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## Human Health Threat and Economic Vulnerability: A Case Study on the COVID-19 Pandemic

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## HUMAN HEALTH THREAT AND ECONOMIC VULNERABILITY: A CASE STUDY ON THE COVID-19 PANDEMIC

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### Abstrak

Artikel ini mbingkai pendekatan yang digunakan untuk menentukan kebijakan dalam menghadapi pandemi COVID-19, yang dapat berorientasi pada proteksi terhadap kesehatan manusia atau kerentanan ekonomi. Dalam artikel ini, konsep keamanan manusia digunakan untuk menjelaskan COVID-19 sebagai sebuah masalah keamanan kesehatan yang disebabkan oleh adanya ancaman eksistensial. Namun, pendekatan yang sama tidak dapat diaplikasikan dalam mengamati COVID-19 sebagai sebuah ancaman terhadap keamanan ekonomi. Mengingat ancaman eksistensial terhadap keamanan ekonomi tampak lebih tidak terlihat, COVID-19 lebih dapat dipahami sebagai sebuah stressor yang meningkatkan kerentanan manusia. Artikel ini menggunakan pendekatan deskriptif kualitatif dengan menggunakan kerangka analisis untuk menelaah berita, laporan, buku, dan jurnal akademik sebagai sumber data. Tulisan ini menganalisis dan mengelompokkan data ke dalam jenis-jenis keamanan, serta berdasarkan penyebab yang berkontribusi dalam meningkatkan kerentanan manusia, dan kemudian komparasi terhadap kedua sektor akan dilakukan. Artikel ini berargumen bahwa dalam situasi pandemi, kesehatan manusia terancam, sementara sektor ekonomi hanya mengalami kerentanan. Artikel ini juga berargumen bahwa pada masa awalnya, COVID-19 masih belum mengancam keamanan ekonomi manusia, namun ancaman tersebut akan hadir segera. Sebagai akibatnya, pemangku kebijakan harus memprioritaskan kebijakan yang menggunakan pendekatan terhadap kesehatan.

### Kata kunci:

COVID-19, keamanan manusia, keamanan kesehatan, keamanan ekonomi, kerentanan manusia

### Abstract

This paper frames the approach to determining policies in response to the COVID-19 pandemic, which either prioritise human health security protection or economic vulnerability. In this paper, the human security concept is used to explain COVID-19 as a health security problem due to the existence of an existential threat. However, the same approach is not applicable in looking at COVID-19 as an economic security problem. Because the existential threat is less visible in human economic security aspects, it tends to be more appropriate to look at COVID-19 as the stressor that strengthens human vulnerabilities. This paper uses a qualitative descriptive approach by using the conceptual framework to analyse news, reports, books, and academic journals as the sources of data. The writers analyse and group the data by types of security, as well as based upon the root causes that contribute to human vulnerability, then compare both sectors. This paper argues that in the pandemic situation, human health is threatened, whereas the economy is at a vulnerable position due to COVID-19. This paper also argues that COVID-19 has not yet threatened human economic security in the early stage, but soon, it will. As a result, stakeholders need to prioritise policies based on the human health security approach.

### Keywords:

COVID-19, human security, health security, economic security, human vulnerability

## **INTRODUCTION**

The World Health Organisation (WHO) declared COVID-19 (*coronavirus disease of 2019*) as a pandemic on 11 March 2019, which meant that COVID-19 has become a worldwide concern. Until this research was conducted, the rates of infections and casualties from COVID-19 were high, which reached 4,716,931 confirmed cases and 315,244 deaths. In the middle of April 2020, only 73,220 cases of infection and 5,909 deaths were reported globally (“COVID-19 Map”, n.d.). Michael T. Osterholm (2007) stated that we would be unprepared for the pandemic. He further explained that no one could know when a pandemic would happen and how severe its impacts would be, but it would occur for sure. Furthermore, Lawrence O. Gostin and Ana S. Ayala (2017) pointed out that the world was becoming increasingly vulnerable to infectious disease, but our ability to counter it continued to be grossly inadequate. Somehow these have been proven during the COVID-19 pandemic.

Literature on pandemics mainly focuses only on its security aspects at the state and global levels, where the state becomes the referent object (McInnes & Roemer-Mahler, 2017; Gostin & Ayala, 2017; Elbe, 2018). This paper tries to look at the issue differently, starting with humans as the direct referent object impacted by the pandemic. As a result, human security becomes our focus rather than national or even global security. This paper argues that COVID-19 has been a threat to human security. The pandemic threatened human’s “freedom from fear” and “freedom from want” (United Nations Development Program, 1994). COVID-19 simultaneously creates human’s fear of their survivability due to the possibility of death from severe COVID-19 cases.

