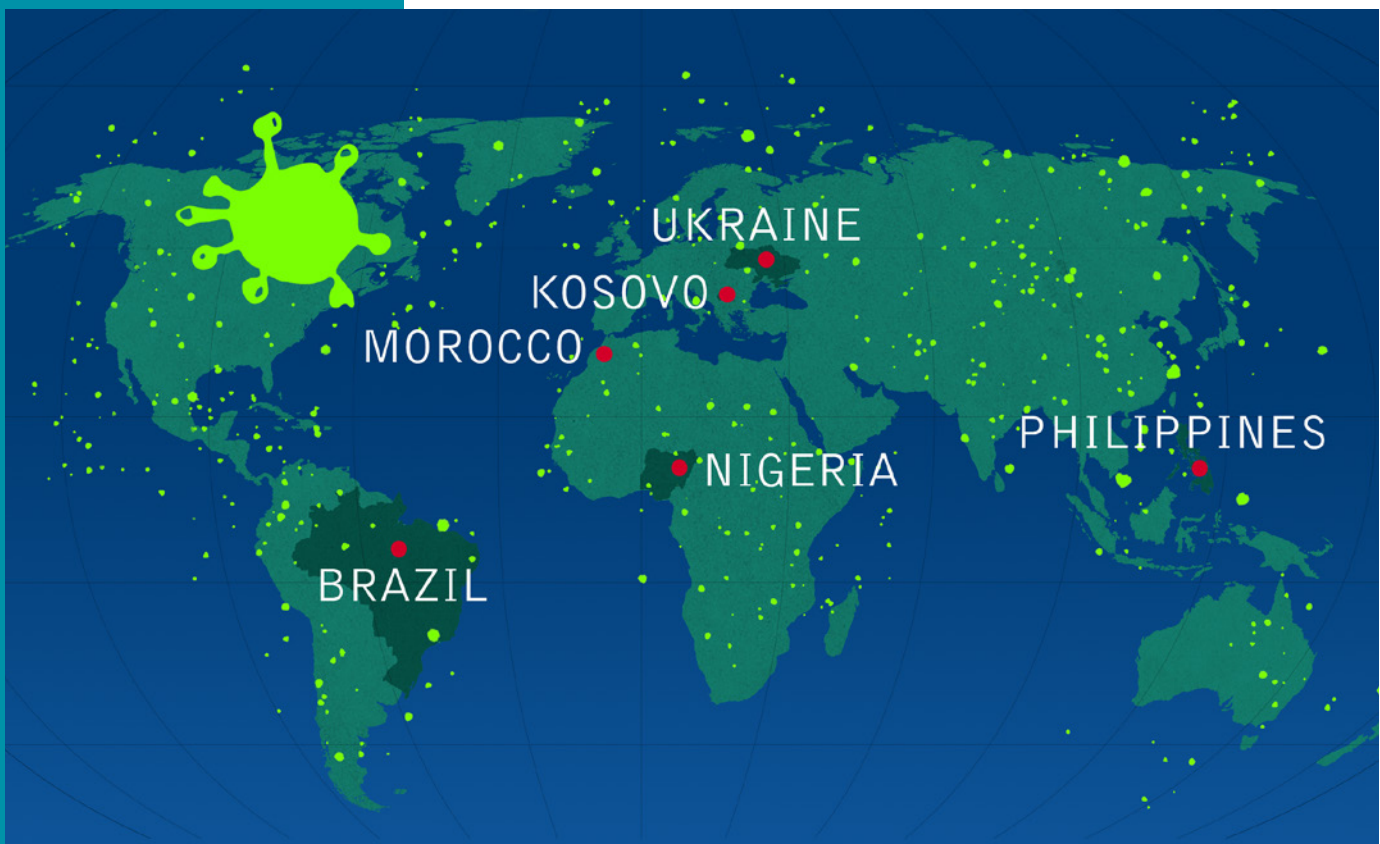


HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDIES



Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

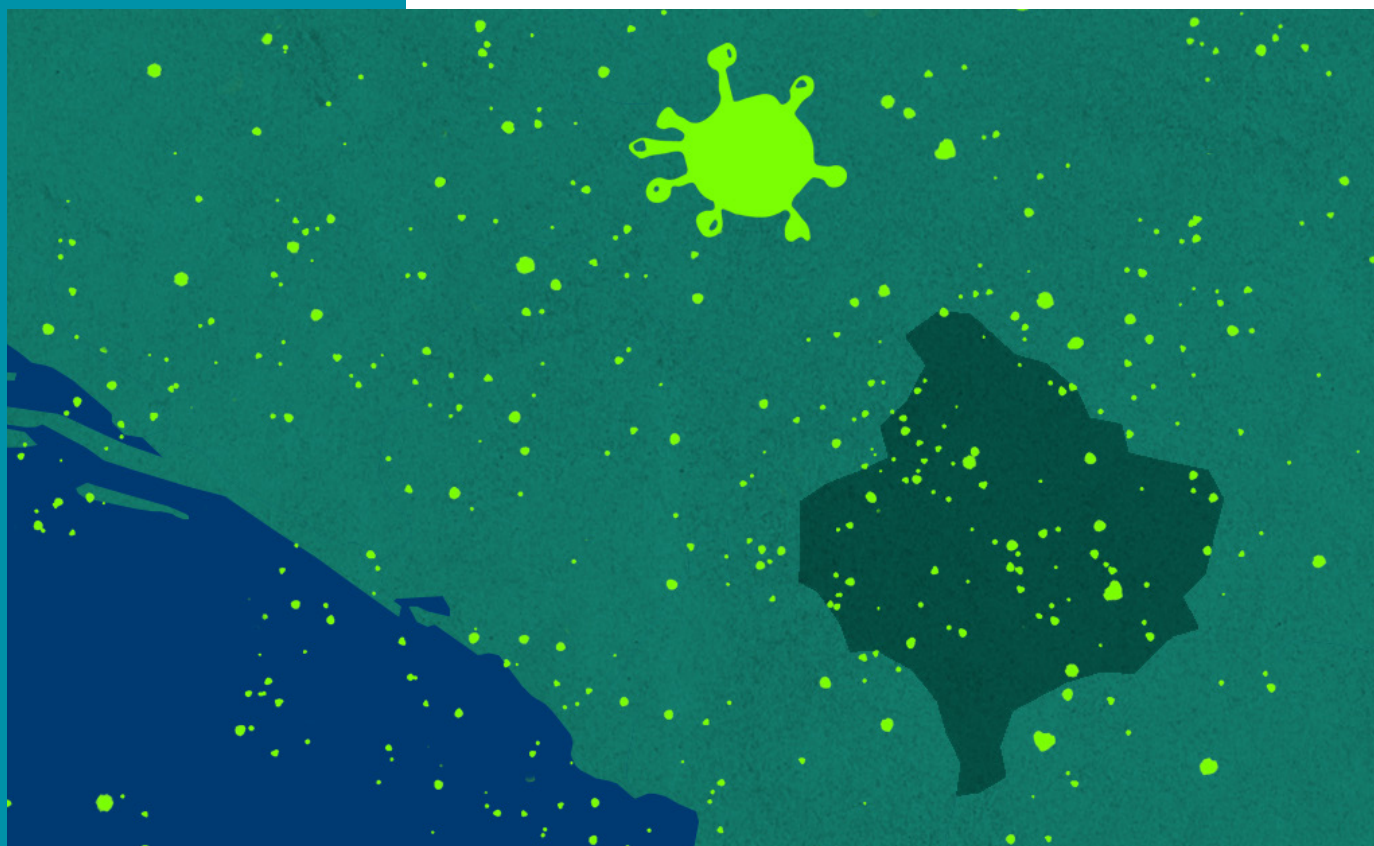
Table of Contents

- 1. COVID-19 PANDEMIC CASE STUDY KOSOVO**
- 2. COVID-19 PANDEMIC CASE STUDY: MOROCCO**
- 3. COVID-19 PANDEMIC CASE STUDY: NIGERIA**
- 4. COVID-19 PANDEMIC CASE STUDY: PHILIPPINES**
- 5. COVID-19 PANDEMIC CASE STUDY: UKRAINE**

HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDY: KOSOVO



BY JETA KRASNIQI

Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

AUTHOR

Jeta Krasniqi is a senior researcher and project manager at the Kosova Democratic Institute (KDI)/TI Kosovo. Since 2016 she leads projects which aim to incite transparency and participation on the Kosovo-Serbia dialogue process.

Previously, Ms Krasniqi served as Political Advisor to the President of Kosovo, Atifete Jahjaga and as the Coordinator of the National Council for Survivors of Sexual Violence during the War established by the then President Jahjaga.

Jeta Krasniqi graduated in International Affairs at the Johns Hopkins University, School of Advanced International Studies (SAIS), and holds a undergraduate degree in International Relations from the Eastern Mediterranean University in the Turkish Republic of Northern Cyprus.

Krasniqi is a board member of the Kosovo Women's Networking Board and the Kosovo American Educational Fund (KAEF), as well as the deputy chair of the Governmental Commission for the Verification and Recognition of Sexually Abused during the War.

Table of Contents

| | |
|---|-----------|
| 1. Introduction | 4 |
| 2. Handling of Covid-19: Two Governments | 7 |
| 2.1. Parliament | 8 |
| 2.2. Health Sector | 9 |
| 2.3. Education | 10 |
| 2.4. The Impact on the Economy | 11 |
| 2.5. Judicial System | 12 |
| 3. Gender and Covid-19 | 13 |
| 4. The International Players in the Fight Against Covid-19 in Kosovo | 14 |
| 5. Conclusion | 16 |
| 6. References | 17 |

1. Introduction

The parliamentary elections in Kosovo were held on the 6 October. The opposition parties won with Vetëvendosje (VV), led by Albin Kurti winning the elections, followed by Lidhja Demokratike e Kosovës (LDK), led by Isa Mustafa. The democratic transition of powers in the still young state of Kosovo was praised as happening through a process of free and fair elections. The formation of the new government took nearly four months due to delays in the election certification as well as negotiations between political parties. The government was finally formed on the 3 February 2020 by VV and LDK – the former opposition parties. Only after a month, on 11 March, the World Health Organization (WHO) announced Covid-19 a global pandemic. The first case of Covid-19 in Kosovo was registered later than other regional countries. Nevertheless, the government took numerous decisions prior to the first case by imposing a few restrictive measures and established coordinating mechanisms to handle the pandemic.

However, the government of Kosovo was not dealing only with the imminent and unpredictable Covid-19 pandemic: it already had its plate full with the negotiation process with Serbia. The process had been stalled since December 2018 due to the 100% tariff imposed by the Government of Kosovo towards imported goods from Serbia and Bosnia and Herzegovina. The tariff was a response to the diplomatic de-recognition campaign of Serbia that was lobbying countries which had already recognized Kosovo to reverse their positions. While the previous prime minister had resigned without removing the 100% tariff, the international pressure coming from US and EU was at its peak towards the new government of Kosovo to remove any barriers and resume the dialogue process. The Kurti government proposal to gradually remove the tariff and even replace it with steady reciprocity measures was met by a stark response from the US envoy for the negotiations, Ambassador Richard Grenell, who [declared](#) that the half measures proposed by Prime Minister Kurti were not supported and stated that the tariff must be completely removed. This caused political strife between the coalition members when LDK declared that it would quit the government if the tariff 'was not revoked unconditionally' leading to the instability of the government.

Disagreements between the coalition parties, including the president of the country, on how to deal with coronavirus further shook the government. The disagreements were articulated at the National Security Council and later on publicly when the president recommended that a state emergency should be declared, which would entail shifting the government's power to the National Security Council chaired by the president – a political rival of the prime minister.

According to the constitution, the decree for a state of emergency is sent to parliament after consultation with the prime minister. President Thaçi never sent the decree to

parliament. This option was opposed by the prime minister yet supported publicly by the minister of internal affairs – representing the other coalition member. The prime minister **dismissed** the minister of internal affairs precipitating arguing that he had spread panic through comments that ‘the number of those affected is increasing by the hour’ at a time when only 20 people were infected with the coronavirus and no death related to the virus had been recorded.

The leader of coalition member LDK – who had previously declared that a vote of **no confidence** would be initiated against the government after the pandemic related to the tariff – declared Kurti had breached the coalition agreement which stipulated that no minister would be dismissed without prior consultation and consent. He called upon the prime minister to **annul** the decision and remove the tariff until the end of the week otherwise a motion of no confidence would be initiated.

The political disagreements between the coalition parties in the midst of the coronavirus incited a **popular response** when people went to their balconies and protested by banging their pots; civil society organisations also **called** upon the political parties to reach a consensus and avoid a motion of no confidence during the pandemic period. The ambassadors of France, Germany, Italy, the United Kingdom and the United States called upon the institutional and political leaders to focus on Covid-19 and urged them to ‘preserve and ensure the integrity and functionality of Kosovo’s government and institutions ... prioritize the fight against Covid-19 in Kosovo over politics’.¹

The government was short-lived however, and on 25 March it was **voted out** through a motion of no-confidence with 82 votes supporting the motion in a 120-seat parliament. In the midst of the pandemic, Kosovo became a country left with a caretaker government, crippled parliamentary competencies and entered a new political crisis which unravelled over constitutional procedures regarding the formation of the new government. Vetëvendosje argued that a new government can be formed only after new elections challenging the president’s decree to mandate Avdullah Hoti (LDK) to form a government. The **constitutional court upheld** the president’s decree and the new government was under way. The caretaker government led by Kurti went on taking measures to address the pandemic; it also lifted the 100% tariff and started to impose gradual trade reciprocity measures. Upon the arrival of the new government led by Prime Minister Hoti on the 3 June 2020, two further priorities were laid down: the post-coronavirus economic recovery and the Kosovo-Serbia dialogue process. Regarding the latter, Prime Minister Hoti revoked the reciprocity measures imposed by the previous government. An agreement on economic normalisation was reached between the parties at the White House in the presence of President Donald Trump, who witnessed President Aleksandar Vučić of Serbia and Prime Minister Hoti sign letters of commitment.

Overview

Covid-19 in the Kosovo

GDP per Capita

(in US Dollars)

4,417 \$



World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



1 million

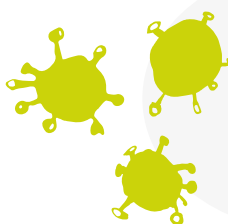
Population

World Bank, 2019

<https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BR-XK-UA-MA-NG-PH>

Covid-19 Cases

39014



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

2174,39



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000



54,46



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

2,6%



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

5,29



WHO, November 30th, 2020

https://www.who.int/docs/default-source/wpro---documents/countries/philippines/emergencies/covid-19/who-phl-sitrep-43-covid-19-7jul2020.pdf?sfvrsn=5ed3307c_2

2. Handling of Covid-19: Two Governments

Once Covid-19 was declared a global pandemic, the newly established government undertook immediate action. On 12 March 2020, the government established the Special Commission for the Prevention of infection from Covid-19, while the [first two cases](#) were registered a day after. A state of public health emergency was declared on 15 March and various restrictive measures were undertaken to prevent the spread of Covid-19. The containment [measures](#) were multiple, including restrictions of movement and services, suspension of education processes and the shutdown of non-essential businesses, including a lockdown period from 12 March until 31 May 2020 (except for a number of hours during the day or with a movement permit). During this period, certain municipalities were placed under quarantine to contain the spread of the virus.

The lockdown also included the closing of land borders, except to nationals of Kosovo, the restriction of transport within Kosovo, the prevention of the international flights and [restriction](#) of all sports, cultural and recreational activities, including religious ceremonies. These measures were aimed at maintaining a low level of daily infection amidst a number of already existing challenges in the health sector that were further aggravated by Covid-19 pandemic requirements. Recommendations were given to citizens on how to take care of themselves and help prevent the further spread of the virus.

These restrictions were taken on the basis of the prevention of infectious diseases and health law, which were challenged by in the constitutional court by the president on the basis of the right to freedom of movement. The court [ruled](#) that the decision of the government violated the constitution of Kosovo, adding that fundamental rights and freedoms may only be limited by law and the existing laws did not offer the needed authorization to the government to impose such restrictions. The authority of the Ministry of Health to undertake decisions to address the spread of the coronavirus was recognized by stressing that it lacked the authority to limit the movement of the people at the state level – thus a [new law](#) was needed to be adopted by parliament. Upon this decision, on 12 April, the government of Kosovo undertook new measures by taking separate decisions for each municipality in order to prevent the spread of the virus. This decision was challenged by the opposition parties again at the constitutional court.

The restrictive measures were able to control the spread of the coronavirus and keep the number of the infected people low. Citizens travelling from abroad were obliged to be quarantined for two weeks at the university campus – a location set by the government. On 30 May, the caretaker government annulled its previous decision closing the quarantine centre, and demanded that every citizen who entered the country self-isolate for a two-week period under the supervision of medical teams and other relevant units.

The relaxing of measures started in a phased process from 4 May when a few businesses were allowed to open, i.e. the construction sector, real estate, vehicle trade and small shops. The [second phase](#) started on 18 May when more businesses were allowed to open, including urban transport; while on 1 June the third phase started when almost all businesses were allowed to re-open. The new coalition government led by Avdullah Hoti (LDK) came to power on 3 June. Once the restriction measures started to lift, the situation on the ground started to change. Curfew measures were lifted and re-introduced again by the government while a rapid increase of the number of people infected by Covid-19 was recorded alongside a rise in the number of related deaths. The limited availability of mass testing and contact tracing became a challenge for the government and the relevant institutions, hindering efforts to curtail the spread of the virus. Kosovo became a [high-risk destination](#) due to a growing number of new infections. This led to criticism over the handling of the situation by the Hoti government from the opposition parties, who noted the hardships of the already overloaded healthcare system.

The government continues to monitor the spread of the virus, anticipating a second wave. Wearing masks indoors and in public places as become mandatory during the major part of the pandemic outbreak. Moreover, restrictions on public gatherings in large numbers, and the requirement to maintain a certain distance have been imposed. Measures also included reducing public administration staff. Furthermore, elections in two municipalities were postponed due to the Covid-19 crisis and are set to be held by the end of November.

2.1. Parliament

Throughout this period, the role of parliament was curtailed. Once the parliament voted out the government led by Kurti, an unprecedented political situation unravelled. Kosovo is a young democracy and a newly established state thus still testing its constitution and building its democratic practices. In the past, when a motion of no confidence was voted on in parliament, political parties have expressed their readiness to have new elections, but this time around this was not the case. As a new situation, different positions were held by different political representatives over the possibilities available per the constitution. Nevertheless, until the constitutional court sorted out the situation, the role of parliament remained limited. While the caretaker government would take decisions regarding the handling of Covid-19 pandemic, parliament would not take any steps to exercise oversight over the government it had voted out.

The rules of procedures of parliament did not have any provisions for extraordinary situations like the one brought about by Covid-19, when holding online meetings became necessary. Even later, once parliament resumed its usual work, due to the lack of

political consensus the necessary changes were not made in the rules of procedure and electronic meetings are still [not covered](#). The political polarisation reflected in the work of parliament even after the formation of the new government led by Hoti, who has an unstable majority. This was reflected in the inability of the government to adopt the budget review for two months, which hindered the execution of the emergency package as well as preventing the passing of international agreements, which included agreements for economic support.

Despite the fact that the constitutional court had ruled that a new law was needed to regulate provisions regarding the handling of Covid-19, the lack of political consensus and political fragmentation caused a delay in the adoption of this law. The law on the prevention and response to the Covid-19 pandemic was proposed by six members of parliament together with the head of the parliament, Vjosa Osmani, and was finally voted on 14 August 2020.

During the pandemic, neighbouring countries established [green lanes](#) to facilitate the transport and trade of essential goods within the region: regional organisations such as the Regional Cooperation Council, the Transport Community and the CEFTA, were instrumental in responding to the Covid-19 crisis.

2.2. Health Sector

The government has adopted [a quasi-ad hoc](#) approach to addressing the Covid-19 pandemic, basing their actions on the information provided by the Kosovo National Institute for Public Health and the Ministry of Health as well as other supporting institutions. In the wake of SARS in 2013, a strategy was adopted, there were no new strategies adopted afterwards since that period.. Once the Covid-19 pandemic started, the healthcare system already faced a lack of the needed human and technical capabilities. This had become evident in a [2012–14 review](#), which had identified issues within the healthcare system encompassing the management level, human capacities and technical capabilities.

The National Institute of Public Health announced that there were only three microbiologists capable of conducting Covid-19 testing and that around 142 respirators were available in both the public and private sector, while new ones were announced to arrive as donations from international organisations. This information was spread to inform citizens of the situation and to get them to help the government prevent the spread of the virus. The government allocated 10 million euros after the outbreak of the pandemic for the Ministry of Health, while guidelines were prepared by the Ministry that indicated rules which had to be respected by citizens in order to prevent the spread of the virus.

As in other countries, doctors and health workers in Kosovo contracted the coronavirus. In July, it was stated that around 500 health workers had been infected while a number of them had also [died](#). This led to a fear that the health sector could collapse in the wake of large numbers of Covid-19 -affected patients to be cared for by an already limited medical staff. The minister of health took the decision to hire new medical staff to work in Kosovo's hospitals while volunteer staff were also involved.

An important element which came to the forefront during the pandemic was the [dual system](#) under which the health sector functions in Kosovo. Even after the independence, in parallel two systems co-exist in the country namely, the Kosovo system and the system of Serbia. Nevertheless, the decisions undertaken by the government would be respected [both systems](#).

2.3. Education

Part of the restriction measures included closing schools and universities, and remote schooling started for all levels. It has been argued that the latter decision could lead to a [persisting gap](#) in education. UNDP conducted a [survey](#) where the data showed that the majority of the respondents (96%) were able to attend distance learning classes regularly, but it has also been shown that the Roma, Ashkali and Egyptian (RAE) communities were not able to attend online classes in bigger numbers i.e. in the municipality of Ferizaj a [study](#) showed that 52% of the 828 Roma, Ashkali and Egyptian students were not able to attend the classes.

The online programmes were prepared and delivered by two ministries due to the still-existing dual school system in Kosovo, one which functions under the curriculum of the Kosovo government and the other under the Serbian government. Nevertheless, the government of Kosovo closed all the schools in all municipalities regardless of the [system](#) they function under.

