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Sex and the Double Pandemic:

A Human Security Approach to Health in Crisis-prone
Philippines

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Abstract

This paper examines the cascading effects of the COVID-19 pandemic on pre-existing and less visible health security issues relating to sexual and reproductive health. Alongside COVID-19, a hidden pandemic of domestic violence, disruptions and decline in access to contraception, and unplanned pregnancies especially among young adolescents in the country has arisen amid a militarized pandemic response in the Philippines. The research aims are two-fold. First, the study seeks to analyze the relationship between state responses to COVID-19 and the accessibility to and provision of sexual and reproductive health services by drawing from the theoretical lens of empowerment and human security. Second, it examines how the hidden pandemic of deteriorating sexual and reproductive health during COVID-19 is linked not only to the failure to incorporate a human security lens in the response to the virus, but also with the systemic problems from undervaluing the largely feminized health system and social welfare service delivery in the country. Over the coming months and years, these yet to be accounted for gendered health impacts from COVID-19 are set to further strain the well-being and capabilities of the most severely impacted populations, particularly women and health workers, in the Philippines. In the long run, their neglect may compound the challenges for inclusive COVID-19 response and recovery. Worryingly, the pandemic risks reversing gains toward achieving sustainable development goals and realizing peace and justice in the country.

Keywords: sexual and reproductive health; Philippines; care; crisis; global health security; pandemic.

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1. Introduction

Without question, the global COVID-19 pandemic has had a deadly impact on the Philippines. On 20 January 2020, the first case of COVID-19 was confirmed in the Philippines.¹ More than a year later, there are now more than 600,000 confirmed cases, nearly 13,000 deaths and a surge of 5000 new cases in one day.² The World Health Organisation in the Philippines has regularly produced situation reports documenting signs that the pandemic is not abating. On the contrary, Filipinos, especially urban slum dwellers and health workers continue to bear the brunt of the pandemic. Based on existing data, almost 20% of all those infected in the country are health workers.³ Approximately 41% of the total number of confirmed cases and 39% of deaths are from the National Capital Region (NCR), where densely populated Manila is located.⁴ Based on the WHO classification, large-scale or Stage 3 community transmission remains in the NCR due to the ongoing trend of increasing cases and heightened transmission compared to nationwide trends in the Philippines that place it at Stage 2. According to a World Bank funded survey conducted in the Philippines from December 2019 to April 2020 among a sample of low-income households (especially those that are part of the government's social welfare program), 56% reported food insecurity, with at least one household member reducing their consumption of food in the past 7 days due to lack of resources. The survey also reported that the economic shock through income and job losses is particularly pronounced in urban areas and among male workers and youth (Cho et al 2021a). COVID-19 has also had a transnational economic impact as many overseas Filipino workers (OFWs) were repatriated as the immediate outcome of the global economic slowdown and borders being shut down. OFW remittances, which typically constitute 10 percent of gross domestic product (GDP), are expected to decline according to the Asian

¹ *Coronavirus disease (COVID-19) Situation Report 1 Philippines*, 9 March 2020.

https://www.who.int/docs/default-source/wpro---documents/countries/philippines/emergencies/covid-19/who-phl-sitrep-1-covid-19-9mar2020.pdf?sfvrsn=2553985a_2

² <https://covid19.who.int/region/wpro/country/ph>

³ <https://reliefweb.int/report/philippines/philippines-covid-19-humanitarian-response-plan-may-11-2020-revision>

⁴ *WHO Philippines Situation Report 71*, 27 February 2021.

Development Bank (ADB), thereby cascading negative economic impacts from migrant households to the national economy.⁵

Alarming, the national pandemic response is even being harnessed in the service of the Drug War which began in 2016 by the Duterte government. In the Philippines, the COVID-19 pandemic intersects with a militarized response to the pre-existing health crisis of drug abuse. President Duterte's war on drugs has been reasonably believed to have involved the perpetration of crimes of murder, torture, and the infliction of serious physical injury and mental harm in the country, based on report findings from the International Criminal Court.⁶ It has also been argued that these crimes correspond to the stages of genocide (Simangan 2018). Data indicate that extrajudicial killings registered a 50% increase between April and July 2020 (Human Rights Watch 2020). The Philippine COVID-19 response, circumscribed by the same militarist logic, has also been punitive, criminalized and deadly. The Philippines quarantine policy is one of the most stringent in the Southeast Asia region (Cho et al 2020). For example, President Duterte has authorized the locking up of quarantine offenders and have given pronouncements to law enforcers to 'shoot troublemakers dead.'⁷ There are also reports that curfew violators are being abused and in one province, locked up in dog cages (Atienza et al. 2020, 17).⁸

