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ASEAN's Covid-19 Pandemic Response: Practical Next Steps

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EXECUTIVE SUMMARY

- ASEAN as a regional organisation has been strongly criticised for its slow response to the global Covid-19 pandemic. What has ASEAN done so far and what more can it do?
- One factor inhibiting a regional response is because three ASEAN members are grouped under the WHO's Southeast Asia Regional Office (SEARO) while the other seven belong to the Western Pacific Regional Office (WPRO).
- ASEAN member states should consider institutional reforms to streamline coordination for more effective regional pandemic responses and capacity-building activities in the future.
- Cooperation between animal health and human health sectors is imperative. One such reform would be the establishment of the ASEAN Coordinating Centre for Animal Health and Zoonoses (ACCAHZ). An Agreement to establish this centre was signed by all ten ASEAN member states on 7 October 2016 but is pending final ratification by Indonesia.
- The ACCAHZ will provide a framework of cooperation for the eradication of animal diseases and zoonoses, improve food safety and security, and provide the interface between animal and human health in the ASEAN region.

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INTRODUCTION

ASEAN has come under intense criticism for its slow response to the global coronavirus pandemic. Indeed, it appeared that the regional grouping kicked into high-level action after the World Health Organization (WHO) declared Covid-19 a global pandemic on 11 March 2020¹ and after the passing of a United Nations General Assembly resolution calling for “global solidarity” in the fight against Covid-19 on 2 April 2020.²

Contrary to perceptions, ASEAN health officials and experts had already begun discussing cooperative actions on 30 January 2020, the same day that the WHO declared the outbreak a “public health emergency of international concern” (PHEIC).³ Individual ASEAN member states immediately responded to the crisis by tapping into existing regional mechanisms that they were in charge of. For example, the ASEAN Emergency Operations Centre Network for public health emergencies (ASEAN EOC Network) led by Malaysia together with assistance from China started providing ASEAN Plus Three (APT) countries with daily situation updates and response measures from 30 January 2020, using the ASEAN EOC Network contact points and the ASEAN plus Three Field Epidemiology Training (APT FETN) Network. The Philippines-led ASEAN BioDiaspora Regional Virtual Centre also delivered risk reports and profiles of the potential spread of the virus, while Thailand’s Regional Public Health Laboratory Network under the Global Health Security Agenda assessed laboratory readiness and response actions. The management of information or mis-information was handled by the ASEAN Risk Assessment and Risk Communication Centre hosted by Malaysia,⁴ and ASEAN Covid-19 information including daily assessment reports, press releases and statements can be found in a dedicated ASEAN Covid-19 response page hosted by the ASEAN Secretariat.⁵

COORDINATION IS KEY

The early response was largely driven by the ASEAN health sector, and ASEAN sectoral bodies and ASEAN Dialogue and external Partners⁶ soon responded to the Covid-19 outbreak in turn. The ASEAN Defence Ministers (19 February)⁷ resolved to enhance practical cooperation among defence establishments on information dissemination and sharing of best practices, leverage the network of ASEAN CBRE experts, promote scientific cooperation, counter fake news, and cooperate with other relevant sectoral bodies. The ASEAN Economic Ministers (10 March) delivered a statement⁸ resolving to strengthen ASEAN’s economic resilience while the ASEAN Ministerial Meeting on Agriculture and Forestry (15 April) pledged to maintain production, minimise disruptions in regional food supply chains and ensure that trade lines remain open to facilitate the flow of agricultural and food products.⁹

Under Vietnam’s Chairmanship, ASEAN Leaders and the ASEAN Plus Three Leaders held two separate virtual Summits on the Coronavirus Disease 2019 (Covid-19) on 14 April 2020. The most significant outcome of the Special Summits was the proposed establishment of a COVID-19 ASEAN Response Fund for public health emergencies to facilitate cooperation against Covid-19. To start off, the fund will be “reallocated from existing ASEAN+1 and ASEAN Plus Three cooperation funds, with possible additional support from ASEAN’s external partners”.¹⁰ Beyond the sharing of information and best practices, ASEAN resolved to tap into the APT Emergency Rice Reserve, developing guidelines for

the provision of emergency assistance;¹¹ strengthen public health emergency early warning systems; enhance national and regional capacities; and continue with the implementation of the International Health Regulations (2005).¹²

In any global crisis, national responses trump regional responses; the latter being harder to coordinate and operationalise if there are no existing mechanisms in place. Two practical measures that ASEAN should consider in the medium to long term are firstly, a reform of the institutional relations with WHO and secondly, a push for the entry into force of the 2016 ASEAN Agreement on establishing a Coordinating Centre for Animal Health and Zoonoses (ACCAHZ).