Moreover, states or even global responses’ inabilities to provide sufficient healthcare treatment and facilities for COVID-19 patients create more fear for humans. Furthermore, the inability to meet human beings’ needs during the COVID-19 pandemic has become another reason to look at the pandemic as a human security problem. Akiko Fukushima (2020) also emphasises that “COVID-19 demands a human security approach of comprehensive, across-the-board human protection and empowerment.”

The United Nations Development Programme (UNDP) classified human security into seven aspects of human life: economic security, food security, health security, environment security, personal security, community security, and political security (United Nations Development Programme, 1994). However, this paper only focuses on two aspects of human security: economic security and health security. This paper does

not deny that COVID-19 also impacted other aspects of human security, but the focus will be on these two aspects.

Human health and economy have become subject to scrutiny within scholarly discussions on the impacts of COVID-19 (Bayuni, 2020; Rakhmat & Tarahita, 2020). They argue that there is no need to prioritise the economy during the COVID-19 pandemic and prioritise healthcare first. During COVID-19, health-focused policies, such as social distancing and lockdown, are argued to put restraint on the economy. Meanwhile, to apply less economically disturbing policies, such as quick rapid tests in South Korea, most states do not have enough material capabilities to do it. Taiwan and Singapore's preparedness before the first case, supported by good healthcare management in their countries, could not easily be imitated by other countries. Even the United States (U.S.), the “superpower,” faced a hard time in addressing COVID-19 (Winanti, Darmawan, & Putri, 2020). Balancing the policy to secure health and the economy when the world is fighting with *speed* during the pandemic is needed (Brown, 2011).

However, in a crucial condition like a pandemic, one aspect should be prioritised. For some scholars, it is the health sector (Bayuni, 2020; Rakhmat & Tarahita, 2020). However, there is a conceptual gap that needs to be solved: when problems occur in two aspects of human security simultaneously, how do we know which aspect of human security deserves more attention? Which sector needs to be prioritised for a stakeholder to act? We offer explanations based on two concepts—threats and vulnerabilities—that determine the security to answer that question. As Hans Gunter Braunch (2011) argues in his explanation on the environmental security approach, four essential dangers which undermine security are threats, challenges, vulnerabilities, and risk. We argue that when the cause of a human security problem (COVID-19) is seen as a threat, it would be viewed with more urgency than if it was only classified as a vulnerability. At the beginning of the COVID-19 pandemic, the threat to human lives was more tangible than the threat to the economy. COVID-19 is positioned as a threat to human health and vulnerability to the economy. This research aims to explain this argument. Before that, we will address how threats and vulnerabilities are considered as aspects of economic security and health security in the following sub-chapter.

### ***ANALYTICAL FRAMEWORK***

UNDP promoted human security in 1994 due to growing awareness of security problems with humans as referent objects, rather than states/nations or the world. As long as

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states/nations were considered as referent objects in security discussions, the security of the individuals would be ignored. Thus, human security as a concept attempts to define the security of an individual. Human security can be understood from both a narrow and a broad perspective. In the former, human security is defined as “freedom from fear,” meaning that humans should be free from conflict or war that may endanger their life. In the latter, human security is the combination of both “freedom from fear” and “freedom from want.” Freedom from want means that humans should be able to securely meet their needs to continue their social lives. It covers economic and social issues, such as health and education (Peoples, 2010). In general, human security is the protection of essential human freedoms from threats and dangerous situations (Shepherd, 2013). UNDP provides seven human security aspects that need to be protected. Those include economic security, food security, health security, environment security, personal security, community security, and political security (United Nations Development Programme, 1994).

Even though these aspects are interdependent, according to UNDP’s *Human Development Report 1994*, in practice, the priority will be given to only one aspect, depending on the degree of existential threat (the visible existence of threat). As Buzan, Wæver, and de Wilde (1998) argue (about successful securitisation), what is essential is “the designation of an existential threat requiring emergency action or special measures and acceptance of that designation by a significant audience.” By doing so, the threat to health security may not be so existential compared to other aspects of human security, or vice versa. In this paper, COVID-19 is viewed as an existential threat to health security, but not so existential to economic security. These two aspects of human security are the focus of this paper.

Since this paper compares human health security and human economic security, it is crucial to understand each aspect. WHO explains that health security is the well-being of humans in the physical, mental, and social dimensions. It includes factors such as nutrition, residential condition, work condition, environmental, and social-economic-political welfare (Abubakar, 2012). UN’s Commission on Human Security provides ten priorities for policy recommendation about human security, where one of them recommends that healthcare access needs to be of the highest priority and that it should be secured universally. Since threats to health security is a common threat that could traverse territorial borders (Aldis, 2008), these recommendations explain the importance of human health security.

