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Chairman's Foreword



- p.2** Chairman's Foreword
- p.4** How can Innovation Help our Societies in Times of COVID-19 Adversity?
- p.8** COVID-19: A Briefing Note for African contexts
- p.16** Canada's Response to COVID-19 – A Canadian Energy Strategy
- p.19** Parliaments in Times of Pandemics: The Case of Turkey
- p.25** IMF Responses to COVID-19: Suggestions for the Case of Madagascar
- p.27** Fighting against the COVID-19 pandemic: The Case of South Africa
- p.30** Statement during a Virtual Parliamentary Meeting on the IMF Responses to COVID-19

Around the world parliamentarians are laser-focused on action to save lives and save livelihoods. As I write, the death toll from COVID-19, mounting every day, has now reached well over 400,000 people. Every single lost life is a tragedy. Sons and daughters, mothers and fathers, a brother, a sister, a grandparent, aunt, uncle, a friend. Many have died alone. Many were denied a chance to be there with their loved ones in their final moments. Our shared trauma will scar our communities for many years to come.

Around the world, frontline workers have shown extraordinary heroism in keeping us safe. Communities everywhere have rallied together to pull through. The world's best scientists are intensely focused on finding a vaccine. While millions are self-isolating, we have come together in new and incredible ways.

This spirit is shaping a new collective resolve to 'build back better'. Around the world, parliamentarians are wrestling with the dilemmas of moving from lockdown to re-start, juggling the risks of a double-peak in the infection, which we know will trigger a double dip recession.

That recession is already set to be the longest and deepest in living memory. And so as we plan for a just, green recovery, policy makers everywhere are debating similar questions. What are the best measures to get our constituents back to work? What are the best policies for a job-rich recovery that speeds our path to a net zero carbon world? How do we offer a helping hand for the hardest hit, especially low paid workers, the young, women and those in the informal economy? Can we link support for firms to better behaviour in the future in the future, like paying taxes and cutting carbon? How do we support small businesses and the self-employed? Can we take advantage of low oil prices, to phase out subsidies, or switch subsidies to greener energy? Can we exploit very interest rates to mobilise investment for this new world, when we face huge bills for the price of lockdown, and uncertain tax revenues in the years to come? For many, the challenge is extra-tough as remittance flows dry up. And many in politics are having to fight to keep these discussions in the full glare of democratic work through parliaments.

As we debate these questions, we know there will some who want to retreat to a comfort zone or build every higher walls. But the only problem with trying to build a fortress is that it soon becomes a life under seige. We can't solve these questions, and keep the SDGs in sight, by working alone. Pandemics do not stop at passport control.

That's why its more important now than ever to learn from each other and to make sure our multi-lateral organisations, like the World Bank and the IMF, are in close touch with frontline realities and are equipped with the resources needed to make a difference.

Over the months to come, we will be making sure that the Parliamentary Network is supporting parliamentarians around the world in navigating these dilemmas. To lead is to choose. And ahead of us, we have some very, very tough choices to make. Much depends on choosing well.

The Rt. Hon. Liam Byrne MP and Shadow Minister of Digital, Culture, Media and Sport is the current chair of the Parliamentary Network. He is a Member of Parliament for Birmingham Hodge Hill since 2004. He currently serves as Shadow Minister of Digital, Culture, Media and Sport, and Digital Economy at the House of Commons, and Chairs the All-Party Parliamentary Group on Inclusive Growth. Previously, he was Shadow Minister for Business, Innovation and Skills, and Shadow Secretary of State for Work and Pensions. He served as Chief Secretary to the Treasury from 2009-2010.

How can Innovation Help our Societies in Times of COVID-19 Adversity?

Hon. Ricardo B. Leite, Vice-Chair of the Parliamentary Network



The COVID-19 pandemic has had a dramatic health, social and economic impact on the lives of citizens across the globe. In the face of this adversity, civil society has moved quicker than governmental institutions. We are seeing unprecedented levels of community-based solidarity through grass-root movements in both urban and rural settings. Businesses are reinventing themselves to help respond to the outbreak while simultaneously adapting their models to continue to survive in a locked-down world.

This is a time for political parties to reach across the aisle and find common ground. Portugal provides a model of success in this regard, as both the social democrats and the socialists have valued unity over petty politics. Now the question is whether the member states of the European Union are capable of displaying the same level of solidarity between themselves, in order to fulfil their promises of working towards peace and prosperity for all.

The world is facing an unknown virus and the scientific community is learning more about this disease every day. Due to the high transmissibility of SARS-CoV-2, associated with a relatively high mortality rate (in comparison with seasonal flu, for example), and knowing that our immune systems have no protection against this novel virus, it has become clear that we are navigating in uncharted waters.

In the immediate response to COVID-19, countries are doing what they can. Policies are being applied based on other experiences that seemed to have worked in Asia, at least in the short-term.

This is a time for innovation, not a time to experiment with the lives of our citizens.

However, the latitude of actions varies greatly across the European Union. As the coronavirus began devastating Italy and Spain, many countries decided to lock down their societies. In Portugal, for example, as people became more

aware of the severity of the situation, they started to stay at home and stopped sending their kids to school, even before the President declared the State of Emergency. The Portuguese people stepped up voluntarily, even before authorities mandated them to do so, to avoid a greater calamity.

Other countries, like Sweden have decided not to shut everything down and have put all their chips on the idea of herd immunity. And yet the mortality rate in Sweden is currently triple that in Portugal and their epidemiologists are uncertain of the outcome going forward. This is a time for innovation, not a time to experiment with the lives of our citizens. Even if the Swedish approach has certain practical merits, is it fair to give in to the inevitability of deaths, to not to do everything in our power to ensure that the elderly and other at-risk people are protected? Shouldn't we do everything possible to avoid unnecessary loss and gain time until we develop an effective treatment or vaccine? These are profound ethical questions on which we, as a society, must reflect upon to ensure we have clearer answers in future crises.

Never in the past has the success or failure to address a global threat depended so much on our individual actions. The importance of this collective sense of responsibility in the face of the pandemic has led civil society to reinvent itself. People living in the same building or neighbourhood, and that had never previously spoken to one another, are now operating support systems for the elderly, doing their shopping for them, or simply checking in to make sure they are doing well.

