronavirus. South Korean intellectuals supported the government's decision to impose a two-week quarantine on anyone entering the country. Civil society generated a high level of awareness raising and encouraged voluntary cooperation among people to support the government's Covid-19 test, trace and treatment method. In **Taiwan** civil society actors responded quickly and played important roles in fighting Covid-19, including by providing food and necessary services. Many people remained under quarantine or self-

isolation at home, and needed support to sustain their lives during this period; civil society assisted in areas where the government neglected to cover the basic needs of citizens. Taiwanese media acted as an important source of information for the population, and Taiwan also worked hard to tackle disinformation campaigns. Think-tanks in Taiwan were active. From a defence and security perspective, the Institute for National Defense and Security Research think-tank sponsored by the Ministry of National Defense published several articles and policy briefs and made comments and suggestions for tackling Covid-19.

Implications and requirements in terms of institutional and legal frameworks

The presence of institutional and legal frameworks for infectious disease control in the countries and territories of East Asia was instrumental in managing the Covid-19 response. Important insights have been gathered in relation to the effectiveness of introducing legislation and declaring states of emergency for disease control in some countries. The lessons learned using such steps to deal with SARS and MERS in the region were the basis for building on to those initiatives in the Covid-19 crisis.

In **China** the government released information on Covid-19 in a timely manner, as required by law. Strict regulations are in place to ensure no withholding of information, underreporting or delay in reporting cases of infection. However, the handling of the outbreak of the pandemic demonstrates that China still needs to improve and review its laws and regulations regarding public health and biological defence to deal with future public health crises better. In **Japan** the constitution does not allow the use of an "emergency decree" or "declaration of national emergency",[21] to avoid a concentration of power under one party or individual. The declaration of a state of emergency by the Japanese government during Covid-19 opened the constitution for legal interpretation. There has been a debate on whether it is necessary to amend the constitution to include an emergency clause. Some views in favour of amendment argue that it is necessary to have a written clause that can prevent abuse of power in an emergency.[22] Others oppose the amendment by claiming that the ordinary

law suffices to cope with a state of emergency, and a written general clause of emergency power can create an opportunity of abusing power. Covid-19 has furthered the debate about constitutional reform – including discussion of specific legislation related to the virus. **Mongolia** was facing its first pandemic threat, although the country has already suffered significant mortality rates from other respiratory diseases because of air pollution. Faced with this new national security challenge, the country must change its institutional and legal frameworks to provide clear roles, powers and coordination in the prevention and monitoring of similar outbreaks. The executive branch has adopted emergency measures, and the parliament adopted a new Covid-19 law on 29 April 2020, three months after the first emergency decisions by the government.

In **South Korea** civil society experts consider there is a sound legislative framework to deal with infectious diseases, including Covid-19. Korean public health law endows the government with highly specific authority to allocate resources and mobilize various actors in a whole-of-society effort to combat the spread of infectious disease. The law itself is the product of lessons learned from the 2015 MERS outbreak.[23] South Korean legislators have introduced various reforms; for example, the government amended the Infectious Disease Control and Prevention Act in the aftermath of MERS to equip the minister of health with extensive authority to collect private data, without a warrant, from both confirmed and potential patients. The Act enables the health minister and the director of the KDCA to collect information about patients and potentially infected persons from all medical institutions, pharmacies, corporations, organizations and individuals. The Act mandates that private telecommunications companies and the National Police Agency should, at the request of health authorities, give them detailed location information on patients and persons likely to be infected through contact, so tracing was very successful in South Korea. In **Taiwan** the main statutory authority used to implement government measures was the Communicable Disease Control Act. The purpose of this Act is to "arrest the occurrence, infection, and spread of communicable diseases".[24] According to the Act, component authorities at the central or municipality/county levels can implement the relevant disease control

measures jointly with the national defence mobilization preparedness system prescribed in the All-Out Defense Mobilization Readiness Act, whose purpose is to establish a defence mobilization system and facilitate the concept of all-out national defence.

Implications and requirements for ongoing or anticipated security sector reform activities

The Covid-19 crisis has severely affected state institutional mechanisms in East Asia. Discussion is under way on how to strengthen existing institutional mechanisms to tackle future health threats. The SSR component is of prime importance in the context, given the engagement of security sector institutions in the Covid-19 response. Work includes building the capacity of security sector actors, with sound investment in preparedness to tackle future health threats and develop early-warning systems. Transparency and accountability through strengthened oversight mechanisms are key areas to take up in the future, especially in emergencies.

In **China** the government managed the Covid-19 pandemic comparatively better than some other countries. However, there are still lessons to learn in recognizing the importance of developing an early-warning system for efficient and effective management of infectious diseases. The government reform of the disease prevention and control system should focus on establishing a system for prevention, control and treatment of major epidemics. This will help to cope during crises and further improve the emergency supply and public health systems. In **Japan** the government should be more transparent and accountable while dealing with a crisis and providing services to the public. The government framed the Covid-19 response as a disaster relief mission rather than a disease response because existing law does not provide for JSDF deployment domestically for disease response, and the JSDF can only do what the law explicitly allows. Mobilization of the JSDF for domestic response must be justified under the current law or a change to that law must be sought. There was no clarity on the part of the Ministry of Defence as to whether it was necessary to dispatch the JSDF to Covid-19 relief operations. However,

based on this experience, it is important to carry forward this debate in parliament, with the aim of bringing legal reform to ensure the government responds effectively to future health crises and that emergency powers are not misused during such crises. This means that emergency powers must be subject to proper constitutional guarantees and parliamentary oversight.

In **Mongolia** the Covid-19 outbreak raised the question of security sector oversight and checks and balances in emergency. The government must amend the rules and regulations to ensure the security institutions remain accountable to the civilian authority during an emergency. In **South Korea** the government should further strengthen the health sector to prepare for future health crises. It needs to boost the number of medical students over several years, establish public medical schools, allow government insurance to cover more traditional medicine and introduce more telemedicine options. The government should strengthen health infrastructure in rural provinces so it can better equip and facilitate responses in these areas.

In **Taiwan** framing the pandemic as a national security issue brought the former Department of Health (predecessor of the Ministry of Health and Welfare) and its affiliated agencies, such as the CDC, into the realm of high politics. This opportunity helped the Department of Health to promote its institutional position within the government and its relative power to other ministries, gaining it ministerial status and an upgrade to become the Ministry of Health and Welfare. The other result of addressing emerging infectious diseases as an issue of national security and not an issue of population security was the replacement of a logic of prevention by a logic of preparedness, focused on safeguarding the security of Taiwan's vital systems. SARS profoundly changed the way Taiwan responds to epidemics. The institutional health reforms introduced after the 2003 SARS outbreak revealed progressive acceptance of the preparedness approach by Taiwanese officials in dealing with epidemics, resulting in the establishment of the CDC and strengthening the national epidemiological surveillance system. The primary objectives were to minimize the death toll, economic losses and impact of new infectious diseases. Such choices raised questions about respect for human rights during a major epidemic,

given the fact that experience in Taiwan and elsewhere reveals how the protection of national security could legitimize unfair, non-transparent, invasive, punitive and forced measures.

Security institutions as important actors in health crisis responses

Overall, this section helps to show that despite substantial experience in dealing with humanitarian crises, security sectors were not prepared sufficiently to deal with health crises such as Covid-19. Adequate training and quality updates in the capacities of the national armed forces need to be particularly bolstered in relation to the pandemic.

The findings indicate that the intelligence services in East Asia are in useful and contributory positions. This can be seen in their active work in tracing, isolating and monitoring quarantines of Covid-19 patients. Importantly, governments also relied upon and made valuable use of these services to counter the fake news problem. However, issues with the use of intelligence services beyond Covid-19 tracking by governments and infringing the sphere of privacy of individuals as well as their rights require further attention and increased parliamentary oversight over such services.

One of the important lessons of the crisis was the recognition that very few countries in the world have established institutional and legal mechanisms to deal with such problems. Taiwan and (to a relatively successful extent) South Korea have well-functioning CDCs. Furthermore, the implementation of Taiwan's CDC Act served as the pivot for legal and institutional support to tackle the magnitude of the Covid-19 crisis. It is important to conduct further studies and undertake comparative analysis on how Taiwan implemented its Communicable Disease Control Act and South Korea implemented its Infectious Diseases Control and Prevention Act .

The police services faced major challenges while deployed to maintain law and order, and their personnel were at higher risk of contracting the virus. This suggests a need to prepare them better to deal with such epidemics. The border closure measures taken have been considered

effective in view of the close proximity of the countries in the region.

Regarding the role of governments in East Asia, effective leadership, interagency coordination and institutional set-up to deal with such a crisis have been identified as important lessons. In this vein, suggestions include bolstering institutional coordinating mechanisms and strengthening leadership to discharge its roles towards the civic space based on values of transparency and other principles of good governance. In terms of the role of international organizations, the WHO's functions were largely criticized in East Asia. There was a perceived lack of transparency by the WHO in information sharing about delays in declaring Covid-19 as a pandemic, which further complicated the response mechanisms not just in the region but globally.

Lastly, the findings have provided an important understanding that the logic of preparedness should guide the SSR process rather than the logic of prevention. In health crises the preparedness phase should include an early-identification system and better response mechanisms within health and security sectors to deal with future health crises.

Recommendations for more effective, efficient and accountable preparedness

This section highlights how countries and territories in East Asia can develop effective, efficient and accountable security sectors to deal with future health crises. It identifies crises other than infectious diseases, such as climate change and air pollution, as needing greater preparedness by health and security sectors.

