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**ASC MONOGRAPH 2020**

**SMALL STATES, STRONG SOCIETIES:  
ESSAYS ON COVID-19 RESPONSES IN SOUTHEAST ASIA**

Edited by Ahmad Rizky M. Umar and Tunggul Wicaksono

# **ASC MONOGRAPH**

## **SMALL STATES, STRONG SOCIETIES: ESSAYS ON COVID-19 RESPONSES IN SOUTHEAST ASIA**



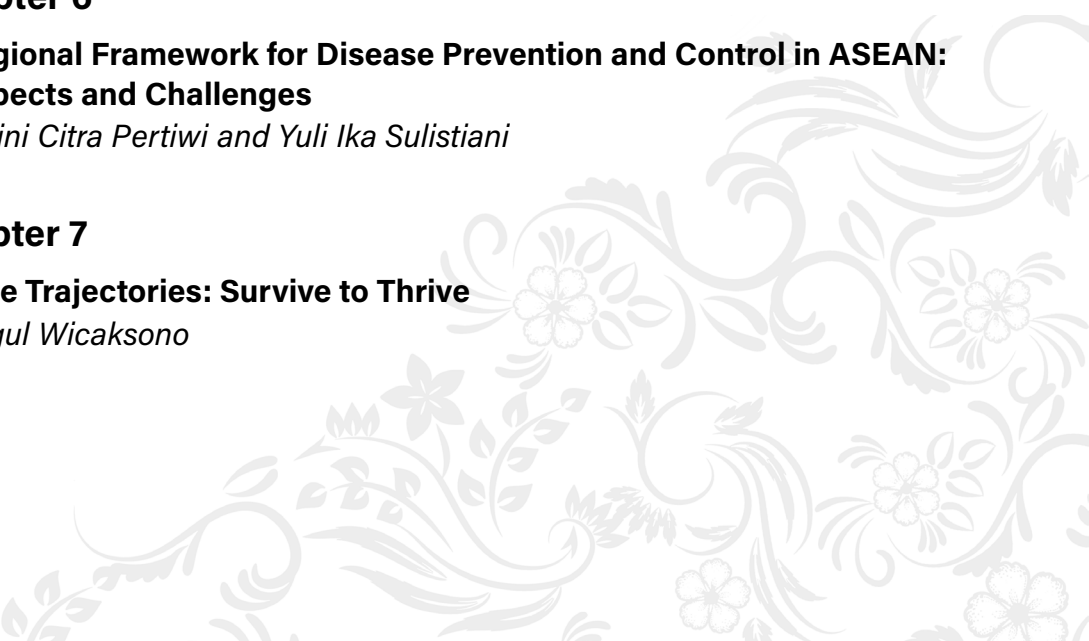
**Edited by**

**Ahmad Rizky M. Umar and Tunggul Wicaksono**

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# CHAPTER 1

## EXPLAINING THE POLITICS OF COVID-19 RESPONSES IN SOUTHEAST ASIA: SMALL STATES, STRONG SOCIETIES, WEAK REGIONAL COOPERATION

Ahmad Rizky M. Umar<sup>1</sup>

*This introductory section maps the theoretical approaches and presents the core arguments of this monograph. We discuss the problem of Covid-19 responses in Southeast Asia since the early days of the pandemic, which is now marred with inequalities between states regarding infection and fatality rates. We argue that the inequalities between Southeast Asian states regarding handling the pandemic do not merely about state capacity or inactivity of regional or global health governance institutions. Drawing on sociological institutionalism literature in International Relations, we locate the problem of Covid-19 response in Southeast Asia as a by-product of state-society relations, which evolves since at least after the Cold War. We argue that state-society relations' configuration determines the degree of state capacity and societal resilience in responding to the pandemic. Moreover, we also argue that there is also a lack of policy coordination and disease surveillance mechanism at the regional level, primarily related to the strongly perceived norm of non-interference in regional cooperation. The argument is substantiated further in five essays that bring about several case studies of how ASEAN member states, along with ASEAN's institutional mechanism, respond to Covid-19.*

### Introduction

We live in a time of unprecedented global health crisis. When WHO declared a public health emergencies of international concern related to Covid-19 on January 30, 2020, the WHO Director-General, Tedros Adhanom Gebreyesus, mentioned in his statement that, “our greatest concern is the potential for the virus to spread to countries with weaker health systems, and which are ill-prepared to deal with it.” (WHO 2020). His statement refers to the preparedness of small states, whose health systems are very much dependent on strong leadership, economic development, and state capacity to deal with the crisis. On the one hand, there are major, great powers like China and the United States who are able to navigate through the crises despite the

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chaotic pandemic response in the beginning. On the other hand, smaller states are struggling to combat the pandemic with various degrees of state capacity.