Citizen-led movements have mobilised to respond to different challenges and needs as they arise. For instance, Host a Hero, a web portal here in Portugal, has connected unused homeowners all over Europe to healthcare workers that need a place to stay to avoid infecting their loved ones at home. Another example lies in a movement called 'One Step Ahead of Coronavirus', through which a group of volunteers work directly with healthcare workers to identify and publish all the protective equipment they are lacking on the frontline to ensure that their stocks are quickly replenished by the authorities and philanthropic initiatives.

Moving forward, even as we reopen societies, citizens will be entering a different world than one they knew before. Physical distancing will remain omnipresent, frequent hand-washing the social norm, and most countries will

likely impose some sort of mandatory usage of face masks. Only a vaccine will take us back to a normal world of physical proximity and affections as before. Even so, it is likely that many of these new habits have come to stay, possibly for good reason.

Let us not lose the sense of urgency for reform and change.

Following the 2014 Ebola outbreak, several institutions, philanthropies and countries came together to create the Coalition for Epidemic Preparedness Innovations (CEPI) to develop vaccines for outbreaks, and particularly to develop technologies capable of accelerating this process in the face of unknown pathogens, known as 'Disease X'. Thanks to their persistence, leadership and ingenuity, today we are better prepared to accelerate the development process and, hopefully, deliver an effective and safe vaccine to the world. As we move forward, countries that have not supported these initiatives in the past need to find a way to reallocate their funding priorities. If we fail to keep our citizens safe, no economy can survive, let alone thrive.

Finally, in the new world that will arise from the ruins of the pandemic world, let us not lose the sense of urgency for reform and change. This is one of those 'Never Again' moments in history. Just as society accepts that we invest a relevant portion of our GDP towards our collective defence, mainly through military, we must now acknowledge the need to invest in health.

There is a need for command and control structures for epidemic preparedness and response. We will need national health reserves that have ongoing simulation games to prepare for worst-case scenarios and ensure that they're ready to respond when needed. Clear action plans on how to respond to each of those potential threats need to be clearly detailed and perfected with lessons learned along the way. These national structures should be coordinated at a multilateral level (such as what NATO does in the North Atlantic), because these global health threats know no borders.

As we come out of the ruins of this crisis, we also must be capable of fostering a well-being economy that puts people front and centre. Parliaments, governments, businesses and civil society need to join forces in this effort and generate common solutions out of the diversity of existing ideological and political differences.

We are in this together. Let us be the ones who future generations can look upon as an example of global solidarity and leadership. For all of us.

The Honourable Jeremy Lefroy was until recently a British Conservative Party Member of Parliament. He was successively a member of the Committee on International Development, the Human Rights Committee, the Health and Social Care Bill Committee, and the Committee for Exiting the European Union. He also served as the Prime Minister's Trade Envoy to Ethiopia. Prior to that, he worked for ten years in Tanzania's coffee industry, and later returned to the UK where he worked assisting smallholder farmers in East Africa until his election in 2010. He co-founded Equity for Africa, a social investment business which supports small enterprises, and Stafford Works, a charity which promotes job creation and entrepreneurship in his constituency.

COVID-19: A Briefing Note for African Contexts

Prof. Mukesh Kapila, Senior Member of the PAM Academic Platform, Profesor of Global Health and Humanitaraan Affairs at the University of Manchester



COVID-19 SPREAD AND IMPACT IN AFRICA

Current extent of spread

As of mid of April, most Sub-Saharan African countries had reported that they are facing COVID-19, totaling over some 10,000 cases, including around 500 deaths. These figures are constantly changing as the pandemic progresses, and cases reported do not necessarily reflect the total magnitude of infection because the amount of testing being done is still very restricted. Thus, reported cases are a considerable under-estimate. Modelers suggest that for every death from community transmission, there are 500-1500 infections. On that basis, sub-Saharan African may already have a pool that is fast approaching 1 million infected people. The early days of the epidemic in Africa appears to be mirroring the early days of the epidemic as experienced in Europe, a few weeks ago.

Based on the current partial data, there appear to be three regional epicenters in Africa: in the south around South Africa, in the west around Cameroon and Senegal and, in the east around Rwanda and Kenya. COVID-19 appears to be following a relentless trajectory on the continent:

- In the first phase, with strong trade and education links between Africa and China, travel brought the first few cases. Subsequently, cases were also imported by travelers from Europe.
- In the second phase, the initial cases passed on the virus to others and small clusters of cases emerged.
- In the third phase, the clusters are coalescing, and the virus spread is becoming more generalized, as community transmission gets established.

Massive testing and contact tracing with isolation of positive cases can slow spread if done meticulously, but it is already too late to completely eliminate the spread in many places. Thus, It is highly likely that community transmission is

now progressing in large swathes of the continent. As disease testing, surveillance, and reporting systems become more comprehensive, the availability of more data is likely to show that COVID-19 has become established Africa-wide.

The potential behaviour of the virus in Africa is cause for concern. In favour of a lesser impact is the continent's youthful demography: only 3% of Africans are aged over 65 years compared to 23% Italians and 11% Chinese. However, younger virus carriers in Africa, even if mildly sick, can still transmit the virus as efficiently as their counterparts in other continents. And conversely, older more vulnerable Africans are more likely to be living in crowded households rather than alone as in Europe. Thus, they have higher inter-personal contact rates, especially in congested urban locations. Note that at least 40% of Sub Saharan African is already urbanised.

Africans have generally less adequate access to water, sanitation and hygiene (WASH). 20% of African families have not reliable access to soap and, in many places, a significant part of household income may be needed to buy water for living purposes. So, water for handwashing may not be prioritised and costs are higher.

African populations have a higher proportion of uncontrolled non-communicable diseases (NCDs), such as hypertension and diabetes, as well as higher levels of tuberculosis (TB), which is now recognised as a risk factor. The higher prevalence of HIV, as well as greater under-nutrition may also have impact on immunity and increase vulnerability to COVID-19.

Finally, the capacities of African hospital facilities are very limited. For example, low and lower middle-income countries have an average of 1-2 beds per 1000 population, compared to around 5 in high-income countries. The same order of differential applies to intensive care beds, and even more scarce are ventilators and staff to operate them. There are only 0.25 doctors for every 1,000 people in Africa, compared to 3 in OECD countries. Therefore, case-fatality ratios may be expected to be much higher in Africa.