In terms of security institutions, it suggests investing in adequate training and education and equipping security institutions with resources and modern tools and technology. In some countries it recommends legislative reform authorizing mobilization of the national armed forces in a legitimate way during health crises. It suggests strengthening democratic governance and effective political leadership to ensure transparent and responsive services during a crisis.

In terms of the role of international organizations, the findings note the importance of bringing further transparency to global health governance, such as by the WHO. In terms of the role of media, civil society and think-tanks, it recommends strengthening their external oversight capacity and their ability to counter fake news.

Lastly, it is important that countries in East Asia should focus on bringing legislative reform to equip them better to deal with a state of emergency. This will ensure further transparency and accountability in the work undertaken by governments and security institutions in the region while dealing with a health crisis.

The potential impact of future health threats on security and stability

The Covid-19 pandemic has shown how in an interconnected world a threat can manifest globally, impacting on worldwide security and stability. In East Asia increasing air pollution and climate change are identified as major threats to global security and stability as well as pandemics. These emerging health threats will shift the normal way of functioning of the people, society and states.

In **China** any large-scale infectious disease affecting human life and health would threaten the country's ability to respond. Viruses with high transmission speeds, high fatality rates and wide contagion can cause serious damage to human internal organs and have a negative impact on the social stability of the country. In **Japan** Covid-19 is a human security crisis and must be combated by a focus on the field of medicine and global health through promoting vaccine development and the production of effective medicines. It is critical for the Japanese government both to save lives and simultaneously facilitate international cooperation on global health to combat Covid-19. The pandemic has in some ways provided an opportunity to reinvigorate Japan's human security diplomacy and its role in the existing global health networks. Japan has enhanced its global health strategy to combat Covid-19 by collaborating with leading non-governmental organizations, such as the Rotary Foundation and the Bill & Melinda Gates Foundation, as international promoters of a global health

system. Through international cooperation to combat Covid-19, Japan can make a more proactive contribution to promoting the establishment of a global health system in this human security crisis triggered by the coronavirus pandemic.

In **Mongolia** climate change, land degradation and air pollution are major health threats. In **South Korea** air pollution and climate change are the biggest challenges and could have a negative impact on South Korea's security and stability. However, an epidemic that spreads to North Korea (for example, African swine fever) could harm also South Korea's security: North Korea is the only country connected to South Korea by land, but it has weak quarantine capabilities and there is a high possibility of rapid and uncontrollable spread due to the border proximity of the two countries.

In **Taiwan** Covid-19 is not the only pandemic outbreak that has caused damage and loss: infectious diseases such as SARS, MERS, H1N1 flu and Zika virus also pose significant health threats. Dengue fever is a common epidemic in southern Taiwan during summertime, and other potential health threats that could affect security and stability include tuberculosis, meningococcal meningitis, hepatitis A and Japanese encephalitis. Apart from disease, air pollution has become a much greater health issue in the country. Central and southern Taiwan have often been shrouded in haze with record levels of PM2.5 particles (fine particulate matter with a diameter of less than 2.5 mm). These particles can be inhaled deeply into the lungs and increase not only the risk of pulmonary tuberculosis but also death from lung cancer, cardiovascular disease, stroke and chronic obstructive pulmonary disease.

How should security institutions prepare for future health threats?

In East Asia the logic of preparedness must guide security institutions in tackling future health threats. The adoption of new SOPs based on lessons learned from MERS and SARS health crises in the region could further enhance the capacity of the security sector in pandemic responses. Instituting appropriate legal frameworks for the legitimate use of armed forces during crises and emergencies is an important area of

reform. The establishment of an integrated security institution is a major recommendation, whereby a single organization is in charge of integrated homeland security for better coordination and cooperation to deal with future pandemic threats.

In **China** the priority areas for security sector participation reflect its ability to conduct high-level operations, including virus research, and tackling fake news. In virus research, the security sector could supervise the research process and guard against social disasters caused by virus leakage. In terms of fake news, the government needs to devise a mechanism to counter it. In **Japan** the involvement of the JSDF in Covid-19 relief garners significant attention, including the debate surrounding its legitimacy in domestic virus response. As noted previously, the JSDF do not have a specific legal mandate for this, and discussion on constitutional and legal reform is needed to define the engagement of the JSDF in future health crises. This will help to mitigate any controversy and ensure an effective role for the JSDF, so they can invest in developing better preparedness and response mechanisms. In **Mongolia** preparation is necessary for the security sector to prevent the spread of any similar epidemics.

In **South Korea** the government has invested resources in developing a robust infrastructure and dedicated capabilities to prepare for public health emergencies, from detection and surveillance to response and medical care. Simple exercises are frequently staged to test emergency plans and procedures. It is essential for the government to organize regular multistakeholder health crisis simulation exercises, involving health and security sector actors working on complex scenarios, to develop an agile response to crises and strengthen interagency coordination. However, although exercises and drills are useful to ensure that procedures are well known and tested, they rely on existing training manual approaches that may not be reliable enough to prepare for real-life complex emergencies. This applies especially near the demilitarized zone, which remains a foremost priority focus area for the government to prevent transmission of any kind of infectious disease from North Korea to South Korea.

In **Taiwan**, given that the Covid-19 pandemic had a huge impact on both national and human security, the security sector should adopt the view

that management of non-traditional security threats needs priority and more resources. To this end, the Office for Homeland Security under the Executive Yuan should integrate (or at least work closely with) the Taiwan Center for Disease Control, Office for Disaster Prevention and Management and the Department of Cyber Security to establish a single agency in charge of integrated homeland security matters, including tackling infectious diseases, counterterrorism, protection of critical infrastructure, disaster management and cybersecurity. The new arrangement, based on integrating organizational missions and functions and a whole-of-government approach, would be useful in dealing with complex disasters that used to require time-consuming coordination and cooperation among different agencies with distinct jurisdictions. Taiwan's security institutions should develop a new doctrine incorporating ways to tackle outbreaks of infectious diseases, including revised training programmes for various security institutions and guidelines on the forward deployment of security personnel during health crises.

How should the health sector prepare for new global health threats?

As a consequence of the Covid-19 crisis, East Asian governments have realized the importance of developing a well-functioning health system to address emerging global health threats, and have given the highest priority to improving the health sector and medical science research. This includes training health professionals, conducting vaccine research and increasing international cooperation and collaboration to tackle new threats. It is important to put in place relevant domestic legislation, to help to combat communicable diseases in a more responsible manner.

In **China** the health sector has prioritized sound medical science development, including vaccine research, the use of medical technology and global cooperation for its future involvement. Vaccine research could speed up introducing effective treatment, protect people's physical and mental health and end the spread of the epidemics quickly. The development of medical science and technology will improve the ability of human beings to protect themselves against epidemics. In terms of global cooperation,

health sectors could share successful treatment experiences, reduce the threat of infectious diseases to humans and improve the efficiency and capacity of global cooperation. In **Japan** universal health insurance is a fundamental part of the strong health system, which provides efficient services to the entire population and secures access to healthcare at an affordable cost. Universal health insurance was very effective during the Covid-19 pandemic, as the combination of government policies and health infrastructure contributed to controlling the outbreak significantly. In addition, because of the Japanese healthcare system's universality and no-gatekeeping system, any person with symptoms had access to healthcare facilities without worrying about the cost, which resulted in early detection and isolation of Covid-19 patients. For future pandemics, the Japanese government has emphasized the importance of universal health insurance combined with strong health systems and better preparedness to manage and control public health emergencies.

In **Mongolia** it is necessary to educate and train professional staff in infectious disease control. Preparedness management is essential across various sectors. In **South Korea** there is a need to rethink controlling the spread of epidemics to protect the population. However, it has been equally challenging to treat all infected patients at the same time, as the large number of cases overstretched the capacity of the health sector. There is a high possibility of another epidemic in the coming years, so the government needs to focus on investing in expanding health infrastructure and services. In **Taiwan** the health sector should learn lessons from current and past work in countering epidemics by focusing on four structures. First, in the operational structure, the establishment of Taiwan's CECC helped to address Covid-19 challenges. Timely classification of the CECC was important. Originally a "Level 3" (low priority) government agency tasked with integrating administrative, academic, medical and private sector resources, the CECC was quickly upgraded to "Level 1" status to fight the worsening Covid-19 situation. Secondly, the development of proper legislation is vital to fight pandemics effectively. The government passed the existing Communicable Disease Control Act to prevent and control infectious diseases such as SARS and Covid-19 (at least for now). Thirdly,

Taiwan implemented preventive strategies and measures immediately upon being notified of the initial outbreak of mysterious "pneumonia" cases in Wuhan, including surveillance, laboratory diagnostics, border control, community transmission controls, medical response and preparedness, stockpiling and allocation of PPE and other medical supplies, health education and disinformation management. Fourthly, to enhance international collaboration, Taiwan's CDC quickly reported confirmed cases of Covid-19 to the WHO after the latter discovered suspicious cases in Wuhan. Taiwan has also shared information on the epidemic situation, travel and contact histories of patients and border control measures with other countries through the WHO International Health Regulations mechanism.

How can the armed forces prepare?

East Asian experiences of Covid-19 showed that the national armed forces require further investment in preparedness for future health crisis responses. In terms of preparation, training and education are necessary to deal with infectious disease control. Putting in place an appropriate legal framework is significant for legitimate use of armed forces during an emergency. Finally, it is important that the armed forces are resourceful and well equipped to meet the operational requirements to tackle future health threats.

