COVID-19: NEW ORDER FOR EMPLOYMENT RELATIONS AND HUMAN RESOURCE MANAGEMENT

JAYEBOA, Foluso Ilesanmi1, AREMO, Michael Olanipekun2, FAPOHUNDA, TinukeMoradeke3, GENTY, KabiruIshola4, BANKOLE, RafiuAkanji5
Department of Industrial Relations and Human Resource Management1, 2, 3, 4, 5
Faculty of Management Sciences
Lagos State University, Ojo
Emails: foluso.jayeoba@lasu.edu.ng1, michael.aremo@lasu.edu.ng2, tinuke.fapohunda@lasu.edu.ng3, ishola.genty@lasu.edu.ng4, akanji.bankole@lasu.edu.ng5
DOI: 10.36108/ljerhrm/0202.02.0151

Abstract
The onset, spread, control measures and the behaviour of society, government and businesses have far reaching implications – social, economic and legal – for the immediate and future of employment relations and human resource management in Nigerian organisations. This chapter, drawing from available COVID-19 literature, ILO and WHO protocols, examined various concerns and challenges posed by ongoing covid-19 pandemic and the regimes of measures which are modeled after developed economies of the world but are at best ad-hoc, panicky, ill-digested and their operations execution not based on empirical/objective assessment. COVID-19 has evidently brought job losses and unprecedented changes in work modes and some of the lessons and fallouts may live with us for a long time. Post-COVID-19 economic recovery though expected to be slow will leave the workplace and society with routines and rituals, lessons to learn and corrections to be made, not to avert future pandemics but to manage it in more precise manner with less panic and greater forthrightness.

Keywords: COVID-19, Employment relations, Human resource management, Lockdown, New order

Introduction
The world indeed panicked when news filtered in, by December 8, 2019 from Wuhan China of public health concern about pneumonia of unknown etiology resembling the 2003 severe acute respiratory syndrome (SARS). The novel coronavirus, now christened COVID-19, has since raged on a scale perhaps only comparable to the Spanish influenza of 1918 which was said to spread to all continents and claiming estimated worldwide deaths of over 20-50 million people. Thankfully, and in relative terms, COVID-19 deaths have been less severe at global 405, 168 people with Nigeria accounting for 361 (June 8, 2020). One hopes that concerted efforts by World Health Organisation (WHO), scientists and medical officers in many nations will soon tame the spread and flatten the curves of COVID-19 which has reached at least 213 countries and still counting.

This paper is to review the situation of Nigerian Employment Relations and Human Resource utilizations and Management within the enveloping context of hysteria created by the ongoing pandemic which has led to the lockdown of the economy and various strategies of organisations to maintain pulse and breathing while the COVID-19 outbreak last and after-effects of the pandemic. Critical questions as to whether COVID-19 pandemic is the real course of lockdown
or it’s as a result of fear and pandemonium induced by what is seen as blow-out marketing of coronavirus and the conspiracy theory bothering on politics of control of world economy by subterranean means and moves.

By that insight, we know that, this kind of uncertainties, panic anxiety and massive human and economic losses the world is experiencing is not entirely new. In history, epidemiologists had accounted for at least 10 successive outbreaks of diseases at the scale described as pandemic. Scientist’s concept of the term pandemic is that *there is a widespread occurrence of disease, in excess of what might be expected in a geographical region*. The current COVID-19 pandemic is however unprecedented and lessons are being drawn from other disease outbreaks over the past several decades. Some of the diseases outbreak in history are:

**Table 1: Plagues in history**

<table>
<thead>
<tr>
<th>S N</th>
<th>Name of plague</th>
<th>Year</th>
<th>Origin</th>
<th>Nature/Cause</th>
<th>Coverage</th>
<th>Death toll</th>
<th>Response/Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Plague of Justinian</td>
<td>541 CE</td>
<td>Constantinople</td>
<td>Fleas and black rats</td>
<td>Europe, Asia, North Africa, Arabia</td>
<td>30 to 50 million or about half of world population</td>
<td>People who developed immunity survive</td>
</tr>
<tr>
<td>2</td>
<td>Antonine Plague or Plague of Galen</td>
<td>165AD</td>
<td>Asia Minor</td>
<td>Unknown</td>
<td>Asia Minor, Egypt, Greece and Italy</td>
<td>5 million</td>
<td>People who developed immunity survive</td>
</tr>
<tr>
<td>3</td>
<td>Black Death</td>
<td>1411 &amp; 1353</td>
<td>Europe</td>
<td>Spread by rats</td>
<td>Europe</td>
<td>Killed 200 million in 4 years</td>
<td>No scientific understanding of plague. Quarantine for 30 days and 40 days. Went away, returned in 1347</td>
</tr>
<tr>
<td>4</td>
<td>The great plague of London</td>
<td>1665</td>
<td>England</td>
<td>Cats and dogs</td>
<td>England</td>
<td>100,000 Londoners in seven months</td>
<td>Law of separate and isolation of sick. Wholesale massacre of animals to stop spread. Red cross on doors.</td>
</tr>
<tr>
<td>5</td>
<td>Smallpox</td>
<td>1796</td>
<td>Europe</td>
<td>Viral infection</td>
<td>Worldwide</td>
<td>90-95% of Indigenous American</td>
<td>Killed 3/10 of infected, with pockmarked scars on survivors.</td>
</tr>
</tbody>
</table>
When this table is juxtaposed with table 2, one may soon see that both in terms of spread and deaths, coronavirus will most likely be a baby virus to some of the major global viral outbreaks. In recent history, we have seen Ebola (spread by human contact) and Lassa fever (spread by rat), which comes with hemorrhagic fever, and are endemic to Africa. China publicly acknowledged the existence of the coronavirus with the speculation that the origin might have been the Huanan seafood Wholesale Market at Wuhan – also called Wuhan Wet Market – which was closed down in January 1, 2020. The sequences of activities are as follows:

i. By January 31, 2020, though acknowledging low risks to US citizens, the US Department of Health and Human Services (HHS) declared a public health emergency response to the coronavirus (2019-nCoV), by this time, 9976 cases had been reported in 21 countries, the first reported case in the country being in January 20, 2020. The Centre for Diseases Control (CDC)

