

RESEARCH NOTE

ASEAN'S FUNCTION IN HANDLING THE COVID-19 PANDEMIC^{©Σ}

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ABSTRACT

This article examines ASEAN's function and the effectiveness of that function in handling the COVID-19 pandemic. The author examines this problem because there is a gap that has no explanation, namely between the excellent performance of ASEAN member countries in handling the COVID-19 pandemic on the one hand and the lack of ASEAN functions in handling the pandemic. If ASEAN does not function much in handling the COVID-19 pandemic, why are its member countries performing better than countries in Europe and Latin America? The author uses a regionalism framework and finds four things that affect ASEAN's function in handling the COVID-19 pandemic, namely: the level of member trust in regional organisations, the level of complexity of problems, the involvement of global organisations, and the amount of autonomy of regional organisations compared to member countries.

Keywords: ASEAN, COVID-19, regional organisation, functions, performance

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FUNGSI ASEAN DALAM MENGENDALIKAN PANDEMIK COVID-19

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ABSTRAK

Artikel ini mengkaji fungsi ASEAN dan keberkesanan fungsi tersebut dalam mengendalikan pandemik COVID-19. Penulis mengkaji isu ini kerana terdapat jurang yang kabur, iaitu antara prestasi baik negara-negara anggota ASEAN dalam mengendalikan pandemik COVID-19 di satu pihak, dan kekurangan fungsi ASEAN dalam pengendalian pandemik tersebut. Jika ASEAN tidak berfungsi banyak dalam mengendalikan pandemik COVID-19, mengapa negara-negara anggotanya berprestasi lebih baik daripada negara-negara di Eropah dan Amerika Latin? Penulis menggunakan kerangka kerja regionalisme dan mendapati empat perkara yang mempengaruhi fungsi ASEAN dalam mengendalikan pandemik COVID-19, iaitu: tahap kepercayaan ahli terhadap organisasi serantau, tahap kompleksiti masalah, penglibatan organisasi global, dan tahap autonomi organisasi serantau berbanding negara-negara anggota.

Kata kunci: ASEAN, COVID-19, organisasi serantau, fungsi, prestasi

Introduction

In handling the COVID-19 pandemic, member countries of the Association of South East Asian Nations (ASEAN) performed better than some developed countries. Judging from the number of COVID-19 deaths per 100,000, the average figure for ASEAN member countries is below 50. As for several European countries such as Greece, Italy, and France, the figure is more than 250. Latin American countries such as Argentina and Brazil are also above 50. The author is aware of many factors that influence these numbers. However, the fact that the figures for ASEAN member states are better than some other countries remains an exciting thing to study further.

Another fact shows that ASEAN does not have a specific internal policy on handling the COVID-19 pandemic. It reinforces the urge to conduct studies. ASEAN has an organ that cares for health problems, but this organ does not determine concrete steps to handle the COVID-19 pandemic. In the ASEAN Socio-Cultural Community, there are meetings of Health Ministers and high officials (SOM) in the field of health development. However, these meetings do not produce decisions in the form of binding rules in handling the COVID-19 pandemic. The agreed decision is only a joint determination to take several steps that each member state will ultimately do.

The Regional Strategy and Action Plan for Vaccine Safety and Independence for 2021-2025 is a policy responding to the COVID-19 pandemic. The content of the strategy and action plan is not concrete, not implementable, and tends to be an ideal and normative idea. The document contains no shared policy and no joint action plan. The document only mentions the principles in implementing cooperation, namely: collaboration model based on fundamental principles of ASEAN; alignment with global and regional policies; building on existing mechanisms or platforms; human rights and equity (access to vaccines/biologicals and scientific progress as basic rights); information and knowledge sharing as regional public goods; future-oriented and sustainability; a vision based on expected future challenges opportunities and sustainability; and accountability (a call to all stakeholders, particularly decision-makers, to deliver on ensuring access to vaccines).

