EXECUTIVE SUMMARY

Covid-19 has not initiated new trends in the Muslim politics of South Asia but has instead fostered more intense versions of already-familiar challenges: Hindu majoritarianism and Muslim marginalization in India; restricted civil liberties and demographic restructuring in Kashmir; anti-state protest and military encroachment in Pakistan; Taliban mainstreaming in Afghanistan. What began as a quantitative shift—more events of greater intensity—has shifted towards a qualitative change: a decline in the quality of democracy.

This decline in the quality of democracy is tied to uneven, segmented patterns of state legitimacy in South Asia, particularly with respect to socially and politically marginalized Muslims (India and Kashmir) or particular groups of Muslims (Pakistan and Afghanistan). Legitimacy gaps in elected regimes often undermine the capacity of those regimes to confront global challenges like the Covid-19 pandemic.

Beyond the marginalization and securitization of Muslims, South Asian states have also turned to legal provisions that suspend democratic norms to deal with emergency conditions, using public-health justifications to replace restrictions usually based on public order. This has further reduced the quality of democracy in South Asia.
Covid-19 has not initiated any ‘new’ trends in Muslim South Asia. It has, however, exacerbated several alarming trends already shaping the region. In this sense it has altered the political landscape much as climate change has altered our weather, introducing more intense versions of familiar challenges—for example, stronger ‘hurricanes’ of Hindu majoritarianism and Muslim marginalization in India; longer ‘droughts’ restricting civil liberties on the Indian side of Kashmir; more expansive ‘floods’ of anti-state protest in Pakistan; hotter ‘fires’ of religious authoritarianism in Afghanistan. In fact, like climate change, what began as a quantitative shift—more events of greater intensity—has slowly shifted towards a substantial qualitative change: in effect an erosion of democratic norms and a rising tide of authoritarianism.

References to democratic and authoritarian regime types figure prominently in analyses of the global Covid-19 pandemic and state responses to it: an ‘authoritarian’ transparency deficit in China allowed the pandemic to spread before disciplined bureaucratic intervention tackled it; ‘democratic’ openness left the United States vulnerable even as traditions of personal liberty and grassroots authority stifled a coordinated response. Within these analytical caricatures or ‘ideal types’, two different notions of state effectiveness emerge, each rooted in its own account of the link between state capacity and state legitimacy. In the authoritarian caricature, high levels of bureaucratic capacity are said to boost policy legitimacy; in the democratic caricature, electoral legitimacy is expected to enhance the state’s administrative capacity and effectiveness.

But in democratic states, patterns of legitimacy are often mediated by entrenched social divisions, with electoral legitimacy varying dramatically across social groups. Patterned social exclusion thus creates segmented patterns of legitimacy and, then, uneven patterns of state capacity and effectiveness. In such contexts, efforts to avoid nuanced engagement with existing social divisions by invoking blanket ‘emergency’ powers (limiting fundamental rights) often push marginalized groups away from compliance towards resistance. In the Chinese model, appeals to emergency powers might actually enhance bureaucratic capacity and, thus, legitimacy. But, almost by definition, policy effectiveness in democracies is said to follow from modes of legitimacy that avoid emergency powers: in democracies, ordinary laws appealing to an inclusive political centre are expected to enhance the legitimacy as well as the effectiveness of the state.

In South Asia, segmented social cleavages are closely tied to religion. And, in this context, I examine elected regimes grappling with social divides focused on Islam or Muslims. Specifically, I examine four cases in which segmented state approaches to the Covid-19 pandemic have overlapped with a sense of marginalization amongst Muslims (or particular groups of Muslims). In India, Kashmir, Pakistan, and Afghanistan, what I call failures of popular buy-in focused on particular groups of Muslims have consistently shaped both rhetorical and policy responses to the pandemic. Over time, this segmentation has weakened democracy in the region.