In **China** the armed forces can play an important role at different stages of an infectious disease outbreak. Early on, the armed forces can quickly assemble capable and skilled teams to support the worst-hit areas and improve treatment capacity by setting up mobile cabin hospitals. In the middle of an outbreak the armed forces can quickly seal borders and set up quarantine stations at important transport hubs, according to the overall needs of the country for epidemic prevention and control. In addition, for people in remote areas the armed forces can bring timely knowledge and equipment for epidemic prevention and control. In the later stages of an epidemic the armed forces can finish the prevention and control work and help the country restore economic production and secure law and order.

In **Japan** it is important to train JSDF regular forces (particularly medics) in control and management of epidemics. For this, the JSDF can mobilize and use reservists. Well-designed planning must take into account heavy workloads and the psychological stress on personnel. In international operations for global health, the legal framework should stipulate a mandate for the involvement of the JSDF. In the past they have played a very supportive role during international emergency relief operations (like Ebola). They aided in transportation of goods, sent medics and provided equipment for water purification. But under the current mandate the JSDF cannot operate on foreign territory except to provide support to Japanese civilian aid agencies, and even then the JSDF cannot stay long, according to Japan's legal framework. There is no mandate for the JSDF to provide aid-like activities for global health. Similarly, under the existing legal framework the JSDF may carry out capacity building for other countries' civilian and security forces and join humanitarian exercises with other countries, but the basic principle is that they can only support the work of the Japan International Cooperation Agency and the Japanese Ministry of Foreign Affairs.

In **Mongolia** it is necessary to educate and train security sector institutions in infectious disease control. In **South Korea** the number of military personnel infected by Covid-19 has increased at the time of writing, but the armed forces continue to provide all the required support to other security sector actors. It is necessary to educate and train military staff to take care of infectious disease control. In **Taiwan**, given the vast resources of the military, senior officials of the Ministry of National Defense sitting in the CECC could facilitate effective mobilization of the armed forces to help combat a pandemic: the ministry could mobilize military hospitals to construct quarantine wards to accommodate patients and alleviate overcrowding elsewhere, while chemical specialists from the army could support disinfecting tasks. The reserves command could mobilize reserve personnel to complement the Ministry of Economic Affairs and ramp up the production of masks. The Air Force played its part by deploying military aircraft on transport missions for both personnel and medical supplies. Military medical resources were also used, as military doctors are highly

disciplined, in contrast to civilian doctors, and could be quickly deployed to deal with pandemic situations. The Tri-Service General Hospital and the preventive medicine research division of the National Defense Medical Center operate scientific research institutions that could develop rapid screening reagents and vaccines for viruses. Regional reserve commands, chemical specialists from various combat divisions, engineering and transport specialists and logistics support forces could also be deployed, especially should a situation worse and lockdowns are ordered.

How can the intelligence services prepare?

The Covid-19 pandemic has emphasized the importance of building the capacity of intelligence services in epidemic response. Trained and professional intelligence services are vital to evaluate and analyse an epidemic situation. Keeping up with evolving digital challenges, it is necessary to build the capacities of counterintelligence to tackle fake news and disinformation. Other areas of preparation are the need to strengthen oversight mechanisms, data-sharing capacity and effective collaboration with international organizations to tackle future health threats.

In **China** intelligence services played very important roles during the outbreak, including assessment of the epidemic situation, collection of relevant personnel information and allocation of resources. The outbreak exposed the importance of information collection on digital platforms. Intelligence services should use big data and information technology to analyse malicious reports in the digital world and monitor the people behind spreading fake news. In **Japan** the government introduced a state secrecy law in 2013, which was criticized for its vagueness, severity and lack of independent oversight over the intelligence sector.[25] Some experts say the law does not go far enough, while others claim that it stifles journalism and silences potential whistle-blowers. In **Mongolia** intelligence personnel require education and skill enhancement on infectious disease control. In **South Korea** intelligence services played a crucial role in the early detection and isolation of Covid-19 infected persons, but questions have been raised regarding the protection of individual privacy. Further transparency and

accountability would ensure functionality without compromising privacy: one method would be to strengthen the capacity of parliamentary committee oversight over the intelligence services. In **Taiwan** correct, reliable and comprehensive information collected by the intelligence services played an integral role in countering the Covid-19 pandemic. Early effective gathering of intelligence about the spread of the virus in Wuhan made Taiwan react quickly. The intelligence services, including the Ministry of Justice Investigation Bureau, National Security Bureau and police Criminal Investigation Bureau, coordinated with each other under the command of the Office of the Homeland Security of the Executive Yuan and the CECC. Information and data sharing among government agencies was crucial. However, national intelligence collaboration alone is not enough, and Covid-19 can eventually be controlled only if contact tracing, testing and quarantining efforts are globally coordinated, comprehensive and ideally informed by the best data available.

How can police services prepare?

Experiences of Covid-19 in East Asia shows that the police require improvement in service delivery when responding to health crises. Building the capacity of police services in identifying epidemic prevention knowledge and enhancing police–public partnership are key strategies as first steps towards better preparation for any future crisis.

In **China** the police service played an important role in many areas, especially at the grassroots level. First, the police provided people with timely epidemic prevention information, including preventive methods, epidemic control status and psychosocial counselling. Secondly, the police coordinated community cadres and government personnel to carry out social mobilization activities that enhanced people's awareness of the disease. Finally, the police enhanced the stability of society. In a riot caused by panic, the police service can correct the mistakes made and stabilize the situation. In **Japan** the police service has not traditionally played a role in global health crises; its limited involvement followed the declaration of a state of emergency. However, it is important to develop and define

policies and SOPs for the police to perform their duty during health crises. In **Mongolia** police need at least rudimentary training in infectious disease control. Police should equip and prepare for an effective response to similar outbreaks, which requires investment in preparedness.

In **South Korea** the Korean National Police Agency played a vital role while responding to the crisis. It is important for the police to focus more on strengthening a systematic approach to Covid-19 in close coordination with relevant government bodies. In **Taiwan** the police had a key role in tackling Covid-19, as the government mobilized law enforcement agencies, especially the police, in the initial stage. The police helped with identifying and locating confirmed Covid-19 cases: police can check and detain people who have been in contact with infected people or are suspected of being infected. Police were primarily responsible for moving confirmed cases to a designated place for measures such as isolation and testing, to ensure that people stayed in isolation for 14 days of quarantine. They also maintained the security of hospitals, reinforced patrols and made checks on face-mask stockpiles to stop hoarding of medical items and other equipment the government requisitioned to handle the outbreak. In line with other government agencies, police services could enhance efforts to combat fake news and disinformation related to Covid-19. Having accumulated such valuable experience regarding Covid-19, Taiwan's police should include this in training doctrines to educate newly recruited officers.

How can border management agencies prepare?

The lessons learned from the Covid-19 pandemic highlight the importance of investment in preparation for border management. Existing coordination capacities among the countries in East Asia were important in tackling the crisis, but enhanced training for border security forces would add value for better handling of a future pandemic situation. Areas of reform highlight the necessity of proper border control measures, protocols and guidelines, such as for medical screening at border checkpoints, establishing a contact-tracing system for travellers and information-sharing measures.

In **China** border management was essential in preventing widespread outbreaks. It involved not only sealing borders between countries but also restricting the movement of people from transport hubs. Border officials must make the right judgements on the spread of disease, promptly stop the frequent movement of people and intensify careful screening of cars, trains, ships and planes from different countries to prevent the virus from spreading. In **Japan** border management need support from the health sector to train them on epidemiological risk assessments. The government should upgrade the border management facilities to enhance public health surveillance and testing systems for Covid-19 at airports. This will ensure prevention of the entry of infected people from abroad, and detect such travellers upon arrival quickly and accurately. Border management should strengthen testing capabilities and increase the number of testing facilities and members of staff at border checkpoints, and develop methods to conduct tests safely, easily, quickly and as accurately as possible. In **Mongolia** border management can prepare for future health crises by educating and training personnel. Introducing preparedness management is essential before opening the international border and easing travel restrictions – this may include an interagency simulation or drills before further easing international travel.

In **South Korea** there was confusion regarding the role of border management during the Covid-19 crisis. As the quarantine procedure was strengthened, border control required more skilled personnel working on epidemiological investigation, and this meant training to develop their capacity for health crisis management. In **Taiwan** border closure at an early stage prevented the spread of Covid-19 swiftly. For an island country border control is relatively simple, but Taiwan's Coast Guard patrols the coast day and night to prevent breaches of border security. Under the guidance of the CECC, the NIA adopted measures such as setting up high-tech equipment, tightening entry control, information sharing, enforcing contact-tracing measures at the airport and other ports of entry and improving the quality of staff working on epidemiological investigation. However, it is important that border management develops a system with other countries to enhance the exchange of intelligence, sharing experience and international

cooperation to strengthen border security and the management of future health crises through sound international border management.

How can local security actors prepare?

In East Asia there should be further discussion on the role of private security actors to support the health sector during a health crisis. A limited part has been played by these actors during the Covid-19 crisis. It is important to identify how their roles could be enhanced for their active involvement in supporting public health and security sector institutions to prepare for future health crises.

In **Japan**, **Taiwan**, **South Korea** and **Mongolia** there are no local security actors. In **China** the local security actors were essential in enhancing the effectiveness of community-based anti-epidemic efforts. These actors have the best understanding of the population and the natural and human environment of the region, so the initiatives of local staff will improve epidemic prevention and control.

How can international security arrangements, such as regional IGOs and the UN, prepare?

Based on the experience of Covid-19, the countries in East Asia highlight the need for reforms in international global health governance. The indispensable role of the WHO in providing timely information and data sharing should be recognized. Allocation of more funds is important to fight global health threats. Strong recommendations have been made pertaining to collaboration and cooperation between countries and territories with international organizations.

