

Centre for Non-Traditional Security Studies
Year In Review 2020



CENTRE FOR
NON-TRADITIONAL
SECURITY STUDIES
YEAR IN REVIEW 2020

CENTRE FOR NON-TRADITIONAL SECURITY STUDIES,
S. RAJARATNAM SCHOOL OF INTERNATIONAL STUDIES,
NANYANG TECHNOLOGICAL UNIVERSITY, SINGAPORE

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Message from the Executive Deputy Chairman, S Rajaratnam School of International Studies, Nanyang Technological University, Singapore

Dear Readers,

Non-Traditional Security (NTS) challenges continue to threaten the well-being of states and societies in Asia and around the world. State and non-state actors need to be resilient and innovative in addressing and managing the ever-complex and transboundary implications of these threats, ranging from climate change and natural hazards to mass movement of people in search of refuge and safety.

This year, we have witnessed the spread of a deadly new pandemic – Coronavirus Disease 2019 (COVID-19). This global health crisis has led to an inordinate number of lives lost and a huge economic fallout.

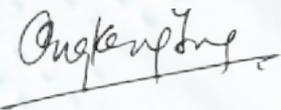
State and civil society actors are struggling to deal with the multiple impacts of the coronavirus. COVID-19 has highlighted gaps in current health systems and pandemic management mechanisms at both the national and global levels. It has also exposed frailties in the global supply chain, with lockdown measures hindering the transportation of essential goods and supplies.

In this *NTS Year In Review 2020* from the RSIS Centre for Non-Traditional Security Studies (NTS Centre), our scholars and researchers have written a series of insightful articles on COVID-19, detailing its severe disruptions in numerous sectors, as well as highlighting possible mitigation measures and future actions.

We hope that this *NTS Year In Review* will be useful to all readers in understanding the risks associated with COVID-19 and other NTS threats. Planet Earth is increasingly vulnerable as issues such as climate change, communicable diseases, food insecurity as well as irregular migration undermine international cooperation and multilateral institutions.

Looking ahead, the NTS Centre will continue to conduct policy-oriented research focusing on climate change and its effects on food production, and humanitarian assistance and disaster relief. At the same time, the Centre is ready to seize upon the opportunities arising from the COVID-19 situation to undertake more strategic research in the area of non-traditional security.

As usual, we welcome your feedback on what RSIS and its NTS Centre are doing.



Ong Keng Yong

Executive Deputy Chairman

S. Rajaratnam School of International Studies (RSIS)

Nanyang Technological University, Singapore

Message from the Head of Centre for Non-Traditional Security Studies

Dear Readers,

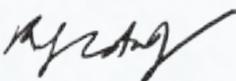
The year 2020 has been marked by an unprecedented humanitarian crisis like no other. In what began as a public health emergency of international concern, the COVID-19 pandemic very rapidly caused the worst global economic crisis not seen since the economic depression in the 1930s. The emergence of COVID-19 and its cross-cutting impacts have caused untold human misery placing a lot of stress on governments and populations globally. Moreover, the multifaceted effects of a pandemic are compounding existing socio-economic inequalities, generating new vulnerabilities and escalating levels of risk.

Against this backdrop, the concern about resilience – particularly for vulnerable communities – has become even more critical. The pandemic has exposed gaps and frailties in how we manage a global health crisis. A systemic review of current policies and structures from the local to the national level is needed. Further, at a time when social distancing measures are creating physical and psychological divides among countries, there is a need to ensure that multilateral cooperation remains and is further strengthened.

Within Southeast Asia, ASEAN's commitment to address shared challenges as one community will go a long way towards helping its member states build capacity, mobilise and share resources and expertise. ASEAN's role in providing the platform for non-state actors like the private sector and civil society organisations to work together and engage with the local and international community is critical in helping the region cope with the complexities of addressing the pandemic and other NTS challenges.

The *NTS Year In Review 2020* comprises articles which discuss the intersections between COVID-19 and other NTS challenges confronting the region. These articles draw out some of the potential pathways to addressing issues created by the pandemic. We hope that you will find these articles useful in providing a holistic understanding of the kinds of challenges we face today.

Finally, the NTS Centre will continue to conduct policy-relevant research on emerging NTS issues and their regional implications. We value any feedback and look forward to any potential engagements on our research areas.



Professor Mely Caballero-Anthony

Head

Centre for Non-Traditional Security (NTS) Studies
S. Rajaratnam School of International Studies (RSIS)
Nanyang Technological University, Singapore

Key NTS Events 2020

The year 2020 started with the hottest January in the 141 years that global records have been monitored. It registered 1.14 degrees Celsius above the 20th century average.

*

Severe flooding in Jakarta in early January left large areas of Indonesia's capital underwater. The worst flooding Indonesia has experienced since 2013, it claimed at least 60 lives and displaced over 175,000 people at its peak.

*

On 30 January, the World Health Organization (WHO) declared that the novel coronavirus (now known as COVID-19) outbreak that first emerged in Wuhan, China, a Public Health Emergency of International Concern.

On 11 February, the WHO announced that the official name for the disease caused by the new coronavirus is COVID-19. The virus itself has been designated SARS-CoV-2 by the International Committee on Taxonomy of Viruses. The WHO-China Joint Mission released its comprehensive report on COVID-19 in late February, providing significant findings from its engagements with health experts and fieldwork interviews in China.

*

In his special talk on sustainable development and climate change delivered in Islamabad, Pakistan on 16 February, UN Secretary General Antonio Guterres called for stronger global efforts to tackle climate change given that it is the gravest and most urgent obstacle to the global stability and prosperity.

On 4 March, scientists confirmed that climate change has worsened Australia's wildfires. According to the World Weather Attribution, an international group of scientists, climate change has made the high-risk conditions that led to widespread burning at least 30 percent more likely to occur.

*

On 11 March, the WHO declared COVID-19 a pandemic, sounding alarm that countries were not working quickly and aggressively to fight the pandemic.

*

As countries grappled with a shortage of COVID-19 test kits and equipment, the International Atomic Energy Agency (IAEA) launched in mid-March its global pandemic response and began providing diagnostic kits, equipment and training in nuclear-derived detection technique, known as real time RT-PCR, to its member states.

January

February

March

July

August

September

On 1 July, the United Nations Security Council unanimously adopted Resolution 2532 (2020), demanding "a general and immediate cessation of hostilities in all situations, on its agenda." This echoed an earlier call by UN Secretary-General António Guterres who first appealed for a global ceasefire on 23 March.

*

On 14 July, the FAO launched its COVID-19 Response and Recovery Programme. Outlining seven key priority areas, this programme is aimed at preventing a global food emergency during and after the COVID-19 outbreak, while working on medium to long-term development response for food security and nutrition.

*

Philippine President Rodrigo Duterte issued an executive order dated 24 July creating a nuclear power inter-agency committee which is tasked to study and recommend a national position on whether the country should use nuclear energy or not. The country has Southeast Asia's first nuclear power plant which has never been operated.

Taiwan and the United States signed their first memorandum of understanding (MOU) on health cooperation on 10 August. This MOU will lead to expanded cooperation on global health security, infectious disease control and vaccine development.

*

Russian President Vladimir Putin announced the world's first coronavirus vaccine on 11 August. Developed by the Moscow-based Gamaleya Institute, the vaccine had yet to have undergone Phase 3 testing before approval leading to questions about its safety.

*

Members of the ASEAN Committee on Disaster Management (ACDM) met at the 36th ACDM Meeting on 11 August to review the implementation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2016-2020 and determine priorities to strengthen regional policies and strategies on disaster management.

On 4 September, China's first homegrown nuclear reactor began loading fuel at the China National Nuclear Power Company's Fuqing No 5 reactor. The success of its domestic technology would mean that China could sustain its nuclear power industry without Western developers.

*

On 22 September, Chinese President Xi Jinping pledged that China will become carbon neutral by 2060. He called for a "green revolution" and promised that the country will scale up its targets under the Paris climate accord.

*

On 28 September, the official global death toll from COVID-19 passed 1 million. However, due to underreporting and a lack of testing facilities, the actual number was likely to be higher.

On 14 April, the leaders of the 10 ASEAN member states issued the Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 in which they expressed their resolve to institute measures to deal with the disease including further “strengthen[ing] public health cooperation measures to contain the pandemic and protect the people”.

*

On 15 April, the ASEAN Ministers on Agriculture and Forestry (AMAF) issued a Joint Statement reaffirming their commitment to ensure food security, food safety and nutrition in the region during this outbreak.

*

The city of Wuhan in China, the initial epicentre of the coronavirus pandemic, declared itself clear of COVID-19 after the last 12 patients were discharged on 26 April. The city, where the disease was first detected in December 2019, was in months of strict lockdown and suffered thousands of deaths.

April

October

On 9 October, it was announced that the UN’s World Food Programme had won the Nobel Peace Prize for its work in combatting hunger and improving conditions for peace in conflict areas. Other candidates for this year’s prize included climate activist Greta Thunberg, the Russian opposition leader Alexei Navalny, and the WHO.