For the new academic year beginning in September 2020, the Ministry of Education developed a three-stage plan which entailed the combination of in-person and distance learning. The plan was approved by the government on 26 August, where it was emphasized that the epidemiological situation was a significant factor. Moreover, a fund of [10 million euros](#) was allocated for education as part of the Package for Economic Recovery. Prime Minister Hoti has stated that there will be another 10 more million euros allocated to municipalities for handling Covid-19, some of which is earmarked for the education sector. On 14 September, schools were reopened. The situation is subject to change, depending on the spread of the virus in the country.

2.4. The Impact on the Economy

The immediate effects of the lockdown had a positive impact in curtailing the spread of the virus, yet its impact in the already fragile market of Kosovo was negative, directly [affecting the private](#) sector's ability to operate.

The government of Kosovo made a budgetary re-allocation in response to the potential threats posed by Covid-19. The government passed the [Emergency Fiscal Package](#) on 30 March 2020 in the amount of 180 million euros, or 2.5% of the 2019 GDP. The package was intended to support affected business, including informal employment, and offer social protection for the most vulnerable households. The package was meant to help alleviate an economic downturn, rather than maintaining or inciting economic growth. The measures were thought to be an appropriate immediate response, but the private sector called for firmer support.

The cost of Covid-19 has been felt by the business sector. According to official data from the Kosovo Business Registration Agency (KBRA), between March and September 2020, 507 businesses were closed. The president of the Alliance of Kosovar Business (AKB) has stated that the number of [closed businesses](#) is much higher, since not all businesses are registered. It has been estimated that up to 1,000 businesses have closed in Kosovo in 2020.

Once businesses were closed due to the national lockdown, the unemployment rate started to soar. Many people lost their jobs, while a great number of them registered as unemployed. Nearly half of the jobseekers registered April 2020 alone were women. A [nationwide survey](#) was conducted to assess the social and economic impact of Covid-19, which indicated that 62% of the population faced a decrease in paid work hours, but also that they were still employed during the outbreak period.

The government started to reopen the economy, but things could not completely return to normal due to the remaining imposed restrictions. On 18 June, the government [adopted](#) the draft Law on the Revision of the Budget, where it also predicted a 3% shrinkage of the GDP. Nevertheless, it took two months for the budget review to pass in parliament due to a lack of needed votes, hampering the implementation of the government's fiscal package. While in August it approved a [365-million-euro package](#) for economic recovery, which was aimed at offering financial assistance to businesses, creating jobs and stimulating aggregate demand. Despite the fact that even August was considered a delayed measure, the package made its way to parliament [five times](#) but was not passed. The draft law finally [passed](#) after its seventh review. Parliament also ratified the EU Macro-Financial Assistance loan agreement worth 100 million euros on 14 August. The latter was intended to limit the economic fallout of the pandemic.

In April, the World Bank predicted that the economy of Kosovo would be contracted by 4.5% in 2020 as tourism, remittances, exports of good and FSI were predicted to

decrease due to travel restrictions and the effects of the pandemic. The IMF [predicts](#) a 7.5 % rebound in 2021. It is important to mention that the projections for 2020 were promising, with the World Bank Group [forecasting](#) 4% Gross Domestic Product (GDP) growth in 2020.

The [first half of](#) the year registered a change in the internal spending, where domestic consumption was oriented towards basic food products and public services, while businesses paid special focus to the digitalisation of services in order to continue work during the pandemic.

The [Kosovar diaspora](#) played an important role; they supported the domestic consumption remitting 526 million euros between² January and July 2020. This is an [increase](#) of 47 million euros from the same period a year ago.

Concerns over the potential misuse of funding and/or corruption were raised by civil society organisations, who emphasised the limited role of parliament in overseeing the decisions taken by the government. The Kosova Democratic Institute [called](#) for transparency and accountability during the design and implementation phase of the Covid-19 measures in order to avoid certain measures favouring specific sectors.

2.5. Judicial System

The effects of Covid-19 affected the work of the [courts and the prosecution offices](#) which functioned with reduced capacities since mid-March 2020, dealing only with urgent cases on issues related to juveniles, domestic violence, validation of detention etc. Concerns over the effects on trials was raised by the [country report](#) because the Criminal Procedure Code specifies that if no hearings are held for three months, then the related cases have to restart of the process. Emergency plans were developed by the Kosovo Judicial Council and the Kosovo Prosecutorial Council to prevent the backlog of cases and cases reaching their statutory limitations (including measures to return to work and come to virtual court hearings in individual cases). The Kosovo Judicial Council, Kosovo Prosecutorial Council, Bar Association and Justice Academy held regular online meetings and trainings.

3. Gender and Covid-19

The existing gender gap in Kosovo was further aggravated due to the spread of the Covid-19 virus. Prior to the pandemic, data indicated that there is no gender gap in education, in fact women register a higher level of education at the graduate level compared to men.³ Yet the stark difference remains at the [employment rate of women](#), which is 13.7%, compared to 45.9% amongst men, while the unemployment rate for 2019 was for men 22.8% and women 32.7%.

The [figures](#) showed that women represent half of jobseekers, while the pandemic was expected to affect them disproportionately due to the employment barriers and their existing economic inactivity. Moreover, a larger number of women are employed in the [informal economy](#) and it was noted that they could potentially have no access to the mitigating measures taken by the government. According to a survey conducted by UN Women Kosovo with UNDP and UNFPA Kosovo, it was concluded that the coronavirus would have major consequences in the spending power of women. The [survey](#) indicated that self-employed women and men were most affected by the lockdown measures, with 72% of self-employed women and 69% of men being affected.

According to the [Millennium Challenge Corporation](#), women in Kosovo spend around seven hours per day on unpaid domestic work (food preparation, childcare, home repairs) compared to men, who spend one hour and 10 minutes per day on similar work. Furthermore, as schools and daycare are closed, the share of unpaid care and domestic work increased for both genders, though affecting women more: 67% of women compared to 58% of men reported increased time spent on unpaid care work, and 71% of women compared to 59% of men reported increased time spent on unpaid domestic work. Moreover, women experienced more challenges in seeking health services, namely 58% (compared to 53% of men).⁴ Integration of gender perspective was requested by Kosovo Women's Network in order to avoid the further deepening of gender and social inequalities.

While the world closed down and decisions aimed at saving the lives of citizens were made, home became a place of greater peril for many women. Cases of domestic violence increased, and up to [550 women](#) were reported to have been admitted to shelters due to domestic violence during the pandemic. The isolation caused by the lockdown left women trapped in their homes with their abusers, while 'access to assistance [was] hindered due to limited functioning of institutions'.⁵ The government undertook measures to [protect](#) the female victims of domestic violence, such as an institutional campaign, exempted restriction of movement and ensured shelter for new cases of domestic violence. In [2019](#), 1,915 cases of domestic violence were reported, out of which 1,557 were against women and girls; the challenge remains the lack or scarce availability of specialized support services and shelters for female survivors of domestic violence.

4. The International Players in the Fight Against Covid-19 in Kosovo

In this time of crisis, the show of solidarity and aid between countries became a necessity. EU member states which were hit the hardest, like Italy, served as an example of the severity of the pandemic and the general mobilisation required to save lives and prevent the further spreading of the coronavirus. While there were critics of the reaction of member states' readiness to assist other countries, decisions were put in place that were oriented towards the assisting Western Balkan countries.

The review of the Kosovo Economic Reform Programme during 2020 was focused on the effective and well-coordinated structural reforms aimed at mitigating the impact of the pandemic and to 'accelerate the post-crisis economic recovery'.⁶ In April 2020, the EU declared that it was mobilising a package of 410 million euros in reallocated bilateral financial assistance to support the Western Balkans during the coronavirus emergency. In Kosovo, it allocated five million euros for immediate support for the health sector (to procure laboratory and protection equipment, including 30 respirators, five fully equipped ambulances and 400 hospital beds) and 78.4 million euros of support for social and economic recovery. Moreover, the EU launched a social media campaign aimed at offering informative tips on how citizens can protect themselves during the coronavirus pandemic. For Kosovo, the EU is Kosovo's biggest trading partner with a volume of 1.4 billion euros in 2019 and the largest provider of financial assistance to Kosovo.

In April, the International Monetary Fund (IMF) approved 56.5 million US dollars in financial assistance for Kosovo's urgent balance of payments under the Rapid Financial Instrument.

Through USAID, the United States contributed 1.1 million US dollars to support Kosovo in stopping further transmission of the virus and to help mitigate its impact; USAID provided 50 ventilators to Kosovo as well.

In October 2020, the British Embassy in Kosovo announced that it had joined forces with the UN and launched a project aimed 'at a series of integrated and inclusive health and education interventions' as a recovery response to the first wave of Covid-19 and to help alleviate potential vulnerabilities connected to future waves. The project was developed in consultation with the Ministry of Health and the Ministry of Education and called 'Return to (New) Normal in Kosovo', and is aimed at strengthening resilience through a safe and inclusive return to normality in health and education, and will be implemented until March 2021.

Aid was provided by several countries and international organisations. On 29 May, Austria donated 250 thousand euros for improving Kosovo's capacity in combating the pandemic. Germany donated six thousand coronavirus tests; Italy provided protective equipment; while Japan donated 718 thousand US dollars for expanding the capacities and improving the capabilities for handling the virus. In June, the [Qatar Charity](#) (QC) provided medical aid in the amount of 300 thousand US dollars to the Ministry of Health of Kosovo containing 6,500 coronavirus test kits and six ventilators. Switzerland [donated](#) 500 thousand Swiss francs; Norway donated 450 thousand euros. Turkey donated protective masks, protective suits and one thousand test kits; UNDP donated three thousand testing kits; and UNICEF donated 1.5 tons of medical aid.

5. Conclusion

As predicted, a second wave of Covid-19 has begun to affect the globe. The number of people infected with the virus is increasing by the day. Kosovo is not immune to the re-emerging struggle of preventing the spread of the virus, though its medical capabilities face hardships in responding to the ever-demanding needs. Hoping to curtail the spread of the virus, the government has already started to renew some of the old measures following regional and European trends. Yet admissions to hospital are rising and fear of the impact that the new wave and restrictions will have on the already hard-hit economy is mounting. Citizens have different opinions regarding a potential full lockdown, noting its potential negative impact on the employment rate and private sector, while the government continues to face struggles in passing the needed legislation on economic recovery in parliament due to the lack of votes.

The situation posed by the unpredictable developments related to the Covid-19 pandemic are not the only concerns of the people of Kosovo. As we head towards the cold winter, the potential internal political turmoil remains a concern. A fragile government which has an unstable majority in parliament, continuous fractures within the coalition partners and the need to elect a new president are only some of the issues with which the political system will have to deal with in the coming weeks and months. The persistent demands of the citizens requires a swift economic recovery, internal political consensus and cross-party cooperation in order to overcome these turbulent times.

The European integration of Kosovo still remains a dream since five EU member states do not recognize it as a state, so the need to nurture and build strong, everlasting relations remains crucial. The path to EU integration is linked to the EU-facilitated Kosovo-Serbia dialogue, where expectations are high for a final, legally-binding agreement which will solve all outstanding issues between the two countries. The need to build trust and credibility in the process remains crucial, as does the need for clarity in the goal of the process. The citizens of Kosovo will continue to expect the long-awaited visa liberalisation alongside greater assurances that their road towards real European integration will be provided. As the Covid-19 pandemic continues to persist, Kosovo will regard the EU and its member states as partners in ensuring access to the vaccines for its population.

Kosovo will also continue to nurture a close relationship with the new administration in the US which is expected to take office in January 2021, supporting its efforts in consolidating its international standing as well as the Kosovo-Serbia dialogue process.

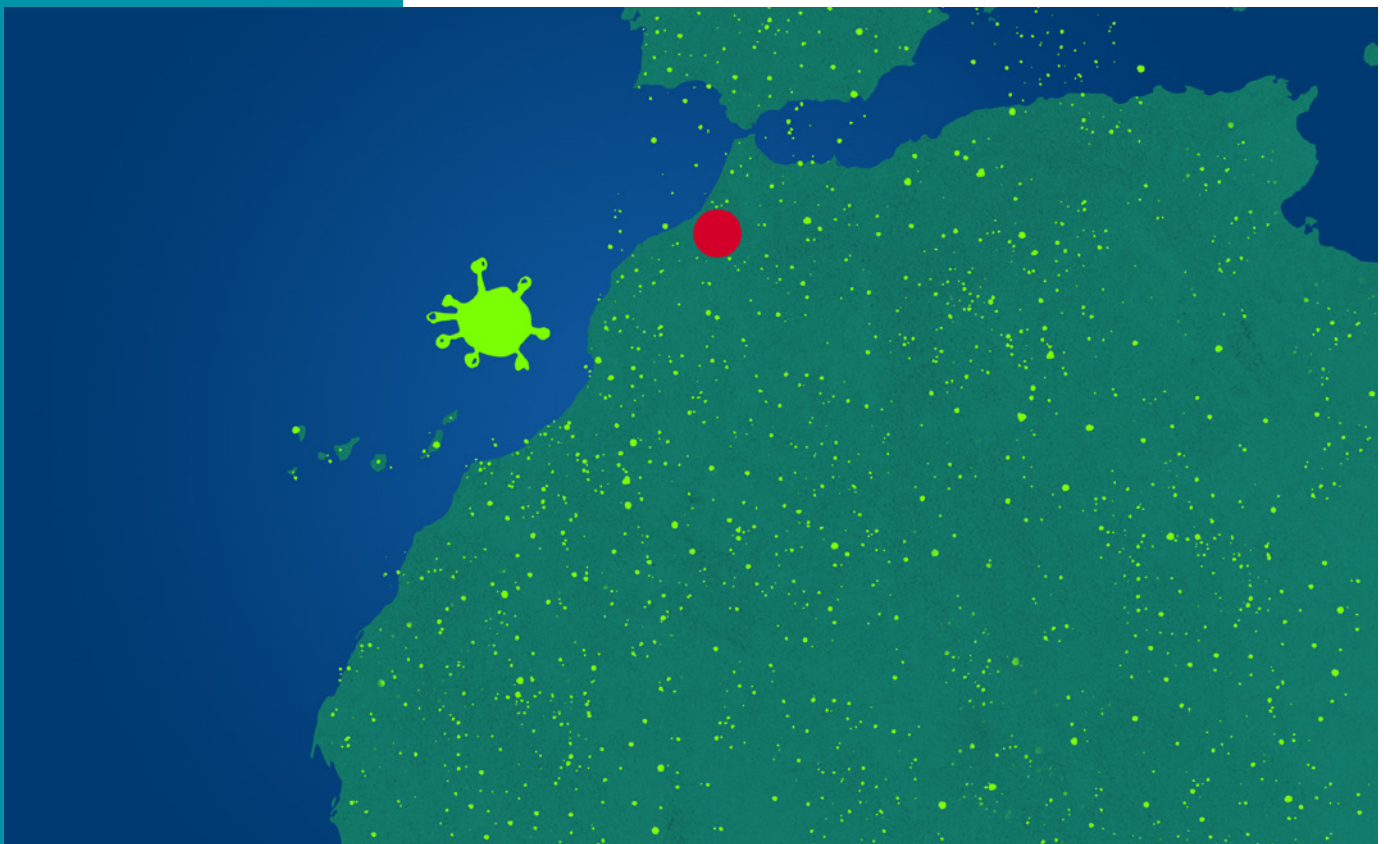
6. References

- 1 'Statement by the Embassies of France, Germany, Italy, United Kingdom, and the United States', 24 March 2020, <https://xk.usembassy.gov/march24st/>.
- 2 An estimated 800,000 Kosovars live abroad, many of them travelling back regularly to visit family and friends in Kosovo.
- 3 According to 2019 data, more female than male students registered in public and private universities; for more information on 2019 and previous years, check the publication of GAP Institute available at: <https://www.institutigap.org/publications>.
- 4 MCC Kosovo Labor Force and Time Use Study Research Report', Social Impact, February 2018, www.millenniumkosovo.org/wp-content/uploads/2018/11/MCC-Kosovo-Labor-Force-and-Time-Use-Study-Final-Research-Report-1.pdf
- 5 'Addressing Covid-19 from a Gender Perspective Recommendations to the Government of Kosovo', Kosovo Women's Network, 2020, www.womensnetwork.org/wp-content/uploads/2020/04/Addressing-Covid-19-from-a-Gender-Perspective_04_04_2020.pdf.
- 6 'Kosovo Commits to Implement Reforms in the Health, Economic and Social Areas Highlighted by the Covid-19 Pandemic Crisis, Says New Economic Reform Programme Adopted by Council of EU', EEAS – European External Action Service – European Commission, 20 May 2020, www.eeas.europa.eu/delegations/kosovo/79677/kosovo-commits-implement-reforms-health-economic-and-social-areas-highlighted-covid-19_en.

HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDY: MOROCCO



BY REDA ZAIREG

Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

AUTHOR

Reda Zaireg is a Moroccan freelance journalist. He started his career in 2013 as a journalist for TelQuel magazine. He then joined the newsroom of Medias24, then the Huffington Post Maroc. He has also collaborated with the Associated Press, Middle East Eye and Orient XXI.

Table of Contents

| | |
|---|-----------|
| 1. Bleak Prospects for the Economy | 6 |
| 2. Health: Rising Infection Rate, Exhausted Medical Personnel | 8 |
| 3. Politics: Minimal Democratic Improvement and Fears of Low Voter Turnout | 10 |
| 4. Gender Impact: More Challenging than Expected | 12 |
| 5. A Limited Multilateral Cooperation, but Support from Traditional Partners | 14 |
| 6. Conclusion | 17 |

Eleven months after the outbreak of the Covid-19 pandemic, Morocco is facing a multiple crises. The coronavirus has inflicted heavy damage to the national economy and also has affected society. Disparities have increased, poverty has gained ground and, several months after the end of one of the world's longest lockdowns, an important part of activity is still at a standstill.

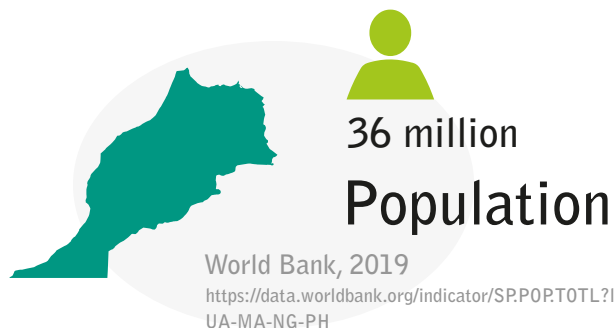
The crisis can act as a catalyst for change, and it has boosted some of the social programmes that have been planned for several years now, including the universalisation of social security. Nevertheless, the Moroccan state has to manage the situation with the means at hand: a reduced budget, lacklustre political institutions and a dirigiste approach which, while reflecting a strong resolve to get the country out of its rut, can hardly replace deliberative and consultative decision-making processes.

The prospect of holding elections in 2021 does not delight many people, and the fear of massive abstention looms over the political calendar.

Despite all this, Morocco is trying to cope with the situation, especially on the international level: the country is actively negotiating with its partners to boost investment and expects a relative rebound in 2021.

Overview

Covid-19 in Morocco



GDP per Capita

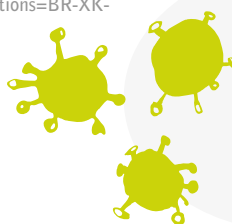
(in US Dollars)

3,204 \$



World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



Covid-19 Cases

353803

WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

970,07



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000

16,07



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

1,6%



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

4,5



Medias24, 2020

<https://www.medias24.com/covid-19-le-maroc-augmente-sa-capacite-a-3-000-lits-de-reanimation-equipes-8902.html>

1. Bleak Prospects for the Economy

With the slowdown in domestic economic activity, unemployment is likely to rise. It should exceed 13% by the end of the year according to the Department of Economy and Finance. The Moroccan economy lost nearly 600,000 jobs during the second quarter of 2020, which coincided with the implementation of strict confinement. When the confinement period came to an end, while hopes were rising for a steady recovery, the economy only slightly bounced back, primarily in agriculture and the secondary sector, and to a lesser extent in the tertiary sector. The expected number of corporate bankruptcies should hit close to 9,770 in 2020 - an increase of 16% compared to the previous year - but the overall picture of the scope and severity of the crisis will only become clearer in the first quarter of 2021, with a 25% increase in business failures, according to [an impact study conducted by Inforisk and the World Bank](#).

Besides the unemployment in formal sectors of the economy, a significant part of society is dependent on the informal economy, which accounts for more than 20% of the GDP and generates between 75 and 89% of the jobs in Morocco. Often non-contractual, earning irregular income and being excluded from the social security system, many informal sector workers face unemployment or short working hours and lower wages.

Poverty is also expected to rise rather alarmingly. According to [a strategy note issued in July by the Office of the High for Planning, the United Nations, and the World Bank](#), although Morocco has succeeded in reducing income poverty over the past 20 years from 15.3% in 2001 to about 4.8% in 2014, the trend is likely to be reversed. It is expected that this rate will rise to 6.6% in the current year. The percentage of people at risk of poverty or those already poor will increase from 17.1% of the population in 2019 to 19.87% during 2020, which means that an additional 1.05 million people will be affected by monetary poverty.

Against this background, the Moroccan state implemented several incentives, subsidies and aids, targeted at specific economic sectors and population groups. In March 2020, King Mohammed VI announced the creation of a special fund dedicated to the upgrade of medical infrastructure, the support of the national economy, the preservation of jobs and the mitigation of the social impact of the pandemic. This fund collected more than 2.7 billion euros from public and private contributors. Financial subsidies ranging from \$80 to \$120 (ca. 68 to 102 euros) per month were provided to 4.3 million households earning income from the informal sector, but this aid alone proved insufficient to alleviate the economic impact of the coronavirus crisis on these populations. Businesses, on the other hand, are benefiting from stimulus packages, tax rebates and are expected to take advantage of a two-year tax exemption for youth recruitment in 2021.