In **China** international organizations could play an important role in leading the global response to outbreaks. These organizations should strengthen their global coordination capacities in areas such as data sharing and fund allocation. This is vital for the more vulnerable developing countries, as international organizations would be in a better position to help them fight the epidemic in a more scientific and effective way. In **Japan**

the government has been working with the Global Alliance for Vaccines and Immunization (GAVI), fully supporting the efforts of the World Bank's Pandemic Emergency Facility and advocating for effective coordination between the WHO and the World Bank. However, it is important that international institutions bring together the expertise and resources for a global health system, including the WHO, the World Bank, GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, to combat the pandemic. International organizations should start a global coordination body in international research and development of a vaccine in cooperation with major states in the world. In **Mongolia** the UN and other international organizations should provide necessary and timely action and help in response to outbreaks.

In **South Korea** the WHO and the UN Secretary-General's Office must show better leadership in data sharing and providing timely information. There should be better global coordination in vaccine research and development, and the WHO should coordinate this to ensure that the results reach all parts of the world. In **Taiwan**, long excluded from international organizations, the government continues to strive for participation in the WHO. Taiwan has constantly sought an invitation to attend the World Health Assembly as an observer to protect the health rights of its 23 million population. Taiwan's Covid-19 control and management have earned acknowledgement from the international community. It is equally important that the WHO provides a platform for Taiwan to share its experience of best practices and lessons learned on containing the outbreak with the global health community.

How can national governments prepare?

National governments should continue to play influential roles in any future health crises in East Asia. Developing comprehensive national strategies will be helpful to combat global health threats. Revitalizing machineries of democratic governance will be crucial, as the pandemic has interrupted political and economic systems, including the functioning of parliaments, with the onset of emergency and lockdown measures in the region.

In **China** the national government has assumed inescapable responsibilities and obligations in both domestic and international outbreak control. Based on this experience, governments are recommended first to assess the speed of transmission of an epidemic in their own country and develop the right response, and only then share it with other countries. Second, governments should actively cooperate in international epidemic prevention and control, and strengthen cooperation and exchanges. Finally, as a responsible country, the government of China has articulated a vision of a "community of a shared future for mankind" and actively strives towards achieving this vision through international cooperation. In **Japan** there is an expectation that the government contributes towards the development of a coronavirus vaccine and medicines in cooperation with other countries and international organizations, particularly the WHO and GAVI. The government should use new and emerging technologies to adjust to the new working modality effectively. Despite Japan's high-tech image, during the Covid-19 crisis as the pandemic took hold health centres were using fax machines to transmit medical data, slowing responses and information sharing. Extensive use of 5G and other information-related developments is essential to modernize the health sector further. Similarly, the government must review the existing legislative framework to ensure a robust, integrated health and emergency management policy, including the mobilization of national armed forces during an emergency.

In **Mongolia** the government should strengthen its legal and institutional frameworks to prepare for similar outbreaks. As a democratic society, it is essential to ensure there are checks and balances, parliamentary oversight, public accountability and scrutiny to prevent possible misuse of emergency powers. It is also essential to maintain the rule of law, human rights and compliance with basic liberties while tackling a pandemic effectively. In **South Korea** the Covid-19 experience shows that controlling the movement of people to prevent the spread of an epidemic can significantly reduce economic activity. Suspension of economic activity in turn seriously threatens the lives of low-income families. The government should have well-planned food distributions to poor and vulnerable households, along with providing them with a basic level of income. Because such discussion

is unprecedented, the government should come up with a comprehensive plan to solve these problems. In **Taiwan** the government had to plan a comprehensive national strategy, including early response, issuing consistent cautionary notes, sharing data and information, pervasive screening, contact tracing, widespread testing, allocating, controlling and monitoring resources, and utilization of technologies. The central government has established a central epidemic command centre (the CECC) and assigned one person to be its commanding officer. The centre's capacity needs to be further strengthened to ensure a unified command centre to supervise and coordinate all the government organizations, state enterprises, reserve service organizations, and civic groups to implement disease control measures.

How can media, civil society and think-tanks prepare?

Experiences of the Covid-19 crisis in East Asia suggest that media and civil society should further improve their ability to counter disinformation. These institutions need to monitor and ensure accountability from governments regarding their pandemic response plans and policies. However, responsibility lies with governments to create an enabling environment for these institutions to function smoothly. Oversight mechanisms have to be instituted in view of the need to protect civic space by countering disinformation and fake news.

In **China** social actors should cooperate with the government in formulating practical epidemic prevention and control plans, and put forward suggestions for further measures to help improve the government's plans. The media, under the principle of respecting the truth, should provide verified and reliable information to the general public. In **Japan** the media and civil society organizations had critical discussions on the state of emergency during the pandemic. The formation of a civil society pressure-group network could be one way to examine government actions and policies in an emergency, with the aim of further strengthening external oversight mechanisms. In **Mongolia** civil society has historically been important in the country's democratic transition, and during the

pandemic it played an essential role in monitoring emergency powers, ensuring governmental accountability and transparency. The media should continue to be active in communicating with the public.

In **South Korea** civil society played a decisive role in responding to the situation. No hoarding or looting stocks occurred, signifying the level of maturity of the society. **Taiwan** has an active civil society, comprising many social workers, civil activists and journalists who constantly debated the measures adopted by the government, but there is potential for this civil society to play a bigger role in times of crisis. For example, fact-checking groups in Taiwan, such as the Taiwan FactCheck Center and MyGoPen, form part of its civil society, and similar efforts need to be made by media outlets to fact-check and clarify disinformation or fake news on Covid-19, which mostly circulates online. Disseminating the correct information to the public through third-party independent institutions is important. Taiwan has also demonstrated that a better way to contain Covid-19 is not to quarantine news about the pandemic, but to make it easier and more convenient for people to access accurate and relevant information. Think-tanks in Taiwan play an active role regarding the debate on the virus; a good example is that the Institute for National Defense and Security Research think-tank, sponsored by the Ministry of National Defense, has been conducting a variety of research on Covid-19 to advise the government on national security issues.

Requirements for institutional and legal frameworks for security sector involvement in health crisis preparedness

In East Asia the presence of existing institutional and legal frameworks has facilitated an important role for security sector involvement in health crisis preparedness. Legislative amendments are important to make institutions more responsive and accountable during crises; these amendments should include authorizing the mobilization of the armed forces and the incorporation of disaster management and public health emergencies as a part of national security policy.

In **China** the government should improve early-warning systems and ensure an effective flow of information. It must protect security sector actors who disclose information in an effort to address systemic faults – failure to protect such whistleblowers hindered the initial Covid-19 response in China. The sharing of vital information about any imminent health emergency is essential for human and national security, so the government should protect those individuals who disclose such information. In **Japan**, as discussed, in law the JSDF's involvement in global health crises is part of disaster relief. The government should not involve the JSDF in aid or humanitarian missions, and instead these should be the responsibility of civilian actors. However, the involvement of the JSDF in national health crises and international humanitarian missions is a matter for legal discussions: legal reform is necessary if the JSDF are to be engaged domestically in future health crises. In **Mongolia** it is important to make disaster management part of the national security policy framework, and to strengthen the role of the security sector (both security providers and oversight institutions) in handling public health emergencies.

In **South Korea** the government has used the existing epidemic-related legislation to impose physical restrictions during a health crisis. The law empowers authorities to shut down any location deemed contaminated, and further permits the restriction or prohibition of performances, assemblies, religious ceremonies or any other large gathering of people. In this context, however, the government must maintain a fine balance between authorizing the use of force in religious places and ensuring it respects the fundamental religious rights of people. While **Taiwan** endeavours to tackle Covid-19, it has also been fighting another epidemic – disinformation. The Ministry of Justice Investigation Bureau has been monitoring cyberattacks on Taiwan closely. These attacks spread disinformation to incite public distrust in Taiwan during the epidemic. To fight the disinformation, Taiwan's Legislation Yuan (parliament) passed the Anti-Infiltration Act in early 2020. The government should also plan to introduce an umbrella law on biodefence to help manage the national security issues caused by epidemics.

Requirements for ongoing or anticipated security sector reform activities

The Covid-19 pandemic demonstrated the importance of carrying out periodic institutional reforms to adjust to new and emerging threats. States of emergency can provide cover for governments to undermine oppositions and conceal failures in responding to Covid-19. The authority of security institutions and executive governments has increased under the cover of states of emergency and lockdown measures. Hence building the capacity of security institutions to discharge their roles in an effective and accountable manner is an integral part of achieving democratic governance. SSR activities should focus on strengthening the role of oversight institutions such as parliament to assure checks and balances on the power of the executive during emergencies and health crises.

In **China** the security sector must be reformed under existing laws and regulations, which will ensure that the sector can play the maximal role in future epidemic prevention and control work and can exercise power to safeguard national security and protect people's health in a responsive and accountable manner. In **Japan** the Covid-19 response by the JSDF eventually revealed the fundamental problems of Japan's SSG, including a lack of transparency and parliamentary oversight of the JSDF's operations; mental health issues and complaint mechanisms; lack of critical media (many media just romanticize the JSDF's relief operations); lack of evaluation of JSDF activities from academic perspectives; and lack of discussion on emergency decrees and their underlying legal framework (through parliamentary debate). In **Mongolia** reform initiatives should focus on ensuring the enforcement of public health emergency laws, ensuring checks on emergency powers and strengthening parliamentary security oversight.