This working paper provides a preliminary mapping of the importance of linking gender, human security and empowerment-centered approaches in the context of overlapping and competing health crises. Drawing on the case of the Philippines, it explores the limitations and negative outcomes of a military-driven security approach, particularly in addressing the hidden or shadow

⁵ <https://www.dfat.gov.au/sites/default/files/covid-response-plan-philippines.pdf>

⁶ <https://www.icc-cpi.int/itemsDocuments/2020-PE/2020-pe-report-eng.pdf>

⁷ <https://www.sunstar.com.ph/article/1850972/Manila/Local-News/Duterte-orders-Shoot-troublemakers-dead>

⁸ See also <https://www.hrw.org/news/2020/04/03/philippine-children-face-abuse-violating-covid-19-curfew#>

pandemic of restrictions to sexual and reproductive health. Globally, there has been a growing awareness on how the global COVID-19 crisis is intersecting with the visible crises in the form of gendered impacts of COVID-19 and particularly in terms of access to essential health services and supplies. Feminist scholars and practitioners have sounded the alarm on issues of sexual and reproductive health and sexual and gender-based violence that have not been accounted for in the initial global and national COVID-19 responses; and will continue to be neglected when global health governance embodies the ‘tyranny of urgency’ (Smith 2019; Davies et al. 2019). In the Philippines, there are worrying predictions of long-term harm to human security emerging from the militarized COVID-19 response and their compounded impacts for sexual and reproductive health and more broadly women’s empowerment. The paper argues that the deployment of a militarized pandemic response creates and reinforces hierarchies among health security issues to the detriment of women and girls, and to inclusive COVID-19 recovery.

The paper has three main parts. First, it discusses the utility of the human security approach in the context of multiple health crises for putting the empowerment of marginalized and most at-risk groups at the center. Second, it examines the occurrence of a so-called hidden or shadow pandemic in the Philippines as a direct result of the militarized approach to the national pandemic response. Third and last, the paper provides a preliminary assessment of the tensions between ‘rapid recovery’ as the logical outcome and goal in the dominant militarized security on the one hand; and durable and inclusive post-crisis recovery from human security on the other.

2. Human Security and Competing Health Security

Health governance in the Philippines and in Southeast Asia more broadly contends with both heightened risks for infectious disease outbreaks and the rising prevalence of non-communicable diseases (Caballero-Anthony 2018). When COVID-19 impacted the Philippines, it was already in the grips of a militarized ‘War on Drugs’ and had a pre-existing weak public health system

characterized by inequalities in sexual and reproductive health. A clear indication of this is found in the UN CEDAW Committee report (2015), which as a result of the optional protocol inquiry, concluded that the Philippine state is accountable for various grave and systematic reproductive rights violations in the country. Specifically, the committee stressed the role of the Philippine state in perpetuating cultural and religious stereotypes of women's primary role as child bearers and rearers to undermine and constrain their bodily autonomy and well-being. This health environment created a massive gap in the capacity of the national government to respond to COVID-19 let alone for its direct and indirect gendered impacts.

To deal with the COVID-19 pandemic, broad emergency powers were vested in the President, Rodrigo Duterte, through executive order and by the Philippine Congress. In March 2020, the President signed Proclamation No. 929 placing the country under a state of calamity due to COVID-19 for six months. The discursive framing of 'State of calamity' placed the pandemic as a national security issue, which in turn affords the state extraordinary resources and power to mobilize nationally. This framing also activated the country's willingness to seek and accept international assistance. The proclamation allowed the National and local government units discretion to utilize appropriate funds in their disaster preparedness and response efforts to contain the spread of COVID-19 (Atienza 2020). As the disease outbreak and the clamor for an improved response from the government spread nationwide, the *Bayanihan To Heal as One Act* was passed (Atienza 2020; Atienza et al 2020). Citing the public emergency, the ordinary legislative approval process was abandoned for this Act in favor of an expedited one. On 25 March 2020, the Philippine Government enacted this Act, which gave the President temporary emergency powers for the pandemic response. It includes plans to implement the largest social protection program in Philippine history as part of the response, including cash grants to 18 million low-income families.⁹ It authorized the use of funds worth over US\$4 billion (equivalent to 1.1 percent of the