Based on UNDP's definition, an individual human requires an assured basic income that usually comes from productive and remunerative work—or as a last resort sourced from publicly-financed safety net. (United Nations Development Programme, 1994). In their report, UNDP generally classifies the threat to human economic security to job vacancy deficiency, unemployment, temporary job, and insufficient income. These are the human insecurities in the economic aspect that have been found by UNDP but are not limited to other forms of insecurity that may occur. The final impact of an unsolved economic security problem is poverty, or even homelessness.

In this paper, the human security concept is used to explain COVID-19 as a health security problem due to the existence of an existential threat. However, the same approach is not applicable to look at COVID-19 as an economic security problem. This paper argues that the existential threat is less visible in the economic security aspect. In economic security, COVID-19 tends to become a *stressor* that worsens human vulnerabilities. It might endanger human security, but it has not yet reached its peak at the beginning of the COVID-19 pandemic since human security is closely related to the level of vulnerability (Azis, 2004). Human vulnerabilities will be explained next.

Discussing pandemics from the perspective of human vulnerabilities to human security has already been a concern for scholars. Tim Brown (2011), for example, argues that global health is universally vulnerable to threats that have no border in these dangerous times. Human vulnerabilities were first discussed in environmental studies. Vulnerabilities commonly raise concerns that humans are not entirely free from the possibility of harm from the environment. However, Peadar Kirby (2006) explains that globalisation, its dynamics, and its interconnections create social impacts that make each level of human life vulnerable. He describes that every UN department (that he studies) from the economic, social, environmental, and health sectors each provide an approach to vulnerability. It means that there is a growing concern towards this subject. In this paper, human vulnerabilities will be explained through their relations with security, especially human security.

O'Riordan (2002) defined vulnerability as "the incapacity to avoid danger, or to be informed of an impending threat, or to be so politically powerless and poor to be forced to live in the condition of danger." In the same chapter, Pelling is cited to define vulnerabilities as:

“exposure to risks and an inability to avoid or absorb potential harm,” physical vulnerability as that “in the built environment,” social vulnerability as that “experienced by people and their social, economic and political systems,” and human vulnerability as the combination of “physical and social vulnerability”.” (Brauch H. G., 2011)

These two definitions agree that vulnerabilities are humans’ inability to avoid things that could possibly harm them in the future. Nevertheless, Pelling presents a comprehensive point by classifying physical vulnerabilities, social vulnerabilities, and human vulnerabilities, where human vulnerabilities will be the focus of this study. On the other hand, UN’s Department of Economic and Social Affairs (DESA) has their own definition of vulnerability:

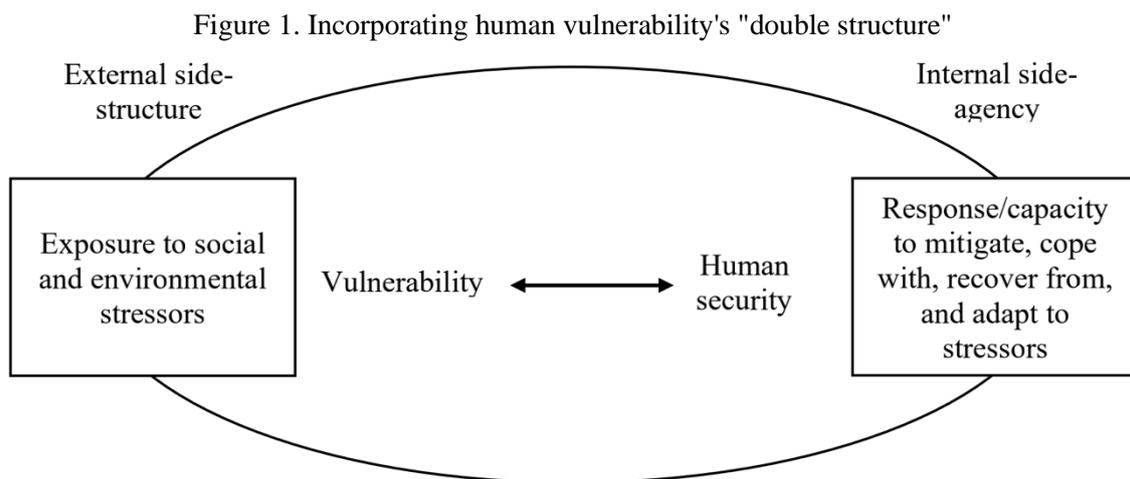
“In essence, vulnerability can be seen as a state of high exposure to certain risks and uncertainties, combined with a reduced ability to protect or defend oneself against those risks and uncertainties and cope with their negative consequences. It exists at all levels and dimensions of society and forms an integral part of the human condition, affecting both individuals and society as a whole.” (Kirby, 2006)

One thing that needs to be highlighted in these three definitions, following Helen Forbes-Mewett and Kien Nguyen-Trung's (2020) take, is that human vulnerabilities consist of two components. The first one is exposure to shocks, stresses, or disasters; the second one is the lack of (self) capacity. In other writings, the first component is explained as a *stressor* that will create a context for the vulnerability (O'Brien & Leichenko, 2007). Meanwhile, the lack of (self) capacity is explained by Brent Yarnal, as cited by Barbara A. Mistzal (2011), as the lack of human sensitivity to respond and adapt to a vulnerable condition where they live. As a result of these, those who are highly exposed and sensitive to change and who have limited freedoms and capabilities to respond positively to change are the most vulnerable (O'Brien & Leichenko, 2007).