In **South Korea** there has been increasing focus on reform of the defence sector, as is clear in the policy of the current government.[26] The government's aim is to develop a slimmer but more efficient South Korean military. In **Taiwan** the Covid-19 pandemic has changed entrenched views and made people think about what threats could be more deadly to human beings. It is vital to reform or reorganize the security sector in terms of

roles, functions, responsibilities and authority, particularly to deal with serious pandemics like Covid-19. The priority has been the rule of law, and security institutions must operate under the rule of law. It is crucial to adopt new legislation which reflects the new types of security threat. Finally, continuous education and training on new threats are important, and the security sector must provide and make use of the most up-to-date knowledge.

Recommendations for effective, efficient and accountable preparedness

Overall, this section provides points for the security sector to enhance preparations for challenges associated with future health crises. In terms of charting ways for better preparation to combat threats, suggestions to establish an integrated homeland security institution are noteworthy. This machinery at the national level could be strengthened to work strategically on emerging issues like infectious diseases, counterterrorism, protection of critical infrastructure, disaster management, cybersecurity and similar problems under one umbrella. It is suggested that the integrated homeland security institution should be established based on sound legal and oversight framework, in order to function in an effective and accountable manner.

Regarding the health sector, the findings suggest investing in vaccine research, medical research, technology upgrading and global cooperation. The findings shed light on the importance of accelerating state collaboration with international organizations to enhance abilities to combat disease at a global scale more inclusively.

For security institutions, the study highlights a number of priorities. Development of tri-service coordination among navy, air and land forces, reallocation and mobilization of resources and amendment of the legal framework to enable security forces to address the contextual needs should be the way forward. The study underscores the need for the intelligence services to develop better data-sharing processes, which could be vital in monitoring the population in future health crises. However, it is equally important that intelligence services work in a manner that is

transparent and accountable to the general public. The importance of developing strong parliamentary oversight over the intelligence services cannot be understated.

With regard to the police, the law enforcement agency should be fully equipped and trained to tackle the outbreak of a crisis. Developing effective public–police relations, bolstering working relations among institutions at both domestic and international levels by data sharing, strengthening police–public partnerships by training and education, and empowering institutions with specific skills in epidemiological investigations should also be pursued to assist in police investigations and border management.

To reform international organizations, making available emergency funding for global health crises and ensuring information sharing, transparency and accountability in their functioning were highlighted as areas needing action. The Covid-19 situation gives further impetus to the long-pressed calls to revitalize the WHO.[27]

In regard to strengthening external oversight bodies, ensuring their access to information, increasing their capabilities to monitor government response and relief plans and establishing mechanisms to ensure their accountability are the key suggestions.

The implications of application of emergency powers and their legal understanding need to be studied in a more contextualized approach. Parliamentary practices and processes in relation to granting approval for executive functions, reporting machineries and oversight also need to be strengthened. Regarding SSR, the focus should be on building the capacity of security institutions in preparedness to tackle future health crises, and on reviewing the legal framework, its gaps and its modalities of implementation under emergency powers.

Summary and conclusion: Trends and patterns

The Covid-19 pandemic has tremendously affected the people, society and governments in East Asia. At the outset the debate over the source of the pandemic undermined global cooperation, and as the virus started to

spread out from the region it became a great challenge to security efforts not just in East Asia but worldwide. The pandemic became an exercise in the application of various models of governance to manage and control Covid-19. The findings from the study lead to the conclusion that effective and accountable political leadership, robust state capacity in health and security sectors and sound legal, institutional and administrative frameworks related to infectious disease control could enable effective responses to the pandemic in the subregion. The situation also put a central focus on areas where SSR is needed in the countries and territories of East Asia. The study thus recommends greater preparedness for health and security sectors to enable them to tackle future health crises.

Robust political leadership and strong national governments based upon the confidence of the civic space were better able to guide East Asian countries during the Covid-19 crisis. These leaderships responded swiftly to protect the larger population, keeping in view the most vulnerable when providing adequate healthcare and other support, and mobilized the security institutions promptly to maintain public law and order, garnering the trust of citizens. The more successful governments also devised plans and policies for economic recovery, addressing people's livelihood and business concerns, and stepped up the provision of social security measures. Political and administrative leadership has played a decisive role in rolling out the Covid-19 response, supported by strong institutional and legislative frameworks. Noteworthy examples include the KDCA and the Infectious Diseases Control and Prevention Act in South Korea, and the CDC and the Communicable Disease Control Act in Taiwan. It is very important to conduct further studies on the roles and modalities of operation of such disease control agencies and legislation, as their successes and lessons learned could be promoted in other countries.

Covid-19 became a national security problem, requiring security institutions to enhance their capacity to respond to newly characterized threats in an effective and accountable manner. Although the security institutions were well trained in countering potential chemical, biological and nuclear threats at the national level, and had experience in humanitarian relief and disaster responses at national and international levels, it is

evident that dealing with health crises like the Covid-19 pandemic requires a different view and new terrains of preparation. Based on the lessons learned, it is important that the security institutions continue to reform and prepare better to tackle future health crises. This includes training, education, simulations, drills, data sharing, establishing robust interagency coordination and institutional mechanisms and developing regional and international cooperation.

The pandemic has also highlighted the importance of the WHO functioning as an effective global health governance institution. The WHO's roles include but are not limited to data sharing, identification and verification of human-to-human transmission of the virus and categorization of disease threat levels for global security. This brings to light the importance of global cooperation on health security issues, as suggested by the findings, and contributes to ongoing debates on the importance of reforming the WHO to tackle future global pandemics better.

In terms of the media, civil society and think-tanks, the findings reveal that they have played an important role as external oversight bodies to report timely information. On the flip side, fake news and disinformation campaigns targeting governments' Covid-19 responses reflect how these could threaten and compromise political stability. Hence it is suggested that legislative and institutional changes are made to counter fake news and provide fact-checked information to prevent panic among the population during crises.

The region also saw the implications of emergency measures taken in countries like Japan and Mongolia due to the pandemic. While in Japan the discussions were focused on constitutional and legal authority for mobilizing the national armed forces, in Mongolia there were debates on the lack of parliamentary oversight over the executive functions. It is recommended that further studies are conducted on the legal implications of the application of emergency power in relation to the role of parliamentary oversight.

Overall, the pandemic has highlighted the significance of SSG and SSR issues. What can be clearly learned from this study is that the logic of preparedness to tackle future health crises should guide SSR processes

and allow preparation of the health and security sectors to deal with future health crises more effectively.

Notes

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PART III

Conclusion

Chapter 6

Assessing Security Sector Responses to Covid-19 in the Asia-Pacific Region: Lessons, Recommendations and the Way Forward

Sabeena Bali, Upasana Garoo, Rohit Karki, Floris de Klerk Wolters, Albrecht Schnabel and Kevin Socquet-Clerc

Introduction

As part of its Promoting Good Security Sector Governance in the Asia-Pacific Region Initiative, DCAF's Asia-Pacific Unit (APU) initiated this study across its network spanning 21 countries and territories in the region[1] to explore the roles played by security sectors in response to the Covid-19 pandemic. Security sectors were broadly considered as encompassing institutions and personnel responsible for security provision and state and non-state actors overseeing them, as well as international and regional organizations. Partners and experts contributed their knowledge on the relationships between security and health sectors in preventing and managing Covid-19, the roles and capacities of their national security sectors and lessons for future health crises. Contributions were initially gathered with the help of questionnaires, and further developed in bilateral reviews, updates and fine-tuning during discussions and written exchanges between the APU team and network partners. A draft manuscript and the guiding questions of this study featured as the background document for discussion at the network's first Asia-Pacific Security Sector Governance Forum (17–21 August 2020). The present volume is the culmination of this process. This review of security sectors' involvement in the pandemic response across the Asia-Pacific region suggests that to meet and overcome the multifaceted

challenges presented by Covid-19 (and any future national, regional or global health crisis), cross-sectoral collaboration between security and health sectors in the spirit of a whole-of-society approach is needed.

This concluding chapter highlights the key findings presented in this volume. By noting common themes and trends across the Asia-Pacific region and its subregions (South Asia, Southeast Asia and East Asia), security sector actors can draw upon experience and good practices and integrate them into law, policy, training, guidelines, early-warning systems and other frameworks to prepare for future health crisis responses. In studying divergent approaches, lessons that have already emerged can help to develop steps to ensure more effective and accountable responses. Taken together, the information collected in this study aims to inform new and ongoing nationally driven reforms to security sectors, and highlight opportunities for the provision of state and human security within a framework of democratic civilian control, rule of law and respect for human rights in Asia-Pacific societies.

Cross-sectoral implications of the pandemic

Covid-19 continues to be a health crisis unlike any other in recent history. Highly contagious and fuelled by the globalized nature of modern society, the virus has reached nearly every corner of the world, infected over 119 million people and claimed over 2 million lives.[2] Covid-19 has taken a tragic human toll and has been overwhelming health systems. While countries and territories test, track and treat their populations for Covid-19, healthcare facilities and providers must still maintain their routine inpatient and outpatient care and other normal functions. However, the capacities of doctors, nurses, pharmacists, laboratories and hospital beds can only be stretched so far. In addition to limitations on infrastructure and resources, difficulties have come in organizing logistics such as production, storage and distribution of bulk medical supplies, especially personal protective equipment (PPE) such as masks and disinfectant. Governments must also ensure that accurate and timely information and care reaches all of society,

including those who live in rural and difficult-to-access locations.