<table>
<thead>
<tr>
<th>#</th>
<th>Disease</th>
<th>Year(s)</th>
<th>Origin</th>
<th>Mode of transmission</th>
<th>Year(s)</th>
<th>Number(s)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Cholera</td>
<td>1858-1911</td>
<td>England</td>
<td>Water borne</td>
<td>1910-1911</td>
<td>India</td>
<td>Worldwid e</td>
</tr>
<tr>
<td>7</td>
<td>Influenza</td>
<td>1918</td>
<td>Russia</td>
<td>Viral infection H3N8 subtype</td>
<td>Worldwid e</td>
<td>20-50 million</td>
<td>Quaratining and isolation</td>
</tr>
<tr>
<td>8</td>
<td>Influenza</td>
<td>1956-1958</td>
<td>China</td>
<td>Viral infection H2N2 subtype</td>
<td>Worldwid e</td>
<td>2 million</td>
<td>Quaratining and isolation</td>
</tr>
<tr>
<td>9</td>
<td>Influenza</td>
<td>1968</td>
<td>Hong Kong</td>
<td>Viral infection H2N2 subtype</td>
<td>Worldwid e</td>
<td>1 million</td>
<td>Quaratining and isolation</td>
</tr>
<tr>
<td>10</td>
<td>HIV/AIDS</td>
<td>2005-2012</td>
<td>Congo, 1976</td>
<td></td>
<td>Worldwid e</td>
<td>36 million</td>
<td>Over 35 million people living with HIV. Major treatment is antiretroviral drugs</td>
</tr>
</tbody>
</table>

Source: Literature Review (2020)
put in place droplet and airborne precautions with eye protection. Presentation on admission includes persistent dry cough, and 2-day history of nausea and vomiting.

ii. By 30 January 2020, Director General of World Health Organisation’ (WHO), Tedros Adhanom Ghebreyesus, announced that 2019-nCov would be a considered a Public Emergency of International Concern (PHEIC). He had observed that:

‘The best defense against any outbreak is a strong health system, COVID-19 is revealing how fragile many of the world’s health systems and services are, forcing countries to make difficult choices on how to best meet the needs for their people’.

iii. World scientists on COVID-19 converged at WHO’s Geneva Headquarters on 11-12 February 2020 to access current level of knowledge about virus, agree on critical research questions and need for urgent answers, find means of working together to accelerate and fund priority research to curtail the outbreak and to prepare for the future. Stemming from the above, WHO’s response had been in the forms of:
(1) R&D blueprint,
(2) Acceleration of diagnostics,
(3) Vaccines and
(4) Therapeutics for the novel coronavirus.

Two important goals were identified. These are:
1. Accelerating innovative research to help contain the spread of the epidemic
2. Facilitating care for those already infected.

China had admitted to a conservative 83,000 cases and 4,638 deaths (though it is speculated that the figure may have been 232,000) according to Hong Kong researchers. Battling to curtail the spread of infections had used a four-prong approaches of, trace, test, isolate and treat victims of COVID-19. These approaches came with their corollaries. To test, those infected had to be identified through testing before treatment. Because of rapid spread and many unknown attributes of the disease, certain protocols were quickly developed and reviewed periodically by WHO and government of nations responded by additional measures such as lockdowns, enactment of emergency laws, control of movements within the countries and across international borders.

**What is the Nature of Covid-19?**
SARS-Cov.2 is the virus causing COVID-19 (the disease) and exists among four other strains of common coronavirus causing illness in humans (HKU1, NL63, 229E and OC43). Researchers are not surprised about the new coronavirus because Severe Acute Respiratory Syndrome’s (SARS) history is over 30 years (Denison, 2004). Many features of the coronavirus are familiar in terms of biology, pathogenesis, diseases, capacity for adaptation to new environments, transspecies infection and emergence of new diseases. Much of what is known can be credited to the work of investigators from China who published details of the first 425 cases in *The New Journal of Medicine*. Their work and subsequent publications which now runs to over 29,000 publications as at April 20, 2020 (and WHO COVID-19 database is updated daily, Monday to
Friday) had assisted in the understanding (though still partial) of the new virus and in guiding protocols for control of spread, treatment and other socio-economic responses.

Human to human transmission was traced to the middle of December 2019 and the National Institute for Viral Diseases Control and Prevention (NIVDCP) collected data through interviews of infected persons, relatives, health care workers and close contacts. Focus was on onset of illness, visits to clinicians, hospitalizations and clinical outcomes. Case samples were tested at biosafety level 2 facilities at the provincial Hubei Centers for Disease Control and at the NIVDCP.

Diagnostic prescriptions for COVID-19 include symptoms associated with common cold and severe acute respiratory syndrome (SARS and Middle East respiratory syndrome (MERS). Symptoms which may appear after 14 days of exposure includes fever, cough, tiredness and other symptoms such as shortness of breath or difficulty in breathing, muscle aches, chills, sore throat, loss of taste or smell, headache and chest pain.

**Transmissions of SARS-Cov-2**

Coronavirus appear to have taken a huge tour of the globe appearing in over 180 countries in all continents. Table 2 indicates infections in countries having some of the high number of incidents.