Modelling estimates suggest that if the pandemic is not mitigated (i.e. if there is "business as usual"), Africa may expect up to approx. 2.5 million deaths. This approximates, if annualised, to an additional crude death rate of 2.3 deaths per 1000 population, on top of the base death rate of 8.8/1000 i.e a mortality increase of 25%.

To this excess COVID-related mortality could be added the additional mortality from other treat-able conditions, such as cancers, cardiovascular, and so on, which would be neglected because available health capacities are overwhelmed by the emergency requirements of COVID-19 patients. Comparisons with the Ebola epidemic in West Africa in 2014-2016, and the early years of HIV and AIDS, are pertinent in terms of excess mortality experienced from the neglect of other causes of deaths.

Additional risks and vulnerabilities attach to populations of humanitarian concern, i.e. refugees and IDPs. Forced migration in Africa is common, as a consequence of conflict and violence, climate and environmental disasters, as well as poverty-related, livelihood-seeking migration, often from rural to urban areas. In aggregate, in Sub-Saharan Africa:

- The region hosts over 18 million refugees (26% of world total) with large numbers in Uganda, Sudan, Ethiopia, DRC, Kenya.
- There are at least 10 million internally-displaced (25% of world total) with the greatest numbers in DRC, Somalia, Nigeria, Sudan, Ethiopia, Sudan, CAR, and Cameroon.

Forced migrants are more at risk from COVID-19 because they are likely to live in congested formal and informal settlements including camps and slums, and to be poorer, more exposed in riskier livelihood-seeking environments, of less legal status and thus less able to access key health and social services, less protected, and less well placed to receive and utilise life-preserving information and advice.

Economic impacts in Africa

African GDP was projected to grow by 3.9% in 2020, but COVID-19 is expected to cut this to +0.3% in an optimistic scenario, or to even shrink it by -3% to -8% on more pessimistic, but realistic scenarios. That translates to a loss of between \$90 billion and \$200 billion in 2020, including from a 35% drop in imports and exports.

Africa is scheduled to suffer disproportionately in economic terms from COVID-19 compared to a projected 0.5% global growth reduction in 2020. The top two Sub-Saharan economies are Nigeria and South Africa – and the latter, which is also a regional economy driver, is now the African nation that is worst-affected by COVID-19.

This analysis is the base case, assuming that there will be no mitigation from fiscal stimulation packages. The pan-economy impacts on Africa come from disruption to the global economy including lower demand for the continent's exports, as well as supply chain interruptions, reduced foreign direct investment and remittances, collapsed oil and commodity prices (on which Africa is highly dependent), and tourism decline. Additional impacts come from control measures being taken within Africa such as travel bans, border closures, and lockdowns which affect trade, agriculture, and all types of domestic and regional economic activity, and also lead to lost tax revenues and currency pressures.

Several African governments have announced multi-billion dollar rescue packages, but the challenge is in their trickle-down and targeting, as well as on their productive utilisation, while minimising leakages. Bold actions are needed including new financing instruments, debt rescheduling, and public-private partnerships. Total African external debt is valued at \$236 billion and writing that off is a big ask as creditor countries are themselves struggling.

Worst affected are small and medium sized businesses (which cater for 80% of employed Africans). The informal sector is also very important, estimated at 55% of the total sub-Saharan economy. Nearly 20 million jobs are threatened with destruction by COVID-19 impacts. Thus, preserving jobs in informal and formal sectors through governments extending subsidies via employers and social safety nets is crucial not just in the immediate future to maintain resilience but also post-pandemic so that economic activity can re-start speedily when that becomes possible.

The broad economic impacts will put additional pressure on the health sector. There are estimates that African countries will need an additional \$10.6 billion health spending on the pandemic. COVID-19 is already creating a shortage of medicines and health equipment everywhere in the world. Africa's biggest suppliers of health products are Asia and the European Union, and their manufacturers have either reduced or even halted their production or are subject to export controls by governments seeking to ensure adequate domestic availability. So African countries may find it increasingly harder to access or afford healthcare products.

Finally, the direct and indirect consequences of the pandemic are set to deepen inequalities. Africa has been growing well over previous decades and, as it did so, inequalities have been getting worse to the point that its Gini

index is the second worst for any continent. While we may expect an infectious disease like COVID-19 to be a “big leveler”, the experience from crises is that risks and vulnerabilities are not equitably distributed and neither are protective measures. As the impacts will be felt disproportionately on more vulnerable and marginalised groups, existing disparities in critical areas such as access to healthcare, food, and shelter would be expected to worsen.

PREVENTION AND CONTROL STRATEGIES IN SUB-SAHARAN AFRICA

Set against the above global context and trends, the scenario that is most likely for sub-Saharan Africa is that of partial or limited containment of the virus in the months ahead. To cope with this requires a nuanced and contextualised approach rather than the wholesale and uncritical application of the policies and practices that have been undertaken in Asia or Europe. Informed by the best scientific advice, but cognisant of the trade-off that are forced by the realities of available resources, capabilities, and infrastructure, Africa is obliged to strike a balance between saving lives now and protecting livelihoods in the longer-term.

Saving lives

Morally and politically, the pressure to save as many lives as possible without undue delay is the imperative pressure on African governments and institutions. They need to:

- Expand provision and accessibility to effective hand washing which, in turn, requires widescale access to soap and water (and alcohol-based sanitiser)
- Expand provision of face masks and encourage appropriate use in line with WHO advice
- Expand provision of PPE for healthcare workers and other carers of sick people with utilisation according to WHO guidance
- Promote physical distancing in daily living, working, and travelling
- Make efforts to reduce occupational risks in subsectors of the informal economy such as street hawking, construction, sex work, waste management) through targeted provision of specific advice and self-hygiene promotion materials.

- Expand COVID19 testing (antigen, and when available, antibody tests), contact tracing, and isolation of positive cases.
- Strengthen public health surveillance and disease tracking, utilising mobile phone and internet technologies, while respecting confidentiality and human rights considerations
- Maintain access to preventive and curative healthcare for all other existing conditions while ensuring that general healthcare provision is done safely
- Create safe community spaces for self-isolation of contacts, and separately, for the care of sick people if they cannot be isolated at home
- Invest in critical intensive-care hospital facilities including medicines, ventilators, oxygen and other supplies and staff for the treatment of seriously ill people who need to go there.