⁹ <https://www.dfat.gov.au/sites/default/files/covid-response-plan-philippines.pdf>

country's Gross Domestic Product) with the largest part being the provision of emergency subsidies (Cho et al 2020a). Approximately 4 million Filipinos have lost jobs and livelihoods while the national government incurred trillions of dollars in foreign debt. To support its economic response, the Philippine Government has accessed close to \$5.8 billion in new loans from the ADB, Asian Infrastructure Investment Bank and the World Bank.¹⁰ In June 2020, the law expired and a law extending it was enacted - the *Bayanihan to Recover as One* (or Bayanihan 2) Act. Bayanihan 2 allows the use of 4.1 trillion pesos from the national budget until December 31, 2021.¹¹ To date, there are ongoing different forms of curfews and quarantine measures in place in the country, varying by region and set by Local Government. Intercity and inter-province travel is restricted, and domestic air travel remains limited.¹²

However, the COVID-19 response in the Philippines has not been anchored on human security, instead it has promoted militarized solutions at the expense of human rights and empowerment. This paper characterizes the pandemic response in the Philippines as militarized to highlight the following attributes. First, the expertise marshalled to lead and implement the pandemic response has come from the military and police. The Duterte administration convened an Inter-Agency Task Force on COVID-19 and a separate National Task Force under the Office of Civil Defense's disaster management council, composed predominantly of retired generals, to lead the implementation of the government's response. The dominance of the security sector within President Duterte's cabinet leaves little room for technical and diverse forms of expertise needed to respond to a pandemic.¹³ For example, he has sought to frame Filipinos especially frontline

¹⁰ <https://www.dfat.gov.au/sites/default/files/covid-response-plan-philippines.pdf>

¹¹ <https://www.rappler.com/nation/duterte-signs-laws-extending-bayanihan-recover-as-one-act-funds-2020-budget>

¹² <https://reliefweb.int/report/philippines/critical-voices-civil-society-organisations-suppressed-philippines>

¹³ <https://www.idea.int/sites/default/files/publications/constitutional-performance-assessment-in-the-time-of-a-pandemic.pdf>

health workers who express their discontent as ‘enemies’ who do nothing but complain.¹⁴ He has deliberately reduced the space for other relevant voices and perspectives in dealing with the health crisis, including the voices of health experts. Because he reproduces and invests in militarizing crises, he cannot but interpret differing views as an existential threat to his power. The Philippines therefore has a leader that forecloses spaces for civic deliberation and participation at a time when these are most needed. The COVID-19 response has contributed to the already shrinking civic space in the Philippines as part of the President’s militarized approach to security.

Second, and related, the militarization of the pandemic breeds its own pathologies including the legitimization of authoritarian or anti-democratic solutions and abuse of power by military and police officers. What this means is that a militarized pandemic response not only inevitably falls short of addressing complex governance challenges it may also exacerbate the enabling conditions for human rights violations and atrocities. That is, because President Duterte has made every national decision-making process military and police-driven and therefore exclusionary, the pandemic response is short-sighted and blind to a host of other interrelated harms and violence linked to the responses. In particular, while lockdowns are in effect, the Philippine government passed in June 2020 the Anti-Terrorism Act that risks further restricting access to humanitarian assistance and the movement of aid workers. There are warning signs that the law compromises civil society action, particularly the work of those implementing humanitarian responses: churches, service-oriented groups, and humanitarian organizations helping those who are most vulnerable and marginalized.¹⁵ There are reports that this law is being weaponized to silence discontent from the public regarding the shortcomings and violent approach to the pandemic. In response, Atienza points out that there have been “relentless attempts to file cases in the Supreme Court about the constitutionality of various laws and actions, including not just the Bayanihan

¹⁴ <https://www.rappler.com/nation/piqued-duterte-taunts-doctors-to-mount-revolution-against-him>

¹⁵ <https://reliefweb.int/report/philippines/critical-voices-civil-society-organisations-suppressed-philippines>

Act but also the Anti-Terrorism Act” (Atienza 2020, 6). Furthermore, across the Southeast Asia region, local organizations have expressed their concern that governments like the Philippines one will take advantage of the COVID-19 emergency to silence dissent or remove basic freedoms.¹⁶



Figure 1. Filipino health workers using improvised Personal Protective Equipment

Source: [The Guardian](#), quoted original source Maria Theresa Depano.