<table>
<thead>
<tr>
<th>S/N</th>
<th>Spread</th>
<th>Incident</th>
<th>Recoveries</th>
<th>Death</th>
<th>% Death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Global</td>
<td>7,860,524</td>
<td>4,032,601</td>
<td>431,918</td>
<td>5.49</td>
</tr>
<tr>
<td>2</td>
<td>Africa</td>
<td>235,704</td>
<td>108,835</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>South Africa</td>
<td>65,736</td>
<td>1,423</td>
<td>2.16</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Egypt</td>
<td>42,980</td>
<td>1,484</td>
<td>3.45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Algeria</td>
<td>10,810</td>
<td>760</td>
<td>7.03</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morocco</td>
<td>8,692</td>
<td>212</td>
<td>2.44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ghana</td>
<td>11,118</td>
<td>48</td>
<td>0.43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nigeria</td>
<td>15,682</td>
<td>407</td>
<td>2.60</td>
</tr>
<tr>
<td>3</td>
<td>Europe</td>
<td>2,190,798</td>
<td>182,579</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Russia</td>
<td>520,129</td>
<td>6,829</td>
<td>1.31</td>
</tr>
<tr>
<td></td>
<td></td>
<td>United Kingdom</td>
<td>294,375</td>
<td>41,662</td>
<td>14.15</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Spain</td>
<td>290,685</td>
<td>27,136</td>
<td>9.34</td>
</tr>
<tr>
<td></td>
<td></td>
<td>France</td>
<td>156,813</td>
<td>29,398</td>
<td>18.75**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Italy</td>
<td>236,651</td>
<td>34,301</td>
<td>14.49*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Belgium</td>
<td>59,918</td>
<td>9,650</td>
<td>16.11**</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Germany</td>
<td>187,423</td>
<td>8,867</td>
<td>4.73</td>
</tr>
<tr>
<td>Region</td>
<td>Country</td>
<td>Cases</td>
<td>Mortality</td>
<td>Mortality Rate</td>
<td></td>
</tr>
<tr>
<td>------------</td>
<td>----------------</td>
<td>-------------</td>
<td>-----------</td>
<td>---------------</td>
<td></td>
</tr>
<tr>
<td>North America</td>
<td>Sweden</td>
<td>51,576</td>
<td>4,874</td>
<td>9.45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>United States</td>
<td>2,142,224</td>
<td>117,527</td>
<td>5.49</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mexico</td>
<td>139,196</td>
<td>16,448</td>
<td>11.82</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Canada</td>
<td>98,410</td>
<td>8,107</td>
<td>8.24</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dominican Republic</td>
<td>22,572</td>
<td>577</td>
<td>2.56</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Panama</td>
<td>20,059</td>
<td>429</td>
<td>2.14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Guatemala</td>
<td>8,982</td>
<td>351</td>
<td>3.91</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Honduras</td>
<td>8,132</td>
<td>306</td>
<td>3.76</td>
<td></td>
</tr>
<tr>
<td>Asia</td>
<td>India</td>
<td>321,626</td>
<td>9,199</td>
<td>2.86</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Iran</td>
<td>184,955</td>
<td>8,730</td>
<td>4.72</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pakistan</td>
<td>132,405</td>
<td>2,551</td>
<td>1.93</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Saudi Arabia</td>
<td>123,308</td>
<td>932</td>
<td>0.76</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bangladesh</td>
<td>84,379</td>
<td>1,139</td>
<td>1.35</td>
<td></td>
</tr>
<tr>
<td></td>
<td>China</td>
<td>83,075</td>
<td>4,634</td>
<td>5.58</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Qatar</td>
<td>78,416</td>
<td>70</td>
<td>0.99</td>
<td></td>
</tr>
<tr>
<td></td>
<td>South Korea</td>
<td>*12,051</td>
<td>277</td>
<td>2.30</td>
<td></td>
</tr>
<tr>
<td>South America</td>
<td>Brazil</td>
<td>850,796</td>
<td>42,791</td>
<td>5.03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peru</td>
<td>225,132</td>
<td>6,498</td>
<td>2.89</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chile</td>
<td>167,355</td>
<td>3,101</td>
<td>1.85</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Colombia</td>
<td>48,746</td>
<td>1,592</td>
<td>3.27</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ecuador</td>
<td>46,356</td>
<td>3,874</td>
<td>8.36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Argentina</td>
<td>30,295</td>
<td>815</td>
<td>2.69</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bolivia</td>
<td>16,929</td>
<td>559</td>
<td>3.30</td>
<td></td>
</tr>
<tr>
<td>Oceania</td>
<td>Australia</td>
<td>7,302</td>
<td>102</td>
<td>1.40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Zealand</td>
<td>1,504</td>
<td>22</td>
<td>1.46</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Worldometer & NCDC, Nigeria
*These figures can only determine impact with respect to population.
** Sweden and South Korea did not lockdown
In Nigeria, the index case was reported in February 27th of an Italian citizen who works in Nigeria and returned from Milan, Italy to Lagos. Two bodies whose activities are tangential to control and management of COVID-19 were put in place by President Buhari; the Nigerian Centre for Diseases Control (NCDC) headed by Dr. Chikwe Ihekweazu was activated and the Presidential Task Force (PTF) on COVID-19 headed by the Secretary to the Federal Government, Mr. Boss Mustapha, was set up on March 9, 2020. The PTF gives daily reports of efforts of the NCDC.
As at June 12, 2020 the spread of coronavirus has reached 35 states and the Federal Capital Territory, Abuja. Data supplied by and daily briefings shows that most affected group are aged 31-40 (24%), of total infected, male (10,445-67%) and female (5,237-33%) and percentage death (15,682 (407)) is 2.60%.

The continuous rise in daily reported infections shows that as at June 12, 2020 total cases reported is 15,682 with Lagos leading the pack at 7,035, Kano – 1,091 and FCT – 1,212. This had led to lockdown measures in many parts of the country with Lagos (the epicenter of infections), Abuja, Ogun and Kano requiring direct Federal Government interventions. By March 30, 2020 President addressed the nation and pronounced a lockdown for 14 days, later increased by another two weeks in Lagos, Abuja and Ogun states. Most states took a cue to lockdown and by April 27, a gradual relax of lockdown order was announced in FCT, Lagos and Ogun States with Kano placed for the first time under total lockdown because of unexplainable deaths and anticipated spikes in COVID-19 cases.

It can be seen from table 2 and figures 1-4 that Europe, so far, had the highest percentage deaths per number of infections with France (18.75), Belgium (16.11) and, Italy (14.49) leading global fatalities, while Africa Oceania (1.39), Asia (2.50) and (2.67) are coming in the rear in terms of percentage of fatalities.