*

On 26 October, Japanese Prime Minister Yoshihide Suga pledged that Japan will become carbon neutral by 2050 in his first address to parliament since taking office. Doubts remain about the ability of Japan to realise that goal given its heavy dependence on fossil fuels and domestic opposition to nuclear energy.

Cyclone Amphan made landfall on 20 May, first hitting the coast of eastern India and Bangladesh. It was only the second “super-cyclone” to form in the Bay of Bengal since records began. Disaster response was further complicated by COVID-19 measures, including physical distancing.

*

On 20 May, Chinese President Xi Jinping announced that China will provide US\$2 billion over two years to help with global COVID-19 response and with economic and social development in affected countries. This includes the establishment of a Global Humanitarian Logistics Hub with the UN in China.

*

The Food and Agricultural Organisation of the United Nations (FAO) warned on 28 May that the compounding impact of the pandemic, humanitarian crises, plagues and global economic recession could exacerbate global hunger.

May

November

On 1 November, Typhoon Goni, considered as the strongest storm in 2020, barreled across southern Luzon in the Philippines, devastating several provinces and leaving at least 20 people dead. Preparedness and response operations were further complicated by COVID-19 that also severely hit the country.

*

On 4 November, the U.S. formally withdrew from the Paris Climate Agreement, becoming the first and only nation to do so. President Donald Trump announced in 2017 that the US would quit the agreement.

*

On 9 November, a potential vaccine for COVID-19 was announced. Developed by BioNTech and Pfizer, this vaccine is 95% effective against COVID-19, based on phase 3 trials. A few days later, US firm Moderna, a British partnership between AstraZeneca and Oxford University, and Russia’s state-run Gamaleya Research Institute also announced that their vaccines effectively work.

The IAEA launched the Zoonotic Disease Integrated Action (ZODIAC) initiative, in collaboration with FAO and WHO, in June. This effort is aimed at improving disease detection and response capabilities of countries, using nuclear-derived techniques, to prevent pandemics.

*

A UN report published on 10 June highlights the link between gender, climate and security. According to this report, even as countries are dealing with the impacts of COVID-19, attention must be paid to the links between gender inequality and crisis in communities affected by climate change and conflict in order to rebuild societies more securely.

*

Beijing authorities closed down a wholesale food market in south-west Beijing and ordered mass testing in the area on 13 June after it was being connected to a spate of new infections, sparking fears of a ‘second wave’ of COVID-19 infections.

June

December

After issuing the emergency use approval, the UK became the first country to roll out the Pfizer/BioNTech COVID-19 vaccine, administering the first doses on 8 December.

*

With the COVID-19 pandemic having disrupted plans to hold the annual UN climate meeting, known as Conference of Parties (COP), which was slated to be hosted by the UK in Glasgow, the UN and the UK government co-hosted a “landmark global event” dubbed as “the sprint to Glasgow” on 12 December, on the 5th anniversary of the 2015 Paris Agreement. The high-level online event aimed to rally momentum and call for much greater climate actions and commitments, particularly from national governments. The COP will instead take place in Glasgow in November 2021.

ASEAN Response: Pushing Back Vaccine Nationalism

Mely Caballero-Anthony

The outbreak of the COVID-19 pandemic has brought home the fact that advancing regional cooperation has become even more critical for ASEAN and its multilateral agenda. ASEAN remains an important platform to deepen cooperation among the member states. In the wider East Asian region, ASEAN also works with countries like China, Japan and South Korea through the ASEAN Plus Three (APT) framework; and with Australia, India, New Zealand, Russia and the United States joining the ASEAN Plus Three countries through the East Asia Summit (EAS).

Since the outbreak of COVID-19, ASEAN's shared existential threat has never been felt stronger. The impact of the long-drawn health crisis has already exacted a huge toll on the region's economy. The International Monetary Fund (IMF) has projected that the global economy will contract by 4.9 percent this year. A global economic recovery is contingent on the discovery of a vaccine.

Global Race for a Vaccine

The race to find a vaccine has already seen countries making exclusive purchasing agreements with big



Potential COVID-19 vaccines are being developed in several countries.

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pharmaceutical companies to lock in access before these vaccines are safely rolled out for mass production. This 'my country first' approach hugely disadvantages countries that do not have the resources nor capacity to join the bandwagon of vaccine nationalism.

It will seriously undermine the global fight against COVID-19. Can ASEAN centrality and its brand of inclusive multilateralism push back this alarming trend of vaccine nationalism?

ASEAN has played a significant role in the region's fight against COVID-19. In the early phase of the outbreak, ASEAN activated its regional mechanisms on pandemic preparedness and response to support national measures in fighting the spread of the pandemic.

Of note is the work done by the ASEAN Emergency Operations Centre (EOC) Network for Public Health Emergencies; it became the nerve centre to facilitate timely and accurate exchange of information among members about the spread of the disease. More importantly, its role is to help contain and mitigate the spread of the pandemic.

ASEAN convened a special summit in April 2020 on COVID-19, to explore what more could be done together to strengthen regional cooperation together with its dialogue partners – like China, Japan and South Korea.

This led to an ASEAN declaration where member states committed to setting up an ASEAN Response Fund for health emergencies to address shortages of medical supplies such as test kits and personal protective equipment; funding research into vaccines and other therapeutics; and plans for putting up a regional stockpile for essential medical supplies that can be readily deployed for emergency needs.

Vaccine Multilateralism vs Vaccine Nationalism

More efforts can certainly be done to implement these ideas and explore how its other dialogue partners like the US and India, which are major players in vaccine development, can be part of wider international efforts to provide access to vaccines and therapeutics.

One logical avenue is to realise plans for vaccine development by leveraging on complementary comparative advantages, with the participation of its dialogue partners and the pharmaceutical companies.

Vaccine supply chains are unavoidably global. Even the countries able to identify the proven vaccines will likely require the help of other countries to upscale and sustain production.

China's Sinovac company, for instance, is working with Indonesia's state-owned BioFarma company, in late-stage human trials of vaccines. Oxford/Aztrazeneca company is likewise contracting India's Serum Institute (largest vaccine manufacturing in the world) for phase-2 testing of prime vaccine candidate, AZD-1222.

With these kinds of bilateral partnerships taking place, getting other countries in ASEAN which have multinational pharmaceutical companies to participate allows for wider pool of vaccines being manufactured in the region. This in turn helps other countries in ASEAN to get better/easier access to these vaccines.

This regional effort complements the WHO-led global drive to advance the manufacturing and delivery of future vaccines to developing countries, under the "Access to COVID-19 Tools (ACT) Accelerator" programme and its vaccine pillar – COVAX.

The COVAX Global Vaccine Facility, co-led by GAVI, the Coalition for Epidemic Preparedness Innovations (CEPI) and the WHO, in partnership with countries like Switzerland and Singapore, helps ensure vaccine access for all through vaccine multilateralism.

Regional Vaccine Stockpile?

Alongside vaccine development, ASEAN could also benefit from further collaboration in realising a regional stockpile of vaccines as essential medical supplies. For instance, Malaysian Foreign Minister Hishamuddin Hussein called for a vaccine hub at the regional level.

This can potentially match its efforts to enhance the manufacturing and distribution of COVID-19 vaccines in collaboration with the United States, or to fast track vaccine cooperation with China and even India.

An earlier article in *Foreign Affairs* likewise called for a COVID-19 Vaccine Trade and Investment Agreement, which includes an Investment Fund to buy vaccines in advance and allocate them, once they have been proved to be safe and effective.

Governments pay into the COVID-19 Vaccine Investment Fund on a subscription basis, with escalating non-refundable payments tied to the number of vaccine doses they secured and other milestones of progress. It also called for subsidising participation by the poorest countries wholly or in part.

There are already preliminary initiatives being discussed at the multilateral level such as at the G20. We may yet imagine a coalition of countries representing at least 50% of global vaccine manufacturing, whose trade and health officials work together on an equitable and enforceable system for allocating COVID-19 vaccines, as argued in the aforementioned *Foreign Affairs* article.

Giving Meaning to ASEAN Centrality

The possibilities of ASEAN being a vaccine hub – in both manufacturing and distribution – goes a long way in advancing ASEAN centrality in promoting global health security and diplomacy, while pushing back against short-sighted nationalist tendencies.

ASEAN has shown that it is able to coordinate regional and international efforts in addressing shared challenges like this current pandemic. Thus working closely to make vaccines available to all its members – regardless of the "size of their purses" – makes ASEAN centrality meaningful for its members and credible to the wider region and beyond.



Volunteers participating in phase 3 trial of the Sinovac COVID-19 vaccine in Padjadjaran University, Bandung, West Java, Indonesia

Photo credit: Wikimedia via creative commons license

COVID-19: Private Sector's Role in Times of Crisis

Christopher Chen

With COVID-19 showing no signs of abating, the rapid spread of the disease is placing considerable strain on global systems and processes. As a result, populations are heavily scrutinising governmental efforts to manage the pandemic.