In conclusion, there are four aspects to understand human vulnerability from those explanations. First, the subject is an individual human. Second, those individual humans live in a condition that exposes them to possible future danger or harm. Third, those individuals nowadays have no self-capacity to avoid that potential danger in the future.

Fourth, understanding vulnerability means that there is a need to take precautionary actions. Since discussions on human vulnerability are still too general, this writing will focus on human vulnerabilities, human security, and the relationship between these two aspects.

In the relationship between human vulnerability and human security, O'Brien and Leichenko (2007) explains that the process of change (such as globalisation, environmental change, and infectious disease transmission) will potentially become a vulnerability if it leads to adverse outcomes. Otherwise, if the process of change leads to positive outcomes, it will create opportunities to enhance human security. The same idea is also explained by Brklacich, Chazan, and Bohle (2010), who explain that human security and vulnerability are intimately linked: human security is the capacity to overcome vulnerability and respond positively to environmental change. Brklacich and his colleagues provide the following figure to explain such a logic.



Source: Brklacich, Chazan, M., & Bohle (2010).

This picture explains that vulnerability and human security are neither separated nor static but a dynamic process of interactions between human responses and exposure to the environment. For example, before humans found antibiotics, they were highly vulnerable to malaria. Humans could not adapt and respond when the disease occurred. However, when antibiotics were discovered, humans felt more secure. It means that antibiotics lessens human vulnerabilities and strengthens human security. Human's response will also determine whether this pandemic will become a *stressor* for vulnerabilities or a *threat* to human security.

The ideal policy to overcome human vulnerability and human security problems is to promote or strengthen human security and reduce human vulnerability by diminishing human security threats and human vulnerability stressors (Brklacich, Chazan, & Bohle, 2010). However, it is tough to achieve. Also, it is only relevant as precautionary means. In the emergence of an existential threat, the policy that focuses on diminishing the threat gains more importance or urgency than the policy that reduces stressors (human vulnerability). This is because the existential threat rapidly and directly harms humans. In the case of COVID-19, the pandemic works as both a threat to human security and a stressor to human vulnerability. Which sector of security it is threatening or vulnerability it is stressing is the main question. This paper sees that COVID-19 works as a threat in human health security, while in human economic security COVID-19 works as a stressor (vulnerability). In a need of quick action, stakeholders' policies need to focus on humans as referent objects that put human health in a safe place from COVID-19 first, such as lockdown, rapid test, closing border, and even limiting non-essential economic activity.

This paper argues that human health is threatened by COVID-19, whereas the economy is merely vulnerable. This comparison segregates the priority by classifying causes which endanger human security into threat and vulnerability.

### ***RESEARCH METHOD***

This research aims to analyse the economy and health conditions in COVID-19 with a vulnerability and human security approach. This paper uses a qualitative descriptive approach by employing the conceptual framework through textual data obtained from news, reports, books, and academic journal articles to analyse the economic and health conditions during the COVID-19 pandemic. Furthermore, this research focuses on two main aspects of human security: the economic and health aspects. Moreover, they will be analysed through conceptual relations of human security and human vulnerability. The authors will analyse and group the data by types of security, health, and economic security, then classified COVID-19 into threat or stressor based on how it impacts human lives in each aspect. Then, this paper will compare both aspects and determine the degree of urgency. The comparison follows five fundamental human security analysis principles: people-centred, comprehensive, context-specific, prevention-oriented, and protection and empowerment (United Nations Trust Fund for Human Security, 2016).

## **DISCUSSION**

WHO explains that a health security threat is more dangerous than military threats. Military threats—such as bombs, missiles, tanks, and aircrafts—are visible while threats to health security—such as influenza, SARS, H5N1, and HIV/AIDS—are not. However, both endanger human security. The quick response toward a threat could be taken only when the threat is easily visible. It is the reason why WHO deems that a health security threat is more dangerous than a military threat (Abubakar, 2012). Globalisation, on the other hand, also enhances threats to health security. Gro Harlem Brundtland (2003) says that human and state interconnectivity and easy mobility will quickly spread infectious diseases. It amplifies WHO argument that health security threats will be perilous.