Public Perception, Pandemonium and the Conspiracy Theory

No doubt COVID-19 had created world-wide anxieties, uncertainties and fear. This perhaps is not so much due to the fact of COVID-19, as shown above, but to the myths and what has been described as deliberate hyping and marketing of COVID-19. There are at least 6-columnists to this. Two of these created the facts and four created the myths and the panic. No one will be able to estimate the dangers done to communities, families and individuals’ psyches in the course of world-wide pandemic that is causing mass hysteria and pandemonium that rent the airwaves and streets, especially as little attention is paid to these unaccounted-for fall-out of COVID-19.

i. WHO. The WHO has traditional responsibilities for the coordinating activities of many disease control bodies in all nations and should ordinarily – as shown above – provide clear direction. The question of ‘openness, transparency and responsibility’ has become crucial. Where WHO is being seen as nondecisive in notifying the world earlier enough about the outbreak or biased in some decisions regarding testing and treatment of COVID-19 patients, especially in recommending and accepting treatment drugs and vaccines, there exists serious room for apprehensions. Threats of withdrawal of funds, individual fund providers, and competition for superecies among fund providers have been topical lately, and further lending credence to speculations. Can those paying the piper be dictating ‘scientific’ tunes sang/dance to by WHO? Responding, WHO’s Director, Ghebreyesus, insisting that WHO had ‘made important progress in its COVID-19 response’ warned of ‘rising politicisation of pandemic response’.

The suspicion gained boot when Australia made an earlier call for an independent probe into the virus outbreak and global response won consensus among 194 states. Also, a resolution of European Union called for an independent evaluation of the WHO’s performance.

ii. Scientists and Epidemiologists. Lately there are confusing claims by scientists and epidemiologists about protocols and procedures as well as source of coronavirus (animal source
of China wet market, escape from laboratories, bioweapon deliberately designed for political and economic controls or for population control). Some have claimed that what is ongoing is *pandemic* rather than pandemic. Besides COVID-19 had been linked with the 5G network and Christian bodies have raised alarm about intended vaccines coming which chips connecting humanity to a coming world one-government!

Because of what has become popular as the *conspiracy theory*, in Nigeria, NCDC is having problems convincing some state governors about their openness and motive. We find an example in Kogi, where officials from this body appear to have been technically prevented from carrying out designated duties by being asked to be quarantined for 14 days, according to laid down protocols.

**iii. Government of Nations.** Perhaps owing to the binary trade war between Beijing and Washington, American Trump had severally referred to COVID-19 as Chinavirus and the speculation picks up about whether China is using bioweapon to gain control of world economy and power. China, according to some, have planned for the coming of coronavirus and probably stockpiled Yuan to buy over weak US stocks and in many nations. These claims have been roundly denied by China Diplomats.

Also, many governments appear to be fueling apprehensions due to their responses to the pandemic. It is common to find protests against lockdowns and criticisms about palliatives, law enforcement and so forth. In Nigeria the house of Representative is being seen as having more than normal interest in the speedy passage of what is tagged; Control of Infectious Diseases Bill or NCDC Bill. The House of Representative Speaker, Honourable Femi Gbajabiamila had sought speedy passage of the bill to replace the ‘primitive and weak’ Quarantine Law, but is being resisted by other members on suspicion of ulterior motives. More so, the rumoured link between COVID-19 and upswing in infections and of intended corona vaccine with 5G network, the decimation of population in third-world countries and anti-Christ mission of some world leaders.

**iv. Business Magnates.** Bill and Melinda Gate Foundation appear to have its hands in many pies around drug and vaccine business; providing philanthropic funding and advocacy. Recently, there are speculations of more than meet the eyes motive for such engagements and vaccine development and tests are now held in suspicion. To some, it’s a means of creating for him and partners economic suzerainty, control over global intelligence and helping US to retain power that is being contested by China. When developed, many countries (principally third world and Christian communities) may be reluctant to adopt vaccination as credible option for fighting COVID-19. Yet, this ought to be the way out of this pandemic, in the long run.

**v. News Media.** While many news sources provided straight, verifiable information from accredited sources, others went wide by reporting what could be described as exaggerated versions of the truth. They are indeed the 5th columnists.

**vi. The Rest of Us.** Where truth is scarce, speculations will be rife and thrive. This may explain the recent increase in propagation of lies, tagged ‘fake news’, through the social media. Some of the news are either a slice of the truth or complete fabrications. Perhaps it could be said that this category of news panderers constitutes the 6th columnists!
The weaknesses in these myths about origin and motive of some countries and business moguls are many. Reducing world population is probably not in the interest of businesses which prospers on aggregate demands. The anti-Christ may not come on the wing of a virus and must power/economic rivalry between China and US be at the cost of world-wide deaths and lockdown of means of livelihood?

However, seeds of doubt once sown through outright falsehood, half-truths, twisted facts and near-to-zero truths, will continue to be watered by human perception, emotions and fallibilities of human authorities. Seeds of pandemonium and myths of coronavirus is indeed difficult to dislodge from the human mind (at least the unscientific lots) and this had invariably guide the actions, responses (set of belief about disease, reporting for testing, treatment options) and behaviour of governments and people in the efforts to combat SARS-Cov.2 and COVID-19 and its morbidities. Science is straightforward truth if not undermined by human motivation, but conspiracy theories are difficult to belief, tricky to doubt and unwise to completely ignore. Government, all over the world had to lockdown states and economies to curtail person-to-person and transborder transmission, with exceptions of Sweden, South Korea, Zanzibar, Nicaragua which had not implemented lockdown measures.

Madagascar only recorded 488 cases and two deaths (claiming local remedy of Covid-organic tonic made from artemisia), Eritrea, Mauritania and Mauritius had recorded 100% cure of COVID-19 patients and had no reason to lockdown. The move of governments across the globe which has been described as ‘the great lockdown’ has arguably been described as panicly measures to stem further spread and rising death tolls. It is noteworthy that without lockdown, Sweden and South Korea maintained a modest level of infection/deaths at 51, 576 (9.45%) and 12, 051 (2.30%), respectively. This perhaps justifies the strident calls, across countries and continents, for reopening of cities and economies and the question of whether lockdowns have served the purposes of curbing spread of infections and reducing fatalities.

In any case, lockdowns have proved unsustainable in many countries and there is move for gradual re-unlocking of the economy. Any measure to safe life is good, but the collateral damage of lockdowns of the economy in businesses folding up, job losses, loss of livelihood, bankruptcy, depression, suicide and threatening global economic depression is real cause for concern.