In August, Mohammed VI introduced an economic stimulus package of over 11 billion euros (11% of GDP) to support the productive sectors and SMEs, industrial restructuring, emerging and high-value sectors, infrastructure, agriculture and tourism. This support will be provided through a strategic investment fund as well as a system of loans guaranteed by the state, from which 20,000 companies have already benefited, for an amount of nearly 2.5 billion euros. Then, in October, the King announced a plan to expand the scope of social security coverage, with the aim of extending medical coverage by the end of 2022, followed by the generalisation of family allowances, compensation for job loss and retirement pensions.

With all these measures, the Moroccan state's social expenditures are expected to significantly increase, to the extent that [2021's budget bill](#) provides for more than 3 billion euros of additional spending, for 1.8 to 2.3 billion euros less in tax revenue. For the current year alone, the budget deficit reached nearly 4 billion euros, or 7.6% of GDP, versus 2.6 billion euros for the same period in 2019. To meet its needs, Morocco would have to resort to international borrowing, at the risk of increasing its debt ratio. Since the outbreak of the crisis, Morocco has heavily relied on aid and international loans. The country has lent more than 2.2 billion euros and has drawn 3 billion dollars on the International Monetary Fund (IMF) precautionary and liquidity line. Consequently, the overall public debt is forecast to rise from 80.5% of GDP to 91.7% in 2020, before experiencing an expected slight decline in 2021, to 91.1% of GDP, according to Bank Al-Maghrib.

2. Health: Rising Infection Rate, Exhausted Medical Personnel

[In recent weeks, the infection rate has been steadily rising.](#) While the infection level had remained at a fairly low level during the confinement, which lasted from March to July, Morocco crossed the 1,000 cases per day mark at the end of July, and infections increased by 157% in August, compared to the first five months of the pandemic. Throughout September, the number of active cases fluctuated around the 20,000 range, with an average of 2,035 cases per day, before rising to 25,000 active cases in October, with an average of 3100 cases per day. But these rather low figures should be tempered because, with 160,000 tests per week, Morocco's diagnosis and tracing capabilities do not match the actual contamination levels. Only those who develop a sufficiently evidential pattern of symptoms, as well as those who have been in close contact with them, are tested. Otherwise they are simply encouraged to self-isolate. A tracking application has been developed by the Health Department, but it is little used and so has only an irrelevant or marginal usefulness.

A seroprevalence study conducted by the Health Ministry between March and August 2020 revealed a prevalence rate of 700 per 100,000 inhabitants, whereas the incidence rate identified over the same period through standard diagnosis was only 172 per 100,000 inhabitants. However, this high seroprevalence rate can be explained by sampling bias (blood donors are healthy urban adults, and are not representative of the general population), [as highlighted by the Moroccan news website Medias24.](#)

Nevertheless, at this stage, Morocco is managing the pandemic risk to some extent. To make up for the lack of hospital bed capacity, several field hospitals have been set up in different cities. Despite this, the health system is periodically overwhelmed in some towns and districts, leading to the enactment of partial and temporary confinement measures, along with a change in the care protocol (home-based monitoring and treatment for the mildest cases), with the aim of easing the strain on hospitals. But fears of a surge in contaminations persist, in particular due to a waning of the public's vigilance and a slackening in the implementation of preventive measures.

The advent of winter flu could make the situation worse. As World Health Organization (WHO) Director-General Tedros Adhanom Ghebreyesus warned in June, 'the co-circulation of Covid-19 and influenza may worsen the impact on already overburdened health-care systems', and cause 'a combination of problems, including the reassignment of staff and supplies and overloading of laboratories'. Winter influenza could not only overwhelm the diagnosis capacity of laboratories and hospitals due to the overlapping symptoms of the two diseases, but it could also contribute to the spread of SARS-CoV-2. [A study by the Max Planck Institute in Berlin and the Pasteur Institute in Paris](#) estimates that

winter flu may increase coronavirus transmission by a factor of 2 to 2.5 when the two diseases co-circulate. To reduce this risk, Morocco is launching a large flu vaccination campaign at the end of October, free of charge for the poorest populations.

With 0.7 doctors and 1.3 nurses per 1,000 inhabitants, Morocco can hardly afford an upsurge in cases. Already overworked and exhausted by a several months-long campaign to control the coronavirus, doctors and nurses are mending the failures of the health-care system. They have been mobilised since February and often lack the appropriate resources, both for diagnosis and treatment, and for protection (masks, gloves, sanitizer, etc.), and are subject to a heavy workload and a high risk of contamination. They are calling for an improvement in their working conditions and an increase in wages, which have not been raised in 14 years: a public hospital doctor begins his career as a resident with a pay of 280 euros per month, rising to 740 to 800 euros once he is a certified doctor. The maximum salary ranges from 1,500 to 1,700 euros per month. Failing to secure an increase in salaries and improvements in work conditions, [the Independent Union of Public Sector Doctors is now threatening to resort to protest actions](#).

3. Politics: Minimal Democratic Improvement and Fears of Low Voter Turnout

On a broader level, the risk of social unrest should not be minimised under the present circumstances. [The coronavirus crisis has amplified economic and social disparities](#). In some localities, the impact and constraints linked to the pandemic (restrictions on mobility, reduced working hours, shutdown of certain activities, etc.) combine with already existing structural problems (poverty, unemployment, difficulties in access to healthcare, supplies, etc.).

In addition to cyclical and 'routine' protests, conducted for several years now by organised groups whose use of public space has become trivialised (unemployed university graduates, trade unions, associations, etc.), new categories are now hitting the streets, especially in peripheral areas, but also in large cities: shopkeepers, street vendors and farmers in Kelaat Seraghna; families who have not benefited from state aid in Ezzhiliga; caterers, waiters, orchestra musicians and sports hall managers demanding the resumption of their activities in Tangier. Some demonstrations are banned by the authorities, while others, unplanned or more spontaneous, are monitored once they happen. Overall, the demands primarily relate to state aid and to regulations restricting or even prohibiting specific occupational activities during the pandemic. These demands are regularly addressed in negotiations between local authorities and protest groups.

While the local authorities, who fall under the umbrella of the Ministry of the Interior, play a key part in managing the crisis, elected local officials only fulfil a limited role. The Covid-19 crisis has been met with a centralised approach, to the detriment of local administrations (regions and communes). In 2015, Morocco implemented new laws designed to grant more powers to communes and regions, as part of a new policy of advanced regionalisation. With the dominance of the central authorities in managing the crisis, Morocco's regions are losing momentum. Even though 2020 was once envisioned as the year when further progress in regionalisation was to be made, some politicians complain today about the 'marginalisation' of the elected councils and call for the process to be put back on track. In this regard, [the Moroccan Association of Presidents of Communal Councils \(AMPCC\) calls for a reform of the law](#), in order to enhance the financial, managerial and political autonomy of the elected councils. They also call for a more specific definition of the scope of action of elected officials and local authorities, as well as a clearer division of powers and responsibilities between the two authorities. [The Interior Ministry later pledged to bolster its support for advanced regionalisation](#), primarily through budget transfers and support for local programs, as part of the contractualisation process between the State and regions.

The same applies to the political sphere. The Moroccan executive is characterised by a dichotomy between a prevailing monarchy and an elected government made up of a coalition of six political parties and technocrats directly appointed by the king. In both the elected institutions (parliament, etc.) and the government, political parties find themselves downgraded in the management of the crisis in favour of ministerial departments and public institutions and administrations headed by appointees of the king (Ministry of the Interior, Ministry of Economy, police, etc.), thus strengthening the idea that the political sphere is not the decision-making arena, which could lead to a high abstention rate in the 2021 elections. In turn, political parties have very little substantive expertise on public governance issues, and have often succumbed to a form of 'voluntary or involuntary divestment' of major public issues in favour of the monarchy and the technocrats appointed by the king, leading to strong 'institutional disenchantment' amongst the citizens, as institutions appear to be of little overall utility in the conduct of public affairs.

Regarding the human rights situation, NGOs point to restrictions on civil liberties, noting that despite laws guaranteeing them, many civil liberties are constrained in practice. The decree-law on the state of health emergency punishes contraveners with one to three months in prison and/or a fine of 30 to 130 euros. During the lockdown period, 81,489 people were arrested for infringements of the state of health emergency, according to an April assessment by the Directorate General of National Security (DGSN). Of these, 42,967 were brought before the public prosecutor's office. 95% of them were tried while not in custody, while 4.83% were placed in detention. According to official data, those who were held in custody were detained primarily because they committed other crimes (theft, drug trafficking, or violence against law enforcement officials) in addition to violating the state of health emergency. Those arrests typically occurred in popular, often overcrowded neighbourhoods where large families share a single house, making it difficult for family members who were accustomed to occupying the premises at different times of the day, to coexist with each other.

By the beginning of May, 80 individuals accused of spreading false information about the coronavirus were prosecuted. One of them, 'Mi Naima', a well-known Moroccan YouTuber, was handed a one-year prison sentence for a video in which she claimed that the coronavirus did not exist. Her sentence was later reduced to three months in prison, and she has since been released. Activists and citizen journalists were also arrested for violating the provisions of the state of health emergency.

4. Gender Impact: More Challenging than Expected

Since the onset of the coronavirus crisis, NGOs have expressed concern about the rise in domestic and family violence. The domestic environment is a prime site of abuse, with nearly 6.1 million women affected, according to the 2019 national survey on violence against women by the Office of the High Commissioner for Planning (HCP).

'In households with domestic violence issues, when isolation or quarantine strategies are deployed, the risk of such violence tends to increase, as does the risk of sexual exploitation. Covid-19 is likely to be responsible for similar trends, as the experience of the Ebola and Zika epidemics has demonstrated by revealing increased rates of domestic violence', [UN Women said in a note on the impact of the epidemic on women and girls in Morocco](#). The UN agency cites early data from China that 'suggest that the Covid-19 epidemic has had a significant impact on rates of domestic violence, tripling the number of cases reported to local police in February 2020 compared to the same period the previous year'.

Due to the reported increase in violence against women during the state of emergency, the Public Prosecutor's Office issued a memo urging prosecutors to give priority to addressing complaints from women victims of violence. NGOs established helplines and hotlines for abused women, some of which provide legal support.

Despite all these measures, lawsuits were unusually low during the confinement, so much so that the volume of complaints filed by abused women between March 20 and April 20, at the peak of the lockdown, was ten times lower than the monthly average. The Public Prosecutor's Office attributed this decline to 'the stability of the Moroccan family, its harmony and its natural commitment to peaceful coexistence, despite the challenging circumstances that the Kingdom is currently experiencing'.

The reality proved to be different. According to data collected by the Union of Feminist Action (UAF), a feminist organisation that runs several support centres in Morocco, domestic abuse has indeed risen, but only 35.05% of the victims assisted by the NGO have filed complaints against their partners for acts of violence. 7.21% of them filed for divorce, and 4.12% fled the marital home to seek refuge with their families or neighbours.

The impact of the pandemic on women cannot be solely limited to the increase in domestic abuse. It takes different forms and is manifested in diverse aspects. [In recent studies](#), the Office of the High Commissioner for Planning (HCP) has highlighted some of the gender-related implications of the coronavirus crisis.

The congestion of the public healthcare system has significantly reduced women's access to sexual and reproductive health services. Regarding access to general medical treatments, women have been more disadvantaged than men: out of all female-headed households with one or more members suffering from common diseases, nearly 47.5% did not have access to health services, compared to 37.9% for households headed by men.

Women and men are also differently affected by the psychological effects of the Covid-19. [According to an HCP survey](#), women are more affected by sleep disorders than men (26% versus 23%), anxiety (51% versus 49%) and depression (9% versus 6%).

The over-representation of women in jobs related to health and care services overexposes them to the coronavirus and substantially increases their risk of infection, according to the HCP: women represent 58% of the medical staff and 67% of the paramedical staff (nurses and technicians).

A survey conducted by UN Women and the HCP shows that only 10% of women who lost their jobs or suffered a loss of income benefited from state or employer financial support, whereas 35% of men did. The public aid compensated 39% of men's income, compared to only 20% for women.

Domestic burdens increased during the confinement period, weighing more and more on women, who spent an average of 4 hours and 27 minutes a day on them, versus 45 minutes for men.

With the exception of a few HCP and UN Women surveys, the specific gender impact of the coronavirus has yet to be fully investigated. A key issue is the lack of gender-specific indicators in national statistics.

5. A Limited Multilateral Cooperation, but Support from Traditional Partners

Since the outbreak of the pandemic, Morocco has broadened its portfolio of partnerships to tackle the coronavirus. Early on, Morocco sought China's expertise and secured a partnership for vaccine development, to ensure that it would be one of the first countries to benefit from it in adequate quantities.

The European Union, Morocco's main trading partner, has provided the most substantial assistance during the pandemic. Morocco benefits from an advanced status among the EU's neighbouring countries, and as such enjoys a high level of cooperation.

Various aid packages geared towards mitigating the economic, health and social impact of the outbreak have been delivered or promised by the European Union in favour of the country, for a cumulative total of 450 million euros. The European Investment Bank has, for its part, approved a 200-million-euro loan to Morocco. This significant funding, allocated to Morocco's national pandemic response plan, helped the kingdom cushion the effects of the Covid-19 crisis.

On December 2, Germany granted a € 1 billion aid package to Morocco, aimed at "mitigating the social and economic consequences of the Covid-19 crisis". This financing "should provide a prompt and significant contribution to the management of the Covid-19 crisis in Morocco, to the sustainable transformation of the Moroccan economy and to the further development of green energy," according to [a statement by the German Federal Embassy in Morocco](#).

Now Morocco has its focus on the economic rebound of the European continent and seeks to benefit from the opportunities that it can offer. In early October, a videoconference between European Commissioner for Neighbourhood and Enlargement Olivér Várhelyi and several Moroccan ministers provided an occasion for both sides to discuss possible synergies in their respective economic recovery plans. Representatives of the Moroccan government made suggestions regarding a partnership for a 'shared competitiveness' between Morocco and the European Union in several high-priority areas.

Morocco's aim seems to strengthen cooperation with the European Union in order to benefit from the economic recovery of the continent, without this recovery being at the country's expense through a relocation process of some industries. The prospect of a forthcoming overhaul of the European Neighbourhood Policy, which is on the political agenda of the European Union, may motivate Morocco to renegotiate its place and role with the EU.

On December 1st, during a visit to Morocco by Oliver Varhelyi, [Morocco's Minister of Economy and Finance Mohamed Benchaâboun](#) officially called for the European Union's support to the [Mohammed VI Investment Fund](#), a fund that was created to oversee the kingdom's economic recovery. Mohamed Benchaâboun suggested that the European investment would help the diversification of Europe's supply sources, as part of a redesign of global value chains due to the Covid-19 crisis. Varhelyi pledged support, and promised a new "detailed economic plan for bilateral partnership" by next spring.

Besides the pursuit of many ongoing programmes and projects with the EU, Morocco appears to be eager to expand its partnership range. [The Green Deal envisioned by the European Union to achieve carbon neutrality by 2050](#) seems to appeal to Morocco, which would like to increase its investment in green energy and generate a payoff in the process.

Morocco's economic and policy agenda with the United States is different. Relations between Morocco and the United States, while stable, especially in their security and military aspects, are intertwined with diplomatic and political agendas that are heavily dependent on shifts in the US administration.

US support for Morocco during the pandemic was relatively modest. By March, the US government raised \$670,000 from the US Agency for International Development's (US-AID) to support efforts to contain the spread of Covid-19 in Morocco. In April, the US Defense Threat Reduction Agency donated protective equipment to frontline Moroccan healthcare workers.

Cooperation between the two countries appears to be more focused on security and military aspects, and to a lesser extent investment promotion. Many US officials, including Secretary of Defense Mark Esper, have visited Morocco in recent months to help modernize the Moroccan military capacity, enhancing Moroccan military capacity, and supporting Morocco's role in maintaining regional stability. US officials also called for a new roadmap for defence cooperation between the United States and Morocco.

Faced with significant economic challenges during the economic recovery phase, Morocco is likely to be in demand for US investment. In October, a US government delegation, led by US International Development Finance Corporation (DFC) Chief Executive Officer Adam Boehler, visited Morocco to expand US investments in Morocco and to promote resiliency following the Covid-19 pandemic.

Being an active player in several international organisations, Morocco appears to be disappointed by the very low contribution of multilateral bodies in the management of the pandemic.

The coronavirus raised significant challenges that many countries faced on their own. This situation led to some disillusionment towards multilateralism in the eyes of the Moroccan diplomacy. 'Multilateral bodies such as the UN must today be strengthened, be more effective and get rid of the rhetorical and political anaphora', [Morocco's ambassador to the UN Omar Hilale](#) told the newspaper [Maroc Diplomatique](#). 'There was obviously a

lack of dialogue between States when dealing with the multidimensional effects of the pandemic. This is a huge shortfall for multilateralism during the Covid-19 crisis', he remarked.

The Moroccan ambassador to the UN is also concerned about the rise of nationalism and isolationism in several countries. 'Within the UN, many countries have taken unilateral decisions throughout this crisis, at a time when policy choices should be conducted in a more concerted and unified approach by international actors.' For the ambassador, these issues, symptomatic of a multilateralism crisis would be better resolved in order to rebuild multilateralism on a more pragmatic, supportive and sustainable ground.

According to Hilale, the pandemic has the potential to provide an opportunity for international relations. 'International solidarity was given a new impetus during the pandemic, and was boosted by Covid-oriented financing and calls for donations, mainly to help treat patients and prevent new contaminations.' In the mid-term, the ambassador hopes that this international experience will be 'a driving force for strengthening not only health systems and medical cooperation, but also international solidarity in the face of global tragedies linked to migration, climate change, famine, extreme poverty and violations of human rights'. In short, lessons learned from managing the Covid-19 should provide guidance on how to balance international cooperation against other equally compelling global issues.

As chairman of the humanitarian affairs segment of the UN Economic and Social Council (ECOSOC), in June [Morocco launched a call for action](#) that received support from 171 countries and two regional organisations, the European Union (EU) and the African Union (AU). This call urges increased cooperation to control and contain the pandemic through effective measures and prompt and flexible funding, without such funding replacing or diverting resources allocated to other humanitarian needs unrelated to Covid-19.

The call also encourages member states to closely cooperate with the United Nations, facilitate the flow of humanitarian assistance and presses for compliance with the UN Secretary General António Guterres' appeal for a global ceasefire.

It is rather unusual for a Moroccan diplomat to speak publicly on such an issue. This reflects Morocco's high hopes for international actors to help address the global pandemic crisis. A country highly dependent on its international environment, both in terms of aid and loans as well as investments, Morocco sees the current lack of cooperation as a missed opportunity that would have helped it and other developing countries to share the cost of the crisis.

6. Conclusion

Provided that Morocco succeeds in maintaining the infection rate within manageable levels, the main challenge ahead is economic recovery: getting the economy back on track, regenerating jobs and attracting investment are at the top of the country's priorities.

During the current economic recovery phase, [Morocco seems to seek greater integration in the game of global trade](#). The pandemic has exhausted the state budget and, given the country's plans for heavy spending in 2021, may seek to raise resources from international funds in the coming year. Taking into account the quite volatile social climate and its associated risks, the new social policy that the country plans to implement appears to be a priority and will require substantial funding.

Assuming that Morocco hopes to bind itself to Europe's economic recovery, the country is likely to be impacted by the recession of its main trade partner. But as long as manufacturing relocation remains 'pure advertising', the economic impact is not likely to be severe, says Selin Özyurt, senior economist at Euler Hermes-Allianz, in [an interview with the news website Le360.ma](#). The economist believes that the present context offers medium and long-term opportunities for Morocco, particularly with regard to Europe's ecological transition, as Germany has already begun investigating opportunities for green hydrogen production in Africa.

[In the eyes of Ahmed Azirar, research director at the Institut Marocain d'Intelligence Stratégique \(IMIS\) think-tank](#), the reconfiguration of value chains in Europe, if it does not entail manufacturing relocation, could provide an opportunity for Morocco, as European manufacturers may wish to reduce their exposure to Southeast Asia by investing in a nearby geographic hub.

On the political level, the minor involvement of institutions and elected bodies in the handling of the Covid-19 crisis could lead to a high abstention rate in the upcoming elections. The weak citizen adherence to politics has negative effects: widespread distrust in representative institutions, disaffection for institutional politics and, ultimately, a proliferation of social movements. The idea that conventional politics are definitely deadlocked and unlikely to spark change is being strongly asserted in Morocco. The political sphere being one of the main mediating spaces between the state and society, its paralysis makes the street one of the only available platforms of expression for groups wishing to voice their demands.

Over the past three years, Morocco had the chance to assess the shortcomings of its development policy, as well as the implementation constraints affecting various social programs. The country's new social agenda, if it does not necessarily translate into an

improvement in the living conditions of millions of Moroccan families, should at least provide them with social safety nets.

Morocco's efforts on gender issues remain very limited and need to overcome many obstacles, notably due to an under-diagnosis of the true extent of the problem, as the scarcity of gender-disaggregated data illustrates. The mobilisation of feminist NGOs which, thanks to their activism, have managed to put this issue on the public agenda, should receive more institutional support.

Finally, the health system is facing structural problems (such as a lack of financing and equipment) that only a thorough and far-reaching reform can resolve.

■■ HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

■■ HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDY: NIGERIA



BY NNIMMO BASSEY

Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

AUTHOR

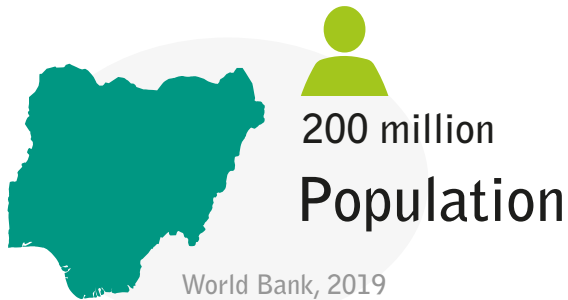
Nnimmo Bassey, architect and writer/poet is director of the ecological think-tank, Health of Mother Earth Foundation (HOMEF) and member steering committee of Oilwatch International – a network resisting the expansion of fossil fuels extraction in the Global South. He was chair of Friends of the Earth International (FoEI) (2008-2012) and Executive Director of Nigeria's Environmental Rights Action (1993-2013). He was a co-recipient of the 2010 Right Livelihood Award also known as the "Alternative Noble Prize." In 2012 he received the Rafto Human Rights Award. His books include *We Thought it Was Oil, But It was Blood – Poetry* (Kraft Books, 2002), *I will Not Dance to Your Beat – Poetry* (Kraft Books, 2011), *To Cook a Continent - Destructive Extraction and the Climate Crisis in Africa* (Pambazuka Press, 2012) and *Oil Politics – Echoes of Ecological War* (Daraja Press, 2016).