Humans were shocked by the COVID-19 pandemic and forced to pay attention to their health and livelihoods. Even before the COVID-19 pandemic, epidemics and endemics had already haunted human lives, such as cholera in Liberia, ebola in the Democratic Republic of the Congo, or even the absence of healthcare in Iraq as a result of war (Brundtland, 2003). All of them had endangered human security. However, COVID-19 has been an exceptional case. It impacts almost 188 countries in the world and has already caused the death of 302,468 people in the world. Throughout the history, multiple pandemics have caused massive casualties, such as the Bubonic Plague (Black Death) in 1347 (which caused death of 30-50% of the European population), the Spanish flu in 1918, and the Asian flu in 1957 (Winanti, Darmawan, & Putri, 2020). Therefore, the pandemic is not a new problem for humans, although it has taken different forms from time to time.

The presence of pandemic as a threat to human health security cannot be denied from history and the recent COVID-19 pandemic. COVID-19 becomes an existential threat to human health and has been more visible than before. Three aspects are highlighted in this article to show the presence of the COVID-19 pandemic as an existential threat. First is the high number of casualties caused by COVID-19; second is unpreparedness and inadequate healthcare infrastructure; third is inadequate medical supplies for prevention, such as test kits, masks, and hand sanitisers, and its cures, such as medicines and vaccine. The pandemic has not only taking people's lives, but also exposing humans' weaknesses when facing a pandemic.

Furthermore, the essential aspect to classify threats from the COVID-19 pandemic to human health security is its impact on human lives. COVID-19 is an infectious disease caused by a new coronavirus. It causes light and even severe respiratory disorders and for

patients with other illnesses, such as cardiovascular, diabetes, and chronic respiratory diseases, as well as cancer, will experience more severe symptoms. This disease spread through saliva droplets or out of infected people's noses ("WHO Coronavirus Disease", n.d.). On 15 April 2019, WHO announced that there were 73,220 confirmed COVID-19 cases globally and caused death to 5,909 people. WHO further explained that the increase in casualties from COVID-19 reached 500 to 1,000 cases per day ("WHO Coronavirus Disease", n.d.). On 18 May 2019, COVID-19 caused 315,244 death cases and 4,716,931 confirmed cases globally ("COVID-19 Map", n.d.). It shows how severe the COVID-19 pandemic is in damaging human lives.

The U.S. once was the country with the highest number of confirmed and death cases. By 15 April 2020, the U.S. had 609,685 confirmed cases, and death cases reached 26,059 cases. On 18 May 2020, the confirmed cases reached 1,486,742 cases, and death cases reached 89,564 cases in the U.S. alone. Other countries, such as Taiwan, Singapore, and South Korea, have already shown their successful efforts to contain the spread of COVID-19 in their countries with low number of confirmed and death cases (Winanti, Darmawan, & Putri, 2020). Sweden also joined these countries by showing its successful efforts in containing the COVID-19 spread.

On the other hand, China showed zero growth of COVID-19 cases at the end of April 2020 but could not be categorised as successful due to the 84,054 confirmed cases and 4,638 death cases. Indonesia experienced the COVID-19 outbreak latter than other countries. On 15 April 2020, 7,000 confirmed cases were recorded, and it already reached 17,514 per 18 May 2020, and 1,148 death cases (Widaningrum & Mas'udi, 2020; "COVID-19 Map", n.d.). It shows that each country has different experiences with COVID-19. Not all countries suffered from COVID-19, but globally, as explained before, COVID-19 still brings harm to human lives.

COVID-19 has shown its potentials in taking human lives and causing panic all over the world. Besides, COVID-19 shows that humans are not prepared for the condition brought by the pandemic, especially in the healthcare infrastructure. Two major powers, the U.S. and China, could not keep the cases growth to a low level. It is enough to show that even the countries with big material capacity are still unprepared for this condition. Many countries faced shortages of medical masks, test kits, ventilators, and personal protective equipment (hazmat suits). The U.S., for example, at the beginning of the COVID-19 outbreak, could only provide test kits to people who travelled from China in the last fourteen days (Winanti, Darmawan, & Putri, 2020). In Indonesia, medical masks

were hard to obtain, and people had, and still have to, substitute it with fabric masks. The COVID-19 Response Acceleration Task Force (known as *Gugus Tugas Percepatan Penanganan COVID-19* in Indonesian) stated that 500 thousand test kits that the government provided were not sufficient as they were sourced from various countries and provided different results at times (Sari, 2020).