Lockdowns and Effects
Lockdown means partial or complete shutdown of movements and economic activities. Not strictly one of the WHO protocols or prescriptions, it was a measure put in place by China to curb the spread of coronavirus. Its uses dated to 1411 black death pandemic in Europe when a sequence of 30- and 40-days lockdown were observed and the first quarantine law put in place. According to Ayorinde and Oluwole (2020), the outbreak of the COVID-19 disease has had disruptive effects on the global economies especially as it relates the employment status of millions. The International Labour Organisation (ILO), in a preliminary report, has projected that the COVID-19 pandemic will lead to loss of nearly half of global jobs.

About 305 million people may have already been pushed into unemployment, underemployment and working poverty. In USA, 36.5 million, lost their jobs, contracting to 17 million due to gradual reopening of economy. Equally in Nigeria, 42% of 59. 8 million labour force may lose
their jobs (NBS); that is, about 25 million workers. On the whole, lockdown measures may have affected 2.7 billion workers, about half of global workforce. According to ILO Director, Guy Ryder, ‘effect of COVID-19 is threatening to surpass the losses during 2008-2009 financial crisis and millions of businesses are barely breathing’.

Worst Affected Sectors
Several key sectors are worse hit; International Air Transport Association (IATA) claimed that the industry alone had lost 252 USD globally, hospitality, cinemas and entertainment have shut down and oil and gas and entertainment, food and accommodation (144millions), retail and wholesale (482 million), business services and administration (157 million) and manufacturing (463 million). Airlines have been grounded across continents and because of their huge capital outlay and contractual commitments have become vulnerable to bankruptcy if flights are not soon restored. Together, they add up to 37.5 percent of global employment and constitute a ‘sharp end’ impact on jobs. While fears are well entertained for the 136 million healths and social professionals, who are working on the frontline of the fight against the coronavirus, they held hope for contracting COVID-19 in the workplace. Besides essential service providers, the ICT and communication sectors appear to be partially spared because of continuous use and dispensation of service and perhaps the use of work-from-home policies that are easily amenable to the sector. ILO believes that by April to June, 2020, working hours are likely to decline by 6.7 percent, meaning that of 48-hour week, 195 full-time workers are likely to be affected. According to ILO Director, ‘no matter where in the world or in which sector, the crisis is having a dramatic impact on the world’s workforce’.

In middle and low-income countries, such as Nigeria, the worst-hit industries and services have high proportion of low-wage workers and many are in informal employment. Without appropriate and key policy measures, these workers face grim prospects and high risk of falling into poverty and even greater challenges of regaining their livelihood post-COVID and recovery period. Globally, around 2 billion people work informally, mostly in emerging and developing economies, also tens of millions have already affected by COVID-19. In urban sectors, many of them work in economic sectors that ‘not only carry a high risk of virus infection but are also directly impacted by lockdown measures’ (ILO, 2020). Many of them work as waste recyclers, food and street vendors, commercial drivers (city buses, taxis, tricycle and motorcycle riders), construction workers, and domestic servants.

Agriculture is perhaps yet to feel the worst effect because of constant need and demand for food, and possibly because of exemptions. Being the largest sector and huge employer of labour in developing economies, the risk of food insecurity is already emerging because of lockdown. In Nigeria, for instance, inter-state lockdown had affected movement of goods as security personnel and certain state governments institutes extra-legal measures to curb movements. Perishable farm products like vegetable, tomatoes, eggs that are locked up in stores are going to waste and farming season has been interfered by the virus signaling future food shortages. Giving the fast-evolving nature of the situation, COVID-19 may be described as the most severe crises since the Second World War
COVID-19 and Stimulus Packages

Many advanced economies, such as G20 group of industrialised nations, have worked out stimulus package in anticipation of the damaging outcome of coronavirus. ILO is seeking for a ‘much more targeted interventions for businesses that were ‘viable in any normal circumstance’. The US unveiled about $2.5 trillion rescue package while China is holding back perhaps to gauge the level of intervention by Europe and America. Japanese government recently approved 203 million dollars as a stimulus package to combat covid-19 pandemic. Britain’s stimulus package of 365 billion pounds to workers, waiver of VAT till June; 30 billion pounds (1.5% of GDP) to support businesses, 1000 pounds in 12 months credit allowance to 4 million most vulnerable households was in the forms of wages to workers throughout the country, is reminiscent of Keynesian model of reflating economy through money-in-pocket to employees for effective demand. EU’s proposed 750 billion euros ($826 billion) worth of palliatives and Germany is pushing 100 billion euros ($112 billion) and stabilization 600 billion while France put forward 45 billion pounds to businesses and workers.

In Nigeria, the Central Bank introduced N1.15 trillion ($3.06 billion) as an intervention to help households and small businesses. In addition, N50 billion ($128.4 million) stimulus package was further made available to help households and small businesses hardest hit by adverse impact of coronavirus. On the other hand, the Nigerian government has secured various loans to the tune of 6.9 billion dollars from the World Bank, International Monetary Fund, and AfDB, to counter Coronavirus pandemic, and to finance the shortfall in the proposed revenue for the year 2020 budget that was badly hit by dwindling prices of crude oil in the international oil market. Furthermore, there is a proposed economic stimulus to save jobs through tax reliefs in the legislature. The key issue is the protection of those who still remain at work, and the vulnerable in the society.

There is uncertainty as to when the compulsory lockdown in Lagos and Ogun States, and the Federal Capital Territory will be completely lifted because the Presidential Task Force of COVID-19 continued to post increasing virus spread across many states. It is equally uncertain that there will be an immediate upswing in economic activities to enable businesses regain lost grounds and trigger economic recovery. Employers are faced with the unpleasant prospects of paying the salaries of largely idle workers (in addition to the attendant statutory obligations), cutting salaries or letting them go. Already, major football clubs in England, Italy and Spain have had to reduce salaries of their players by as much as 70%. US law firm, Cadwalader Wickersham & Taft, announced that in order to avoid layoffs, it would stop paying partners, cut associate salaries by 25% and impose pay cuts of 10% to 25% on its staff. In Nigeria, a number of business are already faced with these hard but inevitable decisions.