Table of Contents

| | |
|--|-----------|
| 1. What Existing Domestic Challenges Are Being Amplified by the Pandemic? Which New Challenges Have Arisen Because of the Pandemic? | 5 |
| 1.1. Accentuating the Healthcare Crisis | 6 |
| 1.2. Policing the Lockdown and the Rise of Rights Abuses | 7 |
| 1.3. Social Welfare Gaps | 8 |
| 1.4. A New Wave of Corruption | 9 |
| 2. What Is the Situation of the Health Sector? | 11 |
| 3. How Does Your Country Trace Infections? | 12 |
| 4. Will the Pandemic Have Lasting Political Effects? | 13 |
| 5. Do You See Gender-related Effects? | 14 |
| 6. How Could the Actions of the United States Be Helpful in Alleviating the Challenges Your Country Faces? | 15 |
| 7. How Could the Actions of the European Union Be Helpful in Alleviating the Challenges Your Country Faces? | 17 |
| 8. Which International Organisations Are Most Relevant for Your Country in This Situation and What Do You Expect of Them? | 18 |

Overview

Covid-19 in Nigeria



World Bank, 2019

<https://data.worldbank.org/indicator/SP.POPTOTL?locations=BR-XK-UA-MA-NG-PH>

GDP per Capita

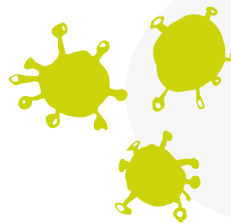
(in US Dollars)

2,209 \$



World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



Covid-19 Cases

67412

WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

33,54



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000

0,6



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

1,7%

John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

1



Reuters, 2020

<https://graphics.reuters.com/HEALTH-CORONAVIRUS/AFRICA/yzdpxoqbdvx/>

1. What Existing Domestic Challenges Are Being Amplified by the Pandemic?

Which New Challenges Have Arisen Because of the Pandemic?

Nigeria recorded its first official case of coronavirus on 27 February 2020. A citizen of Italy who had travelled from Europe to Lagos, Nigeria, is believed to have brought along the virus. Immediately after, a Nigerian who had come into contact with the index case also tested positive. The infection then spread rapidly and by the end of the sixth week after the initial case, had reached almost all 36 states in Nigeria. At the end of September 2020, Nigeria [had](#) 58,647 confirmed cases of Covid-19 and 1,111 deaths, though it is widely believed that the figures are much higher. The Nigerian Centre for Disease Control, a federal government agency under the supervision of the federal Ministry of Health, does not appear to have the capacity to effectively track exposures and carry out tests. As of 12 October 2020, only 553,037 [tests](#) have been conducted in the whole of Nigeria, a country of nearly 200 million people.

The pandemic should not have taken Nigeria by surprise. Since the first human case of Covid-19 was discovered in Wuhan City, China, in early December 2019, the world has become more aware of the threat the virus posed as well as the ease of its spread. The [World Health Organization](#) almost immediately released guidelines to help countries stay safe, curtail the spread of the virus and ensure that the welfare of their citizens is guaranteed. Guidelines established by the WHO include protocols for social distancing, use of personal protective equipment, contact tracing, care for patients, required preventive hygiene and patient isolation. Despite the efforts and the relatively late index case, the pandemic caught Nigeria unexpectedly and deeply challenged the country's health-care, policing and welfare systems.

1.1. Accentuating the Healthcare Crisis

Nigeria has arguably one of the worst healthcare systems in the world: more than half of the population of the country have no access to primary medical care and depend instead on self-help and unregulated traditional medical practices. One reflection of the poor healthcare system in Nigeria is the measure of life expectancy. According to a 2019 report by the World Population Review, life expectancy in Nigeria ranges [between 53 and 55 years](#). In the ranking of 202 countries, Nigeria beats only four other countries to emerge 198th, performing better than only Sierra Leone (199th), Chad (200th), Lesotho (201st) and Central African Republic at 202nd.

In maternal death statistics, Nigeria accounts for [nearly 20%](#) of all global maternal deaths. According to the World Health Organization, in 2015, the maternal mortality ratio for Nigeria was over 800 maternal deaths per 100,000 live births, with about 58,000 maternal deaths. In simple terms, a woman in Nigeria has a 1 in 22 risk of 'dying during pregnancy, childbirth or postpartum/post-abortion'. The emergence of Covid-19 significantly stressed the health sector, creating a fresh set of challenges. The modest resources which the sector receives from national and sub-national budgets had to be spent on responding to the new challenges engendered by the outbreak. For instance, many sub-national governments reapplied allocations for primary healthcare into the purchase of ventilators, which were in dire shortage at the outbreak of the pandemic. Reports indicate that as at April 2020, [16 out of Nigeria's 36 states](#) had only 169 ventilators. Resources were also channelled into creating emergency isolation centres that were not previously budgeted for.

At the height of the initial pandemic, around May 2020, other routine medical services were halted. Immunization activities as well as pre and post-natal activities stopped altogether. Health facilities and health workers were simply not equipped with the type of equipment necessary to protect themselves in order to attend to other health service deliveries. As the disease spread, resident doctors in the country embarked on a strike protesting failure of the government to provide personal protective equipment as well as payment of a statutory hazard allowances [despite promising to do so](#). The strike action further amplified the health crisis in Nigeria and the weakness of government responses. It also amplified the debilitating conditions of practicing as a health professional in Nigeria, a major reason Nigerian health workers are constantly searching for opportunities to [leave the country](#).

1.2. Policing the Lockdown and the Rise of Rights Abuses

The first response of the Nigerian government to the outbreak of the Covid-19 pandemic was the enforcement of an initial two-week lockdown on 30 March 2020, to take effect in two Nigerian states – Lagos and Ogun – and the federal capital territory, Abuja. The lockdown included the restriction of all human and vehicular movement except those on essential services, a restriction on the opening of businesses, a total shutdown of schools and near total shutdown of government services. This lockdown was again extended on 13 April. In all, the lockdown remained in place for about three months before it was relaxed. As of October 2020, there is still a midnight to 6 a.m. curfew all over the country.

Enforcing the restriction of movement has given rise to widespread abuses by law enforcement officers. The emergence of Covid-19 and the need to enforce restrictions and other protocol has given rise to a new set of human rights challenges in Nigeria. Operating under the pretext of emergency actions to push back the spread of the virus and enforce health and safety regulations, there has been notable rise in cases of human rights abuses and repression, while attempts to seek redress for these abuses have been dismissed. Authorities responsible for enforcing the protection of rights consider these abuses necessary fallouts of enforcing various restrictions against the spread of the coronavirus.

On 15 April 2020, barely two weeks after the introduction of restrictions, Nigeria's Human Rights Commission – a federal government established and funded [human rights watchdog](#) – reported that it had already received 105 complaints of rights violations, including 29 extra-judicial killings, violation of rights of movement, unlawful arrest and detention, seizure or confiscation of properties, extortion, sexual and gender-based violence, discrimination, torture and inhumane and degrading treatment.

Individual states are also making emergency laws and establishing executive orders ostensibly for ensuring social distancing and other safety measures in response to the pandemic. However, some of these laws and executive orders contain clauses that allow the local government to infringe on fundamental rights, which has happened in several cases. The Ebonyi State Coronavirus and Other Dangerous Infectious Diseases and Related Matters Law 005 of 2020 [was cited](#) in the arrest of a journalist with the Sun newspapers over a report [he](#) wrote. The law, which principally deals with the restriction of movement, social gatherings, transportation or movement of essential supplies, such as food, water and pharmaceuticals, also criminalises the dissemination of false information about the coronavirus and other infectious diseases. The later provision offers opportunities for the government to easily arrest and detain journalists doing their jobs.

In Rivers State, a similar order allowed the government to demolish two hotels it accused of breaking Covid-19 restrictions. In other cases, task forces with unlimited powers are set up to enforce restrictions. These ad hoc agencies are accused of whipping, arresting and even killing while enforcing Covid-19 guidelines.

In Delta State, Michael Ikeogwu, Chairman of Nigeria Union of Journalists (NUJ) and Mathew Omonigho, the Daily Post's correspondent in the region, were assaulted by security operatives attached to the state Covid-19 Task Force when they tried to cover the abuse of residents of the Uvwie Local Government Area whom they accused of violating the [state lockdown order](#).

Notable organisations have reported that human rights abuses have increased significantly in Nigeria on account of the Covid-19 pandemic. In April 2020, Aljazeera reported that Nigerian security forces [killed 18 people](#) during curfew enforcement. This was higher than the casualties of the pandemic at the time. Amnesty International Nigeria [warned](#) that the Nigerian authorities must ensure that human rights are upheld in the fight to curb Covid-19. Action Aid Nigeria also raised concerns that the enforcement measure have been abused by some law enforcement officers in Nigeria and perpetuate severe human rights abuses, inflicting hardship on vulnerable citizens, [especially women and youths](#). Reports indicate that women are more vulnerable to these abuses than men. During the pandemic period, there has been an unexpected increase in sexual-based violence against women, [mostly](#) by their spouses. Women have also been deliberately targeted by [law enforcement officers](#) for abuse. The pandemic has thus clearly created opportunity for increased human rights infringements.

1.3. Social Welfare Gaps

A key challenge which the outbreak of the pandemic has created is the need for a social welfare system for Nigerians. The emergency lockdown by the national government in selected places was followed almost immediately with state-wide lockdowns by sub-national governments which restricted access to markets, businesses, farms and other sources of livelihood. The immediate outcome of this was a drastic hunger crisis. In April 2020, three weeks into the lockdown, [construction workers](#) in Lagos embarked on a protest asking the government to lift the restrictions and allow them to return to work. It is important to note that their key concern was that they work and get paid on a daily basis, but the lockdown effectively translated into zero income and livelihood. While the protest was principally by construction workers, the sentiments expressed reflected the mood in the entire country.

In 2018, a report by the World Poverty Clock revealed that Nigeria had overtaken India to become the [world poverty capital](#), meaning it had overtaken India to become the country with the highest number of poor people. According to the report, 86.9 million Nigerians now live in extreme poverty, representing nearly 50% of the population. By

April 2019, a few months after the initial report, new figures revealed that the number of extremely poor Nigerians had increased to 91.5 million people. By October 2019, a mere six months later, the same organisation released a report that a further 2.9 million Nigerians had been pushed [below the poverty line](#), indicating that 94.4 million Nigerians live in extreme poverty. With the breakout of Covid-19 and the reduced national productivity, the existing problem of extreme poverty is likely to have increased alarmingly. According to the World Bank, before the pandemic, the number of poor Nigerians was expected to increase by about two million, mainly on account of the [quickly expanding Nigerian population](#), but as a result of Covid-19, that number will now increase by seven million.

With the lockdown, restriction of movement and the curtailing of economic activities, a more immediate and desperate problem of poverty emerged. For the majority of citizens, staying at home meant an increase in the chance of starvation and possibly death. The response of national and sub-national governments to this existential crisis was to hurriedly put in place emergency welfare packages, ostensibly to support the most vulnerable Nigerians who were hit hardest by the restrictions. For a country that has never instituted any citizen support welfare programme, this was a daunting challenge, made even more daunting by the threat of Covid-19. For reasons of entrenched systemic challenges, the palliatives hardly reached the intended beneficiaries. After six weeks of lockdown, many Nigerians began breaking the protocols and resumed their search for their livelihood. Governments were forced to follow suit and relax the lockdown and restrictions.

By July 2020, most of the Covid-19 emergency measures had all but disappeared. While officially the health and safety measures, including the use of face masks in public places, social distancing and even the curfew remained, actual compliance and enforcement was almost non-existent. 'Normalcy' had returned.

1.4. A New Wave of Corruption

The distribution of measures to support the most affected families was immediately overtaken [by fraud and widespread corruption](#). It was revealed that most of the food materials procured through government emergency contracts, or direct procurements, for distribution were [either never procured or were outrightly stolen](#). In reality, the need to support vulnerable Nigerians created opportunity for a new wave of corruption which may be continuing.

Faced with the outbreak of the pandemic and the crash in the price of crude oil, in April 2020 the Nigerian government requested and received an International Monetary Fund [\\$3.4 billion emergency assistance](#) under the Rapid Financing Instrument to support efforts aimed at addressing the severe economic impact of the Covid-19 shock and the

sharp fall in oil prices. This was just the first in what became a series of cash and in-kind donations to the federal and sub-national government by corporate entities, individuals and charities. The Nigeria Minister of Finance announced on 6 April that the Nigerian government was seeking to borrow around \$7 billion from international lenders – including \$3.4 billion from the IMF, \$2.5 billion from the World Bank and another \$1 billion from the African Development Bank – [to tackle the impacts of Covid-19](#).

The donations were mainly to support medical efforts, including the building of isolation centres as well as the procurement of equipment and welfare support for Nigerians. It is reported that the EU donated \$54 million to the Nigerian government, the United Nations donated 50 ventilators and personal protective equipment worth about \$2 million, the government of Germany donated €26 million, the United States Agency for International Development (USAID) proposed 'new funding for Nigeria for prevention and mitigation of the novel Coronavirus (COVID-19), that has reached \$21.4 million', and the Chinese Chamber of Commerce donated \$107,000. It is also believed that the private sector in Nigeria [has also made donations](#) to the federal government worth an estimated 27 billion Naira as at June 2020. Unfortunately, the mood of philanthropy may have created an opportunity for a new wave of corruption which continues to attract concern. Several frontline organisations have continued to [demand accountability](#) for how public resources were and are being expended by national and sub-national governments.

Beyond the human rights, economic and health challenges that have emerged and become exacerbated by the Covid-19 pandemic, another critical sector that the pandemic has impacted is education, where the lockdown has caused a major disruption.

2. What Is the Situation of the Health Sector?

For many decades, the health sector in Nigeria has continued to decline as successive governments at the national and sub-national level increasingly lose interest. In April 2001, heads of African governments, concerned with the appalling health indicators for the African continent, gathered in Nigeria's capital Abuja and adopted a [resolution](#) to allocate a minimum of 15% of their annual budgets to the health sector. Most of the countries, including Nigeria, never bothered to get to the target. In 2018, for instance, the Nigerian national health budget was 340.46 billion Naira, representing just 3.96% of the overall budget. In 2020, only 427.3 billion Naira, representing [4.5% of the national budget](#), was allocated to the health sector. The effect of this systemic neglect has been damaging. Nigeria currently has a doctor to patient ratio of 1:2,753, which translates to [36.6 medical doctors per 100,000 persons](#). As bad as this distribution is, it is getting worse.

A recent survey conducted by NOI Polls and Nigeria Health Watch and published as 'Emigration of Nigerian Medical Doctors' reveals that over 80% of Nigerian medical doctors are currently seeking work opportunities [abroad](#), desperately waiting for the opportunity to leave the country. Nigeria's political elite have responded to the country's healthcare crisis through medical tourism. Every year, tens of thousands of Nigerians, mostly the elite, leave the country to get medical care outside the country, spending as much as [\\$1 billion in 2019 alone](#). This health tourism has perhaps inadvertently had a negative impact on any real effort to fix the broken healthcare system.

Nigeria has some of the worst healthcare indicators on the globe, a situation being reinforced by various factors such as mismanagement and increasing brain drain in the sector. Interestingly, at the height of the Covid-19 pandemic, 58 Nigerian trained medical doctors attempted to migrate to the United Kingdom, after being recruited by NES Health Care, a UK-based firm that helps over 150 private hospitals to employ doctors [from around the world](#).

3. How Does Your Country Trace Infections?

Nigeria's infection tracing system has been mostly ineffective, with a limited success rate. When an individual tests positive for Covid-19, the protocols in place require that the individual documents all places visited and contacts they had. Thereafter, the Nigeria Centre for Disease Control initiates processes to locate all those on the list, including those they too have been in contact with. On paper this seems like a simple, workable system. In reality, however, contact tracing is difficult, chiefly due to some Nigerian peculiarities. There are no comprehensive databases containing key information about Nigerians. It is almost impossible to move from the video image or name of a possibly infected person to the person's mobile number and address, and actually establishing contact.

Tracing the spread of infections has been made more difficult by the fact that Nigerians refuse to support the efforts. According to Nigeria's Presidential Task Force Committee on Covid-19, Nigerians are refusing to assist in [contact tracing](#) due to fear and stigmatization. People who have recovered from the infection or have been tested for it are stigmatized and avoided. Unfortunately, many Nigerians have the erroneous belief that those infected remain infectious.

Given the fact that the available health infrastructure is simply not enough, and Nigeria's testing capacity is greatly limited, when individuals exposed to Covid-19 are eventually found the health professionals only admit those who have exhibited symptoms of the virus for testing and treatment. Others to whom they may have been exposed are only advised to self-isolate and are educated on the symptoms [to look out for](#). No tests are conducted on them. The weakness in this system of infection tracing is that the majority of Nigerians appear to be asymptomatic and show no signs of the infection, even though they may be able to infect others. It is widely believed that by the [end of April 2020](#), many more people had become infected than the records of the NCDC claim.

Another major limitation to infection tracing is the fact that for some odd reason, sub-national governments view low-infection figures in their states as a mark of their good performance in the health sector. Some states deliberately refuse to test patients and when they eventually do, they refuse to make the results public. In Cross River State for instance, the government continued to insist that the state had no infections for months after the first case was recorded in Nigeria. To maintain this facade, the state deliberately refused to conduct tests and trace contact of people who had showed significant symptoms. It took the intervention of the state branch of the Nigeria Medical Association [to compel](#) the government to change its approach of denial.

4. Will the Pandemic Have Lasting Political Effects?

The potential lasting political effects of a pandemic that disrupts as much as the Coronavirus has are difficult to predict with any reasonable measure of certainty. While the economic effects are more immediate and predictable, the political impacts tend to be more silent and may take longer time to unfold. However, tumultuous events that test the efficiency and integrity of systems tend to leave a trail of disruptions, revelations and new thinking. In Nigeria, preliminary evidence suggests that [the trust and confidence of citizens in government institutions](#) has significantly dwindled during the pandemic. There has also been a marked decline in how citizens perceive public officials and political office holders. This may already be having an effect on Nigeria's democracy. Since the initial scare of the pandemic receded and Nigeria eased the lockdown, there have been two important sub-national elections that were marred by widespread voter apathy and low turnout. Some analysts believe this is traceable to the pandemic and government response weaknesses. In the same period, there have been at least two public protests where citizens have participated massively across cities demanding immediate reforms. There are reasonable grounds to believe that the experience of the pandemic, the government's inadequate response and non-existent support system have negatively affected the confidence of Nigerians in political institutions as well as trust in political leaders. This could have dire consequences for Nigeria's democracy.

5. Do You See Gender-related Effects?

As previously stated, the outbreak of the Covid-19 [pandemic](#) and the restrictions it gave rise to have resulted in increased human rights abuses in Nigeria. Evidence indicates that women are more vulnerable to these abuses than men. During this time, there has been an unexpected increase in sexual-based violence against women. Key women's rights civil society organisations report that since the lockdown was instituted, there has been an increase in the number of incidences of gender-related abuses. The most common [gender-based violence](#) reported has been 'spousal violence, landlord-tenant violence, neighbour-to-neighbour violence, and parent-children abuse. Others are home-owner-house help violence, boyfriend-girlfriend violence, violence on widows, police-sex worker violence, police-citizen violence, visitor-caught-in-lock-down child rape'. Similarly, in Lagos State, the government-run Domestic and Gender Violence Response Team reports that it has been inundated with increased reports of sexual and domestic violence since the lockdown began.

In some cases, women have also been deliberately targeted by law enforcement officers for abuse. On 28 July 2020 in Rivers State, a woman was arrested by for not wearing a facemask while travelling on a public transport bus. One of the arresting officers [took her](#) to a guest house where he raped her after threatening to kill her. This and other cases highlight a new pattern of abuse targeted at women.

6. How Could the Actions of the United States Be Helpful in Alleviating the Challenges Your Country Faces?

As of 24 April 2020, the United States government, through USAID and the Department of State, has already provided up to \$21.4 million for the prevention and mitigation of Covid-19. According to information made available by the US Embassy and Consulate in Nigeria, a good part of the assistance is for [supporting key activities to control the spread of Covid-19](#) including 'rapid public-health information campaigns, water and sanitation, and preventing and controlling infections in health-care facilities'. USAID assistance has included support extended to the Nigeria Centre for Disease Control to enable it send one million mobile phone text messages a day to Nigerians in vulnerable places. In August 2020, the US government through the US Consulate and Embassy in Nigeria also [donated 200 ventilators](#) to support Nigerian health facilities in combating the pandemic.

Clearly, the United States has extended critical support to the health sector, which has contributed to bolstering the ability of Nigeria's health institutions to respond to the challenges associated with Covid-19. However, records indicate that direct support to the Nigerian government in any particular sector hardly translates into actual improved performance in those sectors. For instance, a five-year 'Support to Anti-Corruption in Nigeria' project financed by the European Union and implemented by the United Nations Office on Drugs and Crime (UNODC) [in cooperation with the](#) United Nations Development Programme (UNDP) provided support to 14 government agencies with a view to enhancing their operational capacity as well as improving inter-agency coordination. Overall, the project aimed at reducing the prevalence of corruption in Nigeria and bettering the negative indicators. Despite the investment in the project, Nigeria's corruption remains the same and may actually be worsening. The same patterns of challenges have been associated with other support extended to the Nigerian government and their agencies.

A critical provision in the context of the Covid-19 pandemic and the challenges it poses would be in supporting the Nigerian healthcare system in directly developing systems for monitoring the spread of the pandemic, tracing infections, preventing the spread and conducting tests. The systems currently in place for achieving these are weak and outdated. For efficiency to be developed in this regard, the system has to embrace technology in monitoring and tracing. This is even more important at this time, when the spread of the virus is believed to have long entered the community spread phase.