Protecting livelihoods

To protect livelihoods, necessary for resilience against the immediate economic and social impacts of the pandemic, as well as for eventual recovery, government policies and interventions are needed to:

- Review the effectiveness of lockdown measures to the minimum period essential for optimal disease control, so that the economy can resume as soon as feasible
- In the interim, enable employment to be maintained by subsidising formal sector employers to keep their staff
- Consider providing cash transfers as income support for vulnerable families or/and emergency access to food and water (or else people who must work to live may put themselves and others at even greater risk)
- Design schemes for subsidies that maintain the small business and informal sector
- Give priority attention to food production and distribution and guard against price inflation

- Seek private sector partnerships to mobilise additional resources, skills, and capacities
- Conduct dialogue with international financial institutions and development partners for concessional finance
- Make plans for rapid recovery and be ready to implement them swiftly when feasible, so as to minimise longer-term damage.

A whole-of-society effort

This is an unprecedented crisis and success requires the mobilisation of all elements of society. As learnt from previous health crises such as Ebola and HIV/AIDS, that means proactive efforts to build trust with the public through strong community and media engagement to:

- Develop and disseminate appropriate messages.
- Challenge myths and misinformation, and counter stigma and discrimination.
- Maintain essential services that allow the public to access goods and services necessary to meet their basic needs.
- Encourage and mobilise large-scale volunteering to meet key gaps among essential service providers who may become sick, or are otherwise needed to expand capacity to meet the needs of isolating and other populations of humanitarian concern, especially in informal crowded settlements and refugee/displaced camps.

What not to do

Of equal importance are negative approaches that include, in particular,

- Politicising prevention and control efforts or generating divisions founded on social, economic or religious factors.
- Instrumentalising the emergency to make fundamental alterations that may be seen as eroding the principles of good governance and rule of law.
- Sending contradictory messages or downplaying the threat or conversely, using alarmist and demoralising messages.

- Using penal enforcement methods that infringe on fundamental human rights, and which can cause panic, backfire, or stigmatise.
- Closing down all essential services such as food outlets and imposing extremely harsh quarantine restrictions thereby forcing people to take even greater risks to obtain their critical daily survival needs.
- Blindly replicating practices from elsewhere – however apparently good – without assessing their appropriateness, feasibility, and acceptability in specific national and local contexts.

The nature of the spread of COVID-19 is such that although it may have generated a global pandemic, durable solutions are ultimately local ones. They depend on the empowerment and willing participation of people and communities who are required to take personal responsibility including by making considerable sacrifices aimed at keeping themselves and others safe.

Th Dr Kapila has extensive experience in global and public health, international development, humanitarian affairs, conflict and security issues, human rights and diplomacy, and social entrepreneurship, with substantive leadership roles in government, United Nations system and multilateral agencies, International Red Cross and Red Crescent, civil society, and academia.

Canada's Response to COVID-19 – A Canadian Energy Strategy

The Office of Senator Rosa Galvez

Background

Canada has been hit hard by the COVID-19 pandemic. With 79,000 cases as of May 20th, Canada is set to overtake China soon in terms of confirmed cases, yet our cases per capita remains less than half that of our neighbours to the south, the United States. Canada has struggled to build testing capacity; as a result, we are below the G7 average in both absolute and per capita tests performed. Ontario and Quebec have borne the brunt of the crisis, accounting for over 80 per cent of all Canadian confirmed cases. Long-term care homes have been linked to 79 per cent of COVID-19 deaths in Canada.



Governance and Parliamentary Functions

Canada democracy is administered under a bicameral system: the House of Commons and the Senate. The House of Commons currently meets regularly for in-person sessions once a week and using video- conferencing software for two additional sessions where members of parliament have an opportunity to ask questions of the government. The Senate, however, does not meet regularly and only convenes if recalled to analyse and vote on emergency response measures. Both chambers have created COVID-19 oversight committees to examine issues related to the pandemic and the government's response.