In both India and Indian-controlled Kashmir, state responses to the pandemic have exacerbated a sense of Muslim marginalization; in Pakistan, some Muslims have turned to policy resistance. And, in all three cases, exclusionary rhetoric and appeals to emergency powers have challenged the principles of democracy. In Afghanistan, the politics of Muslim marginalization and resistance are closely tied to a Taliban insurgency targeting the country’s elected government. Although the pandemic has spurred new forms of Taliban/government cooperation, that cooperation has not reduced the level of insurgent violence, nor has it stifled the pandemic. Instead, Taliban allegations regarding the government’s illegitimacy continue to undermine Afghan state capacity as well as the prospects for a robust Afghan democracy.

Again, I do not argue that Covid-19 has initiated ‘new’ trends in the Muslim politics of South Asia. Instead it has emerged as a force multiplier, accelerating anti-democratic trends already shaping the region.

**Indian Muslims: Increased Marginalization**

It is not clear whether Covid-19 discriminates against people with particular...
physical circumstances (e.g. cancer, obesity, Type-2 diabetes), but around the world responses to the pandemic have clearly discriminated against poorer and weaker communities. In 2006, a report by India’s Sachar Committee clarified that, even more than Dalits (formerly ‘untouchables’), Muslims are India’s most marginalized community. This marginalization has figured prominently in India’s pandemic response.

Within India, the first cases of Covid-19 were detected in late-January 2020 among students returning to Kerala (South India) from Wuhan (China). After an infected Sikh prayer leader attended several religious events 8-10 March, his death on 18 March led to quarantine for several Punjabi villages. But, starting in late-March, the ‘Hindutva’ (Hindu nationalist) orientation of India’s current government under Prime Minister Narendra Modi—himself a long-time member of the Rashtriya Swayamsevak Sangh or RSS (a civil-society organization committed to notions of ‘racial purity’ modelled on early-twentieth-century European fascism)—targeted India’s Muslims, both rhetorically and legally, for blame. Specifically, a Deobandi Sunni Muslim movement known as the Tablighi Jama’at (TJ), known for intra-Muslim proselytization calling Muslims ‘back’ to Deobandi mosques around the world, attracted a great deal of attention as infections within the group spread from a late-February meeting in Kuala Lumpur (Malaysia) across Southeast Asia to India.¹

On 11 March, India’s Cabinet Secretary urged India’s states to invoke a colonial emergency law known as the Epidemic Diseases Act (1897) allowing mandatory quarantine on suspicion of infection whilst ensuring that any official acting ‘in good faith’ would not be prosecuted. And, on 13 March, even as India’s parliament continued to meet in New Delhi, state-level officials in India’s National Capital Region prohibited events with more than 200 attendees (later reduced to 50). Still, the TJ launched a three-day event on 13 March with thousands of attendees who had been gathering for at least two weeks, in anticipation of this annual event, at its Nizamuddin (South Delhi) headquarters. More than 1,500 TJ members left New Delhi after 15 March. But, on 17 March, an Indonesian attendee tested positive for Covid-19 in Hyderabad (1,500km south of Delhi). And, four days later, as the Hyderabad cluster grew to ten, India’s government launched a nationwide contact-tracing effort focused on the TJ. Delhi was locked down on 23 March. And the following day, with four hours’ notice, Prime Minister Modi extended this lockdown nationwide.

The selective targeting of India’s Muslims, however, was brought into sharp relief just 24 hours later, when the Chief Minister of a North Indian state known as Uttar Pradesh—himself also a leading member of the RSS—violated Modi’s lockdown by participating in a group ceremony advancing the construction of a controversial Hindu temple in Ayodhya. The Chief Minister was not reprimanded. But within a week, the leader of the TJ headquarters in Nizamuddin was charged under the Epidemic Diseases Act (1897) for violating Delhi’s social-distancing rules; in fact, scarcely two weeks after that, his charges were elevated to ‘culpable homicide’.