ASEAN'S COOPERATION WITH WHO

The World Health Organization (WHO) is the primary UN body responsible for managing the global health regime. ASEAN's cooperation with WHO dates back to 1997 with a Memorandum of Understanding specifying nine potential areas of collaboration.¹³ ASEAN and the WHO entered into another MOU on Collaborative Framework in September 2014. The new areas of strategic cooperation were identified as: emerging infectious diseases; health borders; access to quality medicines and technologies; and healthy lifestyles. This MOU remained in force for four years until 2017.

The ASEAN health sector adopts an all-hazards approach to pandemic preparedness and response work.¹⁴ This approach, outlined in Cluster 2 of the ASEAN Post-2015 Health Development Agenda (2016-2020), aims at “responding to all hazards and emerging threats”.¹⁵ The stated goals are to promote resilient health systems in response to communicable diseases, emerging infectious diseases and neglected tropical diseases (e.g. malaria) to respond to environmental health threats, hazards and disasters, and to ensure effective preparedness for disaster health management in the region.¹⁶ To do so, ASEAN has to maintain a high level of capabilities and capacities to detect, investigate, contain and manage communicable diseases. The focus in the last four years has been on dengue, rabies, HIV/AIDS, lymphatic filariasis and tuberculosis. Part of the plan is to establish an ASEAN Reference Laboratory Network for priority diseases and an ASEAN Environmental Health Network, both by 2020, to strengthen regional capacity and collaboration.¹⁷

By force of historical circumstance, then Burma and Thailand joined WHO's first Regional Office, the Southeast Asian Regional Office (SEARO), in 1948. Indonesia followed suit in 1950.¹⁸ The other seven newly independent ASEAN member states – Brunei, Cambodia, Laos, Malaysia, the Philippines, Singapore and Viet Nam – joined the WHO Western Pacific Region (WPRO) in the 1950s and 1960s. Cambodia, Laos and Vietnam were originally included in the Southeast Asian region but opted to join the Western Pacific region instead, whereas Indonesia was originally placed in the Western Pacific region but transferred, at its own request, to the Southeast Asian region.¹⁹ The creation of the Regional Offices, under the Constitution of the WHO, is meant to serve the “special needs of such an area”, an “area” being geographically defined by the World Health Assembly.²⁰

The division of the ten ASEAN countries into two separate WHO Regional Offices does not intuitively make geographical or institutional sense and poses certain challenges to coordination.²¹ The delivery of capacity-building measures for the whole of the ASEAN

region under the two MOUs signed in 1997 and 2014 was coordinated between two Regional Offices. The delivery of health policies, programmes, technical support and new initiatives at the ASEAN level have therefore to be harmonised between two Regional Offices that have different priority areas, depending on the needs of their particular members. To illustrate, WPRO's focus is on communicable diseases, health security and disaster health management; these are areas in which many Pacific island states face heightened risks. SEARO's focus is on strengthening emergency risk management for sustainable development, promoting universal healthcare coverage and integrating traditional medicines into national healthcare systems. Many SEARO members have a long history of using traditional medicines.

Although coordination challenges may be mitigated in part by the establishment of the Asia Pacific Strategy for Emerging Diseases (APSED) in 2005²² which brings the two Regional Offices under a common strategic framework to build core capacities, ASEAN should nonetheless consider reforming the current institutional structure to facilitate seamless regional coordination with the WHO. This cannot be done by the WHO unilaterally. WHO member states may propose a transfer of groupings for reasons of geographical contiguity or political expediency by way of a resolution in the World Health Assembly, the governing body of the WHO.²³

ZOONOTIC DISEASE PREVENTION AND CONTROL IN ASEAN

The Southeast Asian region has experienced outbreaks of infectious diseases as far back as 1999 with the emergence of the *nipah* virus in Malaysia and Indonesia, the Severe Acute Respiratory Syndrome (SARS) in 2003 and the H5N1 Avian Influenza A in 2013. The region went on the alert for the Middle East Respiratory Syndrome (MERS-CoV) in Saudi Arabia (2012) and the Ebola virus in West Africa (2014). These are all considered emerging zoonotic diseases with occurrences set to increase along with greater animal-human interactions driven by trade, travel, and climate change.