With the severity and scale of the outbreak, dealing with this crisis requires the combined efforts of multiple stakeholders. The private sector can play a vital role in supporting the state to manage this outbreak.

Private Sector Contributions

Private sector involvement in humanitarian and health crises is not a new phenomenon. In the aftermath

of the 2004 Indian Ocean earthquake and tsunami, pharmaceutical company Pfizer provided US\$10 million in financial aid and \$25 million worth of medicine to relief organisations and affected populations.

More recently, during the 2014 Ebola outbreak in Western Africa, global businesses contributed \$300 million to the global response. Indeed, the private sector has almost always been willing to provide in-kind and cash donations in times of crisis. However, the impact of COVID-19 is on a much larger scale as compared to previous outbreaks. It is not geographically isolated, with the disease spreading to around 200 countries and territories worldwide since the first case was reported in December 2019.

The scale and reach of the disease have created a global supply chain crisis, with many countries facing shortages in medical equipment such as surgical masks and ventilators. In this context, the private sector is stepping up efforts to manage the pandemic.

Companies are repurposing their factories and leveraging on their comparative advantages and resources to help plug gaps in the medical supply



New 'normal' in offices and workplaces?

Photo Credit: Phil Roeder via Flickr under creative commons license

chain. For instance, gaming hardware company Razer Inc. devoted some of its manufacturing lines to produce surgical masks and pledged to donate up to one million masks to healthcare professionals around the world. Luxury goods company LVMH announced that it would be converting some of its fragrance-production factories into hand-sanitiser plants. Longer-term solutions such as vaccines require more investment and time to develop.

However, as the examples above demonstrate, private sector input can help meet the short-term needs of frontline health workers. It also demonstrates how all companies, not just those in the healthcare industry, are doing their part to address COVID-19 problems.

Private Sector and New Technologies

Philanthropic contributions aside, the private sector also offers a range of other functions that can be tapped on during a crisis. Some companies are leveraging on their technical expertise to provide solutions to the effects of COVID-19. For example, IBM refocused its 2020 Call for Code Challenge to solve problems stemming from the COVID-19 crisis.

IBM provided reference materials and technical resources to facilitate the creation of open-source technology solutions to address issues such as crisis communication and remote learning. This highlights how private sector interventions can help to generate innovative solutions in the fight against COVID-19.

Furthermore, it is not only the big players who are getting involved. To address medical supply shortages, hospitals are turning to 3D-printing start-ups for assistance. In Italy, Isinnova, an additive manufacturing company, volunteered to reverse engineer and 3D-print ventilator valves for a hospital when its usual suppliers could not meet the overwhelming demand.

This enabled the hospital - which was situated in Lombardy, one of the areas worst affected by COVID-19 in Italy - to have quick access to the valves. This was a cheap and fast solution to a potentially life-threatening problem. To put it in perspective, it usually takes three months for valve part deliveries; the Italian start-up sent 100 valves to the hospital within a day.

Changing Social Norms and Organisational Culture

Apart from material contributions, companies can also shape the way people think about work. In order to

‘flatten the curve’ and control the spread of the virus, the general consensus is that social distancing measures work the best. What this means is that current social norms such as going to work sick and the 9-5 work cycle need to be reassessed.

Companies can play their part by changing existing policies which incentivise employees to take minimal medical leave, while at the same time implementing flexible working arrangement plans. Policies such as allowing employees to take the day off without the need to obtain a medical certificate can also change the social norm of reporting to work sick.

During this trying time, companies also have a moral obligation to support their employees. Several major multinational corporations are already offering unlimited paid sick leave to employees experiencing coronavirus symptoms or who have been quarantined. These efforts prevent the spread of the virus and maintain a degree of normalcy in people’s lives.

Public-Private Partnership

The COVID-19 outbreak reveals many deficiencies in the current pandemic management system. From overstretched medical supply chains to severe economic disruptions, it warrants a rethink of how we should prepare for future outbreaks of this scale. In the process, it also highlights the importance of adopting a multi-stakeholder approach in future preparedness planning.

To cope with future outbreaks, it is essential to strengthen public-private partnership in pandemic preparedness planning. Governments should include businesses - especially those that provide essential supplies such as medical equipment- in their crisis management plans. Companies and government bodies can also sign Memorandums of Understanding which guarantee stockpiles of specific items that can be quickly accessed in the event of an outbreak.

The scale of the current pandemic has compelled private sector intervention in a wide range of areas. Just like governments, businesses have a vested interest in minimising the impact of COVID-19 on society. As such, it is a timely reminder that all sectors need to work together to ensure the robustness of the global system.

Pandemic Fatigue: Re-Examining Re-Opening's Logic

*Jose Ma. Luis Montesclaros and
Mely Caballero-Anthony*

Majority of the world's economies had at some point executed countrywide lockdowns since March 2020, when COVID-19 was declared a global pandemic. After months of economic standstill and strict restrictions on movements of people, some economies have started to re-open.

In some countries in Europe, malls, restaurants, cafes and schools are slowly getting back to business. In East Asia, we also saw relaxation in countries like South Korea, Japan, and Vietnam, albeit calibrated in some like Malaysia and Singapore. The decision to re-open is often a matter of weighing the costs and benefits of doing so. But how decisions are arrived at, drawing on the kinds of costs and benefits involved, can be contentious.

Lives vs Livelihoods?

An article published in *The Straits Times* provides an interesting perspective on the so-called "lives vs livelihoods" debate. The writers argued that while lives are by virtue "infinitely priced", one can actually put a "price" on life depending on certain situations. They posited that lockdowns help save lives but cost livelihoods/incomes; therefore, countries should re-open when the value of the lives saved, falls below the cost of livelihoods lost.

Such line of thinking, however, is flawed and simplistic. We argue that it may not be so much a matter of trading lives for livelihoods, as it is about protecting lives and ensuring safety through effective and adequate public healthcare capacity. By putting more efforts in strengthening public healthcare systems, one prevents the binary of having to choose one over the other.

Infection Not a Death Knell

One would do well to note that a COVID-19 infection does not automatically result in death. In the absence

of vaccines, much depends on the capacity of hospitals to support those who suffer from its symptoms, and government's fiscal capacity to subsidise hospitalisation expenses.

In this sense, what spells death is not the number of infections per se. Rather, it is the number of active cases relative to the maximum capacity of the health care system. The case of Singapore is instructive.

It expanded its healthcare capacity partly by creating new venues ("community facilities") to house active COVID-19 patients, while freeing up hospital beds and intensive care for critical patients. For instance, several halls of the Singapore Expo convention/exhibition centre were converted into wards.

Each patient was provided with self-help kits to monitor and log vital indicators like oxygen levels, blood pressure and temperature three times a day. Concurrently, the government has supported total in-patient hospitalisation expenses in public hospitals.

As a result, Singapore suffered only 27 fatalities out of 57,514 infections as of 17th September 2020, representing a death rate of 4.7 for every 10,000 infected cases. This is very low in contrast to other countries which have reported non-zero fatalities, such as the United States (294 deaths for every 10,000) and China (544 deaths for every 10,000 infected), based on Worldometer data the same day. The worst countries included Belgium, Mexico, the United Kingdom and Italy, ranging from 1,000 to 1,200 deaths for every 10,000 infected.

Healthcare Capacity as Benchmark

What is remarkable about Singapore's approach to achieving its low COVID-19 death rate, is its cautious and graduated approach to re-opening. It can be observed that its timing of re-opening has consistently been preceded by a declining number of active cases relative to its healthcare system's maximum physical and fiscal capacity.

Daily government updates showed Singapore's active COVID-19 cases (excluding discharged cases and fatalities) peaked at 20,799 on 12 May 2020, providing an indication of the historical maximum number of cases that Singapore's health care system can accommodate. When Singapore announced its phased re-opening on 28 May, there were 14,932 active cases (71.8% of maximum capacity).

On 2 June, when Phase One of re-opening began (e.g., some businesses permitted, primary and secondary graduating cohorts returning to school, and household visits limited to two children/grandchildren), there were 12,637 active cases (60.8% of maximum capacity). On 19 June when Singapore proceeded with Phase Two (e.g., restaurant dine-ins, retail outlets, gyms and schools following safe management measures permitted; social gatherings up to five people allowed), there were 8,130 active cases (40% of maximum capacity).

And on 2 July, as more relaxation measures were introduced in the extended Phase Two (some entertainment centres and places of worship permitted), there were only 5,035 active cases or 24.3% of maximum capacity. As of 17th September, there were only 532 active cases (2.6% of maximum capacity).

Key Takeaway: Strengthening Healthcare Systems

Relative to Singapore and other countries, the Philippines appears to be a moderate case, with 173 deaths for every 10,000 infected, as of 17th September. It can be argued, however, that Philippines' approach to re-opening, was prematurely implemented. The country was among the

earliest to lockdown on 16 March (island-wide strict movement control across Luzon island). At that time, World Health Organisation data reflected less than 150 confirmed active cases, countrywide. Active cases ballooned to 7,109 cases on 1 May. By 2 June, a day after the government began lifting some sanctions, there were 13,968 active cases, practically double that in May. By end-June, this figure nearly doubled again to 26,015 active cases.