At the same time, breaking the anti-stigmatization rules established by Modi’s own government, official daily Covid-19 briefings began to highlight higher rates of infection amongst TJ affiliates (failing to mention higher rates of testing for this targeted cohort). And, on 4 April, the president of Modi’s ruling Bharatiya Janata Party (BJP) in the North Indian state of Himachal Pradesh compared affiliates of the TJ to ‘human bombs’. His statement was repeated, the following week, by the BJP’s former Chief Minister in Maharashtra. But this pattern of demonization—indeed overt securitization—was not limited to BJP statements targeting the TJ. Building on Twitter handles like #coronajihad (read by more than 165 million people), one state-level BJP politician in Uttar Pradesh played on more general Islamophobic tropes, referring to ‘coronaterrorism’. Modi’s own Muslim minister—a Shi’i Muslim serving as the Minister for Minority Affairs—tapped into specific intra-Muslim divisions by describing the pandemic as a (Deobandi/Sunni) ‘Talibani’ crime.

This was not a blanket emergency response treating all Indians as equal citizens. It was, instead, a segmented response focused on the marginalization, stigmatization, and securitization of Muslims—one that departed from any constitutional commitment to equal citizenship (Article 15) or, for that matter, any democratic political appeal to widespread popular buy-in. In India, the ruling party’s response to the pandemic built on existing social cleavages in ways that reinforced a ‘segmented’ approach to state legitimacy. In fact India’s selective application of existing laws challenged the formal underpinnings of a liberal democracy.

² Deoband is a North Indian town hosting a Sunni madrasa famous for its push to (a) revive Muslim social power after the late-nineteenth-century colonial destruction of the Mughal Empire and (b) reform South Asian Muslim practices centred on Sufi shrines. The Tablighi Jama’at (TJ) is a Sunni ‘Deobandi’ movement.
Kashmiri Muslims: Further Securitization

For decades, so-called ‘Indian-administered Kashmir’ was India’s only Muslim-majority state. Patterns of Muslim marginalization and securitization had been a matter of routine in that state long before the arrival of Covid-19. But, in 2020, the pandemic provided a new emergency ‘envelope’ for longstanding forms of securitization as well as a new envelope for ongoing forms of political and demographic transformation. Specifically, sweeping ‘curfews’ put in place to stifle Muslim protests targeting controversial constitutional changes introduced by Prime Minister Modi’s BJP government (August 2019) were replaced, just a few days after being lifted (March 2020), with Covid-19 ‘lockdowns’. And, during these lockdowns, further measures designed to dilute or displace Kashmir’s Muslim majority were introduced.

The political background surrounding these developments is complex. In June 2018, citing a failure to tackle local security problems, the BJP withdrew from the ruling state-level coalition in Kashmir, bringing down the region’s government and prompting a six-month stretch of ‘Governor’s Rule’ (followed, in January 2019, by ‘President’s Rule’ placing Kashmir under the rule of India’s parliament). After the BJP secured an absolute majority in India’s parliamentary elections five months later, however, Prime Minister Modi renewed his government’s imposition of President’s Rule. And, then, heeding the BJP’s election manifesto, he moved to ‘abrogate’ Kashmir’s special constitutional status.

This abrogation on 5 August 2019 unfolded in four steps. First, the government in New Delhi amended a constitutional provision known as Article 367 ensuring that, henceforth, any constitutional clause referring to Kashmir’s ‘Constituent’ Assembly would be read as referring to its ‘Legislative’ Assembly, i.e. Kashmir’s state-level government. (According to Article 367, any reference to a state-level government in India also included forms of Governor’s or President’s Rule.) Second, as per Article 370, India’s President was asked to ‘consult’ and ‘concur’ with Kashmir’s state-level government—no longer its ‘Constituent’ or ‘Legislative’ Assembly, but, owing to President’s Rule, the Indian parliament—in order to abrogate, or remove, any hint of Kashmir’s historically embedded constitutional ‘autonomy’. Third, having nullified the forms of autonomy previously articulate in Article 370, India’s parliament redefined Jammu and Kashmir, as well as Ladakh, as two new ‘union’ territories governed directly by India’s parliament (with limited powers for a new Legislative Assembly in the union territory of Jammu and Kashmir). And, finally, India’s parliament revised rules limiting property ownership to ancestral Kashmiri ‘residents,’ opening up residency, property, and public employment opportunities to many other Indians. In short, India’s parliament under the BJP laid the constitutional and legal groundwork for (a) erasing the ‘state’ of Kashmir as well as (b) a profound demographic shift erasing Kashmir’s Muslim majority.