Covid-19 is suspected to be a zoonotic disease but how the virus first moved from animal to humans has not been conclusively traced.²⁴ According to the World Organisation for Animal Health (OIE), genetic sequencing data suggests that the SARS-CoV-2²⁵ is closely related to other coronaviruses found in bats but there is insufficient scientific evidence to identify the source or to explain the transboundary transmission from animals to humans.²⁶ The WHO Emergency Committee, a body of international experts advising the WHO Director-General, has asked the WHO to work closely with the Food and Agriculture Organization of the United Nations (FAO) and OIE to determine the animal origins of the virus.²⁷

Understanding the interface between animal and human health has become a key focal point in the prevention, monitoring and control of any future disease outbreaks. According to the WHO, 75% of all emerging infectious diseases are of animal origin with approximately 60% being of human pathogens.²⁸

ASEAN has been actively working on an agreement for the prevention, control and eradication of transboundary animal diseases and zoonoses since 2012. The ASEAN Ministers on Agriculture and Forestry (AMAF) signed an ASEAN Agreement on the

establishment of the ASEAN Coordinating Centre for Animal Health and Zoonoses (ACCAHZ) on 7 October 2016.²⁹ The centre is to facilitate coordination among ASEAN member states, work with external partners to eradicate animal diseases and other zoonoses, and collaborate with public health sectors to promote food safety and security. Malaysia will serve as the Host Country for the first four years, to be followed by Thailand on a mutually agreed rotation.³⁰

To date, nine ASEAN member states have ratified the Agreement which will come into force 30 days after the last country – Indonesia – ratifies it. Given the increasing frequency of transboundary animal diseases, it has become vitally important for ASEAN to push for an early entry into force of the ACCAHZ. The ACCAHZ will facilitate cooperation among ASEAN member states and international organisations such as the FAO, WHO and OIE, and speed up regional coordination for the prevention and control of zoonotic diseases.

CONCLUSION

The global Covid-19 pandemic that is sweeping across the globe is not the first, nor will it be the last pandemic to affect the world. Immediate practical measures that can be taken have already been taken. It is timely for ASEAN to take stock and look to how it can reorganise its working relationship with the WHO and operationalise the 2016 ACCAHZ.

¹ WHO Director-General's opening remarks at the media briefing on Covid-19, 11 March 2020. <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>>

² General Assembly resolution 74/270, *Global solidarity to fight the coronavirus disease 2019 (COVID-19)*, A/Res/74/270 (2 April 2020), available from undocs.org/en/A/RES/74/270.

³ Ref Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCov). The legal implication of declaring a PHEIC is the requirement on all State Parties to cooperate and provide support needed in a public health response, in compliance with the International Health Regulations (2005). The IHR (2005) is the legal framework underpinning the global health regime.

<[https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov))> Last accessed 24 April 2020.

⁴ ASEAN Press release, "ASEAN Health Sector Responds to 2019 Novel Coronavirus Threat.", 30 January 2020. <<https://asean.org/asean-health-sector-responds-2019-novel-coronavirus-threat/>> Last accessed 29 April 2020.

⁵ Dedicated ASEAN Covid-19 website: https://asean.org/?static_post=updates-asean-health-sector-efforts-combat-novel-coronavirus-covid-19 Last accessed 1 May 2020.

⁶ ASEAN sectors held several video conferences with the ASEAN Plus Three, the US, Japan, China and the WHO in the run up to the ASEAN Special Summit on Covid-19.

⁷ "Joint Statement by the ASEAN Defence Ministers on Disease Cooperation against Disease Outbreaks", 19 February 2020. <<https://asean.org/storage/2020/02/Joint-Statement-on-Disease-Outbreak-final-version.pdf>>

⁸ “Strengthening ASEAN’s economic resilience in response to the outbreak of the Coronavirus disease (Covid-19)”, 10 March 2020. <https://asean.org/storage/2020/03/AEMR-26-Statement-on-COVID-19-FINAL-10.03.2020.docx.pdf>

⁹ “Statement of ASEAN Ministers on Agriculture and Forestry in Response to the Outbreak of the Coronavirus Disease (Covid-19) to ensure food security, food safety and nutrition in ASEAN”. Last accessed 24 April 2020: <https://asean.org/storage/2020/04/STATEMENT-OF-ASEAN-MINISTERS-ON-AGRICULTURE-AND-FORESTRY-ON-COVID-19-FINAL-00000002.pdf>

¹⁰ See operative paragraph 9 of “Joint Statement of the Special ASEAN Plus Three Summit on Coronavirus Disease 2019 (Covid-19).