The extent of the Philippine government's support was also limited: compared to a Php1.3 million (S\$36,600) bill for 15-day confinement of a "level 3 (severe pneumonia)" patient, the Philippine government had since mid-April capped its support to patients with identical conditions to Php333,000 (S\$9,640).

The key takeaway from this comparison of approaches in bringing economies back to life after lockdowns is the importance of strong health care systems and of timing the re-opening of economies prudently. Deciding when to re-open should be contingent on the ability and capacity of a country's hospitals and other healthcare facilities. It should also depend on its government's fiscal capacity – to accommodate, manage and support the numbers of infection cases in their communities.



Households received aid amid COVID-19 lockdowns in the Philippines.

Photo credit: Eric Sales, Asian Development Bank via Flickr under creative commons license

COVID-19 and Humanitarian Response: Leave No-One Behind

Alistair D. B. Cook

The Red Cross Movement has had an active global awareness raising campaign during the COVID-19 outbreak along with other international organisations and NGOs. They all highlight those most vulnerable to coronavirus, but many media outlets miss out a number of these categories: the elderly, healthcare workers, people with chronic diseases, disabled people, detainees, homeless people, prisoners, refugees and displaced people.

People living in refugee or internally displaced persons camps often face overcrowded housing situations which increases the risk of the quick spread of COVID-19

through their communities. It often means they are also already exposed to other infectious diseases.

Impact on Refugees and Vulnerable Groups

Across the world, the top five countries with the most refugees per 1,000 inhabitants were Lebanon (164), Jordan (71), Turkey (43), Uganda (32), and Chad (28). In the Asia-Pacific, Kutupalong in Cox's Bazar, Bangladesh is the world's largest refugee settlement housing more than 630,000 people spread across only five square miles.

It is important to keep these communities and countries in mind when developing a global response to the pandemic – we need to be ready and prepared to help those most in need. All national action plans for COVID-19 for countries hosting refugees and irregular migrants need to explicitly include these communities.

COVID-19 has affected all regions of world. Some of these are already exposed to humanitarian situations as a result of conflicts, disasters and climate change. On 17 March 2020, both the International Organisation for Migration (IOM) and the UN Refugee Agency announced that they suspended resettlement travel for refugees.



View of the sprawling Kutupalong refugee camp near Cox's Bazar, Bangladesh

Photo Credit: DFID - UK Department for International Development via Flickr under creative commons license

As countries closed their borders to the fast-evolving COVID-19 situation, some families experienced delays, been stranded or separated. Both agencies pledged to continue their work in refugee-hosting countries to ensure processing claims continue. They also noted that international travel could also increase exposure to COVID-19.

Therefore, it was necessary to raise awareness about COVID-19 among the refugee and internally displaced persons community. It is essential for governments, international organisations and humanitarian bodies to develop consistent crisis communications on COVID-19 to avoid mixed messages and confusion which can spread fear and misinformation.

Some efforts took shape with community-based organisations and diaspora groups translating public health practices into vernacular languages for refugee and internally displaced person camps.

Disabled People and Paradox of Developing Countries

Catalina Devandas, United Nations Special Rapporteur on the rights of persons with disabilities, warned early on that there was little guidance and support for disabled people who can be disproportionately affected by social distancing and containment measures.

In Singapore, the Superhero ME is an educational resource package for children and people with disabilities which has added COVID-19 response measures to its online platform offering guidance and support for disabled people. This is an example of how online awareness raising activities during the pandemic response can reach vulnerable communities. These are some isolated examples on how to address these challenges but a more comprehensive and inclusive COVID-19 pandemic response is needed with funds to match.

There is a paradox, according to Dr Michael Ryan, who leads the World Health Organization's (WHO) Health Emergencies Programme and a trained epidemiologist, many systems in developing countries and conflict settings are more resilient than some settings in the West. This is because camp managers know that measles, meningitis or cholera epidemics severely impact these communities, so there are active early warning and public health-focused systems in place that can be repurposed to fit the new pandemic. However, for COVID-19, items such as respirators, personal protective equipment and reliable laboratory testing will still be in short supply.

Who Pays?

At the beginning of March 2020, the UN Emergency Relief Coordinator released US\$15 million from the UN Central Emergency Response Fund (CERF) to support WHO and UNICEF efforts to contain COVID-19 in vulnerable countries. The World Bank offered \$1.1 billion in grants of new money and repurposed \$2.2 billion for lower income countries to tackle the pandemic as it gripped the world in early 2020.

This \$3.5 billion amount raised from donor countries and other stakeholders like philanthropic institutions and the private sector was much smaller than the £30 billion package (\$36.3 billion) of support, earlier announced by the UK Chancellor, for people and businesses in the UK. This was followed on 17 March with an additional £330 billion (\$400 billion) of guarantees – equivalent to 15% of the UK's GDP. This is a stark difference and while the global funds for lower income countries are welcome, they remain insufficient.

Leave No-One Behind

The WHO has developed the COVID-19 Strategic Preparedness and Response Plan for countries most at risk and with the weakest health systems. This effort is supported by the COVID-19 Solidarity Response Fund, which was launched by the US-registered United Nations Foundation and Swiss Philanthropy Foundation with the WHO on 13 March.

It aims to finance protective equipment for healthcare workers; equip laboratories; improve surveillance and data collection; establish and maintain intensive care units; strengthen supply chains; accelerate research and development of vaccines; and the broader public health response to COVID-19. The fund looks to individual and institutional donors to support its efforts.

These affected communities already reside in precarious situations with limited access to healthcare and other daily essentials. It is important for countries and other stakeholders to come together to support the refugees and displaced persons, and their host countries affected by COVID-19. This will require coordinated international support to assist those most in need.

It is in times of such global insecurities that the most vulnerable can be left out-of-sight, out-of-mind. As many UN officials now signal, it is important to leave no-one behind and make the COVID-19 pandemic response one founded on global solidarity. This is necessary because ultimately the coronavirus knows no borders or nationalities, only viral hosts.

COVID-19: Is the Humanitarian Sector Prepared?

Lina Gong

The severe shortage of critical medical supplies was a prominent challenge in the initial phase of China's domestic response to the COVID-19 outbreak between January and March this year. International humanitarian aid provided by foreign governments, international organisations, non-governmental organisations, the private sector and individuals helped to narrow the gap.

The shortage later became a global challenge as the disease spread across the globe. The fight against COVID-19 highlights the obvious vulnerability of critical medical supplies and the role humanitarian aid can play in enabling better national and global response.

Severe Shortage and Consequences

The Chinese Foreign Ministry spokesperson appealed on 3 February 2020 that China urgently needed surgical masks, protective suits and safety goggles. Later, a Deputy Mayor of Wuhan, the epicentre of the outbreak, noted that there was a daily shortage of 56,000 N95 masks and 41,000 protective suits in the city.

The scarcity of these items threatened China's response in several ways. First, it increased the risks facing frontline staff. The Chinese representative at the press conference of the WHO-China Joint Mission on COVID-19 on 24 February pointed out that over 3,000 health workers were infected, with the vast majority of cases in Wuhan.

The need to hospitalise infected staff and quarantine the suspected ones aggravated the acute shortage of trained medical personnel and increased the already high level of stress of those still working in the hospitals. The inadequate supply of personal protective equipment and fatigue were likely contributing factors of infection among healthcare workers, according to the Chinese representative.

Second, the inability to provide adequate protection for frontline staff eroded public confidence in the



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government's ability to tackle the epidemic successfully and thus undermined the efforts to contain the spread of the disease. In China, public concern over the safety of medical workers reached its peak as several medical professionals passed away in Wuhan within a few days in mid-February.

The adverse consequences of the shortage in China highlights the significance of international aid in supporting countries in their fight against the disease, and doing so in a sustainable manner.

International Donations to China

The surge in foreign contributions since late January has alleviated the shortage of key medical items in China. According to the Chinese Foreign Ministry, as of 30 April, over 50 countries and five international organisations have offered or promised to offer assistance in this regard.

Japan for instance was among the first countries that responded to China's need, offering medical supplies, funds and support in different forms. Iran donated over one million masks and other essential items, with the first batch arriving on 1 February.

Singapore sent two batches of humanitarian aid which included three polymerase chain reaction (PCR) machines for screening COVID-19 patients and S\$6 million in relief funds raised by the Singapore Red Cross, in addition to staple personal protective equipment items and sanitising and disinfecting agents. These have contributed meaningfully to China's existing efforts.

Humanitarian Aid amid Pandemics

The challenge facing China in the initial phase of its response shows that an unexpected outbreak of infectious disease can lead to humanitarian needs in a country that

is believed to have a well-functioning health system. As such, it is necessary for the international community, particularly the humanitarian system, to reconsider its preparedness for and response to humanitarian needs in epidemics, if not pandemics.