The availability of other medical supplies, such as ventilators and hazmat suits, were and still are insufficient. In Jakarta, all hospitals combined needed 170 ventilators (Jelita, 2020). In the U.S., they needed to limit ventilator usage due to insufficiency (Mahardhika, 2020). Indonesian Doctor's Association (IDI) explained that hazmat suits supply in Indonesia and globally were lacking. Hospitals need to rely on hazmat suits produced locally which tend to not abide to the standard quality (“IDI Bali Soroti Stok APD”, 2020). Not only medical supplies, even the hospital's capacity has not been enough to cater to all patients simultaneously. In response, China built temporary hospitals and Indonesia changed an athlete's dormitory into temporary hospitals. Some hospitals in Indonesia has not even had sufficient facilities to respond to all COVID-19 patients, requiring them to be selective in providing medical help (Lumbanrau & Hajid, 2020). Not only in Indonesia, in Italy, the ICU rooms and hospital wards reached maximum capacity. Henceforth, they could only handle patients who needed emergency treatment (“Virus corona: Para dokter di Italia”, 2020). These cases are the problem that COVID-19 has created to the healthcare system. The same problem might not happen in other countries, but it has already become a concern in dealing with the pandemic.

Some countries have been trying to find a vaccine for the COVID-19 virus. The U.S. has already spent 32 trillion dollars to develop the vaccine and diagnostic technology. As of the time of writing, U.S.-based companies, such as Moderna and Inovio Pharmaceuticals, have done their first vaccine testing (Arnani, 2020). Also, Oxford's team keeps developing the vaccine even though the result is not too effective (Putri, 2020). Meanwhile, China has already come to phase II and III in its attempt to find the vaccine. They still need more population to test the effectiveness of the vaccine. WHO explains that six vaccine candidates reach the clinical test, and the other 77 vaccine candidates are still in the pre-clinical phase (Arnani, 2020). Temporary medicine to handle COVID-19, such as Antiretroviral Lopinavir Ritonavir (LPV/r), is still not adequate and side effects are not well-researched (“WHO Coronavirus Disease”, n.d.). The unavailability of vaccines creates a condition where COVID-19 as an existential threat strengthens. Human will feel more secure if a vaccine has already been found and less secure when COVID-

19 still elevates and the vaccine is unavailable. When facing a pandemic threat, the final solutions are medicine or vaccine, but only when the availability and supply are enough.

Although the healthcare sector has been weakened by the COVID-19 pandemic, WHO explains that public health capacities in highly impacted countries have increased, with Italy reaching a percentage of 85%, also 85% for Iran, and 92% for the U.S., although the mortality rates for these countries were still considered high (Rum, Adiputera, & Nandyatama, 2020). It means that, even though countries use their maximum healthcare capacity to handle COVID-19 impacts, the current health capacities are still not enough. That is why physical distancing becomes a global solution for COVID-19. Many countries realise that handling COVID-19 through the healthcare system will not be sufficient, thus, efforts to prevent the pandemic are in place.

All the explanations above show that COVID-19 is an existential threat to human health security, either through its ability to damage human life directly or through exposure to insufficient healthcare facilities. Both contribute to harming human lives, either through mental or physical damages.

### **COVID -19 Contributions to Economic Vulnerability**

After WHO announced the COVID-19 outbreak as a global pandemic, the global health crisis became the primary global security concern. COVID-19 has become subject to public discourses as it causes the global health crisis and may further cause financial crisis. The weakening of the business sector later evolved into higher poverty and unemployment rates, as COVID-19 arguably brought impacts to the economy. Scholars were afraid that the COVID-19 outbreak and its spill over effects to the global economy would trigger global recession in 2020 (Ozili & Arun, 2020). The rapid spread of the disease pushed some countries to limit social activities, or even implement lockdowns. The consequences of these policies and responses led to negative impacts on the economy from the individual to the global level and some countries fell into recession. The Organisation for Economic Co-operation and Development (OECD) forecasted that handling COVID-19 could reduce global GDPs growth by half a percentage point for 2020 (from 2.9 to 2.4 percent). Ozili and Arun's findings (2020) showed that social distancing and lockdown policies negatively impacted the economy when the state reduced economic activities. At the sectoral level, the spread of the disease has impacted revenues from tourism and travel-related industries and large-scale manufacturing

industries due to efforts to limit social activities and consumers' needs to stay at home (Ozili & Arun, 2020).

Various actions began to be taken to anticipate the spread of COVID-19. However, these steps contradicted with economic approaches. Analyses to the global economy proved that there were predictions that each country would face economic crises. This paper sees that the conditions brought to the global economy by the pandemic would harm human security. To observe the impacts of COVID-19 from an economic perspective, the authors use the vulnerability in the human security framework to observe potential impacts based on unemployment and poverty indicators. The previous explanation on economic recession becomes a preliminary analysis supported by several studies which later proved “the negative impacts and fears for national economic capabilities in facing the spread of COVID-19.” Reductions to economic activities in several sectors caused economic spillovers, which increased unemployment and poverty levels.