At the 15th annual meeting of ASEAN Health Ministers on May 14, 2022, the Chairman announced several mutual agreements. The contents of the collective agreement are: strengthening prevention and preparedness for public health crises, strengthening the detection of public health crises, developing mitigation strategies to address current and future public health crises, improving public access to vaccines and other health services to improve public preparedness and response to health crises; strengthening national and regional capacities and capabilities in prevention and preparedness, risk detection and assessment, and in response; enhance the achievement of ASEAN health cooperation, and strengthening ASEAN multisector collaboration. The agreement is not a concrete step that will be carried out directly by the ASEAN apparatus. The agreement is more accurately called a guide to be worked on by each ASEAN member state.

ASEAN member states take joint action only when applying for assistance from parties outside ASEAN. On April 7, 2020, Health Ministers of ASEAN member states held a virtual meeting with Health Ministers from Japan, China, and South Korea, who are members of ASEAN Plus Three. They agreed on many things for handling COVID-19, namely: working together to explore long-term solutions to deal with the crisis and sharing experiences to strengthen preparedness; supervision of infected residents so that transmission does not occur; ensuring a smooth supply chain so that medical workers can be ensured that they can get the equipment they need; enhance existing regional networks to expedite the procurement of medicines and medical devices; and monitoring the

spread of disease while minimising socio-economic impacts on people's lives. On April 30, 2020, Health Ministers of ASEAN member countries also held a virtual meeting with the United States health minister. During the meeting, cooperation between the two parties in handling COVID-19 was agreed upon.

At the implementation level, ASEAN member states only have internal agreement on the initial response to the pandemic. Each ASEAN member country acted independently in subsequent developments, especially in vaccine procurement. They are each looking for partners or other countries apart from the United States and ASEAN plus Three members. In other words, fellow ASEAN member states compete with each other for vaccines and other support from partners outside ASEAN.

ASEAN's policy in handling the COVID-19 pandemic differs significantly from that of the African Union (AU). There are two kinds of AU policies, namely, direct and indirect support. Direct support includes partnerships in examining and tracing people infected with coronavirus, training screening officers, and providing vaccines. Indirect support involves coordinating African countries' policies, mobilising resources, and mobilising international support. (Charity, 2021) The African Union's actions are more concrete than those of ASEAN.

It also contrasts the European Union (EU), which provides much more concrete support. There are ten forms of EU support for its member states in dealing with the COVID-19 pandemic, namely: closing external borders to curb the spread of the virus, providing medical equipment, funding 18 research projects to make vaccines, relaxing conditions for lending to member states, adjusting the EU budget for 2021-2027 to provide stimulus for economic recovery, providing grants and loans for economic recovery, assist employers to be able to create jobs, repatriate EU citizens who are stuck abroad, help the finances of member states that are struggling economically, and assist all member states in providing correct information so that citizens do not misstep. (Boado-Penas et.al, 2022) The European Union, as a regional organisation, takes concrete steps according to the needs of its member states.

Although there is no joint policy or internal action with ASEAN member countries in handling the COVID-19 pandemic, it turns out that their performance in handling COVID-19 is much better than that of countries in Europe and Latin America. Therefore, this paper wants to examine how ASEAN functions for its member countries in handling the COVID-19 pandemic.

At the regional level, the performance of Asian countries in handling the COVID-19 pandemic is also better than countries in other regions. According to ourworldindata.org website, the COVID-19 death rate per 100,000 cases in Asia is 34.64. In Europe and South America, it was 279.98 and 310.00 respectively. Various causal factors can explain the vast difference. However, this article focuses on the peculiarities of the absence of collective policies and the absence of collective action of ASEAN member states.

Literature Review

At least three previous articles discuss ASEAN's performance in handling the COVID-19 pandemic. Rollet (2022) examines the actors and effectiveness of ASEAN's role in handling the COVID-19 pandemic by asking three research questions, namely: how far ASEAN can be considered as a regional actor in handling COVID-19; how effective ASEAN is in dealing with COVID-19 at the regional level; and what lessons can be learned from ASEAN's response to the COVID-19 pandemic concerning health governance in Southeast Asia. Rollet concluded that ASEAN has proven to play a role as a regional actor in responding to the COVID-19 pandemic, but the effectiveness of the

response is still minimal.