Because conflicts and extreme weather events have been seen as the primary causes of humanitarian emergencies, current humanitarian aid is geared towards such needs in these two settings, including medical supplies which primarily include essential and life-saving medicines as well as surgical and trauma kits.

Even though infectious diseases are considered as a growing risk of humanitarian emergencies, the focus has been on helping countries that have weak health systems and poor water and sanitation and lack access to vaccinations.

Conventional stocks of humanitarian aid as aforementioned are unable to meet the specific humanitarian needs in an outbreak due to the special characteristics of infectious diseases. For instance, in the case of COVID-19, not all types of masks but only surgical masks, N95 masks and the equivalent are effective for preventing the spread.

The COVID-19 outbreak serves as a reminder for the international humanitarian community to review its inventory of aid so as to be better equipped for similar situations in the future.

How Prepared is Our Humanitarian System?

Given that the COVID-19 pandemic is unlikely to end soon, the question arises as to how prepared is the humanitarian system in responding to multiple emergencies at such a massive scale all at the same time.

As most countries have seen a domestic outbreak, major donor countries have had to battle on two fronts, namely containing domestic outbreak and offering humanitarian aid to countries in need. China for instance dispatched medical experts and key medical supplies to Iran on 28 February, which was an early responder to China's need in late January.

Moreover, the outbreak significantly strained the supply chains of certain medical items and this increased the difficulty to mobilise aid. As China is the primary manufacturer of many medical supplies, the shortage within China and the adverse impact

of the containment policies on the Chinese economy disrupted the market for a certain period.

This was worsened by the possibility of some governments tightening or even banning exports of certain medical items to meet domestic needs. The disruption in key medical supplies in the early phase of the global COVID-19 response was an important reminder to diversify the sources of key items of humanitarian aid amid a possible outbreak of pandemics, or even beforehand.

Facing the Future

The COVID-19 outbreak highlights the importance to prepare for a scenario that a public health emergency of international concern first occurs in a low-risk country and subsequently affects global response to other parts of the world. In such a scenario, countries can face a shortage of key medical items and global response is constrained as key donor countries are preoccupied with domestic outbreaks.

To cope with such challenges, firstly, it is essential to strengthen preparedness at national and regional levels. Simulated exercises that involve governments, hospitals, the private sector and non-governmental organisations that play different roles in producing, mobilising, distributing and using key medical items are useful for preparing for future pandemics. Establishing and strengthening the infrastructure and networks for the storage and distribution of key items also contribute to more effective pandemic response.

Secondly, an anticipatory approach is needed. Mechanisms that translate early warning signals to mobilisation of human resources and proper stockpiling of key medical items should be put in place at national and regional levels. Early deployment of needs assessment team to communities that face the risk of outbreak and are willing to accept aid can better inform humanitarian response to pandemics.

Such expert teams can draw lessons from the work of the ASEAN Emergency Response and Assessment Teams in disaster management. Assessment results can facilitate timely adjustment of stockpiling of essential medicines, vaccines and medical equipment. In view of the growing connectivity and connectedness between countries, it is important that the international community and the humanitarian system plan and prepare for the future.

COVID-19 Response and the Women, Peace and Security Agenda

Tamara Nair

In this time of compounding global crisis, the world needs to come together to not only fight the pandemic but to also preserve our commitments to certain shared beliefs. One of these is the eradication of gender inequality even in the midst of this humanitarian crisis as such inequalities can become exaggerated. But how much attention are we paying to gender inequalities especially in terms of women's economic and individual securities?

Undoubtedly, COVID-19 has a disproportionate impact on people, especially as a result of their positions in society and decision-making processes as well as numerous intersectionalities that compound inequalities that of genders, disabilities, ethnicities, socio-economic class, race and even age. In addition, how these play out in complex emergencies: COVID-19 spreading in refugee camps or communities having to deal with natural hazards and the spread of the virus. These scenarios should also be of great concern to leaders.

When it comes to differentiated impacts, UN Security Council Resolution (UNSCR) 1325: The Women, Peace and Security (WPS) agenda, with its prevention, participation, protection and role in relief and recovery principles, provides an excellent framework for response strategy for COVID-19. This is certainly a good way to realise ASEAN's shared commitment to the agenda, which all member states jointly entered into on 13 November 2017.

The WPS Framework and Pandemic Response

There might be many who question the relevance of the WPS framework in a global pandemic. After all, the provenance of the agenda lies in Bosnian war and the Rwandan genocide; both revealed the inadequacies of existing international peace and security systems to address emerging military and civilian transgressions against vulnerable groups, especially against women and girls. At the same time, the recognition of climate-induced struggles, the occurrence of devastating

epidemics and the largest mass exodus of people, among other 'non-traditional threats' were about to become a reality in the next decade or so.

The WPS framework is a transformative one. It hopes for change and as I have suggested elsewhere, the agenda can in fact be used to address the plight of women in the aftermath of natural hazards and in issues of women's economic insecurities as well. UNSCR 1325 did not conceptualise the WPS agenda with these specific details and the contents of the resolution do not specify particular events. Despite this, UNSCR 1325 speaks of a people-centric approach and a gendered understanding of human security, and a shift in thinking and framing contemporary global security issues that lead to inclusive response strategies. What UNSCR 1325 outlines then, is of extreme relevance to response to COVID-19.

WPS in Southeast Asia

ASEAN already has a strong commitment towards the Women, Peace and Security agenda as outlined in its joint statement in 2017 on promoting women, peace and security in the region. Key in this statement is the "pledge to promote gender equality and reduce social inequalities between men and women in our societies as a way to contribute to longstanding peace and prosperity" and to protect women from "...discrimination and social exclusion." This will require governments, donors, NGOs and civil societies to work together to reaffirm the region's commitments to the WPS agenda and gender equality and how these commitments can not only be sustained but be brought to the fore in this time. ASEAN has already taken the right step in establishing, under the aegis of the ASEAN Institute of Peace and Reconciliation, the ASEAN Women for Peace Registry that studies the WPS agenda in the region among other areas. The registry has representatives from almost all ASEAN member states. But more can be done. All regional commitments on gender equality and women's and girl's rights should be upheld during COVID-19 as well. The principles of the ASEAN's WPS agenda and other international gender equality standards must fully apply during this pandemic.

How can the WPS agenda help?

The question remains as to how the WPS agenda might be operationalised during COVID-19. How can the four pillars of prevention, participation, protection and the role of women in relief and recovery form a framework for pandemic response for member states in ASEAN or form the backbone for a future regional pandemic response?



Women, who make up the bulk of informal workers globally, are the hardest hit during the pandemic.

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The answers to these questions lie in how much we listen to and discuss what ground-up evidence-based research tells us about the disproportionate impacts any kind of global crises has on women, be it climate, food, financial or in current times, health crises. How much legitimate space is dedicated to these conversations? Women are affected in a number of ways in these times under COVID-19: from reduced incomes or no incomes, limited movement and healthcare as migrant workers, limited acknowledgment of their value and service as cleaners, canteen operators and even pre-school teachers to carers in homes as well as nurses in hospitals. Men in these jobs are affected as well but much of these jobs in this region, and in fact around the world, are done by women. The majority of food stall owners, carers, teachers and nurses around the world are women. Women also form the bulk of informal labour; such work has almost disappeared in this pandemic with lockdowns and closures globally. This has resulted in placing several groups, especially women, in dire financial situations.

The operationalising of the four pillars of the WPS agenda: prevention of suffering for women, participation

of women in planning and implementation, protection of women from economic, psychological or physical violence and the sustained role of women in relief and recovery processes, integrated within response strategies now can address the gender impacts of COVID-19 that creates disparate levels of suffering between men and women. But how can this happen?

There should be more regional conversations happening around how the WPS agenda can help in responding to COVID-19 if we are intent on creating an inclusive response strategy to fight this disease. One such opportunity was presented by the S. Rajaratnam School of International Studies. The webinar: COVID-19 and its Impacts on the Women of Southeast Asia, hosted by the school, aimed to bring together a panel of experts from the region to discuss how the WPS agenda can assist in response strategies for member states during COVID-19. It also highlighted how such an approach might place ASEAN in a unique leadership position in having adopted this strategy.

Trapped in Limbo: Pandemic and Irregular Migration

S. Nanthini

As of 20 October 2020, no less than 202 countries, territories or areas have imposed travel restrictions including closing their borders as part of their attempts to “flatten the curve”. With these restrictions, the COVID-19 global outbreak has further limited freedom of movement leading to irregular migrants, particularly those in transit, being stranded all over the world in border areas.

With over 662,000 recorded international migrants in Southeast Asia in 2019 and a little over 1/3 of whom are refugees, this poses a serious issue for Southeast Asia. Already vulnerable due to their undocumented

legal status, lack of valid travel documents and having crossed international borders by irregular means, irregular migrants have been particularly hard hit by the COVID-19 outbreak. This vulnerability is further heightened by countries heavily tightening their border control measures, trapping them in limbo indefinitely.