Emergency Response Measures

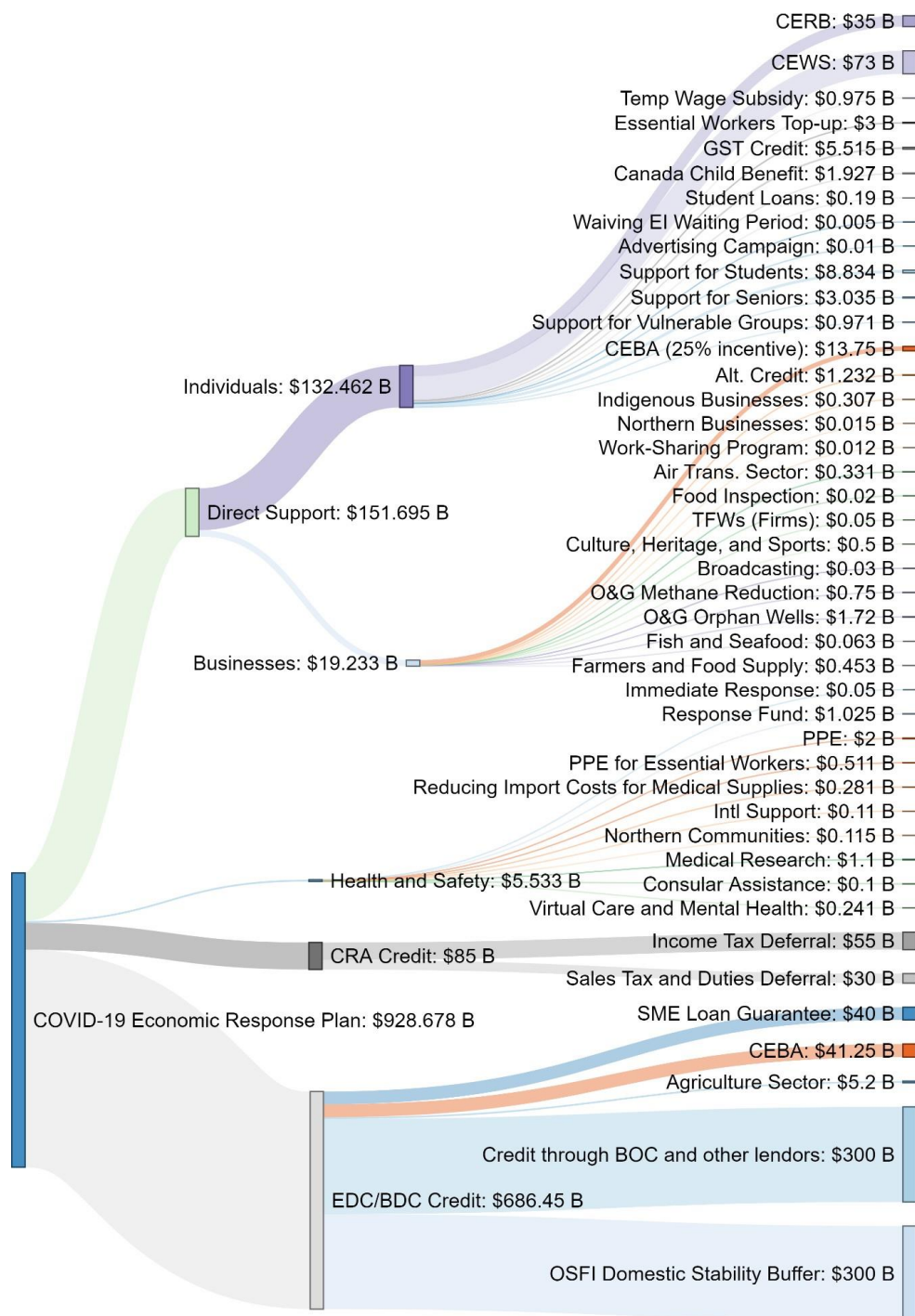
The government is currently advising Canadians to avoid all non-essential travel outside of Canada until further notice. In terms of travel, the border with the United States has been closed since March, and that agreement was recently renewed once more to extend at least another month. In some instances, inter- provincial travel has been prohibited or regulated in order to reduce spread of the virus. Travellers are screened and must undergo mandatory self-isolation for 14 days upon returning to the country.

Lockdown measures were introduced at the discretion of the provincial and territorial government levels throughout the month of March and several jurisdictions have recently presented plans for the resumption of daily life and economic activity.

Financial Aid and Stimulus

The Government has offered targeted support for individuals including those who have been laid off (\$2000 CAD per month), students (\$1250 CAD per month), seniors (\$3 billion CAD), Indigenous peoples (\$305 million CAD), and other vulnerable populations. In order to encourage companies to retain their workforce, a 75% wage subsidy is offered to employees of organizations who experienced a loss of revenue after the lockdown was enforced. To address liquidity, small and medium enterprises have access to a loan of up to \$40,000 CAD, with up to 25% forgivable upon successful repayment before the end of 2022.

Total direct support now exceeds \$150 billion (8.8% of GDP). A full breakdown of Canada's COVID-19 economic response plan is found in the figure on the next page.



Senator Rosa Galvez, originally from Peru, is one of Canada's leading experts in pollution control and its effect on human health. She has a Ph.D. in Environmental Engineering from McGill University and has been a professor at Université Laval à Québec since 1994, heading the Civil and Water Engineering Department from 2010 to 2016. She specializes in water and soil decontamination, waste management and residues, and environmental impact and risk assessment.

Parliaments in Times of Pandemics: The Case of Turkey

Prof. Emine Nur Gunay, MP, Turkey



Turkey has developed a macro-scale plan that covers health, economy, agriculture, security and diplomacy. The Coronavirus Scientific Advisory Board was set up by the Ministry of Health on 10 January 2020, just following the emergence of the coronavirus outbreak, before the World Health Organization confirmed it mid March as pandemic. From contact tracing to comprehensive test strategy, all of Turkey's successful strategies have been shaped by the recommendations of the scientific committee.

A. Functioning adaptation measures

1. Suspension of legislative work.

- The Grand National Assembly of Turkey held its regular sessions until April 17. Parliamentarians wearing masks were seated to ensure that safety distances during the plenary sessions.
- The first two weeks of April, the Parliament of Turkey held sessions even during the weekends to pass the required legislations about pandemic-related issues.
- On 14 April 2020, Turkey's parliament ratified a penal reform bill aimed at reducing the sentences of thousands of prisoners, paving the way for their release in a bid to ease overcrowding and protect them from the coronavirus. Sex crimes that offend the public's conscience as well as drug crimes, first degree murder, crimes of violence against women and terrorist crimes were excluded from the reform. The reform will enable home confinement for some inmates over 65, women who have children aged six and under and sick prisoners who cannot take care of themselves. But it will toughen sentences on those who organize criminal groups for the purpose of monetary profit. The reform will also bring measures for inmates with communicable diseases. The measures will roughly double the number of beneficiaries of alternative penal arrangements from about 45,000 to 90,000 in home confinement due to such illnesses.
- On 16 April 2020, Turkey's parliament ratified a bill to alleviate the effects of the novel coronavirus on economic and social life.

- The parliament of Turkey was suspended its sessions until May 15.

2. Establishing health security measures

Within the framework of Planning the Healthcare System Capacity, Turkey introduced some changes to its healthcare system long before the first COVID-19 case was detected in the country.

- The Coronavirus Scientific Advisory Board was set up on 10 January with of 38 members, including university professors and medical experts specialized in Pulmonology, Infectious Diseases, Clinical Microbiology, Virology, Internal Medicine, Intensive Care Medicine and a legal adviser. The board works out guidelines for the treatment by medicals and measures to be followed by the public, and updates them in context of the disease's course in the country. The board reports to the Health Minister. The implementation of the measures is carried out by the government. Almost every board member is invited by television, radio and newspapers to inform and warn the public about the coronavirus and personal protection as well as to prevent information pollution in the social media.
- After the first death on 9 January 2020 in Wuhan, the "2019-nCoV Disease Guide" prepared by the Scientific Board was published by the Ministry of Health on 14 January. In the guide, general information on the care and isolation process for patients are written in detail for healthcare workers, and the symptoms helpful for the identification and confirming a case and the procedures to be followed after the identification are also included. Following the emergence of new information and further developments, the information on the guide has been updated.
- To spread information on COVID-19, the Ministry of Health prepared booklets that were distributed to the Provincial Health Directorates, all health units and public institutions. The booklet included information on the definition of the virus, symptoms of the disease and methods of transmission.
- Hospitals with a certain number of infection control experts, adequate number of personnel and physical infrastructure, including private hospitals were designated as pandemic hospitals.
- In January, Turkey developed training modules for healthcare staff to prepare its healthcare system to the outbreak. All healthcare staff members had already been trained by the time when the first case was detected in Turkey.
- Even though Turkey already has a very strong intensive care capacity, it was increased in such a way as to respond to even the worst case scenario.