To stifle expected protests, almost all of Kashmir’s non-BJP politicians were arrested. Public meetings of more than four were prohibited under Section 144 of India’s Criminal Procedure Code (targeting public disorder with restrictions lasting up to eight months). A communications blockade silencing phones and severely limiting internet access was also imposed. In short, the state was placed under a type of siege for nearly six months until a Supreme Court review led most restrictions to be lifted, including, finally, in mid-March, internet restrictions (still limited to 2G). The simultaneous escalation of the government’s anti-Covid-19 efforts in mid-March, however, allowed for a re-imposition of numerous restrictions almost immediately, including the use of far-reaching discretionary powers as per India’s Unlawful Activities (Prevention) Act (1967) as well as its draconian Jammu and Kashmir Public Safety Act (1978). The ULPA provides only vague definitions of political speech that might be seen as articulating ‘disaffection against India’, allowing six months of detention without any presentation of charges. The PSA rest on broad claims regarding ‘public order’ whilst restricting legal representation for people thrown into preventive detention. Recalling the Epidemic Diseases Act (1897), the PSA also shields officials acting ‘in good faith’ from any legal accountability. Indeed, just as India was imposing its first Covid-19 lockdown after 24 March, the government announced its new residency laws intended to reduce Kashmir’s Muslim majority.

It would be difficult to describe a more dramatic escalation of Muslim marginalization under the cover of Covid-19. What distinguished the experience of Kashmir, however, was not merely the segmented marginalization and securitization of Muslims, but the use of legal provisions that explicitly ‘suspended’ democratic norms in order to deal with an emergency—provisions that might have been expected to expire, were it not for Covid-19, which simply placed ‘public-order’ restrictions into a new ‘public-health’ legal envelope.

Kashmir has seen relatively few infections partially owing to its rigid lockdown. But,
whereas *Kerala’s* state-level government produced relatively low rates of infection following a ‘democratic’ model focused on the cultivation of cross-cleavage policy legitimacy via universal testing and contact-tracing, shelters for migrants, and free meals alongside improved internet access (to facilitate lockdown compliance), Kashmir reinforced segmented patterns of popular legitimacy. Indeed, whereas *Kerala* adopted a ‘democratic’ approach to public health, *Kashmir* adopted an ‘emergency’ model explicitly focused on a targeted suspension of democratic norms.

**Pakistanis Muslims: Resisting Regulation**

Whereas Donald Trump seized on early transmission patterns to demonize what he called the ‘Chinese’ virus and BJP politicians in India focused on early transmission patterns to demonize a so-called ‘Muslim’ or ‘Talibani’ virus, Sunni Deobandi Muslim leaders in Pakistan focused on early infections amongst Shi’i pilgrims returning from Iran and warned of a menacing ‘Shi’i’ virus. This pattern of demonization, however, was not limited to non-state actors. In Pakistan, returning Shi’i pilgrims also faced deplorable conditions in official *quarantine* facilities. And, in the province of Balochistan, provincial officials used the virus as a pretext to extend their *harassment* of a beleaguered minority in Quetta known as the Shi’i Hazara. Evidently, even Muslim-majority *Pakistan* was not immune to pandemic-based patterns of stigmatization targeting ‘Muslim minorities’.