Health and Safety Challenges to Workers

Covid-19 outbreak presents potential health and financial challenges, which as shown in table 2 had disproportionately affect countries, economies and race/ethnic and communities of people depending on existing disparities in social-economic and health infrastructure. For instance, Golden (2020) found out that, in the US, communities of colours, compared to whites, represents higher risks if infected because of underlining health, nutritional balance, access to testing and treatment. Specifically, workers world-wide face potential risks of infection, job loss and economic hardship and future uncertainties. More so, the debilitating psychological impacts of
COVID-19 is better imagined because of the fear, anxieties that it has generated among many societies of man.

**Human Resource Management and the New Mode of Work**

Several modes of work such as flexi-time, compressed work hour, shift, attendance by quota and working from home have become real as part of COVID-19 emergency workplace measures. Working from home especially has advantages in containing the spread of coronavirus.

**Working from Home**

In advanced countries, robots are taking up more roles during lockdown, drones are being used to deliver medical supplies and palliatives, indicating rapid changes in how work is to be done postcovid-19. While it is evident that certain works requires employee’s physical presence in such cases as manufacturing, farming, barbing, hair plaiting, abattoirs, food processing and so forth, several people now have to work from home. Presently, there is a gradual ease of lockdown, however, COVID-19 has opened the possibilities to earn your living from your living room. The definite and drastic shift from the way you have worked thus far is increasingly being evident. As one embraces the changing normal, there is need to be more attentive and effective at what you do. You are, more or less, your own boss and have to think well, own it, as well as own up.

Similarly, it has been observed that productivity of most employees working from home are questionable especially those working in the public sector. To some people, these set of workers are earning their monthly emoluments without literally doing anything.Research establishes that people who are healthy and happy make better workers in any given context (Ayorinde & Oluwole, 2020). When work gets inside the four boundaries of home, life outside of work have its space uncompromised. There is indication that internal conscience coupled with a sense of discipline is required for a productive ‘home-worker’. He/she does something because it is the right thing to do, not because he/she feels like doing it.

The home setting, especially in an emergency situation in which family members (who are all at home as a result of the lockdown) are milling around, can be very difficult to manage. This involves on the whole effort of ensuring a semblance of discipline and simulation of an environment resembling actual workplace. On the whole, some of the below protocols are basic readiness aspects and are imperative to address work-from-home.Here are some basic readiness aspects that are imperative to address as we work-from-home (Jaisinghani, 2020):

1. **Calibrate Well.** This requires planning ahead and planning well. The work environment has changed and there is need to think through. plan-out how you will be working from home from now so that your focus is intact while you ensure that your new colleagues are not ignored either. Have a team meeting with other family members and pre-agree on a few designated places that are conducive to focused working and that do not interfere in your family’s daily chores.Employers concerned about the productivity of employees working remotely may:
   a. Deploy time tracking applications to monitor the number of hours employees spend on their tasks;
   b. Assess employees' key performance indicators at stated intervals; or
c. Schedule periodic virtual meetings of teams for the purpose of providing updates on assigned tasks

ii. Set Well. You get to choose a setting that inspires you, whether it is working near the window or in another area of the house, you get to pick the most productive spot. Pick up a comfortable chair and a complementing table that does not hurt you during long hours of work. Seating posture affects your productivity both in the current and in the future because it brings in physical challenges, like cramps, back aches as add-on gift.

iii. Dress Well. To psychological connect on what you are about to do, there is need to dress as if you are on duty. This also makes you presentable for your planned and unplanned video calls. Declutter the background and things around as that helps you to focus you well.

iv. Move Well. Avoid sitting in one place for long hours, make occasional stroll a continued habit within your space. Ideally, take a stand-up break at minimum every 45 minutes. Explore some simple chair exercises that beat your current fatigue and future ailments.

v. Social Well. Keep close tab on what goes on and do not distance yourself from your team, especially when you are working from home. Outbox your thinking and explore much beyond email; try out hangout/skype/WhatsApp/Zoom, video calls, and so forth.

vi. Eat Well. Being closer to the source, the kitchen and the chief chef at beck and call can be tempting, that may be tempting. Keep a watch on eating while on duty, but try rehydrate your body as you would normally do when in office. In any case, you are likely to overeat while at home, so any physical activity will help to prune down excess calorie.

vii. Balance Well. To avoid burnout, find a work/life balance solution. Ludo, chess, draught games for intervals between work, strolling down the street and so forth. Since, work is always accessible at home; it may cause you to hyper-focus on work throughout the day. Caution is that, although you might be extremely productive for current stretches of time, there is a risk of complete burnout and loss of long-term productivity. Have some no-no time and no-no zones within home to have dedicated family time.

These few simple aspects shape how we continue to contribute in this changing landscape. Who knows if the changed approach becomes new normal as we run our businesses? Working from home however may tax on the lean resources of employee who, on his part is bearing the burden of lockdown in many fronts, with respect to equipment, energy supplies, network access and so forth which may not be made up for with savings from daily commuting to office.

Some Hygiene Tips for Working at Home
Just as workplace has hygiene protocols for COVID-19, some few tips are okay for those working from home. Organizations rely on human resource management to disseminate accurate and up-to-date information, and their work becomes even more critical during emergency situations; latest information on COVID-19 precautions can however be found on the CDC’s website.
1. Practice respiratory etiquette everywhere. When you cough or sneeze, cover your nose and mouth with something disposable such as a tissue, then immediately throw it away, or use the elbow or shoulder of your clothing. Asymptomatic phase of COVID-19 require caution even among family members.

2. Wash your hands for at least 20 seconds each time. Scrubbing all fingers/hand surfaces and fingertips (including under the nails) after any contact with suspect surfaces and/or people. If you don’t have soap and water, the CDC recommends using a hand sanitizer with a minimum of 60% alcohol. Additional key times to clean hands include after blowing one’s nose, coughing, or sneezing; after using the restroom; before eating or preparing food; after contact with animals or pets; and before and after providing assistance to or being in contact with another person, especially one thought to be ill.

3. Do NOT touch your face. These includes your eyes, nose, and mouth, which act as portals for the virus. Also avoid unnecessary person-to-person contact.