- A comprehensive follow-up strategy has been developed under "Comprehensive Contact Tracing and Stock Planning." Contact tracing was performed by the MoH for all cases and 97.5% of all contacts have been identified and tested.
- Test kits and protective gear for health workers have been produced domestically.
- Testing capacity has been increased considerably. Today, the average number of tests performed daily is over 40 thousand.
- Joint efforts were kicked off with the private sector to manufacture ventilators.
- Turkey sent medical supplies including test kits, protective masks, KN95 masks and protective gears to 34 countries and total number of countries that demand medical supply support is 104.
- The Ministry of Health has made effective use of social media to inform the public and share accurate information. The Minister of Health has held daily briefings.
- The Ministry of Health has successfully isolated the virus in its own laboratories. This achievement has paved the way for further research in vaccine development in research organizations, including universities and laboratories. The Ministry has also developed a database for innovative COVID-19 related projects.

B. Restrictive measures.

- Partial curfew has been implemented. A curfew was imposed on people below 20 and over 65, quarantines have been enforced in certain parts of the country.
- All the needs of those subject to this curfew were met by the government and local administrations. Several municipalities have introduced measures to meet the needs of these age groups, such as buying their groceries and providing regular medications.
- The international flights were completely terminated on 28 March 2020, the intercity trips could only be done with the permission of the governorships, pandemic boards would be formed by the governorships, and that these decisions would be implemented meticulously in 30 metropolitan areas.
- Entry and exit bans were introduced to provinces with high number of cases.

- All recreational areas and shopping malls were closed down and mass gatherings were cancelled.
- Flexible working opportunities were introduced for public employees. Both the public and private sectors have taken measures for working remotely or with flexible hours in an effort to keep more people in their houses.
- In order to minimize the risks faced by the ones who have to leave their homes, the use of masks in public areas were made mandatory.
- A "2-Day Curfew" was announced on 10 April 2020 by the Ministry of the Interior, adding that that curfews would be imposed on two consecutive days in 30 metropolitan municipalities as well as Zonguldak. The government has continued to declare state of emergency during weekends and national holidays in April.
- It was announced that all meetings between convicts and lawyers and the transfer process for detainees from one prison to another would be postponed to a later date.
- The Ministry of Justice announced an emergency action plan based on the Scientific Board's recommendations. The plan contains measures such as closing prisons to visitors until the end of April, looking for convicts who had spent time abroad before their first detention period during the pandemic, and keeping detainees and convicts who come to the institution for the first time in a separate area for 14 days.
- With the proposal of the Scientific Board on 10 April, it was agreed that the measures will be carried out at least until 30 April 2020.

C. Supportive measures.

- The government unveiled a 200 billion Turkish Lira (approx. \$30 billion) stimulus package.
- It aims at easing the burden on the most vulnerable sectors.
- Cuts in municipality budgets were postponed for three months, allowing access to TL 3 billion in additional funding.
- Turkey has postponed rental payments for three months on several types of state-owned immovable properties.
- Municipalities and their sub-institutions will also be able to postpone water bills for three months for private homes and companies.
- Municipalities will also be able to provide financial support to natural and legal persons who have public transport certificates or postpone several types of payments to provide uninterrupted public transport services.

- Annual advertisement and environment taxes of enterprises that have been forced to close as part of measures to contain the coronavirus will not be collected during this period.
- Supportive measures include the postponement of VAT and insurance payments by corporations for six months, the provision of cash to the sectors most at need, support for the banks, and the postponement of credit card and debit payments owed by citizens to public banks.
- Payments on student loans have also been postponed for three months, while those on some agricultural loans have been postponed until next year.
- Travel agencies will not pay fees to their unions in 2020.
- Some licenses, permissions and general assemblies have been extended for licensed warehouses, commercial ships, associations, cooperatives and unions.
- Research and development and design support has been expanded.
- If necessary, the treasury can support medical colleges and their subsidiaries.
- Non-payment of services by the elderly and disabled at care centers has been extended for three months.
- The country will provide support of 39.24 Turkish liras (about \$5.70) per day to workers forced to take unpaid leave due to the coronavirus outbreak for three months. Their general health insurance payments will also be covered by the state.
- The government also announced that for three months, it would pay 60% of the salary of those at firms forced out of business due to a force majeure, such as the pandemic. With this short-term employment allowance, the government also makes direct transfers – within the range of TL 1,752 to TL 4,381 – to employees' bank accounts.
- To help shield retirees from the outbreak's negative effects, the minimum pension was raised to TL 1,500, with bonus payments moved to earlier dates. Upon request, public banks will also deliver payments to pensioners' homes.
- The government has started providing 4.4 million families in need with TL 1,000 as part of the first and second stages of a social aid program, while preparations are underway for the third stage.
- State lenders announced a low-interest credit package of up to TL 10,000 for families with monthly incomes under TL 5,000.
- Workers' contracts cannot be nullified for a three-month period except in unconscionable situations.

- Dividend payments of companies with share capital have been limited.
- Some operations of Turkey's Wealth Fund have been postponed.
- Companies are prohibited from inflating prices of goods. Actions which prevent products from reaching consumers have also been prohibited.
- The country will form a supervisory committee to prevent price gouging and stockpiling.

D. International Solidarity

After originating in China last December, COVID-19, the disease caused by coronavirus, has spread to at least 185 countries and regions across the world. Europe and the US are currently the worst-hit regions. Turkey will continue to support its allies, friends and those in need around the world. This is not a matter of politics but our country's humanitarian approach and model of international solidarity.