The coronavirus pandemic exposed deep problems in the Nigerian healthcare system. Nigeria's secretary to the federal government, Boss Mustapha, declared his shock at how bad the healthcare system in the country was. According to him, he only [discovered](#) this after he had been appointed chairman of the Presidential Task Force on Covid-19. Part of the problem has been the appalling lack of attention the government accords the health sector. The revelations engendered by the pandemic present an opportunity for civil society organisations and other non-state actors to embark on research and advocacy aimed at ensuring that the challenges in the sector are addressed. One way would be to launch a campaign aimed at ensuring that Nigeria implements the African Union 2001 'Abuja Declaration' under which Nigeria and other African countries pledged to commit at least 15% of their annual budgets to improving their health sectors.

To address other challenges which have been exacerbated by the pandemic and the social restrictions occasioned by it, including corruption, human rights abuses and the abuse of women and girls, support to civil society organisations with experience in those areas would be invaluable. Holding public institutions accountable for their performance in this period will go a long way in rebuilding the confidence of citizens in the structures and institutions of the state.

7. How Could the Actions of the European Union Be Helpful in Alleviating the Challenges Your Country Faces?

Like the United States, the European Union has also extended backing to the Nigerian government to support its effort against Covid-19. In April 2020, the [EU gave the Nigerian government](#) a grant of €50 million to support efforts to contain the spread of Covid-19. Foreign missions of various EU countries have also continued to support Nigeria in its fight against Covid-19. As previously stated, however, previous records indicate that donations to the government in Nigeria have not always had the desired impact. Beyond supporting citizens' organisations within Nigeria to advocate for improved accountability and delivery of services, EU support can also be instrumental in demanding increased investment in the health sector as well as act as a stimulus for the many businesses that have been affected by Covid-19. In March 2020, [Nigeria's central bank](#) floated a credit relief of \$136.6 million to support small and medium-scale businesses that had been hard hit by the pandemic. This support went a long way in helping businesses get back on their feet. Such disaster funds from the EU could be instrumental in Nigeria's overall recovery from the effects of the pandemic.

8. Which International Organisations Are Most Relevant for Your Country in This Situation and What Do You Expect of Them?

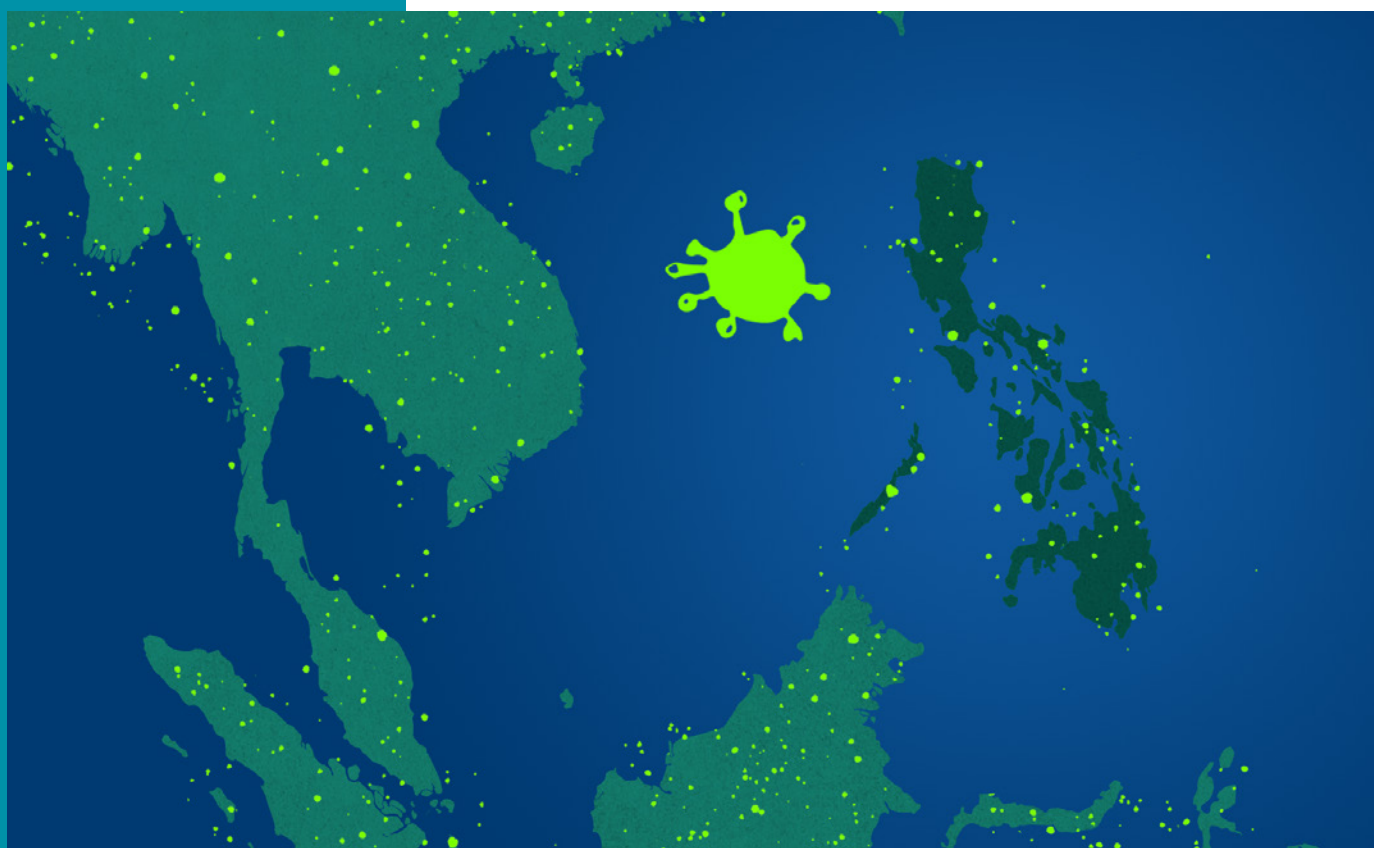
Beyond the broad challenges that have been triggered by the Covid-19 pandemic, the situation nonetheless provides an opportunity for Nigeria to force paradigm shifts in some sectors. The spotlight on the health sector for instance provides an occasion to drive new investment in strengthening primary healthcare systems in the country through increased budgetary provisions as well as recruitment, training and other development activities.

Overall, Nigeria needs to embark on a detailed and far-reaching reform of the health sector, principally focusing on ensuring that all citizens have access to services that are available and affordable, and that the system is sustainable in the long run. In this regard, international organisations like the World Health Organization and the United Nations Development Programme can be helpful in supporting the articulation of frameworks and policy advocacy efforts towards restructuring the Nigerian health sector.

HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDY: PHILIPPINES



BY RENE E. OFRENEO

Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

AUTHOR

Dr. Rene E. Ofreneo is a Professor Emeritus of the University of the Philippines, the country's premier university. He is the former Dean of the University's School of Labor and Industrial Relations. He served as Undersecretary for Labor Relations of the Department of Labor and Employment in 1997-98, at the height of the Asian financial crisis.

Dr. Ofreneo is one of the leading scholars on labor relations and labor market studies in the Philippines and in the Asia-Pacific. He sits in the editorial board of several international journals. Among his international publications are: *Asia and the Pacific: Advancing Decent Work Amidst Deepening Inequalities* (Singapore, 2013); and *A Toolkit for Labour Law Reform Advocacy* (Singapore, 2011).

Dr. Ofreneo is an advocate of sustainable development. His book *Green Jobs and Green Skills in a Brown Philippine Economy* was published by the International Labor Organization in Geneva in 2010 and by the University of the Philippines Press in 2012. The book was used by the Philippine Senate as reference material in drafting a bill on "Green Jobs" in 2015. The bill was signed into law in March 2016.

Dr. Ofreneo writes a weekly column, "Laborem Exercens", for *Business Mirror*, a daily business newspaper.

Dr. Ofreneo is President of three Philippine civil society organizations: Freedom from Debt Coalition, Integrated Rural Development Foundation and Philippine Movement for Climate Justice.

Table of Contents

| | |
|--|-----------|
| 1. Part I: Taming Covid-19: A Costly Containment War in the Philippines | 5 |
| 1.1. The Quarantine Programme | 5 |
| 1.2. Major Reasons for the Failure to Flatten the Curve | 7 |
| 1.3. Failure of an Ailing Health Sector | 8 |
| 1.4. Positive Medical Outcomes | 10 |
| 1.5. Full-Blown Health and Economic Crisis: Social and Economic Consequences | 11 |
| 1.6. Conclusion: Rebuilding the Health Sector and Economy | 14 |
| 2. Part II: Waging the Philippine Battle Against Covid-19: What Can the US, EU and UN Contribute? | 16 |
| 2.1. Introduction | 16 |
| 2.2. The Future of Philippines-US Relations in Covid-19 Times: Still Uncertain | 17 |
| 2.3. Philippines-EU Relations in Covid-19 Times: Tying Assistance to Respect for Human Rights | 19 |
| 2.4. On Covid-19 Assistance from Japan and China | 20 |
| 2.5. Finally, Can the UN System Help the Philippines? | 21 |
| 3. Guide to Different Acronyms | 23 |

Overview

Covid-19 in the Philippines

GDP per Capita

(in US Dollars)

3,485 \$



World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



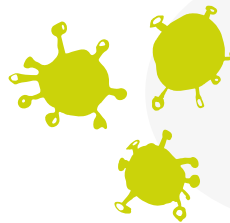
108 million
Population

World Bank, 2019

<https://data.worldbank.org/indicator/SP.POP.TOTL?locations=BR-XK-UA-MA-NG-PH>

Covid-19 Cases

429864



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

397,59



WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Deaths

per 100 000

7,85



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

Fatality Rate

1,9%



John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>

ICU beds

per 100 000

1,26



WHO, November 30th, 2020

https://www.who.int/docs/default-source/wpro---documents/countries/philippines/emergencies/covid-19/who-phl-sitrep-43-covid-19-7jul2020.pdf?sfvrsn=5ed3307c_2

1. Part I: Taming Covid-19: A Costly Containment War in the Philippines

In 2019, the economic planners of the Philippines could not hide their glee: the country was projected to 'graduate' in 2020 to the category of an 'upper middle-income economy' based on a per capita gross national income of at least US \$4,000 (World Bank's classification). The Philippines as Asia's rising star!

And then Covid-19 came. Today, with 2020 about to end, the buoyant picture of a surging Philippine economy has been replaced by the image of a country unable to find its way out of a terrible health and economic crisis. This paper is a brief documentation of how the Philippines got stuck in this crisis and why the government has failed to flatten the curve.

1.1. The Quarantine Programme

A harsh lockdown. To contain the spread of the Covid-19 virus, the government declared a national quarantine programme. The quarantine came in the form of a strict lockdown baptized by the Inter-Agency Task Force for the Management of Emerging Infectious Diseases (IATF) as the 'enhanced community quarantine' or ECQ. The ECQ requires those below 21 years old and those above 60 to stay at home. Those in the 21 to 60 age category are also forbidden to go out except for those accessing essential goods and those allowed to work in critical industries, such as hospitals. Under ECQ, the following are shut down: factories, businesses, offices, schools, Churches and public and private transport. In short, the ECQ paralyses the economy and immobilises the population in the area where it is in force.

The first case of Covid-19 infection in the Philippines involved a visiting Chinese national, reported on 30 January 2020. On 16 March an ECQ was declared for the whole of Luzon, which is home to more than half of the national population of 110 million. Luzon includes Metro Manila and accounts for 70 per cent of the GDP.

To implement the ECQ, President Rodrigo Duterte mobilised the police and military. A National Task Force Covid-19 (NTF Covid-19, or NTF for short) was constituted to serve as the implementing partner of the IATF. The NTF is headed by a former Chief of the Armed Forces, General Carlito Galvez. The NTF is backed up by the Department of National Defence (DND), the Department of Interior and Local Government

(DILG) and the Department of Social Work and Development (DSWD). All three agencies are all headed by former military generals.

A rolling programme. The ECQ was originally planned to last one month. The IATF kept re-extending the ECQ in Metro Manila and in select regions, provinces and cities in the three island groups of the Philippines – Luzon (Northern Philippines), Visayas (Central Philippines) and Mindanao (Southern Philippines) till the end of May 2020.

In June, the ECQ was tweaked into a 'modified ECQ' (MECQ) for Metro Manila. The MECQ allows limited revival of business and limited mobility for workers so long as social distancing (at least one metre apart) and the wearing of masks is observed at all times. However, public transportations – tricycles, jeepneys, buses and railways – remained forbidden.

For areas with low Covid-19 infections, the IATF and NTF came up with two quarantine programs: general community quarantine (GCQ) and modified GCQ (MGCQ). The GCQ allows people to go out of their homes (except those below 21 years of age and above 60) and take public transport so long as social distancing is observed. The MGCQ allows the full resumption of office and business activities and 50 per cent resumption for entertainment, sports and religious conferences.

Thus, in the second half of 2020, the NTF has four quarantine programmes – ECQ, MECQ, GCQ and MGCQ – for different regions, provinces and cities. These are declared on a rolling basis, which means a resurgence in infections in a city or province can mean the return of that city or province to the strict ECQ or modified ECQ.

The Covid-19 surge. Despite the strict ECQ in the March–May period, the Covid-19 curve kept rising. The spread of the virus is generally blamed to the returning overseas Filipino workers (OFWs) and the returning workers and families stranded in Metro Manila and other regions during the ECQ.

On OFWs, the Department of Labour and Employment (DOLE) reported that as of August over 600,000 OFWs had been displaced from work and were seeking assistance from the government. The repatriation process is nightmarish given the cost and complexity of arranging return flights. However, the government succeeded in having 200,000 repatriated.

As to the stranded workers and families, the IATF and NTF were helpless on how to deal with them. The number of stranded in Metro Manila and various other regions was estimated to be over four million. Many were hungry, homeless and desperate to return to their original hometowns. And then one 'super-spreader' event happened end of July, after the ECQ in Metro Manila. Close to ten thousand stranded in Metro Manila were allowed to gather in one big stadium (Rizal Stadium). Eventually, most reached their

respective provinces without being tested and with no prior notices to the local government units (LGUs) of destination hometowns. One LGU mayor angrily [questioned](#) why there was no coordination with the LGUs regarding the return of the OFWs and the stranded.

In the third quarter, the number of cases rose rapidly, reaching 100,000 in August and 300,000 in September. [In October, the Philippines overtook Indonesia as the ASEAN country with the greatest number of Covid-19 cases.](#) The Philippines also landed briefly in the top 20 of the world. But by the end of October, the Philippines relinquished the title of number one back to Indonesia, after accumulating over 380,000 cases.

In summary, the government failed to stop the invisible enemy despite the long and harsh quarantine programme it has unleashed on the people and the economy.

1.2. Major Reasons for the Failure to Flatten the Curve

There are several reasons for the government's failure to flatten the curve despite a harsh lockdown in the March–May period and the rotating quarantine programmes in the succeeding months.

First, the government acted late on the threat of the pandemic. The Duterte administration took a lackadaisical attitude to the Covid-19 threat during the first two and a half months of the year when the whole world was already questioning why China failed to share timely and complete information on this new global menace. Note that the first Philippine case was detected at the end of January, and yet the government did not declare the ECQ till the middle of March.

Second, IATF had no unified vision of how to deal with the contagion. The IATF and NTF had difficulty balancing the implementation of the national quarantine programme. Officials in charge of economic policy sought a speedy 'return to the normal', while the health and epidemic specialists advised caution in the relaxation of quarantine rules. There were intense debates within the IATF. Proof: the resignation of the Economic Planning Secretary Ernesto Pernia from the cabinet and IATF in April over '[policy differences](#)' and [the resignation in June of Dr Tony Leachon, as medical adviser/consultant to the IATF and NTF.](#)

Third, the government approach was top-down and militaristic. An epidemic that spreads from community to community requires closer cooperation between the national government and the LGUs as well as involvement of community-based civil society organisations (CSOs).

The poor communication-coordination between the national government and LGUs in relation to the returning OFWs and stranded workers became a major reason for the spread of Covid-19 infections. The militaristic IATF also frowned on LGU initiatives

deemed non-conforming with the IATF protocols. For example, one [LGU mayor was reprimanded](#) when he allowed tricycle drivers to operate to enable the small producers to move goods and the ordinary consumers to get needed supplies. Such strictness cannot prevent desperate urban poor to go out and move around inside and outside their community.

As to the civil society movement, the pandemic situation created an opportunity for CSOs, volunteer groups and civic and religious associations to provide grassroots relief and spiritual-psychological assistance to the vulnerable. And yet, the IATF allowed only the CSOs accredited by the government and the police/military to interface with the communities.

And then on 3 July the government enacted the 'Anti-Terrorism Act of 2020' (Republic Act No. 11479). Many CSOs protested over the timing, the intent of the law and the broad definition of '[terrorism](#)'. CSOs argue that the law provides the police and military the ability to arrest CSO leaders by simply labelling them as terrorists.

1.3. Failure of an Ailing Health Sector

A fourth major reason for the failure to flatten the curve is the bad shape of the country's health sector and the system of health governance.

The Department of Health (DOH), which heads the IATF, was unprepared for the pandemic. The DOH did not use the early information on the global Covid-19 outbreak, already available in late January, as a means to prepare the bureaucracy and society for the pandemic. The Philippines, an attractive destination for thousands of Chinese tourists and workers under the Duterte administration, is also an attractive destination for the spreading global virus.

Like President Duterte, DOH Secretary Francisco Duque took a lax attitude towards the threat of the virus spread in the January–February period. The DOH merely issued public advisories, reminding everyone to observe good hygiene practices.

The IATF, chaired by Secretary Duque, recommended the lockdown in March. This was accompanied by another IATF recommendation: enactment of the P1.3 trillion (roughly US \$27 billion) '[Bayanihan to Heal as One](#)' Act. This law had four component programs: a) medical response to the Covid-19 threat (isolation and treatment of patients and granting of special benefits to the health workers); b) emergency amelioration assistance to the vulnerable; c) survival assistance to small businesses; and d) economic recovery plan.

On paper the Bayanihan law appears comprehensive. However, the Covid-19 surge quickly showed the weaknesses of the public health system, as reflected in the following:

Shortage of health personnel and facilities. The IATF launched the war against Covid-19 with a limited number of health personnel, limited facilities and limited funds.

The President of the Asian Development Bank (ADB), in his [report](#) (April 2020) to the bank's Board of Directors, wrote on the Philippines' extremely limited 'treatment capacity' for Covid-19 patients. The report mentioned there is only one (1) doctor for every 2,000 people, one (1) bed for 984 people, and 2.2 critical care beds with ventilators for every 100,000 people. Further, the Philippines, with a population of 110 million, had only 1,500 ventilators nationwide.

There were severe [shortages in protective materials](#) such as gowns, N95 masks, surgical masks, goggles, headcovers, gloves, shoe covers and coveralls. There was also only one testing laboratory at the beginning, the Research Institute of Tropical Medicine.

[The IATF also had to contend with the limited number of hospitals](#), 1,500 in all. Most of these hospitals, about 70 per cent, are in private hands.

Chaotic health governance. Given the foregoing background, the DOH and IATF went to war in an unorganised way, half-prepared and half-armed. The harsh national lockdown in the March–May period gave the DOH, IATF and NTF officials a golden opportunity to a) identify, test, isolate and treat Covid-19-infected people, including 'persons under investigations' (PUIs); b) trace and map the routes of Covid-19 spread in the different communities; and c) isolate the areas or communities where the Covid-19 virus was circulating. This opportunity was lost given the limited number of testing materials, laboratories, isolation facilities and so on, on top of the general unpreparedness of most hospitals, health personnel and the DOH itself.

The IATF had no clear strategy in containing the virus spread at the community level – except to rely on the enforcement of a harsh lockdown. Contact tracing and mapping were poorly done.

The DOH, a medical-civilian agency, has also adopted a top-down approach, that is minimal consultation with the people and unilateralism in policy imposition. In the Marikina City, the DOH stopped the opening of the LGU-initiated testing laboratory because [the project allegedly failed to meet DOH standards](#). The DOH forgot that it is the department's responsibility to share those standards before the project construction.

The DOH [had also been criticised](#) for favouring the importation of Chinese-made PPEs, masks and coveralls instead of supporting local manufacturers who expressed interest in producing such materials. Ironically, it was the DOH, during the early weeks of the ECQ, which encouraged these manufacturers to produce these protective materials.

As to the tracking of cases nationwide, this was missing at the beginning. It took DOH almost a month to develop its 'Dash Board'. Alarmed over the information gaps on how the virus was spreading nationwide, [researchers from academia came up with their own mathematical models to project the trajectory of the virus spread](#).

Weak DOH supervision and guidance aggravated the situation in most hospitals, which have become centres of infection. Over 1,200 [doctors and nurses got infected](#) during the first month of the ECQ!

After the ECQ in May, the outspoken amongst the frontliners voiced out their collective complaints: shortage of hospital personnel, long hours of work, lack of PPEs, low salaries and non-fulfilment by DOH of the benefits due to the frontliners under the Bayanihan law.

Corruption. To complete the picture on poor health governance, one must add the cancer of corruption gnawing at the government's health bureaucracy.

The issue of corruption at the PhilHealth Corporation (PhilHealth) hogged the newspaper headlines in the months of August and September, as a result of the online inquiries by the two chambers of Congress (the Senate and House) on the operations of PhilHealth, the DOH's financial partner in attending to Covid-19 patients. Under the Bayanihan law, PhilHealth was given P27 billion or [the lion's share](#) of the total P46 billion allotted to the health sector.

A whistle-blower bared the corrupt practices committed by top officials of PhilHealth. Congressional findings show how the PhilHealth president and [key officers defrauded](#) the nation of billions of pesos through questionable practices such as the releasing of cash advances to various hospitals without sufficient documentation and justification.