Within *Pakistan*, however, the most important trends did not focus on the segmented marginalization of Muslim *minorities*; instead, government efforts to contain the pandemic energized Muslim *opposition* groups seeking to preserve their sense of religious and institutional autonomy. In fact, as in Kashmir, concerns about social and political marginalization were tied to forms of resistance targeting state-led patterns of administrative ‘assimilation’. Again, the state’s engagement with existing social cleavages overlapped with uneven patterns of state legitimacy. These segmented patterns of legitimacy, in turn, restricted the state’s overall administrative capacity.

Repeating a *familiar line amongst religious leaders* who claim that God, not government, is their primary source of protection, prominent clerics from Pakistan’s Sunni Deobandi and Sunni Barelwi sub-denominations insisted that *faith alone was powerful prophylactic against the virus*. They argued that government intervention was not merely unnecessary but objectionable, with government anti-virus measures being framed as a conspiracy led by anti-Muslim *foreign governments* to weaken Pakistan and undermine the power of Islam. Like *clerics battling scientists* to sight the moon at the end of Ramadan, the pandemic was recast as another platform for religious elites to compete with state-sanctioned secular elites in a push to define the parameters of popular legitimacy.

Government *policies* seeking to prevent mosques from allowing collective prayers in close proximity emerged as a particular bone of contention, with *police battling worshippers* at several mosques. Similar resistance emerged in *Kashmir* and *Bangladesh*. But, having said this, clerics in various parts of the Middle East—from *Saudi Arabia* and the *United Arab Emirates* to *Egypt* and *Turkey* (notwithstanding their very different religious politics)—heeded state-sanctioned fatwas allowing ritual adaptations designed to thwart the pandemic. Indeed, religious leaders in Pakistan used the pandemic to provide an excellent illustration of the ways in which, far more than their counterparts in many other parts of the Muslim world, they had succeeded in preserving a significant measure of operational autonomy. Their marginalization, in this sense, was not just a matter of consternation. It was also, in some sense, a matter of historical conviction.

One voice of resistance, however, was particularly concerning, namely that of Maulana Abdul Aziz. In 2007, Aziz helped to lead a *stand-off* with the government at Islamabad’s Lal Masjid (Red Mosque) that culminated in a military assault killing more than 100 and prompting the formation of the militant Tehreek-e-Taliban Pakistan (TTP). The TTP went on to perpetrate seven years of terrorist attacks across Pakistan, ostensibly in revenge. As such, few were surprised when the government opted for a *negotiated settlement* with those opposed to mosque closures, agreeing one week before the start of Ramadan—a month of increased mosque donations—that, faced with Covid-19, mosques should remain open as an *essential community service* (so long as ablutions were completed at home, worshippers carried their own prayer mats, and social distancing rules were observed). Still, enforcement was lax, and throughout the month of Ramadan (late-April until late-May) *infections increased*, leading to *additional appeals for caution* before the holiday of Eid-ul-Adha in July.

Already in late-March, the government had sought to bypass Pakistan’s deeply divided social and political landscape with the introduction of blanket ‘emergency’ provisions that directly diluted democracy. Specifically, the Pakistan Army pressed the government to activate a
constitutional provision known as Article 245 allowing the military to intervene ‘in aid of civilian authority’. Limiting the jurisdiction of provincial High Courts, this measure allowed the military to act, not only with respect to Covid-19, but in any ‘area’ (that is, any territory, including sensitive territories like Balochistan) with impunity. And so again, even beyond clerical concerns regarding a segmented pandemic response targeting particular Muslims (e.g. mosque leaders), Pakistan’s tilt towards an anti-democratic response was clear.

As in India, and again in Kashmir, Pakistan’s approach to the Covid-19 pandemic combined already-existing forms of marginalization with enduring patterns of resistance to state-based assimilation or ‘encroachment’. And, as in Kashmir, Pakistan opted to reject familiar democratic norms—including fundamental rights—in favour of emergency provisions.