- Turkey has so far delivered aid to at least 57 countries around the globe to help their fight against the coronavirus outbreak.
- After getting aid requests from over 100 nations, Turkey has sent aid, medical supplies, and protective equipment to five continents, including countries badly hit by the virus, such as the USA, UK, Italy, and Spain.
- The aid packages include such items as testing kits, medical masks, protective overalls, gloves, and disinfectants.
- WHO Regional Director for Europe Hans Kluge thanked Turkey for helping many countries and showing "international solidarity" during the pandemic.

The Honourable Emine Nur Gunay is a member of the Turkish Parliament. After she graduated from Boğaziçi University, Department of Economics in 1984 she also completed her master's degree in economics at Vanderbilt University, and received his Ph.D. She started to work as a lecturer at Boğaziçi University International Trade Department in 1995, became an Associate Professor in 2006, a Professor in 2013 and continued his academic position until 2015. She became the Head of the International Trade Department in 2000-2002, founded the Innovation and Competitive Focused Development Studies Research Center in 2011 and served as the founding director until 2015. Honourable Gunay was appointed as the Economy Advisor of Prime Minister Ahmet Davutoğlu in November 2014 and continued this duty until 2015 when she was elected as a member of parliament,

IMF Responses to COVID-19: Suggestions for the Case of Madagascar

Hon. Maminiaina Rabenirina, MP, Madagascar



A. URGENCIES

The imperative for Madagascar, after three months of fighting the COVID-19 pandemic, is predominantly social. The great majority of the population lives day to day. The survival of the household depends on the journey earnings, which is already insufficient in normal times.

a) Economic Activity

Almost all economic activities have been paralyzed due to confinement. The hardest hit sectors are the small enterprises, the arts and crafts, transportation, agriculture (product circulation, fall of consumption), the event sector (culture, sports and entertainment), tourism... If the greatest actors inside these sectors are able to support lockdown using their own resources, the workforce with low wages that is dependent on these sectors has not the financial capabilities to support a sustained lockdown.

b) Private Sector Labour

The workers from the private sector, usually from the middle class, can spend a month in average without working. However, due to the incapacity for managers to pay more than a month of work without producing, the workers are systematically fired, forced to be technically unemployed or payed partially. Thus, workers of the private sector, already highly indebted, risk to fall into poverty.

B. Recovery

On the short and middle term, the economic recovery should be oriented to the primary sectors such as the strengthening of agriculture to avoid lack of food supply, the production of basics goods, the protection of employment rates, the reopening of the educational sector and the support to private schooling. The effort should be primarily anchored on tributary sectors that are also the less dependent on the external sector.

C. IMF Support

The IMF support can be divided into two different approaches:

a) Non refundable aids

The aids should be directed towards the social sector and the protection of employment. They should be managed by one or more independent organism with a specific mandate from the World Bank and IMF. They are granted directly to the beneficiaries respecting a criterion of transparency, equity and pertinence according to specific studies about the situation of the beneficiary.

b) Financial support from the World Bank and IMF

The IMF enters a concertation process with the state government to find an equilibrium between the state income and the reduction of fiscal obligations of recovering activities. The support can take the form of a guarantee or a facilitation of loans with low interest rates, to support relaunching the economic activity of enterprises.

The Honourable Maminiaina Rabenirina is a member of the National Assembly of Madagascar. He was elected representative for the constituency of Ambohidratrimo and he is quaestor for good governance and transparency at the National Assembly.

Fighting against the COVID-19 pandemic: The Case of South Africa

**Hon. Yunus Carrim, MP, South Africa, Chairperson of
the Select Committee on Finance, National Council
of Provinces**



Parliament's Role

Scope of lockdown:

South Africa is under a severe lockdown since 27 March. Only essential service workers, businesses, public transport and local travel for essential needs are allowed. There are no flights or sells of hot food, alcohol, cigarettes. Schools and universities are closed, though some of them are functioning through e-learning. Also, funerals are restricted to 50. These measures are being enforced through the use of the police and the army, and they are subject to penalties for transgressions.

The country is focusing on support for hospitals, house visits screening, hygiene awareness and food parcels. There has been 143 570 people tested, 3953 infected, 75 have died and 1473 recovered. However, the onslaught will probably come during the annual flu season from June to September.

South Africa has put in place a “Risk adjusted strategy” from 1 May to gradually re-open economy. 5 levels of risk are being based mainly on health and economic considerations. The country will move from current level 5 to 4 on 1 May nationally and gradually towards level 1, with the fewest restrictions but each locality will adjust levels according to relevant conditions.

Challenges

South Africa's state is performing far better than expected but still not well enough. There is an existing gap between excellent plans and capacity and resources to deliver.

Predictably, higher income earners are obeying lockdown far more than the poor. As a result, glaring, mainly racialised, inequalities of South Africa are being dramatically highlighted. Also, the pandemic has caused a significant increase in hunger and remains a potential source for social volatility.

Additionally, there has been to some extent abuses by army and police, and corruption. Finally, is very difficult to find the balance between health and economic considerations.

Role of Parliament

Parliament re-opened after 3 weeks through e-parliament system and virtual meetings. Members of Parliament are very active in the oversight of lockdown implementation, awareness, responses to public queries, funding and raising funds for personal protective equipment, distributing food hampers and taking salary cuts.

The Parliament has been processing Covid-19 legislation and policies such as the Disaster Management Act Emergency regulations, health regulations and social grants. Also, parliamentarians have reached a significant overhaul of budget and supplementary budget is to be processed soon. As a result, the Parliament has been playing an important role in overseeing implementation of Covid-19 decisions.

Challenges

One of the most important challenges that parliamentarians face is finding the balance between legislative and constituency work. Additionally, there is a considerable pressure of executive to move fast and parliament to deliberate, leading to a concern about executive side-lining parliament. Finally, there are practical difficulties in encouraging virtual public participation.

On Economic Recovery

South Africa's economy to contract between 4 and 10% instead of estimated 0.9%GDP growth. In this context, the government is applying a risk-adjusted three phased re-opening of the economy, balancing mainly economic and health considerations.

The first phase started on 15 March and it is based on tax relief , disaster relief funds, emergency procurement, wage support, and funding to small businesses.