#### *Unemployment*

Limitations to economic activities in various industrial sectors, such as restaurants, tourism, manufacturing, construction, and others, caused spill over effects to the economy with waves of layoffs. According to S&P Global Ratings' prediction (Press Trust Of India, 2020), the unemployment rate could jump to more than three percentage points, or more than double the average in recession, as social distancing measures hampered job creation engines across the Asia-Pacific. Singapore announced that the unemployment rate rose to 2.4% in March 2020, up from 2.3% in December 2019, while the unemployment rate in Japan rose 0.1 points to 2.5% in March 2020 (Iwamoto, 2020). The unemployment rate in the U.S. rose to 14.7%, with 20.5 million jobs lost in April 2020. Said increase reached the worst level since the Great Depression in the 1930s. Based on these data, COVID-19 had a significant impact to the increase in the unemployment rate. The critical points in this condition are as follows: (1) the direct impact of the global recession triggered by the decline in global trade and the closure of some industries increased the unemployment rate, and (2) policies on social restrictions and several instruments to prevent the spread of diseases affecting the closure of several industrial sectors could affect the rate of layoffs.

*Poverty*

COVID-19 quickly evolved from a health care crisis into a financial crisis, shutting down businesses, industries, and disrupting financial markets. Based on forecasts and projections from the World Bank through projections of growth from the World Economic Outlook, COVID-19 could potentially increase the global poverty rate to its highest growth rate since the 1998 Asian Financial Crisis struck. It would drive 49 million people to fall into extreme poverty by 2020 (Mahler, et al., 2020). Furthermore, Mahler, et al. (2020) predicted that there would be an increase in poverty in some countries. India (12 million), Nigeria (5 million), the Democratic Republic of the Congo (2 million), Indonesia, South Africa, and China were expected to experience a rise of one million people who would fall into extreme poverty as a consequence of COVID-19.

These impacts on the economic sector could be seen either as human security or human vulnerability problems that stand in the same line, meaning that the same problem could create either a human security threat or vulnerability stressor. We argue the COVID-19 is closely related to human vulnerability than a threat when the pandemic vulnerability is related to the scale of unpreparedness in the economic sector to adapt to the pandemic. The economic impacts of the pandemic are interpreted as a vulnerability which are present as side effects of the emergence of the health crisis. In the economic sector, COVID-19 contributed to disruptions to the economy. Different than how it is in the health sector, COVID-19 independently and directly impacts humans. That would be the reason why it became an existential threat.

**Assessing COVID 19: Economy or Health Security First?**

To decide which policy approach needed to be a priority during the COVID-19 pandemic, the authors follow the logic of security problems, which prioritises existential threats. As explained in the last two sub-chapters, COVID-19 poses an existential threat to health security. COVID-19 does not present itself as an existential threat in the economic sector, but it is exposed as a stressor toward human vulnerabilities. The COVID-19 pandemic has not independently and directly become a threat to the economic sector, while economic vulnerability is an accumulation of multiple unsolved problems in the economic sector before the issue emerged, as explained in this table.

Table 1. The Stressors of Vulnerability in the Economic and Health Sectors During the COVID-19 Pandemic

Type of Human Security	Stressor of Vulnerability	
	National Level	Personal, Group and Community Level
<b>Economy</b>	<ul style="list-style-type: none"> <li>▪ The inability of the national economy to handle infectious diseases.</li> <li>▪ The inability of the business sector to adjust to the pandemic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Inability to adapt and secure finances to sustain livelihoods.</li> <li>▪ The weakening of the industrial sector impacts towards increased unemployment and reduced standards of living.</li> </ul>
<b>Health</b>	<ul style="list-style-type: none"> <li>▪ The risk for national health management and limited health facilities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Increasing mortality rate, and an unhealthy society.</li> </ul>

Source: Analysed by the authors using the vulnerability table from United Nations Trust Fund for Human Security (2016).

Vulnerability is defined as a condition or circumstance; henceforth, it could be present at the national, community, or personal levels. However, one thing that could not be avoided would be the position of human as a referent object. The unsolved problems in the health and economic sector contribute to establishing the same vulnerabilities during the COVID-19 pandemic. For example, previous problems from the SARS and MERS pandemics in the public health sector cross national boundaries and threatened health security at the global level. According to Curley and Thomas (2004), the impacts of SARS quickly moved beyond health problems and became a political-economic threat and challenges to foreign policymaking (Curley & Thomas, 2004). The spread of the COVID-19 virus has significant consequences on increasing fears among the public and states. After past pandemics, stakeholders, both at the global and national levels, did not create precautionary measurements for possible pandemics in the future.