Afghan Muslims: Complicating Negotiations

In Afghanistan, existing social cleavages unfold on multiple levels. With reference to Covid-19, however, cleavages separating (a) the elected Afghan government (itself divided between President Ashraf Ghani and his rival Abdullah Abdullah) from (b) Afghan Taliban insurgents (ethnically Pashtun and doctrinally Sunni/Deobandi but divided by rivalries between local commanders) have been especially important. Above all, government and Taliban efforts to tackle the pandemic—sometimes cooperating, sometimes competing—have failed to coalesce owing to competitive posturing on both sides before a first round of peace talks (scheduled for late-August), with government and Taliban efforts to delegitimize one another significantly reducing Afghanistan’s public-health capacity.

Shi’i pilgrims returning from Qom (Iran) joined thousands of Afghan refugees fleeing Iran’s early outbreak, with Afghanistan’s first Covid-19 infection emerging in western Afghanistan (Herat) on 23 February. For years, the Taliban sought to present themselves as an alternative to the Afghan government by providing public services (e.g. speedy justice). But, at the same time, they attacked government employees, including teachers and health workers, to weaken the state’s capacity and, thus, its legitimacy. Without many qualified health experts of their own, however, the Taliban often sought to control or manage government and NGO-contracted health services in the districts they had captured. And, in a similar vein, they seized bilateral Covid-19 food aid (for example, from Turkmenistan) and distributed it themselves. Other forms of pandemic-related assistance were also caught up in familiar webs of governmental patronage or corruption, often reinforcing the delegitimization claims of the Taliban.

Whereas rival militant groups like Daesh or Islamic State followed clerics like Maulana Abdul Aziz in Pakistan, describing the pandemic as a form of ‘divine punishment’, however, the Taliban opted for a different approach, beginning with efforts to quarantine (not kill) returning Shi’i pilgrims from Iran. In fact, having relaxed a 2019 ban imposed on the World Health Organization (WHO) and the International Committee of the Red Cross (ICRC) to resist anti-polio vaccination efforts (n.b. Osama bin Laden was located by a CIA agent masquerading as a vaccination canvasser), the Taliban also noted, in mid-March, that they would provide safe passage for selected medics in the areas they controlled. Later on, Taliban commanders in some districts also cooperated with international organizations—even, in some cases, Afghan government officials—to ensure that Afghans infected with the virus could be transported to government hospitals for treatment. By late-March, the Taliban had even launched a health awareness campaign, both online and in person, to stress the merits of hand hygiene, face masks, and social distancing.

On 2 April, the Taliban announced (partly as a matter of self-preservation) that they would not fight in areas with detected coronavirus cases. And, just three days later, an Ulema High Commission established by the government to stifle the pandemic issued a fatwa to close Afghan mosques; in fact, as Ramadan unfolded, Taliban spokesmen Zabihullah Mujahid urged Taliban clerics to consider a late-March fatwa issued by Afghanistan’s National Ulema Council calling on Sunni Muslims to pray at home. (Afghan Shi’a followed similar orders issued by clerics in Iran.) Throughout, however, the focus of the Taliban was always on information more than enforcement: after a three-day Eid-ul-Fitr ceasefire marking the end of Ramadan, fight resume and the rate of infection increased.

Anticipating intra-Afghan talks in which the Taliban hoped to build on their military position with a bid for enhanced political power, the Taliban’s goals, with respect to Covid-19, were largely rhetorical. These goals lay in presenting the Taliban as a force that could be relied on to interface with international and domestic partners in areas of common concern, e.g. a global pandemic. Indeed, beyond any intrinsic commitment to policy coordination, unpacking the Taliban’s anti-coronavirus ‘cooperation’ with international and government agencies cannot be understood apart from the Taliban’s anti-
government ‘competition’ in advance of possible peace talks: briefly, the Taliban seized on Covid-19 ‘to present itself as an entity capable of governing more effectively than the elected … government’, argued Bill Roggio from the Foundation for the Defense of Democracies. ‘This effort is part of the Taliban’s strategy to present its “Islamic Emirate” … [as] the sole representative of the Afghan people.’ Specifically, returning to the salience of existing social and political cleavages, Roggio noted that ‘[t]he Taliban … use[d] Covid-19 as a wedge issue to delegitimize the [elected] Afghan government and further promote its [undemocratic] Islamic Emirate’.