The second phase started on 21 April and consisted on a R500 billion social and economic stimulus package - 10% of GDP - from the National Fiscus, unemployment insurance, international institutions and the private sector to

stabilise the economy, spur supply and demand and protect jobs. These measures also include, interest rate cuts, mobilizing the Reserve Bank to provide more liquidity, including buying government bonds in the secondary market; support for business, especially SMMEs, and workers. In addition, the government has put in place a loan guarantee scheme with banks for businesses, urged banks and insurance companies to reduce instalment payments and providing debt relief, established tax concessions and subsidies, and funding for municipal services, especially water, electricity and shelter for the homeless. Last, social grant increased through a 6 months grant for unemployed – a “basic income grant” and the increase in food parcels

The third phase contemplates the implementation of a long economic recovery strategy with a significant restructuring of the economy, including to ensure a major reduction of inequalities.

Role of World Bank?

In this scope, International Financial Institutions could contribute by providing loans with very low interest rate and minimal, if any, conditions. Additionally, they can assist countries to reduce inequalities. Also, it is important to review WBG policies to ensure that they effectively contributes to reducing global and domestic inequalities.

Finally, IFIs can reduce or write of some debt of poor countries and help to strengthen the health sector.

Conclusion

We have brought this pandemic on us. At a huge cost. No one wanted this. But we are here now. We must learn the lessons. Most of all, that we need to treat each other and the environment much better and work more together to tackle inequality far more effectively. Else we have learnt nothing.

Hon. Carrim has been MP since 1994. He is also a former Minister of Communications and Deputy Minister of Cooperative Governance. He was the Chair of the Standing Committee on Finance in the lower house from 2014-2019 and is now the Chair of the Select Committee on Finance in the upper house. Mr. Carrim holds an MA in Sociology from Warwick University, UK, and an International Diploma in Journalism. He has been active in the anti-apartheid struggle since his high school days.

Statement during a Virtual Parliamentary Meeting on the IMF Responses to COVID-19

Hon. Ammar Moussi, MP, Algeria, Member of the Algerian delegation to PAM



It is my sincere pleasure to attend and contribute to this important meeting on behalf of the Parliamentary Assembly of the Mediterranean. As you all know, the world is experiencing unprecedented challenges resulting from COVID-19 pandemic.

For the countries of the Euro-Mediterranean region, the crisis has severely tightened external financing conditions across the income spectrum. It has disrupted trade, supply chains, investment flows, with a sharp fall in consumer and investor confidence. Most of the SMEs, including those involved in Tourism, are among the economic actors first and most heavily affected by the pandemic.

The League of Arab States has reported that, at the beginning of May the pandemic had already caused an economic loss for the Arab countries estimated at 1.2 trillion dollars, in addition to 7.1 million workers at risk of losing their jobs by the end of the year.

In the first quarter of 2020, GDP in the euro zone declined by 3.6%. The latest economic forecasts, presented by the EU Commission in early May, show the economy has taken a hard hit because of the crisis. The EU economy is facing the prospect of at least a 7.4% contraction this year, which is significantly worse than the fall in 2009. This impact enormously the MENA region.

We should however be optimistic. According to Morgan Stanley estimation, published few days ago, a sharp but short recession is expected. They expect global GDP growth will trough at -8.6% in the second quarter of 2020 and recover to 3.0% by the first quarter of 2021.

For the Algerian experience, like other countries, just at the start of this pandemic, the government began to take the necessary measures namely closing of borders, stopping of classes for schools and universities, suspension of public transport, closure of cafes, restaurants, mosques and cultural and sports activities

- Moreover for the administration and the economic operators, it was decided the demobilization of 50% of the employees giving priority to the chronically ill and to pregnant women and those with small children to stay at home.

- In addition, the government Among other things, decided to present the complementary finance law (LFC) specifically to deal with this pandemic, where it was decided to reduce the operating budget by 50%. Education, health and civil service salaries will be spared from this measure.

- I emphasize, that these measures are accompanied by a revaluation of the guaranteed minimum wage, as of 1st of June in addition a tax exemption for the wages lower or equal to 30,000 AD.

- Now, Containment measures are starting to be alleviated, authorising certain economic activities to return to service, Of course, the economic recovery could prove to be very complex, we expect concrete support measures from the authorities depending on the financial capacity of the country to keep businesses active once the crisis has passed, in particular small companies, with a high risk of shrinking.

- Perhaps a Marshall Plan should be established by then to allow the various sectors to resume their normal activities.

For the MENA region, an effective response requires multiple key elements, such as a coordinated and comprehensive strategy to support economic activity and to prepare the ground for the recovery. This strategy should combine short, medium and long-term initiatives between all stakeholders, including among countries, cities, the public and private sectors, and of course our citizens.

Believing in the importance of regional, multifaceted and coherent cooperation to contain the pandemic and mitigate its economic consequences, PAM has worked in close coordination in the last weeks with

regional and international key players to identify and share operational solutions for the recovery phase of the economic crisis caused by the COVID.

SMEs generate more than 90% of new jobs in the Euro-Mediterranean region, both north and south. They represent 99% of businesses and employ two third of the entire active working population.

At PAM, we are convinced that improving SME's financial inclusion in our region will help the recovery with faster economic growth, job creation, as well as contribute to social and financial stability. We are also convinced of the absolute need for an adequate fiscal and monetary efficiency to succeed in our efforts.

Last July, as part of PAM initiatives to support the economy, PAM launched the "Start-up Market project". It consists in a digital platform, which brings together start-uppers and investors to share better structured "capital calls", supported by clear and transparent pricing systems.

Thank you

The Hon. Prof. Ammar Moussi is a member of the National People's Assembly of Algeria and a member of the Finance and Budget Committee. He is also a permanent member of the Parliamentary Assembly of the Mediterranean (PAM).

NOTE FROM THE EDITOR

I thank the authors of this issue for their valuable contributions. If you have suggestions for improving the publication, please contact me at jpol@parlnet.org.

Philippe Martini, Editor, the Parliamentary Network Review

CALL FOR SUBMISSIONS

If you would like to contribute an article to the Parliamentary Network Review, or have any other questions regarding the Network, please contact Coordinator Gergana Ivanova at givanova@parlnet.org.

The views and opinions expressed in this publication are those of the authors and do not necessarily reflect the official position of the Parliamentary Network on the World Bank & IMF.

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