2020 ‘Boat People’ Crisis?

Since the implementation of tightened border control and limits on freedom of movement over COVID-19 in the region, there has been an increase in countries denying entry to abandoned ships carrying Rohingya refugees, sparking concerns about a possible repeat of the 2015 ‘boat people’ crisis.

The lack of a coordinated response to the then-crisis led most of the countries involved to agree to the 2016 Bali Declaration, which outlined the way forward in preventing another similar crisis. However, despite the meeting of the Bali Process’ Task Force on Planning and Preparedness in Colombo in February this year, during which countries including Indonesia and Malaysia



Refugee camp on the Thai side of the Thai-Burmese border
Photo Credit: Sheep”R”Us via Flickr under creative commons license

emphasised the importance of “saving lives at sea and not endangering the life and safety of persons in responding to irregular maritime migration”, this seems to have been disregarded in the face of COVID-19.

Although Malaysia accepted boats in the past, albeit on an ad-hoc basis, their stance has toughened as the number of cases increased in the country. This was highlighted by the intensification of maritime surveillance operations by the Royal Malaysian Navy in April to prevent and turn away other similar excursions into Malaysian waters. While Bangladesh had at first continued to rescue refugees from boats that were found in international waters after being rejected by Malaysia and Thailand, they began to refuse to do so in April as cases of COVID-19 in Bangladesh continued to climb.

Stretched Resources

Services dealing with migration, both governmental and non-governmental, all over the world have been currently heavily stretched in terms of money, manpower and facilities. For example, when Thailand announced measures to temporarily close their land borders in March, thousands of jobless migrant workers streamed over the borders to their homes. However, for some of these jobless migrant workers, home refers to the Thai-Myanmar border camps.

The border control measures have limited their freedom of movement across the border and have left them unable to travel for informal labour. This has eroded their income and left them almost entirely dependent on external humanitarian assistance. Although there have been no COVID-19 cases reported in the camps as of 17 September 2020, with over 90,000 people in nine border camps along the Thai-Myanmar border, resources have been particularly stretched.

While the UNHCR and the Thai Ministry of Public Health have been coordinating with NGOs on the ground, only 77% of funding requirements have been met. As such, even current strategies such as dealing with infection prevention and food, that have been put into place may not be enough to last, particularly with the ongoing monsoon season and its associated dangers. While these 9 camps lack testing facilities, the staff are equipped and trained in the collection of specimens from suspect cases. However, there is still limited access to medical supplies including medication for any confirmed cases that have to be managed in camp, leading to worries regarding the lack of surge capacity support.

ASEAN’s Role

The virtual ASEAN Summit held on 26 June was an opportunity for the regional grouping to take another look at its migration policies. While not all ASEAN member states are parties to the 1951 UN Convention Relating to the Status of Refugees, the right to seek asylum is nonetheless guaranteed under Article 16 of the ASEAN Human Rights Declaration. As Indonesia’s representative to the ASEAN Intergovernmental Human Rights Commission pointed out, ASEAN has already established COVID-19 health protocols requiring people entering the country to undergo a 14-day quarantine in designated places.

As such, countries in the region should use these protocols in current dealings with irregular migrants such as the Rohingya refugees, rather than leaving them in limbo. ASEAN could also go one step further and consider the development of an ASEAN-wide standard for asylum policies. Moreover, with both developing and developed countries needing humanitarian assistance during this period, resources on the ground are becoming increasingly stretched.

Policy of Self-Sufficiency for Migrants?

As such, ASEAN member states should also look at developing policies which increase self-sufficiency and self-reliance among migrants, including placing a moratorium on job restrictions during this period, allowing them to work in the local communities and extending the work permits of migrants in-country.

Despite the cautious lifting of domestic ‘lockdowns’ by several countries, international travel and border control measures are still unlikely to revert to pre-coronavirus levels in the near future. The indefinite stranding of irregular migrants in border areas, either in camps or otherwise, further heightens their vulnerability and cannot be maintained for long without disastrous impacts on their lives.

As we begin to prepare for the lifting of restrictions and a post-COVID future, ASEAN member states should “[p]rioritise the well-being of [their] peoples in ASEAN’s collective fight against COVID-19”. This is a priority which must include a comprehensive approach for all people within their countries, particularly covering hidden populations like irregular migrants.

COVID-19 Crisis: Timely Reminder for Climate Change

Margareth Sembiring

The responses to the COVID-19 outbreak are unprecedented. Among the various measures that governments have introduced, there is one distinct characteristic that is visibly different from the usual policymaking processes. It is their readiness to relegate the economy's timeless supremacy to second place in the face of a pressing public health crisis.

The extent to which the economy is squeezed differs across countries. Although some segments in society may have access to better healthcare services, the fact that the infection risk pays no regard to socio-economic status makes curbing its spread everybody's business. It thus gives legitimacy to bold and swift interventions regardless of the inconvenience, discomfort, and disruptions to normal day-to-day activities, even if they disproportionately affect some socio-economic groups more than others.

Environmental Silver Lining

The resulting economic slowdown has cleared skies and purified rivers in many parts of the world. This phenomenon shows that the economy and the environment are still operating out of sync. It therefore suggests that the current approaches to economic growth needs to be rethought to avert a climate crisis.

The environmental reprieve brought about by such interventions is hardly surprising. Government rules essentially force people to self-isolate, and this has brought down carbon emissions and pollution levels.

In China, carbon emissions reduced by 25% in the four weeks following Chinese New Year. India's Ganga River got cleaner and became suitable for bathing. In northern Italy and other major cities in the world, the levels of nitrogen dioxide, a major air pollutant closely associated with factory and vehicle emissions, visibly reduced since COVID-19 began to restrict economic activities in these places.

Considering the scale of fear and human suffering associated with the virus, the environmental benefits are

not a cause of celebration. After all, the winding down of the economy is not completely voluntary, and the environmental repercussions are not intentional. They are a side-effect of otherwise unlikely interventions under normal circumstances.

The Environment Breathes, When the Economy Gives Way

Nevertheless, the phenomenon serves as a powerful reminder that economic activities in particular are responsible for environmental degradation and climate change. A similar experience in emission drop was observed during the 2008-2009 economic crisis.

These emission drops suggest that the environment can only breathe when the economy gives way. It thus calls into question whether the current vision for unlimited economic growth can truly stand side by side with appropriate and necessary care for the planet.

Governments' willingness to prioritise factors other than economy is needed to fight climate issues. This determination, however, will be a challenge. First, COVID-19 creates an immediate sense of danger. It activates a survival instinct that places human life above all other considerations.

On the other hand, climate change does not project the same sense of urgency. Despite numerous projections and plausible catastrophic scenarios that have been made over the years, climate change evolves relatively slowly. Additionally, the perceptions on climate threats vary across countries because of their rather localised impacts so far.

Lessons for Climate Change

The COVID-19 experience provides invaluable lessons for climate change responses. When the outbreak first started to make news headlines in late 2019, there was a general impression that the virus would only be a problem in China. Outside China, there was little sense of urgency.

Not much was done to get healthcare systems ready and systematically prepare the people for the eventual arrival and spread of the virus locally. The perceived government complacency could have been driven by other factors; but it is closely reminiscent of the general attitude towards climate change.

The scale of disasters that COVID-19 will bring is still largely unknown. However, it has now become clear that it painfully stretches healthcare systems in many countries including in advanced economies.

Similarly, while climate change may impact countries and societies differently depending on their geographical characteristics, resources, and resilience, the eventual scale of the impending catastrophes remains an unknown quantity. The stresses it may exert on the existing systems in each place thus cannot be downplayed.

Although the novelty of the virus caught the world by surprise and can partly explain what seems like clumsy responses across the globe, climate change impacts are known. Unlike coronavirus, the warnings about climate change have been foretold for decades.

The lack of bold and urgent action on it is therefore ironic. If the new coronavirus has proven that not even the rich and the powerful can be immune to the infection, even if they have access to first class healthcare services, climate disasters could be just as far-reaching and chaotic despite the technologies, infrastructure and resources put in place to protect people.

Sustainable Recovery

The window to avert climate calamities is fast closing. The United Nations Intergovernmental Panel on Climate Change predicted that global warming may reach the 1.5 degree Celsius mark within a decade. The coronavirus situation may force human and economic activities to halt temporarily, but at the same time, it shows that things can be done differently. The stay home arrangement and

the closing down of most businesses compel people to get in touch with what is the most essential. Cutting down on air travel, fine dining, shopping delights and other habits of consumerism may be inconvenient, but it certainly does not kill. This is what the current COVID-19 measures are showing us.

When the coronavirus crisis is eventually over, countries will get their economies rolling again. In view of the climate crisis, governments need to seriously consider recovery packages that support climate goals. Additionally, the consumption-driven economic growth model needs rethinking since sustainable development, despite its noble vision, has thus far proven ineffective in clamping down on carbon emissions.