Beyond the proliferation of the virus and its impact on health systems, secondary effects are severe. The pandemic has affected civil, political, social, economic, cultural and other diverse aspects of human life. Overwhelmingly, the threat to economic security has been a primary impact. With offices and schools closed, travel and movement restricted, and billions of people placed under lockdown or social-distancing regimes, the global economy has been thrust into a recession projected to be the worst since the Second World War.[3] Many people have lost their employment and income in whole or in part, particularly daily wage earners and those working in tourism, hospitality, transit, dining and service industries. In turn, poverty has triggered housing insecurity. Migrants, refugees, internally displaced people, those in detention or institutionalized care settings and those housed in slums or other densely populated areas are particularly vulnerable to virus transmission due to living in close quarters.[4] The halt of travel has posed difficulties for global supply chains and has particularly impacted countries and territories that rely on imports, causing shortages of essential food, especially for lower-income groups. Even where supplies are available, prices are vulnerable to inflation due to increased demand or in some cases the lucrative opportunity for vendors to generate greater profit. Meanwhile, school closures have required children to remain at home. Where possible they learn from a distance, although this option is often reserved for those with the financial means to secure internet or other broadcast communications at home, resulting in disparities in educational opportunities. School closures also affect the social and psychological well-being and safety of children, and can prevent parents from being able to work. However, schools which remain open risk transmission not only among children but also teachers, staff and their families.

Given the widespread effects of Covid-19, assumptions about the relationship between human and traditional security at global, regional, national and local levels have been challenged. The global nature of the disease has led to border closures and travel restrictions. Countries and territories have repatriated their nationals, and the need for stringent health checks and quarantine measures at border crossings has created

expanded roles for border security services. Social upheavals have caused an increased need for vigilance in regulating crime such as theft and vandalism. Many countries and territories have experienced high incidences of misinformation and disinformation on the internet and through social media. In some, extremist organizations have used lockdowns and e-learning as opportunities to recruit youth online. Other security implications have included violence disproportionately affecting women, girls and boys, and the surging incidence of Covid-19 in prisons and detention centres. As a result of the pandemic, security institutions have not only been required to fulfil roles outside their regular duties but have also seen increased activity in their traditional functions. The results of this study highlight the impacts that health crises can have on traditional security, and the interconnectedness between human and traditional security. As such, this volume is premised on the view that the security sector has an indispensable role during crises such as Covid-19.

Lessons identified across South Asia, Southeast Asia and East Asia

The multifaceted implications of health crises extend beyond the purview of national health sectors to reach other institutions and sectors. The security sector is increasingly called upon to support other government and non-government institutions in times of crisis. Due to their tailored capabilities, each actor in the security sector brings strategic advantages to an integrated health response. Across the Asia-Pacific region and within the three subregions, trends emerged in the roles that the security sector could fulfil, and in the lessons learned from their engagement.

National armed forces

National armed forces have provided a wide array of services during the pandemic, as they are well prepared to respond to emergency situations. Across all three subregions, their strategic advantage was most often seen in their logistics capabilities. Common tasks assigned to the armed forces

are handling bulk materials, supply-chain management and distribution of relief goods and PPE such as masks and disinfectant, especially to hard-to-reach locations. Armed forces have evacuated and repatriated overseas citizens, military vehicles have been used to transport people from borders and points of entry to their homes or quarantine locations, and military aircraft have transported patients as well as medical personnel and equipment. The armed forces have built makeshift field hospitals and lent their own hospitals, doctors, nurses and equipment to national efforts to combat Covid-19. Additionally, armed forces have helped with disinfection of containment zones, public spaces, hospitals, medical facilities, community areas and schools. In East Asia, past learning from the 2002–2004 severe acute respiratory syndrome (SARS) and 2015 Middle East respiratory syndrome (MERS) outbreaks has helped the national armed forces respond comparatively much better to Covid-19.

A further role of the armed forces has been awareness raising. They have assisted governments with information campaigns on protective measures and distributed leaflets. The navy, in one instance, helped to alert fishing communities and those living in remote coastal areas at the start of the pandemic. Militaries have trained civilians, local governments and private sector actors on preventive techniques.

Finally, armed forces have enforced social distancing, home quarantines and lockdowns, patrolled, and maintained law and order generally. In several countries health workers have required protection by armed forces because they were targeted by family members of individuals affected by Covid-19. In this sense, a clear demarcation of roles is important in maintaining the boundary between the military and civilians. Armed forces must always support and defer to civil response mechanisms and structures. The risks of failure to do so are unchecked or abused powers during emergencies. In this respect, good practices include liaison between the ministry of defence and the ministries of foreign affairs and of health, as well as communication and coordination among the various branches of the armed forces and intelligence and police services.

Intelligence

The primary use of intelligence services across the Asia-Pacific region in relation to the Covid-19 response has been to collect and monitor data and provide surveillance to assist with contact tracing. They have been using cellular data, credit card and other electronic purchase records, social media messages and closed-circuit television to identify, contact, isolate and treat people who may have been in contact with those who tested positive for the virus. However, tracking of individual data must be balanced with the right to privacy and should not become routine monitoring of civilians. Caution has been taken when involving intelligence services. Because of the vast purview of information available to them, especially in emergency situations, parliamentary oversight of the intelligence services should be strengthened and is of heightened importance during crises.

On a wider scale, big data have been collected and analysed using artificial intelligence and other new technologies to forecast trends, predict risk factors and facilitate the orderly movement of people. To be effective, data must be shared horizontally among agencies (to avoid duplicative efforts), as well as vertically with the central government, and possibly with foreign agencies in support of regional or global health mechanisms.

The second most common use for intelligence services in the region has been to disseminate trustworthy and accurate information via, for example, press conferences and social media as a means to counter misinformation, disinformation and fake news about Covid-19. Intelligence services were seen as helpful in identifying groups using social media to spread hatred or false information, and in keeping track of emerging national cybersecurity threats. With so many people working from home, and so much information being shared online, any cyberweakness creates vulnerabilities which could be exploited.

Police

Across the subregions, the police have mostly been involved in lockdowns, quarantines, social-distancing measures, public congregation bans and

the enforcement of other Covid-19-specific laws and regulations. Without the means to ensure compliance, those implementing new emergency health measures felt that that the public would be likely to ignore them. On the other hand, there has been criticism of emergency laws. Increased provisional police powers have led to reports of excessive use of force. Some systematic movement restrictions have been perceived as over-expansive, for example when inhibiting people from accessing their places of work and thus from generating much-needed income. There have also been allegations of emergency laws aimed at countering fake news being used as pretexts for the police to silence free speech and stifle criticism of the government.

Apart from emergency law enforcement, police have played a host of diverse and *ad hoc* roles. In Bhutan, Pakistan and Timor-Leste, for example, they have been used to raise awareness and inform the public of new Covid-19 measures in their communities. As with the armed forces, the police have offered a strategic advantage in the form of their access to rural communities, enabling them to share relevant information and gather information effectively. Police have distributed PPE, disinfectant and pamphlets, and disinfected public spaces such as bus and train stations, religious sites and markets. They have assisted intelligence services with identification of misinformation and in contact tracing. In some instances, police vehicles and personnel have been used to help transport infected patients.

In addition to these expanded roles due to the pandemic, routine policing functions in combating crime have been more demanding than usual. There was a noted increase in criminality related to loss of income and scarcity of resources as a result of the pandemic.[5] Police have thus played a greater role in maintenance of order, as well as in protecting vulnerable individuals such as healthcare workers and facilities.

Tensions have been noted when the police worked in parallel with other actors, such as local security or civil defence units. Guidelines that clearly demarcate roles and responsibilities, and drills and simulations to practise these guidelines, could have reduced these problems. An additional setback to the police response was inadequate PPE: police lacked necessary

gear such as face-masks, gloves, disinfectant, boots, caps and protective clothing, and often themselves fell victim to Covid-19.

Finally, in many counties in the region the prison system has been overburdened – more so than usual – during the pandemic. Due to overcrowding, Covid-19 has rapidly spread among detainees and to surrounding communities via guards, staff and visitors. Decreasing the number of detainees, for example by expanding parole programmes or offering sentence reductions for non-violent or drug-related offenders, would be a solution in mitigating public health crises in prisons. However, so long as social distance can be maintained, the pandemic should not be used as a pretext for isolating detainees or stopping family visits, which can lead to counterproductive depression and tension in prisons.

Border management

Governments have heavily relied on border closures and/or travel restrictions as methods of inhibiting virus transmission across their borders. Hence in nearly all countries and territories in the Asia-Pacific region, border management agencies have played a significant role in enforcing movement policies and coordinating the safe passage of individuals transiting through points of entry. Because of their positions as "gatekeepers", many countries and territories have used border officials to conduct screenings and health checks. Clear guidelines and plans, where possible, have been pointedly helpful in supporting their work. However, border officials have often had to implement public health and risk reduction strategies without any specific training.

In Taiwan health screenings have been used as educational opportunities to promote public hygiene awareness and counsel people on the best preventive practices. In the reverse sense, an opportunity to be seized could be coordination between border management agencies and intelligence services to gather information *from* people at points of entry. In addition to managing the movement of people, border officials have been key in coordinating logistics such as medical supplies entering and exiting their borders.

Several countries in the region have sizeable populations of migrants and refugees. Because of the high population density in refugee camps, outbreaks there would be highly transmissible and disastrous. To prevent this, in Bangladesh, for example, border officers have screened and quarantined boats upon arrival. In Malaysia coordination with non-governmental organizations has been paramount in ensuring that the needs of refugees are met.