The two chambers recommended the firing of all key PhilHealth officials, including DOH Secretary Duque. However, [Duque was excluded by President Duterte from the list of those to be prosecuted](#) by the Department of Justice (DOJ). This raises questions of how much influence Secretary Duque has over the president and why Duque's poor management of the DOH's Covid-19 response has not received serious rebuke from Malacañang.

1.4. Positive Medical Outcomes

However, not all has been negative in the performance of DOH, IATF and NTF in the battle against Covid-19. Most of the officers, staff and medical personnel of DOH have laboured hard not only to counter the spread of the virus, but also to strengthen the country's health infrastructure and medical response despite [the IATF's confusing stand](#) on medical policy directions, Covid-19 data management and development strategies on how to combat the virus.

Some of the improvements in the anti-Covid-19 campaign were developed with the help of the WHO. It is a long list and includes the following: better risk assessment of health facilities and detention centres, strengthening of the surveillance and contact tracing processes, institution of programmes for the promotion of psycho-social well-being, capacity building in community-based interventions and social support, assessment of LGU capacity in contact tracing, online training in Covid-19 prevention and containment, social media messaging, procurement of PPEs for health workers, upgrading of laboratories to do real-time reverse transcription polymerase chain reaction, recalibration of PPE

requirements, building an information system to track essential Covid-19 commodities, conduct of field missions and promotion of public health measures people and communities can do on their own.

The WHO-DOH cooperation programme is clearly a blessing to the nation. The problem, however, is that it took the DOH months before the critical elements that should go into an integrated and coherent programme to combat Covid-19 were put in place. WHO's active guidance and assistance also came a bit late, mainly in April. Moreover, there are other measures or proposals to contain the virus spread that the DOH has failed to adopt, such as mass testing, which was aired by CSOs and netizens during the early months of the quarantine.

1.5. Full-Blown Health and Economic Crisis: Social and Economic Consequences

Covid-19 has spawned a full-blown health and economic crisis in the Philippines. The following socio-economic consequences arising from the crisis are worth highlighting.

First, a lockdown is an economic killer. The contraction of the economy was sweeping and immediate under the lockdown. The GDP, originally expected by economic planners to grow to over six per cent for 2020, [shrunk](#) by 16.5 per cent in the second quarter.

The impact on employment was also sweeping and immediate. The Philippine Statistics Authority reported that the national unemployment rate reached 17.7 per cent in April 2020, the highest since the end of the Second World War. Officially, more than seven million [workers had been displaced](#) during the first half of 2020. But an independent polling agency, the Social Weather Station, gave a much higher figure – 45.5 per cent [‘adult joblessness’](#) as of July 2020. This is equivalent to 27.3 million Filipino workers.

The lockdown locked out businesses and livelihoods, directly disrupting the lives and welfare of the majority. Those dependent on the economy's life-savers – overseas employment and call centre-BPO sector – have also been affected. The fast-growing service industries, such as retail/distribution, education, tourism, entertainment, real state, were all severely disrupted by the ECQ/MECQ/GCQ/MECQ. Both the domestic- and export-oriented industries were paralysed. The micro, small and medium enterprises (MSMEs) all went into a tailspin right after the declaration of the ECQ in March. These MSMEs constitute 99 per cent of the one million registered enterprises in the country.

It was only agriculture which registered positive growth in the first half of 2020. Due to the pandemic, many Filipinos realised the importance of growing plants. Note, however, that the sector, value-wise, is still small, accounting for less than nine per cent of the GDP in 2019.

Second, the flattened economy has renewed fears of another debt bomb. The fears were based on the Philippine debt experience in the 1980s, 1990s and 2000s. These were 'lost decades' as a result of the debt crisis in 1983⁸⁵ (default on external debt) and the ensuing 'debt penalty' imposed by the IMF-World Bank group and the Paris Club in 1986⁸⁷. The penalty consisted of the following: sustained debt servicing which ate up a large portion (sometimes over 50 per cent) of the annual national budget, government austerity in social spending and adoption of the neo-liberal '[structural adjustment programme](#)' (SAP) of trade-investment liberalisation which wiped out many domestic industries.

And yet, the Philippines managed to survive the 'debt penalty' and even succeeded in posting high growth rates in the last ten years. There are [three interrelated reasons](#): one, the debt servicing burden had gone down after decades of dedicated servicing; two, the economy has become a remittance-dependent economy due to the OFW phenomenon (over 10 million overseas Filipino workers remitting US \$3 billion a month); and three, the rise of the call centre-BPO sector due to the offshoring of online customer/business process services by American and European multinationals.

In 2019, the Philippines registered one of the lowest debt to GDP ratios in Asia and the world: 39.6 per cent. However, with Covid-19, the picture of a booming Philippine economy with a manageable debt stock suddenly disappeared. The government pre-Covid-19 programme for its annual borrowing is roughly P1 trillion (US \$20 billion). With the pandemic, the Department of Finance (DOF) admitted that the total borrowings for the whole year would triple, P3 trillion in all. As a result, the debt-to-GDP ratio of 39.6 per cent registered at the end of 2019 would now [swell](#) to 53.9 per cent by the end of 2020 and to 59.9 per cent in 2022.

Of course, sustained fiscal spending is needed to minimise deaths, hunger, economic dislocations, enterprise bankruptcies and job losses. But continuous borrowing is not sustainable economically if the economy is not growing as fast as before and if government tax revenues are declining due to a depressed economy.

Third, the lockdown made the informal workers and their communities very visible. The pandemic problematized the glowing picture of a Philippine economy with a rising middle class. Instead, the Philippines as an archipelago of poor communities has become very visible. Stories and pictures of hungry and desperate poor people scrounging and begging for food and other necessities became the standard fare of the mass media.

Under the Bayanihan law, the poor are supposed to get 'social amelioration' assistance from the government. Based on the 17 April report of the '[Citizens' Budget Tracker](#)', only a quarter of the 17.9 million households targeted by the Bayanihan law received the assistance during the harsh first month of the ECQ. [The Social Weather Watch](#), in its July survey, also found that 20 per cent of Filipino families, around 5 million families, experienced hunger in the second quarter, which was the height of the lockdown.

The exclusion problem in the distribution of social amelioration packages was due to selective listing of beneficiaries based on a poorly designed 'means testing' scheme. A 'universal' approach in giving assistance would have made more sense because the reality is that the poor – urban poor, peri-urban poor, rural poor, coastal poor and upland poor – are just too many and can be found in all 17 regions of the country. Also, many poor families do not live in officially-recognised villages or barangays (barrios); some live incognito in cemeteries, on the street and unmapped narrow alleys or side streets.

Many of the poor informal workers and their families live in congested communities, with limited access to social services and basic infrastructure, such as WASH (water, sanitation and hygiene). Not surprisingly, the surge in virus infection has been taking place mainly in these communities.

Fourth, the pandemic bared the heroism of women. The lockdown has caused so much suffering to everyone, young and old. However, the pandemic also exposed the role of Filipino women as pillars of the family and the community. They kept the families and communities together.

Women, especially in organised communities, promoted 'Bayanihan' measures of working and surviving together. How? **In countless ways:** informing everyone where to get amelioration assistance or bring the infected to concerned health and LGU officials; maintaining peace at home and in the community and preventing age- and gender-based violence; taking care of the sickly and elderly by establishing of community kitchens to feed the hungry; and developing economic survival programmes for whole communities, such as cooperative sharing of available resources the 'bayanihan' or solidarity way, including the distribution of medicinal plant seeds that can be grown by women and their families. It was the women too who became community health leaders, contact tracers, sanitation workers, mental health counsellors and so on.

The majority of the medical frontliners are also women. And yet, the heroism is not always appreciated, especially by those who fear the virus and who violently discriminate against them, even driving some of the frontliners out of the homes they are renting.

One sad development under the lockdown is the rise in the number of unwanted pregnancies among under-aged girls. There were also horror stories on how a number of poor pregnant women gave birth during the pandemic.

Fifth, the spirit of solidarity is alive. Despite the foregoing problems triggered by the pandemic, lockdown and the exclusion of many vulnerable people from the government's social amelioration assistance programme, there is very little news of people dying from hunger or starvation. One explanation for this is the flood of person-to-person solidarity, within and across the communities and among classes with varying socio-economic status.

Many LGU leaders organised their own social amelioration programs, supplementing the limited relief programmes provided by the national government. They tapped the resources and contributions of the better-off members of the city or municipality, including OFWs or

Filipino immigrants in developed countries who are doing well. They gave assistance to the stranded migrant workers, displaced workers and those excluded from the Bayanihan social amelioration. Some LGUs even gathered, housed (in temporary shelters) and fed the homeless street dwellers.

Similarly, church groups, CSOs and various volunteer associations went to work organising relief missions in poor and impoverished areas. They gave the medical frontliners, shunned by a few insensitive souls, warm and loving attention in recognition of their heroic role. In fact, many frontliners have been receiving free meals from different families and donors.

In brief, there are numerous acts of charity and solidarity demonstrated by people from all walks of life. Donations came from individuals, friends, family networks, churches, school/university students and so on, linked by Facebook and other social media.

1.6. Conclusion: Rebuilding the Health Sector and Economy

Covid-19 has revealed a broken public health system and a disjointed economy in the Philippines. The crisis provides the country an opportunity to do some policy rebalancing to rebuild the health sector and transform the economy.

The rebuilding of the health sector is clearly related to a bigger societal challenge: rebuilding the public sector's capacity to deliver the public services needed by the people, foremost among which are health care and social protection in Covid-19 and non-Covid-19 times. Rebuilding the public sector also means re-focusing infrastructure development in support of the renewal, upgrading and retrofitting communities of the poor.

Relatedly, community rebuilding should centre not only on infra-development but also on the development of a primary healthcare system in every community, as outlined in the [Alma-Ata WHO Declaration on Health for All](#). The primary healthcare system can be the platform for resiliency building at the community level in a holistic manner, meaning health, economic and environmental concerns should be woven together. As the Alma-Ata Declaration put it, the community health system is the foundation for stronger community.

As to the economy, the challenge is how to reduce dependence on the two legs: OFW remittances and the call centre-BPO sector. Reliance on these two legs cannot go on given the changing global economic environment and realities in the Philippines.

One critical doable is the development of the domestic market as platform for growth and development. A large population of 110 million can support the growth of new industries and jobs, such as an industry producing the materials needed for rebuilding the health sector and upgrading and retrofitting poor communities all over the archipelago.

A major component of this rebuilding programme should be the strengthening of the MSMEs and the grassroots entrepreneurs from the informal sector.

Another critical doable is the greening of the economy. This means greening industrial development (e.g. abandonment of polluting processes and reliance on cheap labour as enticer to investments), adoption of sustainable agriculture, upgrading and retrofitting poor communities and renewal of Philippine forests and care for its natural resources.

To conclude, the above outline of development seems ambitious. But the challenge is how to contain Covid-19 and prevent future pandemics – not by going back to the old ways but by building better for an improved future.

2. Part II: Waging the Philippine Battle Against Covid-1: What Can the US, EU and UN Contribute?

2.1. Introduction

The Covid-19 virus is a global virus. The Philippines cannot defeat Covid-19, much less contain its spread and recurrence by waging a solitary national battle, detached or de-linked from the anti-Covid-19 campaigns being waged by other members of the global community.

The health and economic crisis gripping the Philippines today has exposed the fragility of its integration into the global economy as well as the fragility of Earth itself. The pandemic is global and its spread in the country is a direct result of the processes of globalisation, such as the rise of global tourism and international exchanges among peoples and countries.

The Philippine economy itself is a globalised and liberalised economy. It is an economy reliant on the remittances of over 10 million overseas Filipino workers (OFWs), earnings from call center/business processing services offshored by US Fortune 500 firms, and export receipts from Philippine-based participants in the global value chains (GVCs) developed by multinational corporations in the Asia-Pacific.

Hence, what help can the Philippines, as a member of the community of nations, get in its battle to tame a Covid-19-triggered health and economic crisis? What assistance can it secure based on its integration into the global economic order?

This short paper discusses the problems and prospects of securing such help/assistance from the country's leading trade and economic partners: the United States, the European Union, Japan and China. The paper concludes with the potential of joining the call of the UN Secretary General António Guterres for a new social contract in the governance of the world system.

2.2. The Future of Philippines-US Relations in Covid-19 Times: Still Uncertain

Historically, the Philippines was once considered America's closest ally in the Asia-Pacific region. It was the sole American colonial possession in Asia (1900–1940s). Due to a century (1900s–2000s) of '[special relations](#)' between the two countries, many Filipinos are familiar with American culture.

The United States is also the Philippines' leading economic partner – as a source of investments, tradeable goods, official development assistance (ODA) loans and jobs offshored/outsourced by American companies. The last – jobs – consist of 21st-century call centre/BPO jobs that have been offshored globally by American multinationals and 20th-century assembly jobs (garments, semiconductors and auto parts) outsourced by companies engaged in distributing work to different countries under a system of international production or global value chains (GVCs). In addition, the US has scores of 'development projects' in the Philippines, such as the USAID-assisted rural electrification programme in conflicted areas of Mindanao and Fulbright scholarship programmes offered to talented Filipinos and researchers.

The US Embassy has posted on its website the assistance given to the Philippines under the two countries' partnership in '[working together to defeat Covid-19](#)'. As of 8 May 2020, the US had given the Philippines the following anti-Covid-19 assistance: over P470 million (over US \$9 million) in grants, and 1,300 cots donated to the Philippine General Hospital and Office of Civil Defense of the Philippines. Accordingly, US assistance has boosted the testing capacity of the DOH's laboratories, enhanced DOH's crisis communication platforms, provided over 100 hospitals' 'online learning modules' on infection prevention and control and expanded access of USAID-assisted communities to WASH facilities (water, sanitation and hygiene services). US Ambassador Kim Sung reported that amongst those leading the fight against Covid-19 in the Philippines are graduates of the Fulbright programme, namely: Dr Beverly Ho (special assistant to the DOH Secretary for Universal Health Care) and Dr Ronald Law (chief of the DOH's Emergency Management Bureau Preparedness Division). Sung added that the US has given a total of P30 billion (US \$600 million) 'over the past 20 years to improve health care in the Philippines'.

However, American assistance to the Duterte administration in the latter's fight against Covid-19 has fallen below the communications radar. It has not received wide media coverage similar to the announcement of Duterte's agreement with Russian President Vladimir Putin to include the Philippines in the final mass testing of the Russian vaccine called 'Sputnik V'. US-Philippine cooperation in the fight against Covid-19 is relatively unknown to most Filipinos. There are several reasons for this low-level media treatment of US assistance.

First, the amount cited by the US Embassy, over US \$9 million, is peanuts compared to the total amount of US \$9.9 billion of loans and other anti-Covid-19 assistance that the Philippines' Department of Finance (DOF) had [secured](#) from the ADB, World Bank and other funding sources as of October 2020.

Second, US management of the Covid-19 problem in America under President Donald Trump is not inspiring. It is chaotic, as reflected in Trump's confusing attitude (from supportive to hostile) to America's own epidemiological experts and the horrifying number of Covid-19 infections and deaths in America.

Third and most importantly, the 'special relations' between the Philippines and the US have been eroding through the years starting with [the removal of the US military bases](#) in the early 1990s. The removal was a direct offshoot of the decision of the Philippine Senate to assert national sovereignty over these bases.

With the ascendancy of Rodrigo Duterte as Philippine president, the relations became outrightly sour. An autocrat and an unabashed supporter of China, Duterte had [fiery confrontations](#) with the outgoing US President Barack Obama on the issue of human rights and the Philippine war against drugs.

The hostile anti-American attitude of the Duterte administration subsided somewhat with the election of US President Trump, who expressed open admiration to Duterte's anti-drug war. But in February 2020, this anti-Americanism flared up anew when the US Senate passed sanctions against top Philippine officials involved in human rights violations under the Global Magnitsky Act. On top of the list of officials marked for sanctions is Senator Ronald 'Bato' de la Rosa, who is forbidden being given a US travel visa. Senator De la Rosa is the former police chief who led Duterte's bloody anti-drug war from 2016–18. The response of the Duterte administration to the blacklisting of Duterte officials is [the suspension of the Visiting Forces Agreement \(VFA\)](#), an agreement allowing US forces to conduct annual exercises within the Philippines. The VFA became the compromise military agreement after the termination of the US Bases Agreement in 1991.

With the election of Joe Biden as US president, America is widely expected to be able to get its act together on the war on Covid-19 at home and overseas. The Philippines can be a beneficiary of such a development. But at the same time, Biden, like President Obama, is also expected to be vocal on the importance of respect for human rights. The incoming American president is also reported to be preparing a '[summit of democracies](#)', a summit that is likely to hit autocrats around the world, including Duterte. Likewise, the Biden administration is not expected to soften on China, a geo-political ally of Duterte.

An added complication in the evolving US-Philippines economic and non-economic relations is the trade issue. Biden can contest the China-led [Regional Comprehensive Economic Partnership \(RCEP\)](#), which was signed this November by the ten member states of the Association of Southeast Asian Nations and the three east-Asian countries: China, Japan and South Korea. Biden can revive the Obama trade initiative, the Trans-Pacific

Partnership (TPP), or develop a new model of US-Pacific trade partnership involving India, which withdrew from the RCEP, and a number of Asian countries. In such a situation, the Philippines will have to do a difficult balancing job maintaining its support for the China-led RCEP while defining its role or participation in a renewed American trade program for the Asia-Pacific region given the leading role of US in the Philippine economy.

Overall, there is so much uncertainty on how such American balancing will develop and whether the outcomes will advance the Philippine fight against Covid-19. On the other hand, it is unclear if the Biden administration shall single out the Duterte administration based on issues of human rights violation and corruption, which has been raised by the US Millennium Challenge in its decision to [exclude the Philippines](#) as a beneficiary of Millennium grants. Or will it seek to reach out to the Duterte administration as America tries to re-establish its eroded influence in the Asia-Pacific region?

2.3. Philippines-EU Relations in Covid-19 Times: Tying Assistance to Respect for Human Rights

The European Union (EU) is the fourth most important trade, investment and financial partner of the Philippines, after the US, Japan and China. In addition, the EU has a growing community of OFWs, and more and more EU companies are offshoring call centre/business processing services to the Philippines.

However, Philippine-EU relations have been frosty since mid-2017, the end of the first year of Duterte's presidency. The EU offered the Duterte administration a big aid package amounting to €250 million (US \$280 million). The problem is that the offer was tied to better enforcement and observance of human rights laws by the Duterte administration in its conduct of the anti-drug war. [The Duterte government angrily rejected the aid offer](#) and has not received any similar assistance since.

But because of the Covid-19 pandemic this year, some politicians, such as Senator Richard Gordon, tried to convince the government to adjust to the pandemic by [renewing ties with the EU](#) and accepting European assistance related to Covid-19 containment. Gordon happens to be the National Chairman of the Philippine Red Cross, which has partnership agreements with Red Cross organisations in Europe and around the world. Gordon's call did not elicit any reaction from Malacañang.

Nonetheless, European development assistance continues to flow but in a limited amount. Most of the assistance goes to non-governmental institutions such as the Red Cross and projects led by 'Volunteer Service Organizers' or VSOs. Mindanao is also a long-time recipient of the EU funding for conflict-riven areas and support for the operation of the Bangsamoro Transition government, which Philippine Finance Secretary Carlos Dominguez [openly acknowledged](#).

However, in September 2020, the EU-Philippine conflict flared up anew. [The EU Parliament passed a Resolution denouncing human rights violations and extra-judicial killings under the war on drugs campaign of the Duterte administration.](#) The EU lawmakers also asked for a revocation of the Philippines' GSP privileges in the EU market if a) charges against Maria Ressa, editor of Rappler, are not dropped; b) Senator Leila de Lima, detained based on an illegal drugs-related case, is not released; and c) the ABS-CBN congressional franchise, denied by the Philippine House of Representatives, is not renewed.

The Duterte administration simply shrugged off all the foregoing accusations but avoided an open tit-for-tat confrontation. After all, what is at stake is critical to the Philippine economy. About one-fourth of Philippine exports to the EU are given GSP preferential tariffs.

Clearly, the future of Philippine-EU relations and the possibility of having productive EU-Philippine cooperation program in Covid-19 containment are not promising as long as President Duterte remains in Malacañang. In this light, the EU has no choice but to deliver its assistance for Covid-19-stricken Philippine communities by forging stronger partnership with non-governmental organisations such as the Philippine Red Cross, Oxfam and other CSOs.

In short, the EU-Philippine cooperation in combating Covid-19 is a story that continues to evolve, hopefully for the better in the last one and a half years of Duterte's term.

2.4. On Covid-19 Assistance from Japan and China

Japan and China are the number two and three economic partners of the Philippines (trade, investments and ODA). But unlike the US and EU, these two countries have been relatively silent in commenting on political issues. This is particularly true in the case of Japan, which turned out to be the biggest source of financing for the government's Covid-19 response.

As mentioned earlier, the DOF raised, as of October 2020, a total of US \$9.29 billion in budgetary support financing. The biggest financing sources are the Japanese-led Asian Development Bank and Japan's arm for bilateral assistance, JICA. The next biggest source is the World Bank, whose president is usually appointed by the American government.

Ironically, China, through the Asian Infrastructure Investment Bank (AIIB), has contributed only a measly US \$750 million to the total US \$9.3 billion raised by DOF to counter Covid-19. Moreover, [keen observers are asking](#) why China's promises of double-digit billion-dollar investments in the country are not happening. There are also observations that China is profiting from the Covid-19 situation in the Philippines by becoming the biggest source of PPEs and other health materials being procured by the Department of Health

(DOH). Local Filipino manufacturers denounce the tendency of DOH to import all these materials from China when the locals have the capability to produce these materials.

With regard to Japan, it is clear that Japan's policy is one of good neighbourliness. In maintaining this image, it has nudged the ADB and JICA to provide as much assistance as possible to the Covid-19-stricken Philippines, with no political strings attached. Of course, the economic strings – debt service, involvement in choice infrastructure projects, etc. – deserve separate scrutiny and analysis.

2.5. Finally, Can the UN System Help the Philippines?

It does. Although a bit late, the World Health Organization (WHO) assisted the DOH in re-calibrating the Philippine response to Covid-19 after a number of organisational missteps during the first two months of the lockdown (March–April), such as helping to address the absence of a reliable Covid-19 monitoring system.