The COVID-19 experience shows that the economy may need to make way for the environment to prevent climate disasters. A concerted global effort is imperative to move away from the current practice of using natural resources to the point of exhaustion in a bid to achieve unlimited economic growth. This means crafting an economic system that aims at achieving a balance with nature through an absolute reduction in consumption. To do so, the right policy measures must be taken to avoid a situation of pandemic-driven economic hardship that is brought about by unplanned and abrupt disruptions to economic activities. If the international community can work together to control COVID-19, this should also be possible for climate change.



Consumption reduction will reduce pressures on nature, including deforestation.

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COVID-19: Its Impact on Food Sufficiency

Paul Teng

Food is an existential need for Singapore. That this has always been so was brought home to many Singaporeans when Malaysia's nationwide lockdown on travel massively affected the vital supplies of food to the country via land. While the immediate impact has abated, this has affirmed what is already known – that Singapore is vulnerable to supply disruptions and its citizens need to be prepared for future shocks to avoid the panic buying that was seen.

Singapore's handling of the COVID-19 threat and its spread has been cited as a model for others. So can

Singapore's response to managing food insecurity similarly become a model for others to replicate?

The “Perfect Storm”

In January 2020, I wrote an Opinion Piece for the *South China Morning Post* in which I warned of impending price spikes in food due to a convergence of events in 2019 going into 2020: the African Swine Fever epidemic; the Fall Armyworm eating up large areas of maize; the prolonged drought in Australia reducing exports like wheat; and bushfires destroying rangelands and livestock in Australia.

This was before COVID-19 became recognised as a pandemic. And before food exporting countries started to put into place measures that restricted people movement, and implicitly, movement of people needed in the food supply chain. Production, harvesting, processing and transport of food have been affected in countries which saw infection spikes.

Fortunately, governments like China have taken measures to ensure that the planting of new crops and growing



Community garden in Hillview, Singapore

Photo Credit: Paul Teng

of new animals can take place by allowing “green channels” to deliver inputs like fertiliser and feed to farming communities, and Singapore has activated alternative supply chains.

Forthcoming are threats from swarms of locusts originating from Western and South Asia, and Avian flu. Also not felt as yet has been the impact of reduced food and feed shipments from the Americas to East and Southeast Asia. All these suggest that the coming months will be critical in determining if there will be more supply shocks.

The Singapore Food Story

Recognising its vulnerability to external events, Singapore launched its “Singapore Food Story” in March 2019, which set a target to produce 30% of Singapore’s nutrition needs by 2030, thereby reducing some of the vulnerability. This represents a 300% increase from the current target of 10%, and builds on the small number of technology-enabled vegetable, egg and fish farms.

Since March 2019, there has been a flurry of activities by two lead agencies, namely the Singapore Food Agency and the A*STAR. This has further been accompanied by increased activity in the startup community associated with conventional as well as novel food like “clean meat” and “plant-based protein”.

All these augur well to increase the amount and quality of certain food items and also to create the capacity to develop exportable agri-food technologies. But the reality is that any ramp-up in local food production will not be immediately felt and there remains the important need to assure supplies of the other 90 % of Singapore’s current food needs.

Addressing the other 90%

Singapore imports food from over 170 countries as part of its source diversification strategy. Supply disruptions from one country or group of countries in the same region may be counter-balanced by increasing supplies from other source countries. In principle, this is very sound.

In practice, as we saw with the Malaysian lockdown, dependence on any country for a large share of any food item poses both real and perceptual threats. With about 40% of its fresh vegetables and 37% of chicken coming from Malaysia, any lockdown gives rise to the perception of shortage and leads to panic buying.

It was only after high-level reassurances of adequate stock and alternative supplies, and visuals of food

trucks crossing from Malaysia into Singapore, that the public was re-assured. A lesson learnt is that it may be prudent to ensure that not more than a third of any food item comes from one country, and that there are other countries capable of replacing the amounts of undersupply at short notice.

Looking to 2030, even with the 30% target met, attention will have to continue on the other 70%, especially with regards to food which does not make sense to produce in Singapore, such as grains which require much land (like rice) or animals which are highly polluting to grow (like hogs).

It is not too early to augment the current diversified sourcing approach with added criteria like a country’s “ramp-up” capability to produce more, and its capacity to export under food emergency situations. In this respect, countries with proven regular surpluses of production over domestic consumption for any food item are good candidates.

Food Security and Nutrition Security

With COVID-19, assuring sufficient food has to be accompanied by adequate nutrition to meet the body’s needs for vitamins, minerals, etc. The longer any mobility lockdown lasts, the higher the risk of unbalanced nutrition occurring. Also, in times of crisis, getting more community participation to deal with the crisis is important.

One under-utilised area which can be ramped up in weeks, in anticipation of import limits, is to expand the number of community gardens and allow them to sell their excess produce. This will require the mobilisation of technical resources, inputs and a change in regulations. But vegetables, especially locally adapted and indigenous vegetables, are relatively easy to grow and maintain, and most have high nutritive value.

Unused urban space in housing estates could also be converted into tastefully landscaped vegetable gardens. Pilot facilities like that announced by Life3Biotech to create Integrated Agri-Food hubs in different parts of the island will also be important to get ownership by the community into growing and valuing food, especially vegetables.

While no estimates are available, multiple efforts like these, together with small-scale vegetable growing in the backyards of landed and non-landed properties, when combined with rooftop vegetable growing (common in Seoul, Korea) will do much in the short term to increase the supply of nutritious vegetables.

Nuclear Technology and Disease Prevention: What ASEAN Can Do

Julius Cesar Trajano

Many countries, including several ASEAN member states, struggled to test more people for the COVID-19 while facing a shortage of detection kits. The International Atomic Energy Agency (IAEA) stepped up and implemented its largest-ever operation helping countries respond to the COVID-19 pandemic. The Agency provided diagnostic kits, equipment and training in nuclear-derived detection technique, called real time reverse transcription–polymerase chain reaction (real time RT–PCR) to 123 member states.

Plugging the Gap: Lack of Testing Kits

Real time RT-PCR, a nuclear-derived diagnostic technique, can help detect the novel coronavirus accurately within hours in humans, as well as in animals that may also host it. It has been used in the rapid detection and identification of viruses that are causing some of the world's most dangerous diseases in the recent past, such as Avian Flu, Ebola and Zika.

For over 50 years, the use of nuclear techniques in medicine and nutrition has become one of the most extensive peaceful applications of nuclear technology. The development of nuclear-derived detection kits by the IAEA exemplifies the crucial role of other international organisations (an example is the Food and Agriculture Organisation or FAO), apart from the World Health Organisation (WHO), in times of global health crisis.

The IAEA cooperates with the WHO, FAO and other key partners to assess the current level of knowledge about COVID-19, identify gaps and work, where it can contribute, in the multilateral approach to mitigate the spread of COVID-19.

Plugging the Diagnostic Gap

The prevalence and global implications of pandemics compel other international organisations to contribute to the efforts of the WHO. While the IAEA is a specialist body with expertise in nuclear technology for peace

and development, it does not have a broad mandate on health. It does, however, have the mandate and capability to transfer technology to help save lives.

For instance, the IAEA responded quickly to the Ebola crisis in West Africa in 2014 through providing nuclear-derived diagnostic kits and laboratory supplies for use in the field. In 2016, the IAEA, in partnership with the FAO, assisted member states to deploy sterile insect technique, a mosquito control system, that uses radiation to help stem the Zika outbreak. This latter technique is also used now to combat other mosquito-borne diseases.

For COVID-19, there had been a large diagnostic gap in the global health response owing to the global shortage of testing kits. RT-PCR helped address this. While it did not totally solve the global shortage, the nuclear-derived technique helped countries increase their supply of coronavirus testing kits and equipped many other countries which initially did not have their own detection technique and capability. The WHO initially urged all countries to test every suspected case and ramp up their respective detection capabilities.

The IAEA delivered 1300 consignments of equipment for virus detection and other supplies to 123 countries. The IAEA, FAO and WHO jointly provided technical guidance on COVID-19 detection using the real time RT-PCR, including webinars, to train laboratory and health care professionals, from most of the IAEA member states. Highlighting the use of nuclear technology for virus detection, the IAEA launched the Zoonotic Disease Integrated Action (ZODIAC) initiative, in collaboration with FAO and WHO, in June 2020. This effort is aimed at improving surveillance and response capabilities of countries to prevent pandemics caused by bacteria, parasites, fungi or viruses that originate in animals and can be transmitted to humans, using an integrated research approach and nuclear-derived techniques.

The collaborative initiatives of the IAEA and FAO underscore the key role of other international organisations, apart from the WHO, in stemming the spread of COVID19 and other diseases that can lead to epidemics or pandemics. The participation of other international organisations fits into the multifaceted nature of the COVID-19 pandemic and its implications. Undeniably, they all must not work in silos as they address a global pandemic, while fulfilling their respective mandates.

What Can Southeast Asia Do?