¹¹ Ibid.

¹² ASEAN observers have pointed to the relatively weaker language of “resolve to”, rather than “commit to” or “pledge to” in the Declaration and Joint Statement. Bearing in mind that neither of these documents are legally binding in and of themselves, and given the limited time that officials had to negotiate these two consensus documents, the articulated pledges are as good as they get under these circumstances. It remains to be seen how many of these pledges are implemented and operationalised by the relevant working groups.

¹³ The nine areas were: prevention and control of specific communicable diseases; prevention and control of non-communicable diseases; environmental health; essential drugs; new, emerging and re-emerging diseases; nutrition, food safety and promotion of health diets; dissemination and sharing of information; human resource development; and communicable disease control in border areas. See Memorandum of Understanding between the Association of Southeast Asian Nations and the World Health Organization, adopted in 1997.

¹⁴ *ASEAN Post-2015 Health Development Agenda 2016-2020*, October 2018, ASEAN Secretariat, p. 29.

¹⁵ Ibid., p. 29 – 47.

¹⁶ Ibid., p. 29.

¹⁷ Ibid., p. 30 – 31.

¹⁸ *A Healthier Southeast Asia: 70 Years in the Region*, World Health Organization, Regional Office for South-east Asia, 2018, p.11. The 11 countries in the SEARO are: Bangladesh, Bhutan, DPRK, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste.

¹⁹ Ibid., p. 23.

²⁰ Article 44 (b), Constitution of the World Health Organization.

²¹ The Democratic People’s Republic of Korea belongs to SEARO, as does a majority of the South Asian countries (with the exception of Pakistan) whereas WPRO stretches from countries in Northeast Asia (China, Japan and Korea) to countries in the South Pacific.

²² Vernon Lee, “ASEAN and Pandemic Challenges” in *Fifty Years of ASEAN and Singapore*, edited by Tommy Koh, Chang Li Lin and Sharon Seah Li-Lian (World Scientific Publishing: 2017), p. 64. See also Kumaresan, Jacob and Huikuri, Suvi, *Strengthening Regional Cooperation, Coordination, and Response to Health Concerns in the ASEAN Region: Status, Challenges, and Ways Forward*, September 2015, ERIA Discussion Paper Series, p. 30 – 31.

²³ Article 44 (a), Constitution of the World Health Organization.

²⁴ *WHO wants invite to China’s probe into Covid-19 virus origins*, CNA, 1 May 2020 <<https://www.channelnewsasia.com/news/world/who-china-probe-covid-19-coronavirus-origins-12694822>> Last accessed 2 May 2020.

²⁵ SARS-CoV-2 is the scientific name given by the International Committee on Taxonomy of Viruses for Covid-19.

²⁶ See <https://www.oie.int/en/scientific-expertise/specific-information-and-recommendations/questions-and-answers-on-2019-novel-coronavirus/>

²⁷ WHO Director-General’s opening remarks at the media briefing on Covid-19 on 1 May 2020, <<https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---1-may-2020>> Last accessed 2 May 2020.

²⁸ Kumaresan, Jacob and Huikuri, Suvi, *Strengthening Regional Cooperation, Coordination, and Response to Health Concerns in the ASEAN Region: Status, Challenges, and Ways Forward*, September 2015, ERIA Discussion Paper Series, p. 24.

²⁹ Press release, “ASEAN establishes Coordinating Centre to address trans-boundary animal and zoonotic diseases”, 7 October 2016. < <https://asean.org/asean-establishes-coordinating-centre-to-address-trans-boundary-animal-and-zoonotic-diseases-2/>> Last accessed 28 April 2020.

³⁰ See Appendix 3 of Agreement on the Establishment of the ASEAN Coordinating Centre for Animal Health and Zoonoses, 7 October 2016. < <http://agreement.asean.org/media/download/20161108071810.pdf>>

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