4. Disinfect surfaces Use alcohol-based disinfecting/cleaning solutions and you may try using gloves when at work.

Protocols for Public Health and Workplace Safety
So far WHO had on 10th May, 2020 updated the following protocols for considerations for health and social measures in workplace in the context of COVID-19: For the purpose of this protocol, ‘workplace’ covers all places where workers need to be or to go by reason of their work and general public health may include pre-symptomatic or asymptomatic persons who may be infected but have not (yet) developed obvious signs or symptoms.

Measures for all workplaces Universal measures for preventing transmission of COVID-19 that apply to all workplaces and all people at the workplace, such as employers, managers, workers, contractors, customers and visitors, include the following:

Hand Hygiene: Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub before starting work, before eating, frequently during the work shift, especially after contact with co-workers or customers, after going to the bathroom, after contact with secretions, excretions and body fluids, after contact with potentially contaminated objects (gloves, clothing, masks, used tissues, waste), and immediately after removing gloves and other protective equipment but before touching eyes, nose, or mouth. Hand hygiene stations for hand washing and hand rub dispensers, should be put in prominent places around the workplace and be made accessible to all staff, contractors, clients or customers, and visitors along with communication materials to promote hand hygiene.

Respiratory Hygiene: Promote respiratory etiquette by all people at the workplace. Ensure that medical face masks and paper tissues are available at the workplace, for those who develop a runny nose or cough at work, along with bins with lids for hygienic disposal.
Wearing Face Masks: Workplace are to develop a policy on wearing a mask or a face covering in line with national or local guidelines. Masks may carry some risks of asphyxiation and infection if not used properly.

What if a worker is sick, they should not come to work? If a member of staff or a worker feels unwell while at work, provide a medical mask so that they may get home safely. Where masks are used, whether in line with government policy or by personal choice, it is very important to ensure safe and proper use, care and disposal.

Physical Distancing: Introduce measures to keep a distance of at least 1 metre between people and avoid direct physical contact with other persons (i.e. hugging, touching, shaking hands), strict control over external access, queue management (marking on the floor, barriers)

Reduce density of people in the building: No more than 1 person per every 10 square metres, physical spacing at least 1 metre apart for work stations and common spaces, such as entrances/exits, lifts, pantries/canteens, stairs, where congregation or queuing of employees or visitors/clients might occur.

Staggered Workhour: Avoid crowding by staggering working hours to reduce congregation of employees at common spaces such as entrances or exits. Implement or enhance shift or split-team arrangements, or teleworking.

Reduce Workplace Gathering: Defer or suspend workplace events that involve close and prolonged contact among participants, including social gatherings.

Employment Relations in a Lockdown
According to Udoma and Osagie (2020), Nigeria, like most countries dealing with the COVID-19 pandemic, and governments at the federal and state levels, have taken measures to limit the spread of the virus, including shutting down of businesses. Introduction involved in the provision of non-essential services. Some critical questions and issues raised in the lockdown orders with respect to employer-employee relationship are posed considering their employment and labour law implications with respect to COVID-19 pandemic

1. Are employers required to shut down operations? Hospitals and all related medical establishments; food processing, distribution and retail companies; petroleum distribution and retail entities, power generation, transmission and distribution companies; and private security companies in Lagos, Ogun and Federal Capital Territory. Employers exempt from the shutdown directives that have been issued as at the date of this update are - see table 3.
Table 3: Exempt workers

<table>
<thead>
<tr>
<th>1. Hospitals and all related medical establishments;</th>
<th>2. Organisations involved in the manufacturing and distribution of health care products and services;</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Organisations involved in food processing, distribution and retail companies;</td>
<td>4. Petroleum distribution and retail entities;</td>
</tr>
<tr>
<td>5. Power generation, transmission and distribution companies; and</td>
<td>6. Private security companies.</td>
</tr>
</tbody>
</table>

Source: Udoma and Osagie (2020)

2. Can an employer require employees to submit to testing? The consent of the employee will be required before an employee can be tested. Where the employee refuses to give such consent, and the employer reasonably fears that the employee is infected or may infect other employees, the employer can require the employee to work from home.

3. What if an employee tests positive for COVID-19? The first step would be for the employer to advise the employee to go home, using precautions that will minimize the spread of the disease, self-isolate, and to contact the Nigeria Centre for Disease Control (NCDC) on one of its helplines.

In addition, the employer should ensure that other employees who were in contact with the affected employees stop work immediately and self-isolate for 14 days or for such other period as may be specified by NCDC. The office should thereafter be shut down in order to prevent the spread of the virus, and disinfected before it is re-opened to other employees and/or to members of the public. In all of this, the employer must ensure that it complies with its obligation to protect the identity of employees who test positive for the virus.

4. Can an employer, treat 'stay at home' period as unpaid leave? In order to vary the terms of an employment contract an employer is required to obtain the consent of the employee. An employer that unilaterally varies an employment contract runs the risk that such variation / amendment could be successfully challenged, in court, by an aggrieved employee.

5. It is advisable for employers to renegotiate the terms of salary or benefits? In the event, however, that an employee does not agree to the proposed salary adjustments then the employer may, depending on the circumstances of each case, elect to re-consider the continued employment of any such employee.

6. Can employers extend the period of paid sick leave of an infected employee? This will depend on the terms of the relevant employees' contracts of employment, and on the employer's policy on sick leave. Where the contract of employment or the employer's policy on sick leave do not offer guidance on this issue then, given the unusual situation created by COVID-19, employers should consider negotiating appropriate extensions of sick leave with their employees – either on a case by case basis or as a general modification of policy.

7. What if an employee cannot work remotely? There are certain duties that, with the best of intentions, cannot be carried out remotely. In such cases an employer may reach an agreement
with the employee for the payment of reduced benefits, for such period when the employee is unable to work remotely, negotiate the suspension of the relevant employment contract(s), require the employee to work from the office (where a total lockdown has not been imposed), provided that adequate measures are taken to ensure the safety of the employee and exercise the right to terminate the contracts of employment of such employees.

8. What happens if there is a sustained work disruption? Some measures that employers may consider as a means of mitigating the financial impact on the company of a sustained work disruption include: downsizing of the workforce, renegotiating employment benefits and restructuring the business.