Purwono (2021) examines diplomacy carried out by ASEAN to support handling the COVID-19 pandemic. He found that his diplomacy was still limited to Summits and Ministerial meetings. According to Purwono, that is not enough, as proven by the fact that each country conducts diplomacy outside ASEAN separately.

Here, it should be noted that Purwono has not included a meeting of senior officials (SOM) from each health ministry in ASEAN member countries. SOM is a more grounded meeting because the officials take care of implementation.

Stanley and Thevaril (2023) examined ASEAN's response to the COVID-19 pandemic in terms of pharmaceutical and medical, linked to the framework of global health cooperation. They learned that the level of cooperation among ASEAN member states is shallow. Stanley and Thevaril suggest that health threats are not perceived as security threats but as global threats so that awareness can grow to work together. With better cooperation, more excellent opportunities are open for the community to obtain safer, high-quality, and affordable health services. Their article also underscores the importance of a more integrated response from ASEAN member states to health crises through prevention, surveillance, treatment, management, and monitoring.

The three papers discuss ASEAN's response to the COVID-19 pandemic but examine them from different perspectives. Rollet (2022) examines ASEAN actors at the regional level, which means discussing ASEAN figures related to the effectiveness of these figures. Purwono (2021) discusses ASEAN diplomacy in handling the COVID-19 pandemic. Stanley and Thevaril (2023) examined ASEAN's response, specifically in pharmaceutical and medical matters. Thus, the three articles discuss ASEAN's response to the COVID-19 pandemic. All three articles conclude that ASEAN's response has not been effective in dealing with the COVID-19 problem. The difference between the three articles is their viewpoint or field. Rollet examines actors, Purwono examines diplomacy, while Stanley and Thevaril examine ASEAN's response in the pharmaceutical and medical fields.

From the description above, the author can say that this article offers another point of view, namely in terms of ASEAN organisational functions contrasted with the performance of ASEAN member countries, which are generally classified as good. This research note also shows a different reading method than the three articles above. The above articles consider ASEAN's performance as a regional organisation ineffective. On the contrary, this Research Note shows the success of the performance of ASEAN member countries.

Differences in assessors on the performance of ASEAN member countries can occur because the assessment base is different, the period is different, or the focus of the study is different. However, this research note does not discuss the differences in the assessment results. What is to be discussed is a piece of information that is "missing" (puzzle) between the excellent performance of ASEAN member states in handling the COVID-19 pandemic on the one hand and the absence of ASEAN collective policies and actions on the other. If the facts show that ASEAN has no collective policy and no collective action, why can ASEAN member countries perform better than some countries in Europe and Latin America?

To examine this problem, the author borrows the thoughts of several authors who discuss the function of regional organisations. Schiff and Winter (2002) examine regional cooperation among neighbouring countries regarding using public facilities such as lakes, rivers, springs, dams, roads, fireways, energy, and the environment. Schiff and Winter found that the difficulty of reaching a cooperative solution was due to a lack of trust. If there is no mutual trust among neighbouring countries, for example, because of past problems, it is challenging to develop a cooperative solution. Each country is only thinking about how to get the most benefit from these public facilities. Another obstacle to presenting a cooperative solution is the problem's high complexity level and the need

for funds. Schiff and Winter offer two ways to present a cooperative solution: by engaging global organisations to grow trust or linking regional agreements to broader institutional frameworks.

Spandler (2016) examines the social conditions and political mechanisms resulting in regional organisations working differently. Spandler compares the EU to ASEAN, particularly regarding changes in regional organisations influenced by regional normative contexts. With his constructivist and institutionalism approaches, he found that in regional organisations, there are two levels of governance rules: abstract norms, which are the leading institutions, and concrete rules and procedures, which are the second institutions. In regional organisational governance, the normative context of regional organisations tends to be soft and ambiguous. At the same time, decision-makers use different strategies to translate the dynamics of that norm framework into concrete rules and procedures.