Finally, as we see in the Philippine case, the militarized pandemic response stratifies health issues rather than viewing them holistically. The Philippines preparedness for a pandemic was very low

¹⁶ <https://asiafoundation.org/wp-content/uploads/2020/09/GovAsia-1.1-Civil-society-in-Southeast-Asia-during-the-COVID-19-pandemic.pdf>

due to pre-existing health inequalities. From the initial phase of the COVID-19 health crisis, there were clear shortages in equipment and facilities and this endangered the safety of health workers. There were nationwide problems in the availability of personal protective equipment (PPE), ventilators, beds and diagnostic equipment and supplies. As shown in Figure 1, many Filipino health workers have had to improvise protective equipment and use personal resources to procure supplies for themselves. Specifically, the strain on health systems and health workers is also an example of the challenges a country with multiple ongoing humanitarian crises has to face. Consequently, the Philippines is among the few countries in the Asia Pacific where COVID-19 is having high negative or constraining impacts on humanitarian access.¹⁷ Prior to the pandemic, thousands of Filipinos were already displaced and while the pandemic was ongoing there were new displacements due to typhoons and protracted community conflicts. Despite the limitations in servicing beneficiaries nationwide, civil society and particularly local women's groups and networks were 'pre-positioned' to fill in the gaps. As a report from the Asia Foundation pointed out, a coalition of women's groups "disseminates information on gender-based violence, adolescent sexual and reproductive health and maternal health to isolated rural communities [and] was able to use its networks effectively to disseminate guidance on COVID-19 health and sanitation measures that was accurate and balanced."¹⁸ Overall, however, gender considerations in relation to the pandemic response and policies were not coordinated at national and local levels. As frontline workers themselves struggled to get even minimum resources and safety from workplace hazards, the general public and especially women and girls struggled to access services essential to them. There is emerging evidence that COVID-19 was interpreted as the overwhelming priority without regard for how disease outbreaks and global health crises more broadly are always gendered crises (Davies and Bennett 2016).

¹⁷ <https://interactive.unocha.org/data/ap-covid19-portal/impact-crisis.html>

¹⁸ <https://asiafoundation.org/wp-content/uploads/2020/09/GovAsia-1.1-Civil-society-in-Southeast-Asia-during-the-COVID-19-pandemic.pdf>

A human security approach is gender-responsive and attends to the dynamics of competition and prioritization through the ‘tyranny of the urgent’ in times of crisis. It reveals fundamental assumptions on what counts as a crisis or which issues need to be taken more seriously. Indeed, this is now seen to constitute an emerging global health security issue based on reports of massive redirecting or refocusing of personnel and resources toward the pandemic response and away from development and democracy-building programs. A clear example is that activities that were originally slated as training activities have been refocused as relief response efforts.¹⁹ From a feminist human security point of view, we need to interrogate the potential long-term impacts that result from the prioritization and re-allocation of resources to the pandemic response in terms of the neglect of other ‘hidden’ crises. As this report shows, bringing together feminist global health and human security research in analysing COVID-19 matters when making visible what would otherwise remain as a ‘hidden’ pandemic accompanying COVID-19, and when problematizing the gendered biases underpinning what ought to be prioritized. In the next section this dilemma of prioritization is seen to be most evident in the case of the diversion of resources away from gender-based programs and particularly sexual and reproductive health.

3. The Hidden Pandemic

Globally, there has been alarming increase in the gendered impact of COVID-19 from domestic violence to restrictions on accessing sexual and reproductive health care essential for women. UNDP’s *COVID-19 Global Gender Response Tracker*²⁰ serves as the main information hub that monitors policy measures enacted by national governments worldwide to tackle the COVID-19 crisis and highlights the responses that are gender-sensitive. According to the Tracker, “[O]verall, only two countries in the region (Indonesia and China) register a holistic response with measures that span at least three dimensions. Six out of 28 countries and territories analyzed in the region

¹⁹ <https://asiafoundation.org/wp-content/uploads/2020/09/GovAsia-1.1-Civil-society-in-Southeast-Asia-during-the-COVID-19-pandemic.pdf>

²⁰ <https://data.undp.org/gendertracker/>

register no gender-sensitive measures at all in response to COVID-19” (UNDP 2020, 4). Additionally, gaps and challenges were observed on “both the supply side (delivery) and the demand side (access) of essential family planning and maternal/newborn health services.”²¹ COVID-19 intersected with another health crisis in terms of alarming increase in teenage pregnancies in the country. Indeed, teenage pregnancies were declared ‘a national and social emergency’ in the Philippines in 2019.²² In one survey, Filipinos reported it as the most important problem of women in the country at present. Based on the Population Commission’s estimates, around 70,755 families were led by minors at the end of 2020, and this figure is expected to increase to 133,265 by the end of 2021.²³

The hidden pandemic to COVID-19 can be categorized in terms of immediate or direct impacts on women’s sexual and reproductive health; and indirect or long-term impacts of deteriorating health outcomes for post-pandemic recovery.