Local security actors

Local security actors, such as locally stationed soldiers, police, village leaders or even volunteers, have provided *ad hoc* and varied assistance in the Covid-19 response. They have proved very helpful in reaching remote areas. In the Maldives, for example, fishing vessel owners and ferry businesses have been coordinating with the military to provide local transit. In addition to offering unique access, local security actors can fulfil roles requiring local knowledge, credibility and a high level of trust, which can be useful in relaying information within their communities. In South Asia, for instance, village leaders and elders could ensure that their populations are informed and have access to the services and materials needed to prevent and combat the spread of the virus. In Southeast Asia transmission of valuable data from local security actors back to central-level intelligence services and health authorities has been useful in informing pandemic responses. Finally, local security actors have also undertaken enforcement duties to ensure compliance with distancing, lockdown and quarantine measures.

International security arrangements, regional IGOs and the UN

International security arrangements, regional intergovernmental organizations (IGOs) such as the Association of Southeast Asian Nations (ASEAN) and the South Asian Association for Regional Cooperation (SAARC), and the United Nations have been of particular help with communication. They have engaged to accelerate research, innovation and

knowledge sharing around Covid-19, and their networks have strengthened the coordinated health responses that are necessary in facing a global pandemic. Specific examples have included information and data sharing, institutional integration, resource mobilization, coordinated border arrangements, international security cooperation and conflict resolution. One suggestion for improvement, however, is strengthened cooperation and timely information sharing between the World Health Organization (WHO) and countries and territories in the region.

In addition, several of these countries and territories have relied on material support such as money, food, medicine, testing kits and PPE dispatched by the Asian Development Bank, the International Monetary Fund, the World Food Programme, the WHO and relevant agencies, funds and programmes of the United Nations.

Media, civil society and think-tanks

On the one hand, public dissemination of timely and accurate information has been crucial to widespread understanding of public health measures, preventive and protective steps to take, and daily infection figures and reports. Media organizations have used diverse approaches to reach all parts of society. The elderly, for example, tend to follow broadcast media such as radio and television, as opposed to the internet and social media. Tailored media approaches have also been needed to reach those living in remote locations. On the other hand, misinformation and disinformation have caused panic and fear, and hindered progress in tackling the pandemic. It has been all the more important to ensure the availability of trustworthy information and mobilize the public to follow helpful practices.

The media, civil society and think-tanks have played important advocacy and oversight roles. The media and civil society organizations foster political debate and critical dialogue on the government's crisis response, including policies and budgets, and allow civilians to put pressure on the government and society as a whole when weaknesses and areas for improvement are identified. Think-tanks contribute research analyses and policy recommendations which help governments and other

decisionmakers in the security and health sectors, and further feed public awareness.

Two trends have emerged regarding the usefulness of civil society organizations specifically. First, they can help to distribute relief materials, especially to areas not served by governments. Second, the pandemic has in some ways been a collective trauma. Covid-19 has pushed people to the limits and challenged their endurance and ability to cope with daily life, and civil society organizations can help foster a sense of solidarity and camaraderie in such situations. The need for community support to further endurance and resilience cannot be overstated.

National governments

Throughout the Asia-Pacific region, governments are the primary responders to crises such as Covid-19. Their decisions trickle down to reach many other actors and all facets of the response. The current crisis has highlighted a wide variety of lessons that governments can learn from and integrate into future planning.

Perhaps most pervasive has been the need for effective communication, both internally and externally. Internally, national governments must be able to coordinate across their institutions. They must be able to demarcate roles and boundaries clearly at both central and local levels, streamline lines of communication and present a unified response. Failure to do so can lead to imbalance of power, overlapping or unmet roles and responsibilities, and inconsistent messaging sent to the public. As examples of good practice, the Korea Disease Control and Prevention Agency and Taiwan's Centers for Disease Control ensured smooth liaison between the government and the scientific community. Externally, governments must be in touch with foreign governments, international organizations, non-state actors and private security actors to plan and carry out bilateral and multilateral relief efforts.

Another overarching lesson was the need for emergency planning. Governments often face the unanticipated and unknown in crisis situations, but general preparation can help facilitate efficient reactions.

In South Asia previously established strategies and structures for natural disasters have often been adopted in national emergency preparedness and Covid-19 response plans, and enforced using executive notifications/orders. It is incumbent upon governments to review the effectiveness of these plans and strategies in action, and make appropriate amendments to optimize them. They may defer to legislatures, with a view to adopting new and updated laws that are more tailored to health crises rather than to natural disasters. Other pertinent issues include ensuring whole-of-government contributions and adequate implementation of new health-focused roles and responsibilities for the security sector. In East Asia experiences from SARS and MERS were the impetus for putting guidelines, standard operating procedures (SOPs) and regulations in place to deal with infectious diseases, which proved relevant to dealing with Covid-19. In general, financial planning has been helpful, such as investment into the health budget and economic savings. Emergency plans in the Asia-Pacific region have also accounted for testing, tracing and treatment, recruitment and organization of health workers, and guidelines for social distancing, isolation, quarantine, hospitalization and contact tracing. Shortages in stockpiles of medical equipment and supplies during the pandemic have revealed the need to maintain national stocks of PPE, devote resources to research and development, and ensure that medical, biotechnical and pharmaceutical products can be efficiently manufactured (in bulk) in emergency situations.

Executive branches of government are generally responsible for declaration of a state of emergency and implementation of the ensuing response plan, framework, measure or legal acts. However, increased executive power during crises is a sensitive area that requires attention. At times, decisionmaking needs to be consolidated, streamlined and fast. Agility can necessitate bypassing normal processes of checks and balances. However, exit strategies and clear timeframes for the expiration of emergency powers should be decided in advance to ensure such expanded powers remain temporary. Branches of government responsible for oversight, such as legislatures and judiciaries, as well as civil society organizations and the media are especially crucial in ensuring

that emergency measures do not go beyond what is strictly necessary to combat a health crisis, and in advocating for the inclusion of gender equality, human rights and duty of care within the policy responses of the security sector.

Other roles played by national governments include distributing supplies, disseminating information, combating false information, restricting travel, repatriating citizens who have been stranded abroad, encouraging or enforcing distancing measures, closing schools and offices, planning childcare for those working from home, expanding capacities for case identification and instituting testing campaigns, refocusing government laboratories on treatment and vaccine development, and offering economic relief such as loans and stimulus packages. The list goes on, as governments must adapt to evolving needs and consider all affected sectors.

Legislatures

The work of legislatures during health crises appears to have been twofold: to pass appropriate laws and policies, and to provide oversight and review of executive bodies when emergency powers are granted to them.

By passing law and policy on emergencies and/or communicable disease, legislatures can greatly facilitate the response in a crisis. Across the region, these have ensured that stockpiles are put aside, that domestic production and manufacturing are promoted when trade is restricted, and that reserve funds for economic stimulus are created. Legislation has also conferred a wide range of authorities on executive actors during public health emergencies. In South Korea the recently amended Infectious Disease Control and Prevention Act grants temporary powers for the minister of health to collect health data from medical facilities and pharmacies, and location data from telecommunication companies and the police for any confirmed or suspected cases of infection. Other legislation has conferred the authority to implement lockdowns and curfews, and to close markets, transit stations and religious sites.

It is important that emergency legislation regulates scopes of authority, coordinates roles and sets timeframes for expiry or review for actors such as armed forces, police, ministries of health and centres for disease control. Legislation must carefully balance public health needs with freedom of speech, religion and assembly. The ongoing relevance and applicability of legislation must be reviewed as the crisis evolves, especially as any emergency measures will often bypass the usual procedural safeguards in lieu of efficiency. Frameworks that are overly rigid can prevent agility of response, but frameworks that are too flexible run the risk of overly broad interpretation and application and abuse of power. For example, in Japan the constitution does not allow the declaration of an emergency at all, to avoid concentration of power under one party and the potentially ensuing risks.

Key recommendations identified in subregional analyses

The Covid-19 pandemic has provided an opportunity to understand better the interconnectedness between traditional and human security, to identify what the needs for security sector involvement in the pandemic response have been, and to extract lessons and recommendations to strengthen the effectiveness and accountability of security sector actors in the event of future health crises. This section highlights the key recommendations drawn from the subregional chapters of this volume.

At global and regional levels, the United Nations and its specialized agencies, international security arrangements and regional IGOs must strengthen their capacities. The nature of the Covid-19 pandemic has shown the added value of global, regional, national and subnational cooperation to face common challenges. Building multilateral and bilateral networks can create more efficient crisis response and accelerate knowledge sharing, research and innovation.

At the national level, general recommendations applicable to all security sector actors fall into three categories: communication, training and logistical preparedness. First, in terms of communication, institutions

must coordinate horizontally and vertically. Horizontally, examples include liaison across various ministries, between armed forces and police in shared operations, and between intelligence and border management agencies to centralize contact tracing and data collection. Vertically, information must trickle down from the central government to the provincial or state level, and again down to the city, municipal, village or communal level. Second, in terms of training, rudimentary knowledge and awareness building on pandemic, epidemic and other public health dynamics and responses is essential in responding to future health crises. Specific examples of training topics include basic health provision, screening, crowd management and enforcement of social distancing. Gender mainstreaming is always essential to security sector reform activities, but it is of particular importance in health and crisis preparedness. Covid-19 has shown that lockdowns, curfews, job losses and school closures have disparate impacts depending on gender and cause an increase in gender-based violence.[6] Gender mainstreaming can help ensure that health crisis responses will account for these disparate effects and particularized needs. National security sectors must stand prepared to serve all members of society, meeting particular needs based on gender as well as race, ethnicity, religion, origin, age, physical or mental ability, or any other factor that may put individuals in a marginalized or vulnerable group. Third, in terms of logistical preparedness, shortages of medical supplies and PPE such as face-masks and disinfectant have been a widespread obstacle in national Covid-19 responses. From this experience, the importance of maintaining national stockpiles of health equipment has been highlighted. Countries and territories have also emphasized the need to develop domestic production and manufacturing capacities in cases of emergency and ensuing disruption to imports and supply chains. Investments must be made in medical research and development, and finances must be in place when economic stimulus or emergency spending become necessary.