Hecke, Fuhr, and Wolfs (2021), in their study of the dual challenges faced by several international organisations, show a comparison of how these international organisations manage crises by dissecting their political and institutional contexts, governance structures, and behaviours during the COVID-19 pandemic. They compared three international organisations, namely the World Health Organization (WHO), the European Union (EU), and the International Monetary Fund (IMF). Hecke, Fuhr, and Wolfs concluded that the politics of crisis management are determined by the autonomy of international organisations over member states.

From these three frameworks, the author can summarise 4 (four) things that determine whether regional organisations can function and whether their functions are adequate, namely: the level of member trust in regional organisations, the level of complexity of problems, the involvement of global organisations, and the amount of autonomy of regional organisations compared to member countries.

Discussion

From the summary of the framework above, the author can propose a temporary answer to this research question: four things can explain how ASEAN functions in handling the COVID-19 pandemic so that the performance of ASEAN member countries is better than that of other countries.

First, the level of trust of member countries in ASEAN in handling the COVID-19 pandemic is relatively low. This is due to the absence of focused and binding internal policies that member states can guide. The agreement made by ASEAN in procuring vaccines is more in the form of appeals and guidelines so that member countries are free to determine their respective steps in seeking partners and assistance from outside ASEAN. In this context, it can be said that ASEAN's function in handling the COVID-19 pandemic is not optimal.

Second, the level of complexity of the COVID-19 pandemic problem is high. The COVID-19 disease outbreak is a new outbreak like never before. The spread takes place very quickly, and the death rate of sufferers is high. This has led to many governments being unprepared and unable to take practical steps, especially in the early phases. Furthermore, it is necessary to isolate or lock down the community to minimise the spread of the disease. The impact of such actions can be far-reaching, especially concerning meeting the daily needs of citizens, the freedom to work for a living, and economic decline in a broad sense. In addition, social, cultural, and religious problems also arose due to the enactment of the lockdown policy. In summary, the problem of the COVID-19 pandemic is very complex, triggering ASEAN member countries to take steps by their respective conditions and capabilities. So, in this case, ASEAN's ability to

handle the COVID-19 pandemic is not optimal.

Third, there is the involvement of a global organisation, namely WHO, which is the only authority in handling global health crises. With its authority, the WHO directly supervises and controls the policies and implementation of policies in all countries affected by the COVID-19 outbreak. With the presence of WHO, ASEAN's function becomes marginal; that is, ASEAN functions more as an agent.

Fourth, the autonomy of ASEAN organisations is not greater than that of each member state. ASEAN's fundamental principles and working mechanisms provide enormous space for autonomy to member states. Decisions are always sought to be reached through deliberation. When a unanimous decision cannot be reached, ASEAN applies the ASEAN minus X formula, where an agreement applies to several countries. In contrast, others are not bound by the agreement to a certain extent. Given the autonomy of each member state, it makes sense that member states do not always abide by agreements made at the ASEAN organisation level. In this case, there is often a big difference between what is decided in ASEAN and the actual actions taken by its member countries, including in handling the COVID-19 pandemic.

It is interesting to study further that ASEAN's lack of functioning in handling the COVID-19 pandemic does not have a destructive but good impact, namely in its member countries. ASEAN member countries performed better than countries in Europe and Latin America.

Conclusion

In handling the COVID-19 pandemic, ASEAN's non-optimal performance as a regional organisation has a positive impact on the performance of its member countries. Since ASEAN has no joint policies and actions, member states act independently and compete. As a result, these countries achieved good performance in handling the COVID-19 pandemic. Of course, this reality is not a good thing for regional organisations. On the contrary, it indicates the malfunction of the organisation. Thus, the organisation needs to evaluate and improve internal work patterns.

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