4. Immediate Impacts

There are several gendered impacts. It is by now well-documented that there has been a global rise in domestic violence as people were forced to stay at home and access to essential services and assistance were constrained, or in some cases completely halted. The Philippines was no exception (see Figure 2). Related to this trend is the range of restrictions to sexual and reproductive health. Prior to COVID-19, nationwide restrictions were pervasive especially in

²¹ https://philippines.unfpa.org/en/news/significant-rise-maternal-deaths-and-unintended-pregnancies-feared-because-covid-19-unfpa-and?fbclid=IwAR0Z_DrVMRNSr1wwE5DZO6zRdeSvVQvUGCsVcdmFOVyUe9nIJT6zcr-kRWA

²² <https://popcom.gov.ph/?p=1564>; https://www.rappler.com/nation/teen-pregnancy-most-important-problem-women-today-philippines-sws-survey-november-2020?utm_source=facebook&utm_medium=social&fbclid=IwAR3QmrpWkuA1_b2ODGSwWWz0DyZz-kddcD0umdoZKCtQrdyi0MdIYiE02NU

²³ https://www.rappler.com/nation/teen-pregnancy-most-important-problem-women-today-philippines-sws-survey-november-2020?utm_source=facebook&utm_medium=social&fbclid=IwAR3QmrpWkuA1_b2ODGSwWWz0DyZz-kddcD0umdoZKCtQrdyi0MdIYiE02NU

conflict and disaster-induced displacements (Tanyag 2018). Within months after COVID lockdowns were enforced in the country, women’s groups sounded the alarm about the highly likely pandemic ‘baby boom’ estimated at 1.8 million unplanned pregnancies and 751,000 unintended pregnancies.²⁴ For a country with already high maternal mortality rates, the baby boom will also likely be tied to maternal deaths and health complications emanating from the pandemic-clogged health system and fractured social welfare mechanisms. Indeed, according to UNFPA Philippines (2020), “[W]hen health service providers are overburdened and preoccupied with handling COVID-19 cases, however, lifesaving care and support to GBV survivors (i.e. clinical management of rape, mental health and psycho-social support, etc) may be cut off. Other vulnerabilities that women are facing connected to the lockdown have also been reported.”

Estimated Monthly Risk Incidence on Women and Adolescent Girls that may Increase due to COVID-19*

	National	NCR	Luzon	Visayas	Mindanao	BARMM
👉 births	143,000	18,000	63,000	27,000	28,000	6,000
👉 birth complications	21,000	3,000	9,000	4,000	4,000	900
👉 women with unmet need for family planning	234,000	22,000	105,000	45,000	50,000	10,000
👉 spousal physical violence	63,000	4,000	32,000	15,000	20,000	900
👉 spousal sexual violence	31,000	1,000	14,000	8,000	11,000	400

*UNFPA estimates based on 2015 Philippine Census and the 2017 NDHS

Note: Sub-national counts do not add up to the national total for the following reasons:
1) The Census counts at the national level includes Filipinos in embassies, consulates and missions abroad.
2) The NDHS total rates/percentages do not represent the sum of the regional figures.

Figure 2. Data on COVID-19 exacerbated SGBV

Source: UNFPA Philippines Factsheet 2020.