On a superficial level, Covid-19 seemed to help in overcoming entrenched social and political cleavages that otherwise plagued both the Afghan government and the Taliban (e.g. nudging Ashraf Ghani and Abdullah Abdullah to move past their contested presidential election; pushing the Taliban to reengage both the WHO and the ICRC). But, on a deeper level, a more effective anti-pandemic response was still thwarted by segmented forms of state legitimacy and the restricted forms of stated capacity associated with these enduring divisions. In short, a pandemic was not enough to bridge the most important social and political cleavages. On the contrary, the pandemic reinforced those cleavages and bolstered the Taliban’s delegitimization of Afghanistan’s democratically elected government.

**Conclusion**

In South Asia, legitimacy gaps associated with entrenched social and political cleavages involving Muslims or particular groups of Muslims have shaped state efforts to address the global Covid-19 pandemic: one virus, different contexts, each with specific patterns exacerbated by the virus. If there is one pattern that has prevailed across all four cases (India, Kashmir, Pakistan, and Afghanistan), however, it is a pattern pushing away from the legitimacy of elected governments and away from democratic norms.

Again, Covid-19 has not initiated any ‘new’ trends in Muslim South Asia. It has simply exacerbated and perhaps accelerated key trends already shaping the region. In this sense, it has altered the political landscape much as climate change has altered our weather, introducing more intense versions of already-familiar challenges: stronger hurricanes of Hindu majoritarianism in India; longer droughts limiting civil liberties in Kashmir; more expansive floods of protest in Pakistan; hotter fires of religious authoritarianism in Afghanistan.

Like climate change, however, what began as a quantitative shift has slowly shifted towards a more significant qualitative change: to press the metaphor, a rising tide of regional authoritarianism.

To counter this drift, it is important to press for robust forms of political oversight targeting authoritarian powers: from judges, from legislators, and above all from civil society—particularly, civil society actors (including the media) that understand the experience of marginalized groups.

Where judicial actors struggle to balance executive power, including endemic forms of ‘emergency stretching’ under the cover of Covid-19, international assessments of judicial performance vis-à-vis fundamental rights are critical. This is particularly important where domestic criticism of judicial action (or inaction) has become increasingly constrained. And, where the future of democracy itself is uncertain, as it is in Afghanistan, or incumbent legislatures are difficult to distinguish from ambitious executives, as in Pakistan and India, indeed, where legislators struggle to ensure that emergency powers are (a) non-discriminatory, (b) strictly proportionate (i.e. carefully tailored to the virus), as well as (c) narrowly time-bound and subject to frequent review—it is often necessary to press beyond elected officials in favour of ongoing and intensive media scrutiny. Across South Asia, encouraging scientific literacy whilst discouraging censorship and disinformation is crucial.

Lockdowns are an important weapon in the global fight against Covid-19. But, around the world, widespread ‘lockdown legitimation’ is essential—not least when it comes to isolating and discouraging vigilante violators. There is a persistent risk that Covid-19 analysts will focus on state capacity more than segmented legitimacy, inadvertently supporting either (a) a Chinese model of ‘bureaucratic state capacity’ (biosurveillance) or (b) an anti-democratic model focused on ‘emergency’ powers—not in the service of that old chestnut, ‘public order’, but rather in the service of a new emergency framed by ‘public health’. This shift may help elected leaders defeat the virus; but, as with so many emergencies, those leaders may succeed in defeating the virus only to discover that they have killed their democracies in the process.
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