But what role should the UN play beyond the assistance being provided by the WHO to DOH and the various cooperation programmes, mainly technical in character, that a number of UN agencies have forged with the Philippines, such as the UNDP's guidelines on how to fulfil the 17 Sustainable Development Goals (SDGs)?

To this writer, the role of the UN should be to push for new global economic relations that are just, fair, inclusive and sustainable to all member states. The world needs a new framework of development to address not only the Covid-19 pandemic but also deepening and widening inequality around the world.

Fortunately, the present UN Secretary General António Guterres is thinking more or less along the same lines. In his Nelson Mandela lecture last July in New York, [UN Secretary General Guterres issued a very important call](#): the world needs a new social contract for a new system of global governance. He said:

'People want social and economic systems that work for everyone. They want their human rights and human freedoms to be respected. They want a say in decisions that affect their lives.'

'The New Social Contract, between governments, people, civil society, business and more, must integrate employment, sustainable development and social protection, based on equal rights and opportunities for all.'

He further said: 'Let's face the facts. The global political and economic system is not delivering on critical public goods: public health, climate action, sustainable development, peace.'

'The Covid-19 pandemic has brought home the tragic disconnect between self-interest

and the common interest: and the huge gaps in governance structures and ethical frameworks.'

'To close those gaps, and to make the New Social Contract possible, we need a New Global Deal to ensure that power, wealth and opportunities are shared more broadly and fairly at the international level.'

'A new model for global governance must be based on full, inclusive and equal participation in global institutions.' This new governance should be based on 'fair globalisation, on the rights and dignity of every human being, on living in balance with nature, on taking account of the rights of future generations, and on success measured in human rather than economic terms, is the best way to change this.'

In his Nelson Mandela speech, Guterres cited the various problems ailing humanity which necessitates an overhaul of the existing global economic and political governance system. Four of the major problems deserve to be emphasised:

- the Covid-19 pandemic and how it has exposed the 'fragility of the world',
- the climate crisis that is pushing the world to the brink of extinction,
- the one-sided trade and financial system that locks the poor countries into a perpetual state of underdevelopment, and
- the vast and widespread social-economic inequality that 'defines our time'.

I fully agree with the Secretary General that the above are the leading problems of the world. They are the Four Horsemen of the Apocalypse that are now galloping around the world. Unchecked, they are bringing humanity and Mother Earth to an apocalyptic edge.

From the foregoing outline of the Guterres lecture, it is abundantly clear that the UN system indeed needs an overhaul. But the forces of conservatism and neo-liberalism in the developed world are resisting such a call. The challenge to the Philippines is to rally behind the UN General Secretary and help him forge the social contract the world needs.

3. Guide to Different Acronyms

1. Quarantine Programmes:

ECQ – enhanced community quarantine

MECQ – modified enhanced community quarantine

GCQ – general community quarantine

MGCQ – modified general community quarantine

2. Government Line Departments:

DILG – Department of Interior and Local Government

DOH – Department of Health

DOLE – Department of Labour and Employment

DOF – Department of Finance

DND – Department of National Defence

DSWD – Department of Social Welfare and Development

3. Other Acronyms:

IATF – Inter-Agency Task Force on Emerging Diseases

NTF – National Task Force on Covid-19

LGUs – Local Government Units

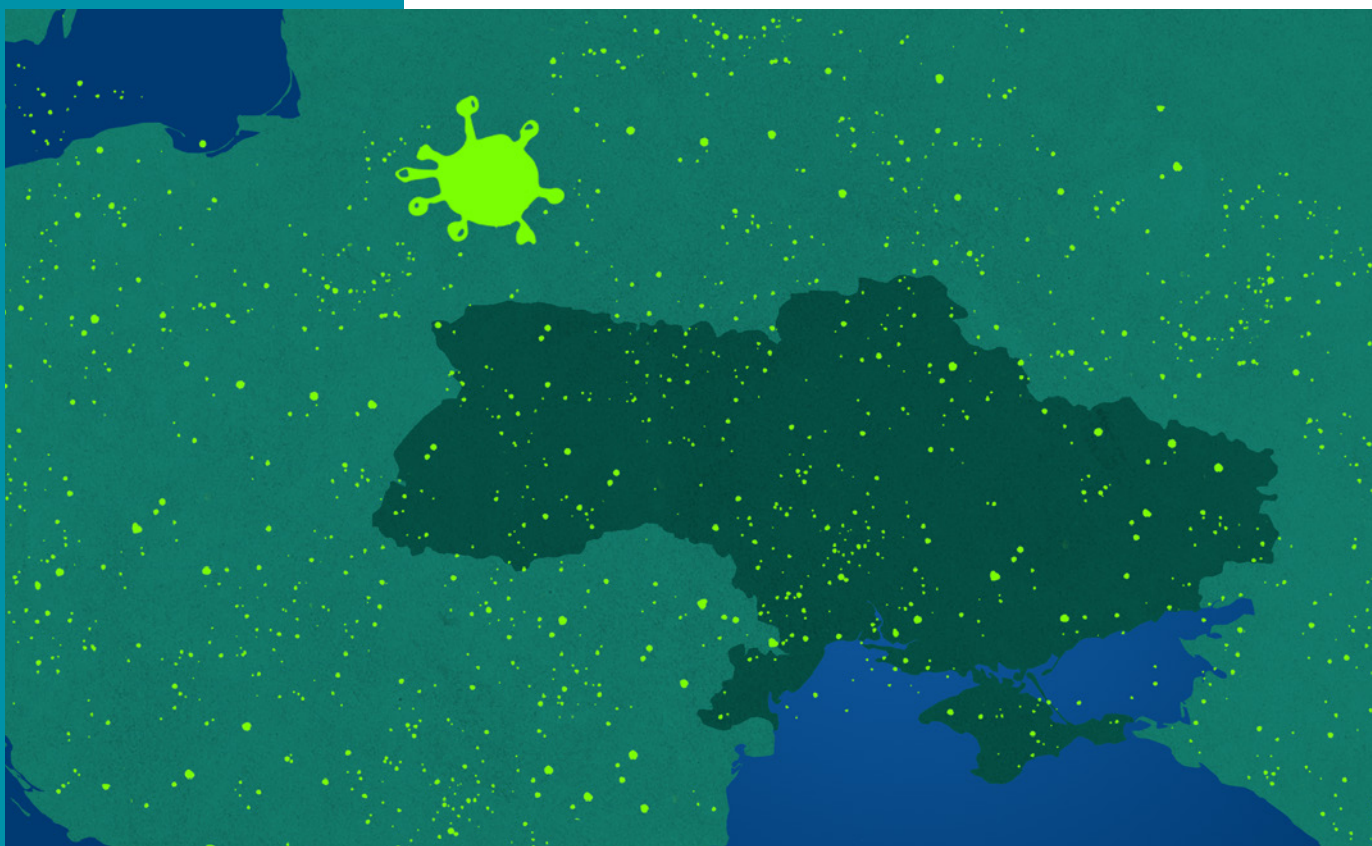
CSOs – civil society organisations

OFWs – overseas Filipino workers

HEINRICH BÖLL STIFTUNG
WASHINGTON, DC

HEINRICH BÖLL STIFTUNG
BRUSSELS

COVID-19 PANDEMIC CASE STUDY: UKRAINE



BY DR. MARYNA SHEVTSOVA

Published by the Heinrich-Böll-Stiftung Washington, DC, and the
Heinrich-Böll-Stiftung European Union, Brussels, December 2020

AUTHOR

Maryna Shevtsova is a Postdoctoral Fellow at the Gender Studies Department, University of Lund, Sweden. She got her PhD in Political Science from Humboldt University, Germany, and MA in Gender Studies from Central European University, Hungary. In 2018-2019, she was a Fulbright Scholar at the University of Florida, USA. Since 2017, she has been Program coordinator for Parents' Initiative TERGO, Ukraine-based LGBTI rights NGO.

Dr. Shevtsova currently works on a research project on queer migrants' experiences in the US and Europe. Her book LGBTI politics and value change in Ukraine and Turkey: Exporting Europe? will be published in January 2021 with the Routledge Studies in Gender, Sexuality, and Politics.

Table of Contents

| | |
|---|-----------|
| 1. Background | 4 |
| 2. Healthcare Sector: Between a Rock and a Hard Place | 7 |
| 3. Women and Covid-19 in Ukraine: A Gender Perspective | 10 |
| 4. Surviving through Pandemic: Vulnerable Groups | |
| 4.1. People with Disabilities and People Living with HIV | 13 |
| 4.2. LGBTQ Community | 14 |
| 4.3. Roma Community | 15 |
| 4.4. Covid-19 amidst the War: The Situation in Eastern Ukraine | 15 |
| 5. Civil Society Response | 17 |
| 6. Expectations towards International Actors | 19 |
| 7. Conclusion | 22 |
| 8. References | 24 |

1. Background

The first Covid-19 case was detected in Ukraine on 3 March in the western oblast of Chernivtsi. As of the end of August, almost 115,000 cases had been confirmed, including some 2,500 deaths. The [primary sources of the initial outbreak](#) were Ukrainians returning home from work and tourist trips from abroad.

The country entered the coronavirus crisis in the middle of political instability. President Volodymyr Zelensky, elected in April 2019 with 73% of the vote, has been steadily losing popular support both for himself and for his party, Sluha Narodu (Servant of the People), that has the majority of seats in the Verkhovna Rada (Ukrainian parliament). March 2020 came with several cabinet shake-ups following the appointment of Denys Shmygal as prime minister following the dismissal of his predecessor Oleksiy Honcharuk after just six months in office. The reshuffle tackled some other senior members of the government who had been replaced. Those included the finance minister (who was replaced again in a month), defence and foreign ministers, as well as the minister of healthcare – in fact, Ukraine has already seen three of those during one year of Zelensky's presidency.

Moreover, the only European country facing armed conflict (for the past six years), Ukraine has been involved in a hybrid war with the Russian Federation that did not stop or slow down from the coronavirus. Some reduction of violence in the Donbass conflict zone was reported since July 2020, but it would be too early to speak of the conflict freezing after such a short time. Considering restricted population mobility, access to resources and economic decay in the so-called uncontrolled territories alongside high rates of chronic diseases made eastern Ukraine highly vulnerable to Covid-19.

The economic situation before the pandemic was relatively stable concerning prices and currency. There was some steady GDP growth and moderate public debt. The outbreak of the Covid-19 pandemic has notably affected the economic outlook and has made the government shift the focus to containment and stabilisation. The 2020 budget has already been hit extremely hard as revenues fell and spending needs to address the crisis skyrocketed. In June 2020, the [IMF approved an 18-month Stand-by Arrangement \(SBA\)](#), with a total access of about \$5 billion. The aim was to tackle the large balance-of-payments and fiscal financing needs in the country.

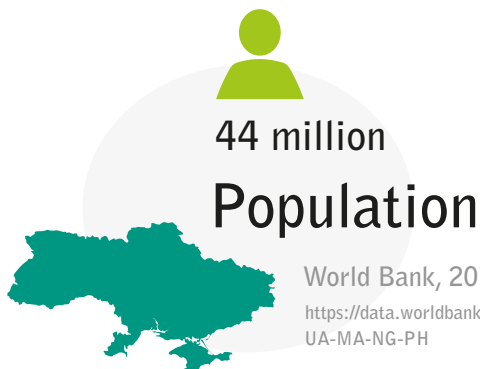
To contain the spread of the disease, the government imposed a three-week nationwide quarantine in the second week of March. It shut down educational institutions and public events with over 200 people. These measures were followed by the closure of all schools, educational institutions, cafés, restaurants, gyms, shopping malls and entertainment venues as well as by shutting down most public transport. The quarantine was further extended until 11 May with multiple restrictions enforced despite the easing of

quarantine measures starting from 25 May. As summer 2020 brought a growing number of cases, in August the government imposed new quarantine restrictions that differed depending on the number of cases in the specific region. In addition, the prime minister announced that the country will close its borders for foreigners from 29 August till 31 October with the possibility of expanding the ban if the coronavirus dynamics are still negative at that time.

Covid-19 tests are widely available in the country at the expense of the individual. The average cost of a PCR test is \$60.00. The average salary in the country in 2020 is about \$380.00 to 430.00 per month, depending on the region.

Overview

Covid-19 in the Ukraine



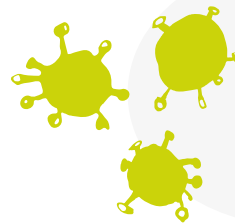
GDP per Capita

(in US Dollars)

3,659 \$

World Bank, 2019

<https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=MA-UA-XK-BR-NG-PH>



Covid-19 Cases

732625

WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>

Covid-19 Cases

per 100 000

1650,61

WHO, November 30th, 2020

<https://covid19.who.int/region/afro/country/ng>



Covid-19 Deaths

per 100 000

28,27

John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>



Fatality Rate

1,7%

John Hopkins University, November 30th, 2020

<https://coronavirus.jhu.edu/data/mortality>



ICU beds

per 100 000

3,87

OECD, 2020

<https://www.oecd.org/eurasia/competitiveness-programme/eastern-partners/COVID-19-CRISIS-IN-UKRAINE.pdf>



2. Healthcare Sector: Between a Rock and a Hard Place

In March 2020, the Covid-19 pandemic caught the Ukrainian healthcare system in the midst of healthcare reform and, in fact, without an acting minister of health.

Healthcare reform in Ukraine was launched with the initiative of Ulana Suprun, the minister of health of Ukraine in 2016-19, under Petro Poroshenko's government. Ukraine, as well as other former Soviet republics, inherited from the Soviet Union the so-called [Semashko model of primary healthcare](#). The initial design of the model seemed to offer multiple positive characteristics, such as free healthcare for all, focus on prevention and gatekeeping by primary care providers. The essential characteristic of this system, though, was that clinics were funded based on the number of available beds and size of the clinic, rather than the real number of incoming patients. Together with the general economic decay in the country, the lack of changes in the field [resulted](#) in budget deficits, largely underpaid staff, both doctors and nurses, and the conditions where Ukrainian patients had to pay for everything – from medical services to supplies – out of their pockets, even if such things had been already purchased for them with state budget funds.

In other words, the system was [highly inefficient and corrupt](#). As Ukraine was one of the weakest among post-communist European states, [its healthcare system was characterised](#) by inadequacy to the population's health needs and the lack of more in-depth reform efforts throughout the post-communist transition period. The [comprehensive and substantial reform developed under the guidance of Suprun](#), who had quite a solid record of work in US healthcare previously, was supposed to start in 2018 covering primary healthcare and finish by 2020 with the transformation of all healthcare institutions. In reality, by March 2020, only the first stage of the reform could be considered complete. By that time, most adult citizens of Ukraine had signed a contract with 'family doctors' – a primary care physicians of their choosing. A newly created agency, the National Health Service of Ukraine (NHSU), started paying those doctors based on the number of patients on their lists. While there were still technical issues with a new eHealth system and web-based NHSU dashboard, more than [70 percent of Ukrainians reported being happy](#) with the quality of the healthcare after the reform and most doctors expressed satisfaction with doubled or tripled salaries. Nevertheless, president [Zelensky claimed](#) that continuing reform the way Suprun had designed it would lead to the closure of more than 300 hospitals. This would leave 50,000 medical workers jobless. According to him, the reform needed substantial improvement, but the new government is yet to propose a decent alternative.

In a little more than a year, President Volodymyr Zelensky has changed the position of health minister three times. The first one, Zoriana Skaletska, who assumed the post in August 2019, was fired on 4 March after the [scandal with the Ukrainians evacuated from Wuhan](#), China. The group of locals attacked the bus with evacuated travellers in the Novi Sanzhary settlement, where they were obliged to spend 14 days in observation. Zelensky dismissed Skaletska [with the words](#) that ‘the new minister of health will have to dedicate his first press conference to coronavirus situation’. The new minister, Ilya Yemets, occupied the office for less than a month and was fired on 30 March. The same day, Maksym Stepanov, who, despite his surgeon diploma, has never worked in a hospital as a doctor or as an administrator, assumed office. He [announced](#) that fighting the coronavirus was the ministry’s top priority, together with the continuation of healthcare reform in a way that would please both patients and doctors.

In the meantime, Ukraine is facing an extreme shortage of personnel, with around [25 percent of its doctors now at retirement age](#). In May 2020, according to the national survey, Ukrainian medical professionals evaluated preparedness of the national healthcare system for pandemic as two points out of five, and the conditions of their medical institution as 2.2 out of five on average. By that time, almost 50% considered quarantine methods implemented in the country to fight coronavirus efficient, and 40% assessed them as fully adequate for the current situation. Some 17.9% commented on significant salary cuts during quarantine and 11.1% on being forced to take unpaid leaves during March–April 2020. It is worth noting that even without these cuts, the average doctor in Ukraine earns [approximately \\$250 per month as a salary](#). At the same time, more than 20% of medical personnel suffered from a lack of protective measures and got infected.

In addition to lacking Personal Protective Equipment (PPE) and test kits, medical workers did not get paid for working long hours. In April, Svetlana Fedorova, the chief medical director for infectious diseases in the Mykolaiv region, [reported that she was threatened](#) with the government’s prosecution for paying her employees for the correct number of overtime hours as it was a ‘prosecutable funds misuse’. In Kyiv in May, [medical workers walked out of work](#) due to lowered salaries – from \$111 to \$185 per month – during the pandemic. There were multiple reports in the news about nurses, janitors and other hospital personnel quitting during April–May rather than risk their health and lives for meagre pay. Dr. Inessa Shevchenko, director of central Ukraine’s Dnipro Regional Rehabilitation Hospital, [went on a hunger strike](#) in late April to protest the amount of financing her hospital had received. [By 1 August](#), 8,693 healthcare workers in Ukraine had contracted Covid-19, and the number of deaths reached 50. In addition to the apparent threat to their lives, healthcare professionals also have to deal with stigmatisation and social exclusion because of their regular close contact with coronavirus patients.

Ukraine has been receiving massive funding from international actors such as the IMF, the World Bank, USAID, and other organisations and countries aimed at coping with the Covid-19 crisis. The distribution of those funding, however, provokes several questions.

For example, the Budget Committee of the Verkhovna Rada allowed allocating UAH 2.7 billion (appr. USD 100 000) from the Anti-Coronavirus Fund to bonuses for law enforcement officers in connection with the pandemic. This is greater than bonuses received by healthcare workers directly involved in taking care of the coronavirus patients as reports [Transparency International](#). There are also multiple grey schemes related to buying PPE and redistributing funding among the hospitals. In July, though, the [government announced](#) the general payment increase in salaries of healthcare professionals from September 1, 2020, that on average will comprise UAH 3,500 (USD 130). The funds from the Anti-Coronavirus Fund will be used to cover this increase. The increased salary (appr. USD 380-390) will correspond to the average wage in the country (as of February 2020).

3. Women and Covid-19 in Ukraine: A Gender Perspective

In March–April 2020, [UN Women conducted national research](#) that involved 3,310 women older than 18 years old from different regions of Ukraine, and apart from on-line surveys and desk research, also included in-depth interviews. The collected data have proven that women whose salaries and pensions are overall lower than those of Ukrainian men ended up in more vulnerable conditions during the pandemic. 81.8% commented that they would have to save on food products (compared to 72.3% of men); 77.4% expected difficulties with paying costs of utilities and rent (as opposed to 65.5% of men); and 76.8% expected troubles with having money to cover their basic needs (compared to 70.3% of men). The survey also demonstrated that the lockdown increased problems related to gender stereotypes and patriarchal social norms concerning the roles of a man and a woman in a family since housework in more than 70% of Ukrainian families remains predominantly a woman's job. Women working from home had to combine their paid jobs with housework and childcaring as the children stayed home due to quarantine in schools and kindergartens. 63.5% of women reported an increase in the time they spent on cleaning and 50.5% on cooking meals for the family – compared to 27.8% and 44.1% of men correspondingly. 78.9% of women who have children of school age reported that it is mostly them who take care of the home-schooling routine. Ukrainian men's responses confirm this number as only 32.2% of men answered that they organise children's studying during the pandemic. The situation with home-schooling turned out particularly challenging for single parents, and more than 92% of those are women.

Though the pandemic is far from being over, it is already clear that specific sectors have suffered the most, namely the food and consumer goods industry, healthcare, social services and tourism. These are sectors with high numbers of female employees. Using the quantitative data from the state occupation service, an average profile of a Ukrainian unemployed person during the Covid-19 time is a 40-year-old woman with higher education diploma who used to work in commerce. During the first one and a half months of quarantine in Ukraine, female unemployment increased by 5% compared to the same period last year. In some sectors, such as the beauty industry, where 94% of employees are women, the small businesses and individual entrepreneurs had to move to shadow work to continue earn a living and survive through the lockdown. Despite high fines, numerous beauty salons continued working behind shut doors, often without proper protection and sanitary measures. Still, the income of women occupied in this sector fell from [67% to 90% according to various sources](#).

Women in Ukraine comprise 82.8% of all healthcare professionals (compared to 70% on average worldwide). Apart from facing higher risks infection, they also have to bear additional costs as they have to buy personal protective equipment (PPE). **Only 13.9% of interviewed women** working in healthcare said that they are fully equipped with PPE, such as masks or gloves. 59.7% commented that they are only partially provided the necessary equipment and 26.4% said they have to buy everything themselves. Considering that many nurses are paid minimum wages, the costs are incredibly high for them. Another challenge that faced women who work in healthcare as well as women who cannot work remotely is childcare. Many women complained that they have to leave their children home alone and worry about their children's safety.

According to the **data from the police and NGOs**, domestic violence increased notably during the lockdown. Police departments reported a growing number of calls related to domestic violence nationwide. However, since the majority of police officers had to patrol the streets to ensure that quarantine restrictions were implemented, they did not have enough resources to address the issue. La Strada, an NGO that manages a national hotline on domestic violence prevention, observed a 50% increase in the number of calls related to domestic violence in the first two weeks of the lockdown only. In July, **UN Women reported** that calls to domestic violence helplines increased by 50% in the Donbass war zone and by 35% in other regions of Ukraine. To counter the situation, the National Police launched a chatbot in popular messenger app Telegram and released the guidelines for victims of domestic violence in quarantine times. Both measures, however, had little or almost no effect. The reason is that, apart from the police being understaffed, there is a low level of trust in public institutions and **the inability of women to use more sophisticated communication means** such as chatbots when they cannot call the police in the presence of an abuser.