Research indicates that Filipino girls and young women are worried more about the health of their family (68%), about the duration of the quarantine (53%), about their slim chances of returning to school and being able to leave one’s house (both almost 49%), rather than about contracting

²⁴ <https://www.aljazeera.com/news/2020/7/14/philippines-faces-baby-boom-after-lockdown-hits-family-planning>

the virus (40%). They also reported worries about human rights violations and gender-based violence against girls and young women.²⁵ Other reported global trends were specific forms of violence such as online harassment and harmful traditional practices such as child marriages; and that there is “the lack of sustainable, structural and societal support for the work on ending VAW/G [violence against women and girls]; CSOs continue to fill the gap.”²⁶

5. Indirect and Long-term Impacts

The projected ‘baby boom’ as a result of failures in COVID-19 response in the Philippines forms part of what is predicted to be an ‘impending human capital crisis’ (Cho et al 2021). Through a human security lens, the lack of gender-awareness and responsiveness because of the militarized pandemic response, means long-term suffering and compounded harm to the health and well-being of millions of Filipinos. There is already strong research that early and teenage pregnancies severely undermine the human capabilities of girls and further entrenches them in poverty. A baby boom will likely mean increased maternal mortality risks and increases in the burden of work among health professionals who are already overwhelmed by the realities of triaging in a poorly-managed pandemic. The further deterioration of health systems is interlinked with the depletion of health care workers who are also a largely feminized workforce – who themselves face risk of restrictions to sexual and reproductive health and gender-based violence. Many women who are victims of sexual violence are and will be forced to carry babies borne as a result of rape. Ongoing economic insecurity and physical mobility restrictions due to lockdowns in the country may mean that more women will continue to find it difficult to escape violence or to seek support and justice.²⁷ What is evident is that the confluence of the hidden pandemic and COVID-19 in the

²⁵https://reliefweb.int/sites/reliefweb.int/files/resources/through_her_lens_impact_of_covid19_to_gyw_14oct2020.pdf

²⁶https://reliefweb.int/sites/reliefweb.int/files/resources/un%20trust%20fund%20brief%20on%20impact%20of%20covid-19%20on%20csos%20and%20vawg_2-compressed.pdf

²⁷https://reliefweb.int/sites/reliefweb.int/files/resources/un%20trust%20fund%20brief%20on%20impact%20of%20covid-19%20on%20csos%20and%20vawg_2-compressed.pdf

Philippines will exacerbate existing health inequalities and create new ones.

Finally, teenage pregnancies even prior to the pandemic are linked with girls' education outcomes. Research in the Philippines points out that students' learning losses are expected to be enormous as COVID-19 dramatically disrupts education in Philippines (Cho et al 2020b). Prior to the pandemic, there were already challenges in access to and in the quality of education especially among the poor. The failure to respond to the pandemic with a human security lens is predicted to generate new crises that will outlast the disease outbreak because they undermine the capabilities of people – particularly women and girls – to flourish and thrive. Already there are reports that on a global scale, NGOs servicing women's needs are facing multiple challenges in continuing their work. Many have reported operating at reduced levels or have been forced to temporarily suspend operations.²⁸ COVID-19 is demonstrating that vital services available to women and girls are constrained as NGOs themselves struggle to mobilize resources for the work they do, and because they too have had to deal with the crisis as it affects them, their families and their communities.

6. Preliminary Conclusions

The Duterte administration's emphasis on rapid recovery was a logical outcome of its highly militarized pandemic response. As a result, the country is predicted to have long-term human insecurities especially for women and girls whose distinct needs are being neglected as part of a COVID-19 related but hidden pandemic. But the crisis can also provide windows of opportunity to overhaul the harm done by this government, and repair what good is left. There is a need to develop antidotes that can reclaim, secure and promote a human security approach to intersecting

²⁸ https://asiapacific.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2020/06/cso%20survey%20brief_26%20aug%202020.pdf?la=en&vs=3300; <https://asiapacific.unwomen.org/en/digital-library/publications/2020/06/rapid-assessment-impact-of-covid-19-on-womens-civil-society-organizations>

health crises. As the COVID-19 pandemic intersects with a whole host of human rights violations and atrocities under President Duterte's administration, there are clear lessons that can be brought to bear in strengthening or 'crisis-proofing' security approaches. First, gender equality is central to advancing human security. Empowerment especially for women and girls is linked to their right to self-determination and their ability to make decisions for their sexual and reproductive health. Women's health is indispensable for crisis responses and inclusive long-term recovery of societies. It is also important to assist in the necessary investments in crisis preparedness. Human security approaches need to attend to demands and challenges at the intersections of crises that recognize women's and girls' roles in the production and reproduction of daily life. The path to re-orienting towards a human security approach in the Philippines will be long and difficult, but a necessary one. The governance challenges ahead will be more complex and difficult to recover, not just from the damages to health systems by the Drug War, but also for building stronger public health systems. An indispensable step in this direction is recognizing and urgently responding to the hidden pandemic by ensuring gender perspectives are part of any crisis response.

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