9. What of expatriate employees who are unable to come into the country because of lockdown? Employers can review the employment contracts of this category of employees to confirm what options are available to the employer. Depending on the contract such options could include suspending the contract or renegotiating its terms.

10. Can an employer stop providing free transportation? An employer may discontinue the provision of free transportation to its employees where the employer reasonably believes that the continued provision of such transportation could be aiding the spread of the COVID-19 virus. If the employer ceases to provide free transportation, and where such free transportation is one of the benefits that the employer has contracted to provide, then the employer will have to pay the employee a transportation allowance in lieu of access to such employer-provided transportation.

11. Can employees be made redundant? If a business disruption continues for a sustained period of time, such that an employer is no longer able to maintain its current workforce, an employer may declare a redundancy and render some of its employees redundant. In doing so, an employer must ensure that the employer complies with the provisions of the contracts of employment of the affected employees, applicable statutory requirements (like the Labour Act), and sector specific requirements such as apply in the financial and oil and industry sectors and applicable collective bargaining agreements with relevant trade unions.

Rights, Duties, and Responsibilities of Workers and Employers
Employers, workers, and their organizations should collaborate with health authorities in the prevention and control of COVID-19. The employers, in consultation with workers and their representatives, takes preventive and protective measures, such as engineering and administrative controls and provision of personal protective equipment and clothing for occupational safety and health and infection prevention and control. Such measures at the workplace must not involve any expenditure on the part of workers.

Workers are to follow established occupational safety and health and infection prevention and control procedures, avoid exposing others to health and safety risks, participate in related training provided by the employer and report immediately to their supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health (ILO, 2020).
Co-operation between management and workers and their representatives is an essential element of workplace-related prevention measures (such as through workers’ safety delegates, safety and health committees, and collaboration with providing information and training) and respecting the right and duties of workers and employers in occupational safety and health (ILO, 2020) COVID-19 and other diseases, if contracted through occupational exposure, could be considered as occupational diseases (ILO, 2020).

**Bracing for the Challenges Ahead**
The future is neither bleak, nor without novel challenges. Responses to these challenges can be moderated by certain core principles of industrial democracy, employee engagement and continual revert to statutory regulations and agreements with union at every point of decision making. Stakeholders inputs and participation in decision making can help to diffuse tensions that may results in industrial actions that can further compound recovery efforts.

**The Immediate and the Future**
Immediate actions have been spontaneous and some of these not well measured. Medical remediation of COVID-19 has used models proposed by WHO; trace, test, isolate and treat. But for shortfalls in infrastructure, funding and supplies, these efforts may have yielded some good dividends. At the present rate, table 1 shows relatively low infection rate in Nigeria (about 0.003 per 1000 and relatively low death percentage of 2.60), though with further prediction of spike by Centre for Diseases Control, Nigerian industries and organisations, used to copy and paste of policies and measures, will have to look inward, adopt functional work modes and protocols in addition to developing culture specific solutions. Calls for indigenizing treatment of COVID-19 patients have been altogether ignored by government in preference to orthodox solutions. If the prediction that coronavirus may not disappear the way it came becomes true, organisations will have to be innovative in planning for recovery as well as short term survival and long-term containment of virus. The implication of this for health and safety should continuously retain attention.

New modes of work, new skills and employee training in relevant use of ITC to enhance performance, reduce workplace crowding and transmission of infection are viable options, if the costs are not invariably pushed to the employees. Employees vulnerability in the face of threats of job loss can create continuous anxiety among workers resulting in psychosomatic ailments, depression and reduction overall workers effectiveness.

In these trying times, corporations should vouch to look after the needs of the employees in distress. An HR professional should bring the humane attributes back into the workings of the corporations. The decisions taken by Human Resources impact the livelihood of the employees, and the entire workforce in a nutshell. This includes their ability to earn money to pay for essentials like food and housing among other expenses; all of which are at a risk for the next few months. There are two main challenges; whether organisations will learn from remedial measures and use it to improve work designs and organisation’s performance or soon forget the COVID-19 adjustments as soon as normalcy is restored.
**Conclusion**

Employers will, for now and in the foreseeable future, continue to evaluate the impact of COVID-19 on their businesses, take lawful measures necessary to protect their business and employees, and seek advice where in doubt. No doubt we have not come to the end of work because the future of work is still very long. Only the mode of work may change and the presenting issues. Employers should continue to evaluate the impact of COVID-19 on their businesses, learn from stock of experiences, take lawful measures necessary to protect their business and employees, and seek advice where in doubt. It is also important for government to forestall the economy from slipping into recession by introducing bailouts to stimulate activities in some key sectors, introduce wage subsidies, tax and rate cuts to prevent wholesale job loss. It may also be instructive to be more self-reliant as an economy, build a more responsive and proactive health and social infrastructure and generally think glozically rather than wholesale adoption of foreign models to solve local issues without peculiarities of context, culture and people.

In most discussions of work-life balance or quality of work-life, the assumption is often that work is struggling for space with family life. In the circumstances imposed by COVID-19 and lockdowns, now is the turn of family life to compete for space with work-life. How to balance the dichotomy, ought to be a subject matter for research.

Fears and anxieties caused pandemonium and the lockdown of cities and businesses with attendant colossal economic losses and several critical human resource and employment relations issues. In future, calmness is wisdom, some economies like Sweden and South Korea did not lockdown and it will be interesting to underscore their paradigm for handling the pandemic and whether they were at any disadvantage by refusing to lockdown. On the whole, the pandemic has provided unprecedented opportunities for resetting critical sectors of the economy such as health, road, and energy infrastructures. One will expect legacy structures (newly built hospitals, equipment, treatment protocols) policies, industrial practices and scientific breakthroughs outlasting the regime of covid-19 pandemic.

**References**


ILO (2020) ILO Standards and COVID-19 (coronavirus) FAQ, Key provisions of international labour standards relevant to the evolving COVID19 outbreak


ILO, (2020) In the face of a pandemic: Ensuring Safety and Health at Work,

Jaisinghani, A. (2020). Employee Relations, #COVID-19, #CX to EX. PR Agency in Mumbai large-scale