Due to the all-encompassing and far-reaching effects of the Covid-19 pandemic, a whole-of-society response is required. Opportunities for improvement of national-level security sector institutions have emerged from this experience. Within the armed forces, development and integration

of dual-use civil–military mechanisms have been recommended. Wherever civil and military structures operate in parallel, it bears noting that the civilian institutions should take the lead. Roles and responsibilities should be clearly demarcated, and internal doctrines, military manuals and SOPs should be adjusted accordingly. To ensure these guidelines are well understood, joint exercises and simulations between security, health and other civilian officials should be conducted to practise and test capacity and coordination abilities. Military logistics, such as supply-chain management, procurement, stockpiling, maintenance and mobile outreach, have also been indispensable to the current pandemic response, and should be reinforced and improved. Within intelligence agencies, key recommendations are to strengthen interagency cooperation to share and act upon intelligence more effectively, and to balance the need for contact tracing and infection monitoring with rights to privacy. Policies, plans and strategies must be devised to detect early-warning signs and act promptly. For police, building trust with the communities they serve is of paramount importance. Duties should be carried out in a transparent and accountable manner, following frameworks, guidance notes or SOPs specifically tailored to new roles during states of emergency. As with the armed forces, exercises are integral to ensuring that these frameworks and any new roles in emergencies are thoroughly understood, and avoid the excessive use of force which has been pervasive in some countries during Covid-19. Community-oriented partnerships and policing models should be considered. Where they emerged during the pandemic, they facilitated communication and helped collect early signs of outbreak.

Penal reform and prison overcrowding must be addressed, for example by considering temporary or expanded parole programmes for non-violent low-level offenders, as prisons can be outbreak hotspots during infectious disease epidemics. Effective response strategies heavily rely on border management agencies during border closures and travel restrictions. Capacities for quarantine, checkpoints, testing, screening and management of organized crime and trafficking must be built. Border officials and all front-line workers at national points of entry must be given adequate equipment and training so they have the materials, skills and knowledge to

minimize risk of infection and transmission. Border management agencies may also research integrated border management as a viable model to implement, and should invest in cooperation and exchange of information with neighbouring countries and territories.

During emergencies security providers such as armed forces, police and border and intelligence officials often act outside the parameters of their normal roles and responsibilities. Due to the need for swift and concerted decisionmaking, extenuating powers are also often consolidated under emergency legislation. To combat abuses of power and excessive force, it is therefore of heightened importance during states of emergency to strengthen oversight mechanisms such as internal inspections, special commissions, ombuds offices, complaints processes and related capacities to increase public awareness of options for reporting security misconduct, to build trust and confidence, and to improve the accountability of the security sector. Beyond implementing national security and health policy where applicable, it is incumbent upon legislatures to provide clear frameworks for emergency interventions with laws, guidelines and regulations. They must also prepare exit strategies and policies allowing for review of emergency government powers as health crises evolve. The media, civil society and think-tanks bear key responsibilities in disseminating timely and accurate information, and in serving as platforms for critical discourse on government decisionmaking and pandemic responses. In recent times the spread of fake news, misinformation and disinformation have become a major security concern, and the media must ensure veracity and responsibility in reporting while upholding free speech. This becomes a delicate balance to maintain, especially when it comes to citizen journalism and social media.

In many countries in South Asia the combined environment of fragility and Covid-19 has created an opportunity for violent extremist groups to take advantage of the deteriorating situation to spread extremist narratives, expand their support base and recruit new members, either by exploiting grievances or by filling the void created by the incapacity of state institutions to respond to the crisis. It is essential to build and develop strategies for effective communication to prevent and counter extremist

messages, narratives, hate speech and the spread of false information about Covid-19. Development of channels of communication can facilitate the systematic and organized relay of information from the local level up to central institutions, which can positively affect decisionmaking and inform the crisis response approach taken. Key actors such as community leaders, local civil society organizations and law enforcement officers have unique access to remote communities and can fulfil roles which require local knowledge, credibility and trust. They should be included in the dialogue on security sector preparation and their capacities should be strengthened.

The global pandemic has demanded immediate action in response, relief and recovery. While these immediate needs are important, it is equally crucial to prepare for long-term commitments by analysing lessons learned from the current pandemic, including investing in sustainable security sector reform to prepare for future crisis response.

Concluding thoughts and next steps

Across Asia-Pacific, all security sector actors – including institutions and personnel responsible for providing security, as well as those overseeing them and ensuring accountability, state and non-state actors, and international and regional organizations – have played an important role alongside the health sector in responding to Covid-19. The pandemic has truly reshaped the way security is perceived during a health crisis, and underscored the interconnectedness of traditional and human security. While some extraordinary situations may be unforeseen, we can be fairly certain that health crises – including at a similar scale – are likely to recur. As such, the crisis can be turned into an opportunity for reflection. The current pandemic experience has provided valuable lessons and concrete actions that can inform future security sector reform activities, add efficiency and accountability to crisis response mechanisms, and strengthen preparedness for future health emergencies.

This volume emphasizes initial responses and lessons, as well as suggestions for better preparedness in the face of future health crises.

At the time of writing, the Covid-19 pandemic continues and has flared up in subsequent waves in many countries and territories around the globe. Once it does slow down and subside, and distance from the immediacy of the crisis can provide new perspectives, contributors will consider similar questions with an emphasis on societal recovery, lessons learned from the responses processes and approaches discussed in this volume, and efforts that have by then been taken to adapt national security sectors across the region to meet future health crises more effectively.

Notes

1 The countries and territories in this study are Afghanistan, Bangladesh, Bhutan, Cambodia, China, India, Indonesia, Japan, Malaysia, the Maldives, Mongolia, Myanmar, Nepal, Pakistan, the Philippines, Singapore, South Korea, Sri Lanka, Taiwan, Timor-Leste and Vietnam.

2 Figures as of 15 March 2021. World Health Organization (2021) "WHO Coronavirus Disease (Covid-19) Dashboard", covid19.who.int/.

3 World Bank Group (2020) "Global economic prospects", report, June, openknowledge.worldbank.org/bitstream/handle/10986/33748/9781464815539.pdf, p. 15.

4 UN Development Programme (2020) "Brief # 2: Putting the UN framework for socio-economic response to Covid-19 into action: Insights, June, www.undp.org/content/dam/undp/library/covid19/Brief2-Covid-19-final-June2020.pdf, pp. 2–4.

5 See UN Office on Drugs and Crime (2020) "The impact of Covid-19 on organized crime", research brief, 13 July, www.unodc.org/documents/data-and-analysis/covid/RB_Covid_organized_crime_july13_web.pdf. At p. 5: "The fallout of the Covid-19 pandemic is also having a profound impact on our societies and economic systems, which, in turn, influences and shapes organized crime and illicit markets."

6 According to Interpol, domestic violence and child abuse are among the prominent emerging threats in the context of Covid-19. Interpol (2020) "Covid-19 crime: Interpol issues new guidelines for law enforcement", press release, 17 November, www.interpol.int/en/News-and-Events/News/2020/Covid-19-crime-INTERPOL-issues-new-guidelines-for-law-enforcement. For more information on the relationship between gender-based violence and emergencies (Covid-19 in particular) see UN Development Programme (2020) "Gender-based violence and Covid-19", www.undp.org/content/dam/undp/library/km-qap/undp-gender-GBV_and_Covid-19.pdf.

About DCAF

DCAF – Geneva Centre for Security Sector Governance is dedicated to improving the security of states and their people within a framework of democratic governance, the rule of law, respect for human rights, and gender equality. Since its founding in 2000, DCAF has contributed to making peace and development more sustainable by assisting partner states, and international actors supporting these states, to improve the governance of their security sector through inclusive and participatory reforms. It creates innovative knowledge products, promotes norms and good practices, provides legal and policy advice and supports capacity-building of both state and non-state security sector stakeholders.

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Security Sector Responses to Covid-19 in the Asia-Pacific Region: Reflections on an Ongoing Health Crisis

Edited by Albrecht Schnabel, Upasana Garoo, Rohit Karki and Kevin Socquet-Clerc

The Covid-19 pandemic has reshaped the functioning of societies and states around the entire world in ways few deemed possible even days before its onset. This volume focuses on one such aspect: the roles performed by national security sectors. Few regions saw such a differentiated and multifaceted approach as the Asia-Pacific, the world's most populous region. This book's contents should serve as an important source of learning for both its successes and its failures. It combines lessons and experiences of security sector experts from countries of South Asia, Southeast Asia and East Asia in an attempt to provide such a resource.

About the Asia-Pacific Security Sector Governance Network

As part of an initiative to promote good security sector governance in the Asia-Pacific region, DCAF has since 2017 created a network of well over 20 partner institutions and SSG associates (experts at these institutions working on security-sector-related issues) for South Asia, Southeast Asia and East Asia.

The partners are brought together at both regional and sub-regional levels. Partners are invited to share and learn from each other's experiences in promoting good SSG through SSR activities. DCAF's partners in turn assemble a group of security sector representatives and experts, known in each country as the "national SSG working group". This book is a product of this collaborative effort to improve security sector governance further in the region.

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