Departing from the human security approach, the economic sector suffered from indirect impacts of the health crisis. The economic sector and decision-makers were in unprepared positions to adapt to circumstances brought by the pandemic during the implementation of social distancing or lockdown policies. It means that they could not anticipate conditions brought by health crises when they hit the society, which should have been able to adapt and secure their finances to sustain their lives, as well as weaken the industrial sector with impacts towards increased unemployment and living standards. At the national level, the state did not have enough capability to adapt to the spread of the pandemic, which led to inabilities of multiple national economies to handle infectious diseases and, in some cases, handle the burden to the business sector. We argue that the human security approach, taken from an economic perspective, understands “capability” as the ability of actors in dealing with any condition, including a health crisis and adapting

with the spread of the pandemic. Thus, economic vulnerability has appeared as a side effect to the health crisis, which is not considered as a threat to human security during COVID-19. In the health sector, during the COVID-19 pandemic, human vulnerability from the pandemic has turned into threats to health security. Stressors to human vulnerability impact the risks toward the national health management system and limited facilities during the spread of the pandemic. At a personal level, it increases the mortality rate and creates an unhealthy society. The human security approach identifies the health sector as the main problem of COVID-19, in which vulnerability has transformed into a “threat” as the mortality rate grows and the society becomes unhealthy. As a result, policymakers must prioritise the implementation of health management in dealing with the pandemic. Considering the vulnerability of the economic sector, policymakers have to construct the adaptation mechanism in bridging impacts from health policies with the need for economic sustainability during the pandemic; for instance, the capability of the economic sector to adapt with social distancing measures and limited social interactions.

COVID-19 contributes to creating economic conditions where humans cannot avoid its unfavourable impacts. It has changed how humans usually conduct economic activities, especially with respect to direct interactions. Human interactions play crucial roles in sustaining the economic cycle. COVID-19, on the other hand, forces humans to keep their distance from one another and to experience robust economic interactions; in the most severe case, humans may stop participating in economic activities. This condition puts humans at vulnerable positions, meaning that humans are unable to avoid the impacts of these conditions. It happens not only because COVID-19 poses as a driving force, but because it is an accumulation of other aspects as well. In reference to the conceptual framework, vulnerability is an accumulation of unsolved security problems in the past time; for example, before, humans were less concerned about how the economy would run during a pandemic, as well as the subsequent economic disparity, poverty, and much more. Triggered by COVID-19, these past conditions accumulated and exposed human vulnerability.

Some countries have responded with various preventive measures, such as lockdowns, rapid tests, closing borders, and even limiting unessential economic activities. However, these policies, which aim to protect health security, unintentionally cause global economic problems. On the other hand, some governments still resist policies departing from the health security approach to avoid possible recession in their national economy. Some countries still open international and domestic transportation services to

sustain their respective national economies. According to Bohoslavsky (2020), the economic approach usually is not based on the efforts to reduce inequality or to ensure the realisation of economic and social rights. Thus, the economic approach and policies are at high risks of burdening the health and lives of the majority of their populations, as proven by mortality rates and indicators which measure the health condition of the society.

The government usually lacks awareness considering the weakened economy during a health crisis, leading to their unpreparedness in the implementation of national emergency policies in a health crisis and outbreak. The health approach confirms that in dealing with the health crisis, the national economy must certainly support national health management and the availability of adequate health facilities. The government ignores these priorities, and health policy initiatives are market-oriented and not based on the human security approach. Thus, the economic approach during the COVID-19 pandemic is not present as the motive for the government's economic approach, which is not appropriate for human security.

### ***CONCLUSION***

In assessing the economic and health vulnerabilities during the COVID-19 outbreak, this paper argues that COVID-19 has created an unhealthy society and put the national health management and facilities at risks. It also weakens the economy, which raised the poverty level and burdened the economy at the personal and community levels. Some national governments have avoided the outbreak by implementing lockdowns, as well as limiting social and economic activities. Threats to health security are more present as existential threats to human lives. Economic security became an implication of health security, which should push for more consideration towards preventive measures for the incoming crisis.

However, some national governments have taken the risk of implementing economic-oriented options to maintain stability in their respective economies by allowing the operation of industries and human mobilisation, which risk increasing the vulnerability to the health sector and lead to a health crisis. The human security approach should be driven by prevention measures by building solutions and responses to ensure the sustainability and resilience of the society. The response should be based on the true causes that promote early warning mechanisms to help reduce the impact of current threats and, if possible, prevent their occurrences (United Nations Trust Fund for Human

Security, 2016). The government had witnessed how COVID-19 could lead to weakened economic and neglected human health security. This paper offers the argument that policies which depart from health security approach should be a priority for stakeholders, due to the existence of independent and direct threats to human lives. Then, the occurrence of COVID-19 does not change the fact that humans were already at vulnerable positions. It stresses or adds vulnerabilities to and worsened the pre-existing conditions. Dealing with economic vulnerability should be done by precautionary policies, promoting early warning mechanism, and measures to prevent the outbreak of the pandemic.

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