The region's expertise in nuclear applications in public health is not lacking. Local expertise, as a result of



The IAEA sent equipment to many countries to help them detect COVID-19 using RT-PCR.

Photo Credit: IAEA Imagebank via Flickr under creative commons license

decades of research and training, has grown steadily as demonstrated recently by the Vietnamese authorities controlling the spread of African Swine Fever using nuclear-assisted technique in 2019.

Higher education plays an essential role in nuclear capacity building that includes nuclear applications in disease surveillance and prevention. Despite the absence of nuclear power plants in Southeast Asia, several universities and knowledge centres in the region continue to offer institutionalised academic programmes and research activities in nuclear sciences and engineering.

Indeed, the role of nuclear technology in public health, especially in producing testing kits in times of disease outbreaks and pandemics, reflects the importance of maintaining and even investing more in the region's nuclear education programmes. ASEAN member states, especially those that have very limited testing coverage and capability, could tap into the robust assistance offered by the IAEA, such as ZODIAC initiative, so as to benefit from nuclear technology applications in disease surveillance and prevention, in the context of COVID-19 and other future pandemics.

Most of the Southeast Asian countries have received IAEA's detection kits, technical guidance, and training assistance on the utilisation of real-time RT-PCR. The ASEAN-IAEA Practical Arrangements on the peaceful uses of nuclear technology, signed in 2019, would be a useful framework for knowledge and technology transfer to Southeast Asian nations.

Furthermore, ASEAN member states can maximise the burgeoning cooperation among their nuclear regulatory bodies through the ASEAN Network of Regulatory Bodies on Atomic Energy. Another area of growing cooperation is by the regional training centres of excellence on nuclear security and safety.

The applications of nuclear technology in disease surveillance ought to be regularly included in training programmes/courses, workshops and other modalities of knowledge sharing amongst these regional institutions. This is not only for the COVID-19, but also in dealing with other communicable diseases that may break out in the future.

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NTS BULLETINS

Our monthly newsletter – NTS Bulletin – provides timely commentary and compiles current events and recent news on climate security, energy security, food security, health security, humanitarian assistance and disaster relief, and migration. To subscribe to our publications, please visit: <https://www.rsis.edu.sg/subscribe-to-publications/>

For queries, you may email us at contact_rsis@ntu.edu.sg

About The S. Rajaratnam School of International Studies

The S. Rajaratnam School of International Studies (RSIS) is a think tank and professional graduate school of international affairs at the Nanyang Technological University, Singapore. An autonomous school, RSIS' mission is to be a leading research and graduate teaching institution in strategic and international affairs in the Asia Pacific. With the core functions of research, graduate education and networking, it produces research on Asia Pacific Security, Multilateralism and Regionalism,

Conflict Studies, Non-traditional Security, Cybersecurity, Maritime Security and Terrorism Studies.

For more details, please visit www.rsis.edu.sg. Follow us at www.facebook.com/RSIS.NTU or connect with us at www.linkedin.com/school/rsis-ntu.



About The Centre for Non-Traditional Security Studies

The **Centre for Non-Traditional Security Studies (NTS Centre)** conducts research and produces policy-relevant analyses aimed at furthering awareness and building capacity to address NTS issues and challenges in the Asia-Pacific region and beyond. The centre addresses knowledge gaps, facilitates discussions and analyses, engages policymakers and contributes to building institutional capacity in Climate Change, Humanitarian Assistance and Disaster Relief; and Migration. The NTS Centre brings together myriad NTS stakeholders in regular workshops and roundtable discussions, as well as provides a networking platform for NTS research institutions in the Asia Pacific through the NTS-Asia Consortium.

Our Research Areas

- Climate Security
 - Climate Adaptation
 - Food Security
 - Environmental Security
 - Nuclear Security
- Humanitarian Assistance and Disaster Relief
- Migration

Our Output

Policy Relevant Publications

The NTS Centre produces a range of output such as research reports, books, monographs, policy briefs and conference proceedings.

Training

Based in RSIS, which has an excellent record of post-graduate teaching, an international faculty and an extensive network of policy institutes worldwide, the NTS Centre is well-placed to develop robust research capabilities, conduct training courses and facilitate advanced education on NTS. These are aimed at, but not limited to, academics, analysts, policymakers and non-governmental organisations (NGOs).

Networking and Outreach

The NTS Centre serves as a networking hub for researchers, policy analysts, policymakers, NGOs and media from across Asia and further afield interested in NTS issues and challenges.

The NTS Centre is the founding member of the Asia Pacific Partnership for Atrocity Prevention, inaugurated 7-8 November 2016. RSIS co-hosted with the Asia Pacific Centre for the Responsibility to Protect (APR2P), School of Political Science and International Studies, University of Queensland St. Lucia, the 'High Level Advisory Panel's (HLAP) Report on Mainstreaming the Responsibility to Protect in Southeast Asia: Pathway Towards a Caring ASEAN Community.' This was to generate comments and inputs from the participants on how the HLAP Report on mainstreaming the Responsibility to Protect and mass atrocities prevention can be promoted in ASEAN, as well as in operationalizing the Report's recommendations in the domestic and regional contexts.

Previously, it served as the Coordinator of the ASEAN-Canada Research Partnership (2012-2015) supported by the International Development Research Centre (IDRC), Canada. It also serves as the Secretariat of the initiative.

In 2009, the NTS Centre was chosen by the MacArthur Foundation as a lead institution for its three-year Asia Security Initiative (2009-2012), to develop policy research capacity and recommend policies on the critical security challenges facing the Asia-Pacific.

It is also a founding member and the Secretariat for the Consortium of Non-Traditional Security Studies in Asia (NTS-Asia Consortium).

More information on the NTS Centre is available at: <https://www.rsis.edu.sg/research/nts-centre>.

About The NTS-Asia Consortium

The NTS-Asia Consortium was launched in January 2007 as a network of NTS research institutes and think tanks. The aims of the consortium are as follows:

- To develop a platform for networking and intellectual exchange between regional NTS scholars and analysts
- To build long-term and sustainable regional capacity for research on NTS issues
- To mainstream and advance the field of NTS studies in Asia
- To collate and manage a regional database of NTS publications and other resources

NTS issues include the challenges to the survival and well-being of peoples and states that arise from non-military sources, such as climate change, resource scarcity, infectious diseases, natural disasters, irregular migration, food shortages, people smuggling, drug trafficking and transnational crime. These dangers are transnational in scope, defying unilateral remedies and requiring comprehensive – political, economic and social – responses, as well as the humanitarian use of military force. NTS studies also look at the multi-dimensional civilian angle to security in conjunction with state, military and governmental actors.

Inaugural Meeting of The Consortium of Non-Traditional Security Studies

The Inaugural Meeting of the Consortium of Non-Traditional Security Studies in Asia (NTS-Asia) from the 8th to 9th January 2007 was a milestone in the progress of NTS studies. The meeting not only officially launched the Consortium but also brought together its pioneering network members - comprising 14 research institutes and think tanks from across Asia - to discuss current NTS challenges facing the region, and possible policy responses to address these problems.

The pioneering members of NTS-Asia are as follows:

South Asia

- Bangladesh Institute of International and Strategic Studies, Bangladesh (BIISS)
- Women in Security, Conflict Management and Peace, India (WISCOMP)
- Centre for the Study of Developing Societies, India (CSDS)

- Refugee and Migratory Movements Research Unit, Bangladesh (RMMRU)
- Regional Centre for Strategic Studies, Sri Lanka (RCSS)

Northeast Asia

- Institute of Asia-Pacific Studies, Chinese Academy of Social Sciences (CASS)
- Ilmin International Relations Institute, Korea University
- Center for International Security and Strategic Studies, Institute of World Economics and Politics (IWEP), Vietnam
- Beijing Foreign Studies University (representing IWEP China)
- Centre of Asian Studies, University of Hong Kong

Southeast Asia

- Centre for Strategic and International Studies, Indonesia (CSIS)
- Institute for Strategic and Development Studies, Philippines (ISDS)
- The WorldFish Center, Malaysia
- S. Rajaratnam School of International Studies, Singapore (RSIS)

NTS-Asia Relaunch 2016

The RSIS reactivated the NTS-Asia Consortium in early 2016 with the aim to re-establish the Consortium's significance and value to NTS research in the region, and to reemphasize the increasingly relevant and urgent need to focus on transnational and multilateral non-traditional security issues. The primary platform for the Consortium communication and outlet of publication is the NTS-Asia Website. The Website is envisioned to be the one-stop platform for NTS issues. See website link below: <http://rsis-ntsasia.org/>

NTS-Asia Secretariat

The RSIS NTS Centre functions as the Secretariat of the NTS-Asia Consortium. Led by Professor Mely Caballero-Anthony, Head of the Centre for Non-Traditional Security (NTS) Studies at the S. Rajaratnam School of International Studies (RSIS), Nanyang Technological University, Singapore and supported by Ms Margareth Sembiring, Associate Research Fellow; and Ms Joey Liang, IT Executive and Webmaster.