With the help of foreign donors (the UK, Estonia, Canada and the United Nations' Population Fund (UNFPA), Ukrainian **NGOs opened several shelters**. Nevertheless, since these were municipal authorities who managed shelters and crisis rooms, they were too slow with the action. Existing shelters are overcrowded, which is even more problematic in the time of Covid-19, and they are mostly located in the cities, leaving no options for victims of domestic violence in rural areas.

Overall, from the side of the Ukrainian government, there have been no gender-specific measures to address the socio-economic impact of Covid-19. Several international organisations present in Ukraine, such as UN Women and OECD, **have tried to attract public attention** to the fact that women were hit harder by the Covid-19 crisis. International donors present in the country responded to this, allocating funding particularly for alleviation of the condition of women in Ukraine and for their socio-economic empowerment. Yet, there were no steps from the government to address the growing disparity. Moreover, the government is still **reluctant to ratify** the so-called Istanbul Convention, the Council of Europe's Convention on preventing and combating violence against women. Ukraine signed the convention in 2011, and since then the ratification of the document has been regularly blocked by conservative nationalist and religious groups connecting the doc-

ument to 'gender ideology', 'same-sex marriages', and claiming it is against 'traditional Christian values'. In 2020, a petition to the president of Ukraine to ratify the document gathered the necessary 25,000 signatures to be reviewed by the head of the state. Until today, however, the government does not seem to take full account of the international and national obligations of Ukraine on gender equality and human rights.¹

Several months from now, it will be clearer how efficient and adequate the government's action was regarding supporting the national economy. However, it has been apparent from the first months of the crisis that Covid-19 has deepened existing gender inequality and has affected the economic conditions of women. Nevertheless, instead of shifting towards more gender-sensitive solutions and policies, the government seems to be trying to save the situation on account of groups already in the most vulnerable position, which can and is already backfiring.

4. Surviving through Pandemic: Vulnerable Groups

4.1. People with Disabilities and People Living with HIV

There are approximately [2.8 million people living with a disability \(PLWDs\) in Ukraine](#), more than one million of whom are women of working age, and only one-third of them have a job. Ukraine still has a very underdeveloped infrastructure for PLWDs, turning access to essential services, including healthcare, a real challenge. The situation worsened significantly due to forced confinement during the Covid-19 pandemic. People who need daily care and cannot stay in full self-isolation face higher risks of infection. Life conditions in nursing homes are unsatisfactory: they are overcrowded; there is a lack of PPE; and patients often face malnutrition. Access to regular healthcare procedures and rehabilitation centres became restricted, and not knowing when much needed (but defined by the government as 'non-emergency') medical treatment will be available added to psychological pressure. The government allocated [financial support for PLWDs](#), yet it is deficient because, even with a regular pension, it is hardly enough to cover the basic needs of an adult at a decent level.

There are, however, multiple civil society initiatives supported by foreign donors aimed at helping PLWDs in Ukraine. For example, in July, [\(Non-\) Deadly Silence](#) was launched in Zaporizhzhia to support people with hearing impairments, which was supported by the International Renaissance Foundation under the Humanity and Mutual Aid Program. The project covers help with education and self-employment, psychological counselling and support and other more individually adjusted activities for families and single people who need more assistance.

Ukraine has the second-largest HIV population in Eastern Europe and Central Asia, with 250,000 people living with HIV. In 2019, just 54% of adults were receiving antiretroviral treatment. During the lockdown period, accessing the few AIDS centres available in the region to pick up medication and receive counselling became challenging. Online support or using a taxi service often was not an option since many people living with HIV have no smartphones or computers and cannot afford a taxi. A study conducted in 2018 revealed that [35% of women living with HIV](#) had experienced violence from a partner or husband since the age of 15, and Covid-19 significantly deepened the vulnerability of these women.

4.2. LGBTQ Community

The months of April and May, when Ukraine introduced a complete lockdown in all the regions, became a real struggle for many LGBTQ Ukrainians. It was especially difficult for those who had not come out to their families or whose parents do not accept their sexual orientation or gender identity. The only place where they could usually find support was various community centres or groups of friends, but during the pandemic such options became very difficult – as even a simple phone conversation carried the risk of being heard. Many LGBTQ-rights-related NGOs worked actively online and organised multiple events for their audience of different ages. Nevertheless, many LGBTQ young people either did not have independent access to a computer or tablet during the daytime or would not risk opening the pages of those events due to the fear of being found out.

Many LGBTQ people, both youths and adults, faced increased levels of domestic violence, verbal as well as physical abuse, threats, insults. The number of calls to hotlines increased, yet human rights defenders and activists had minimal opportunities to provide help beyond psychological support. There is only one LGBTQ shelter in Kyiv, sponsored by foreign donors and crowdfunding, and it has reduced capacities to accept people. Covid-19 strengthened the restrictions on such places and made the conditions of living in the shelter worse, because usually the people who live there could leave during the day, some even had full- or part-time work, but during the lockdown the shelter was rather crowded. While a limited option, it was still possible for LGBTQ adults to move out and live in shared flats with their friends. Human rights NGOs in Ukraine cannot do much for those younger than 18 years old as work with this audience requires special legal authorization. The social workers on a help hotline commented that they had an unusually high number of calls from teenagers whom they had to convince not to come out to their parents during the lockdown. They were worried about the safety of these teenagers – some of them already had faced violence from their parents, usually their fathers, in the past.

The most disturbing, though, has been the situation of trans and non-binary people in Ukraine. [According to a survey](#) conducted during the lockdown, many of them felt a sharp decrease in income, making it impossible to cover even basic needs, such as paying rent, getting hormonal therapy and buying groceries. Even if they had economic means, they still faced numerous issues with receiving prescriptions for hormonal therapy, medication for mental health issues and other medications. They also had to deal with the lack of funds for medications and doctors, lack of access to doctors and significant fear of ending up in the hospital and receiving quality care in case of contracting Covid-19. There was also a lack of reliable information about Covid-19 and its risks for trans and non-binary people. Finally, almost everyone reported a meaningful decline in psychological wellbeing related to stress, fear for one's own health and

future, psychological violence, threats of physical violence and issues with starting or continuing transitioning.

There is no help from the side of public institutions, and the police in particular. LGBTQ people in Ukraine have many reasons not to trust the police's handling of cases of homo- and transphobic violence, so the majority of those cases either go unknown or are documented only by human rights organisations.

4.3. Roma Community

During the whole period of independence in Ukraine, Roma people have faced discrimination, social marginalisation and stigma. During the Covid-19 pandemic, numerous Roma families ended up in [extremely vulnerable situations](#) having limited access to such basic needs as healthcare, drinking water, food supplies and education. Since many Roma people do not have valid identity documents, it prevents them from signing agreements with family doctors and getting access to public healthcare. Even if the documents are in order, ambulances often simply refuse to register cases sometimes because Roma settlements can often have overcrowded housing which increases the risk of infection. Roma women get segregated in maternity houses and face discrimination and exclusion.

[Being dependent on work in seasonal or temporary jobs](#), in local markets, delivery services, sales on the trains and in cafés, both Roma men and women lost their income as their workplaces were closed down. As the schools were closed until the end of the school year 2019/2020, many Roma children could not get access to education as they did not have computers and the internet.

4.4. Covid-19 amidst the War: The Situation in Eastern Ukraine

Before the onset of the Covid-19 pandemic, the health system in Eastern Ukraine was already in a fragile state. Many health workers had left the region and health facilities had been neglected for years. At the same time, the vulnerabilities are exceptionally high due to the large proportion of elderly population, deteriorating healthcare and water supply systems as well as damaged infrastructure.

A food security and livelihoods assessment conducted by [the Norwegian Refugee Council](#) in June has shown that numerous households interviewed in Luhansk and Donetsk regions, in both urban and rural towns, reported adverse socio-economic impacts resulting from Covid-19. The interviewees expressed concern in increases in the prices of food and hygiene items, transport costs and often also a loss of household income. They also mentioned crowded living conditions due to quarantine measures. Many families reported that they had to start spending savings and reducing health expenditures as a coping strategy. Only a third of the households that were interviewed reported that they had received humanitarian assistance in the last two months, and 93% said they would prefer cash assistance.

In addition to that, the residents of non-government-controlled areas (NGCA) suffered from the suspension of movement across the contact line due to Covid-19 and were unable to make journeys that were critically important for them. Each month, around a million trips are being made across the contact line. Nearly 60% are made by elderly people – mostly crossing to access their pensions, social payments, state administrative services, hospitals, markets, medication and withdraw cash. Besides, in many settlements close to the contact line, there are no pharmacies and hospitals. There is a critical lack of medical staff, lack of knowledge of treatment procedures, lack of equipment for personal protection, reanimation and diagnostic equipment which means that they will not be able to cope with a surge of patients. The number of cases in Donetsk and Luhansk oblasts so far remain among the lowest, but the numbers may not be precise due to the lack of testing equipment.

5. Civil Society Response

Vibrant and dynamic, Ukrainian civil society observed an explosion of mass mobilisation during the 2013–14 Euromaidan protests that had an immense impact on the development of civil society activism. With this, the [public trust in civil society organisations](#) (in volunteer groups at 63% rather than in professional NGOs at 44%) grew significantly, exceeding trust [in the army and church](#) (46% each). Since the first months of the military conflict in Eastern Ukraine, volunteers became crucial for the supplies of even such basic needs for the army as food, medicine and protective equipment.

As the spread of Covid-19 started in the country with the healthcare system not prepared for such pressure, [another wave of mass mobilisation](#) started in March coming to the rescue of the healthcare structure. Across Ukraine, volunteer groups started fundraising to purchase PPE for healthcare professionals, ventilators, testing kits and creating awareness-raising campaigns. In the capital, the Kyiv Volunteer Headquarters was created to collect money for buying PPE for doctors. Volunteers were contacting large businesses to convince them to purchase ventilators and other equipment for hospitals. They also convinced a chain of supermarkets to allow social workers to buy groceries without waiting in line. In Dnipro, the local volunteers, apart from PPE, also supplied cooking pots and pans, plastic buckets and clothes hangers for patients to use. In the Donetsk region, the initiative Give a Lift to a Doctor (Pidvezi likarya) started. The initiative was later copied in many other cities; people with cars were transporting several hundred people, medical staff and some patients who needed urgent treatment to hospitals. Multiple groups mobilised to counter the shortage of masks in spring 2020 and started to sew face masks for Ukrainian soldiers and elderly people. There was a special initiative addressing the needs of vulnerable groups, such as homeless people, people with HIV, veterans and older people.

Simultaneously, the outbreak of Covid-19 created challenging conditions for hundreds of civil society organisations as they had to cancel their core activities, give up previous plans and, in the conditions of unpredictability and remote work, come up with new anti-crisis strategies. Many organisations realised that their previous or current activities were not suitable for the conditions of the crisis. For example, NGOs working with women had to re-prioritise and shift the focus from women's empowerment towards consultation and awareness-raising, targeting women-victims of gender-based violence. NGOs working with other vulnerable groups and aiming at inclusion and lobbying for legal changes focused on providing emergency response or mobilisation of PPE for those who cannot afford to buy it.

At the same time, the Covid-19 crisis gave a new push to self-organisation and self-reliance to Ukrainian activists similar to the outbreak of war in 2014, when

several new vulnerable groups emerged (internally displaced people, veterans, their family members) requiring immediate assistance. Multiple groups across the country found themselves remobilised and started new initiatives at the grass-roots level. The research carried out by [International Alert in Ukraine](#) revealed that the crisis opened a window of opportunity for 'increasing NGOs' impact and capacity at the local level in terms of attracting expertise and implementing innovative solutions that were previously blocked by certain inertia of government bodies'. In addition, as most professional NGOs in Ukraine rely predominantly on foreign donors for funding, most of the donors also adjusted their funding schemes accordingly, providing various emergency grants. For example, the British Embassy Kyiv released a call for proposals for projects to enhance the effectiveness of Ukraine's Covid-19 response measures by increasing accountability, oversight, transparency and strengthening participation in Covid-19 responses. Black Sea Trust for regional cooperation offered support to the projects tackling the consequences of Covid-19 and enhancing social support. The projects included cross-sectoral collaboration with local authorities, businesses and IT companies, educators and scientists, independent media, the development of plans, self-help mechanisms, groups and networks that work to compensate for insufficient or inadequate responses by state authorities. Ednannia, funded by the United Nations Recovery and Peacebuilding Programme (UNRPP), provides grants for local peacebuilding projects to decrease and alleviate the impact of Covid-19 across conflict-affected communities as well as to increase security and social cohesion. The grants assist the most vulnerable groups of people such as the elderly, people with disabilities and vulnerable young people. Emergency grants have also been offered by the embassies of Norway, Sweden, the Czech Republic and others.

6. Expectations towards International Actors

During the coronavirus pandemic, Ukraine has received humanitarian aid from [30 countries and nine international organisations](#). Apart from the EU Member States, the list of the countries assisting Ukraine includes China, Singapore, Israel, the United States and the United Kingdom. The EU agreed to a support package of €190 million for Ukraine in June. In July 2020, Executive Vice President Valdis Dombrovskis announced the allocation of [€1.2 billion of macro-financial assistance to Ukraine](#), which is more than has been provided to any other partner-state. Also in June, the IMF approved an 18-month Stand-by Arrangement for Ukraine, with access equivalent to SDR 3.6 billion (about US\$5 billion or 179 percent of quota) to [‘address large balance-of-payments and fiscal financing needs, preserve achievements to date, and advance a small set of key structural reforms to ensure that Ukraine is well-poised to return to growth when the crisis ends’](#). Ukraine and Germany have agreed a €150 million loan to support healthcare and social payments. Since the beginning of the coronavirus pandemic, [the United States has provided \\$18.3 million](#) in medical and humanitarian aid to Ukraine.

The World Health Organisation (WHO), using funding support from the European Union, has scaled up vital supplies for Covid-19 testing to help boost Ukraine’s response to the pandemic. In July, [Ukraine received €3.5 million-worth of consumables, reagents and critical laboratory equipment](#) to speed up, scale-up and automatise PCR-testing purchased as a part of a larger assistance package from the EU, through its Solidarity for Health Initiative, implemented by the WHO Regional Office for Europe and aimed at preventing the spread of Covid-19 in Ukraine.

The EU-Ukraine summit is scheduled for October 2020, and for which the government of Ukraine has high expectations, including signing the agreement on a common aviation area, revision of quotas on the supply of Ukrainian products to the EU as well as further development of green energy covered by the so-called European Green Deal. The current government [refers to the EU and the US](#) as to the main strategic partners and lists the EU and NATO membership as the country’s foreign policy priorities.

Another source of concern amongst both foreign and domestic policy issues is that millions of Ukrainian migrant workers returned to their native country at the beginning of the coronavirus pandemic. Since then, many of them have been looking for opportunities to return to Europe in search of much-needed work as quarantine measures were relaxed in Ukraine and across Europe. As of July 2020, the International Organization of Migration (IOM) was warning about conditions impacting an estimated 350,000–400,000 Ukrainian migrant workers who came home following

announcements of quarantine or lockdowns in their countries of destination as well as in Ukraine itself. Some experts gave alternative estimates, claiming that [between 450,000 and 500,000](#) migrants may have returned.

As [IOM Ukraine forecasts](#) in the analysis they recently published that the impact of Covid-19 travel restrictions will affect Ukraine significantly at the individual as well as the local and national level. The National Bank of Ukraine estimates at least a \$2 billion decrease in remittances this year, triggering significant ripple effects across entire local economies and communities. Furthermore, since the Ukrainian labor market is not ready to accommodate returning migrants, they mostly rely on their savings. [According to Unian](#), Ukraine's Gremi Personal, a recruitment agency sending Ukrainians to work in Poland, calculated that 67% of Ukrainian migrant workers who returned to Ukraine due to the coronavirus expressed strong intentions to leave the country in search of work in Europe.

The government has placed a temporary ban on migrant workers leaving the country during quarantine, which included refusing permission for EU Member States to use charter planes to transport Ukrainians abroad for seasonal work. This resulted in rather hostile attitudes amongst some Ukrainian labor migrants towards the government as they faced limited, if any, job prospects and no financial assistance for their unemployment. Some of them found different grey schemes of returning to the EU, though it is difficult to get any reliable data on the numbers of such cases. It has to be said that in the EU their living conditions are often far from decent: they often lack health insurance and are forced to live under cramped conditions. Ukrainian seasonal labor migrants, therefore, will be amongst those hit hardest by the ongoing corona crisis. Having realised that, in the end of the summer the government initiated the discussion on the possible liberalisation of the conditions for labour migrants from Ukraine to the EU, in particular to Poland.

In addition, in August, [the Committee on European Integration of Ukraine reported](#) on the government's attempts to shut down the State Service of Ukraine on Food Safety, and Consumer Production established in 2014 as a pre-condition for the association agreement between Ukraine and the EU. The committee sent a petition to the prime minister to prevent the liquidation of the service. The committee's concern is access to the EU market for Ukrainian goods that may be limited if the Ukrainian producers are not able to meet European standards. The hope is that as more funding is been granted to Ukraine, the EU institutions will monitor the government's compliance with old and new conditions.

According to [a survey](#) carried out in May 2020, Ukrainians consider the European Union the principal partner who will most likely help Ukraine to overcome the crisis caused by Covid-19, as compared to other countries and entities. The largest share of the respondents (32%) believe that the EU is the major foreign actor to support Ukraine in recovering from the Covid-19 pandemic. Respondents also mentioned the World Health Organization (23.3%), the United States (18.7%), China (10.2%) and

other countries. The priorities listed by Ukrainians are health system support (81.2%), help for elderly people and people with disabilities (42.3%), support for small- and medium-sized businesses (41.8%), small farms support (24.4%), awareness-raising and informing the population (22.6%) and support for residents of regions affected by armed conflict (15%).

7. Conclusion

As for many other countries, in Ukraine the Covid-19 crisis exacerbated already existing problems in multiple areas of domestic policies, including healthcare and managing labour migration. Not surprisingly, the vulnerable groups were hit the hardest and found themselves in even more need for state support than before. The situation becomes more challenging considering the ongoing conflict in Eastern Ukraine. For civil society organisations and activists, who primarily benefit from the foreign donors' support, in addition to financial assistance, a priority in the EU-Ukrainian relations during the pandemic is [control over the actions of the government](#). There are fears voiced by the activists that as the country was paralysed during the lockdown, many untransparent decisions were made behind closed doors. The most recent example of such worrisome action is related to the problematic selection of the head of the Specialized Anti-Corruption Prosecutor's Office (SAPO). On 17 September, MEP and Deputy Head of the European Parliament's Delegation to the EU-Ukraine Parliamentary Association Committee, [Viola von Cramon, reported on her Twitter account](#) that the Ukrainian government is jeopardising a visa-free regime with the EU and an upcoming €1.5 billion in assistance by "[hastily pushing candidates lacking experience and integrity to select the SAPO head](#)". This has provoked a wave of worried reactions in the national media as a visa-free regime is extremely important for most Ukrainians. In addition to putting expectations on the EU's democratic institutions to increase transparency and accountability of Ukrainian governance, civil society organisations voice their hopes for continuing assistance for vulnerable groups of the population.

As the second wave of the virus is hitting Ukraine and the world, the Ukrainian government will have to mobilise all the resources and use all the creativity in using old alliances as well as looking for new ones to get as much support and assistance as possible. At the same time, the state budget was utterly unprepared to address most of the challenges so that the Zelensky government had to rely on generous foreign assistance coming from international organisations and other states as well as on self-mobilised civil society activists across the country. Apart from the financial support from the IMF and European institutions, the concerns of the Ukrainian government during the pandemic time are related to the military aggression from the side of Russia, labour migration towards the West and economic cooperation with the EU Member States. Ukrainian Minister of Foreign Affairs Dmytro Kuleba repeatedly stressed that Ukraine hopes for [continuing EU support](#) with regard to Russia's presence in eastern Ukraine and Crimea. The Ukrainian government [expects that the EU will fully use the sanctions against Russia](#) as a political instrument and will develop new, more efficient tactics that may

convince the Kremlin to choose their behaviour more wisely. The Covid-19 pandemics, in other words, highlighted the most pressing issues in the EU-Ukrainian relations.

It has to be noted, though, that the significant foreign aid coming from the EU and the IMF has been granted as conditional upon specific policy measures. [The list of the demands includes](#) strengthening public finance management and the rule of law. The government of Ukraine is also expected to ensure competition in the gas market as well as to improve the business climate and governance of state-owned enterprises. Finally, Ukraine is to respect effective democratic mechanisms, the protection of human rights and prove commitment to central bank independence. Considering the situation covered in this report, it is essential that the Ukrainian government stays on track with regard to these expectations and builds up confidence and trust of the country's strategic international partners.

8. References

- 1 Another illustration of the current situation with gender equality could be the fact that there is only one female minister in the current government (the Minister of Social Policy) and one acting female minister. Women also comprise only 20% of the members of the regional committees on the coordination of efforts aimed at combating the spread of Covid-19.

Imprint

Editor:

Heinrich-Böll-Stiftung Washington, DC, 1432 K St NW, Washington, DC 20005, USA

Heinrich-Böll-Stiftung European Union, Brussels, Rue du Luxembourg 47-51, 1050 Brussels, Belgium

Contact:

Christin Schweisgut, Programme Director, Infrastructure and Development, christin.schweisgut@us.boell.org

Anna Schwarz, Head of Global Transformation Programme, anna.schwarz@eu.boell.org

Place of publication:

<https://us.boell.org>, <http://eu.boell.org>

Release date:

December 2020

License:

Creative Commons (CC BY-NC-ND 4.0), <https://creativecommons.org/licenses/by-nc-nd/4.0>

The opinions expressed in this article are those of the authors and do not necessarily reflect the views of the Heinrich-Böll-Stiftung Washington, DC and Heinrich-Böll-Stiftung European Union, Brussels.