Southeast Asian states are among the small states who attempt to navigate the crises. Every Southeast Asian country is now battling the Covid-19 pandemic through various means, either stringent restriction, test and trace, local containment, or vaccine research. Moreover, the battle against pandemic has become the common driver for interstate cooperations, including in Southeast Asia, with ASEAN organized several meetings to craft better and closer cooperation among ASEAN member states to deal with the pandemic in the regional context. Other major political powers outside the region, such as China and Australia, have been involved in various debates and diplomatic efforts to combat Covid-19, such as in the WHO or bilateral ‘vaccine diplomacy’.

Therefore, the future of regional order in Southeast Asia lies in the internal management of the Covid-19 pandemic and the international cooperation against the pandemic. This book addresses the issue of Covid-19 pandemic response by taking into account the dynamics between society, state, and regional institutions in responding to the pandemic. We raise several questions. How do ASEAN member states manage to combat the COVID-10 pandemic, and what are their policy responses? How do individual groups and societies mitigate pandemic? Finally, how does ASEAN member states attempt to resolve some problems arising from the Covid-19 pandemic by using domestic resources and the existing regional mechanism embedded in ASEAN?

The collection of essays in this monograph aims to answer these daunting questions by looking at various ASEAN member states’ domestic efforts to battle the pandemic and analyzing its implication in the regional context. We bring together five essays that assess how ASEAN member states respond towards the Covid-19 pandemic by utilizing domestic and international responses. Three essays discuss three ASEAN member states’ experiences in pandemic responses, while two other essays take a regional point of view. In general, we argue that three important aspects determine how ASEAN member states respond to the Covid-19 pandemic. *First*, the degree of state capacity in handling the pandemic. *Second*, societal resilience of citizens to withstand the pandemic in the absence of support of the state. *Third*, the ways in which ASEAN member states cooperate at the regional level, facilitated by ASEAN as a regional organization.

## **Approaches to Covid-19 Responses in Southeast Asia: Key Literature**

We begin by delineating approaches to understand the pandemic response in Southeast Asia. In this context, two strands of literature emerged in the context of Covid-19 pandemic response in the region. The first strand of literature emphasizes the ‘power game’ –the survival of states with sufficient resources, effective responses, and strong leaders and the failure of the weaker ones—that determines Covid-19 responses in Southeast Asia. The second strand of literature looks at the institutional effectiveness of regional and global institutions by taking a look at the roles that WHO or ASEAN plays in pandemic responses. We argue that both camps only provide a partial understanding of the Covid-19 response, as they overlook the societal dynamics and political processes that underpin the Covid-19 responses in Southeast Asia. We propose an alternative understanding of the Covid-19 response as a dynamic of the relationship between the state, society, and international institutions, all of whom are dealing with various impacts of the Covid-19 crises. To substantiate the argument, we draw on the sociological institutionalist approach, which takes into account state-society relations and domestic political processes that underpins Covid-19 responses in world politics.

### **1. The Survival of the Fittest: Pandemic Response as a Power Game**

The first strand of literature locates Covid-19 responses in Southeast Asia attributes state capacity to respond to the pandemic as the primary –even the sole—factor that determines the success of Covid-19 responses. In the word of Francis Fukuyama, countries with competent state apparatuses, trusted and legitimate government, and effective leaders are likely to perform well during the pandemic, whilst countries with dysfunctional states, polarized societies, and poor leadership will be left behind and have their economies vulnerable to crisis (Fukuyama 2020, Walt 2020). A central logic underpinning this perspective is the logic of ‘survival of the fittest’, with states who are able to secure enough resources (related to health system) and strong institutional ability are likely to survive, and those who with limited resources and ability are doomed to fail (Sharfuddin 2020, Rhode 2020).

In Southeast Asia, scholars noted that the battle to combat the pandemic is characterized by the dysfunction of state institutions and the lack of coordinated and collective regional efforts due to the relative absence of ASEAN during the early pandemic days (Djalante et al. 2020, Fauzi and Paiman 2020). In this context, Riyanti Djalante and her collaborators note that the successes of Covid-19 responses are pretty much determined by how states manage themselves in the event of a pandemic, especially in the absence of a strong regional institution that takes

the lead in pandemic response (Djalante et al. 2020). Another strand of literature pays attention to the geopolitical context of the Covid-19 power game by highlighting emerging US-China contestation in world politics and how Southeast Asian countries—especially those with limited resources—were attracted by diplomatic efforts by those countries in exchange to mask or vaccines (Grundy-Warr and Lin 2020, Storey and Cook 2020).

We agree that both state capacity and power politics matter in Covid-19 responses. However, they only tell a part of the bigger story in the Covid-19 responses in world politics. State capacity is an outcome of complex political processes and contestation, in which further understanding of domestic politics is necessary to determine the outcome of state capacity. In addition, in international society, determining whether institutions work or fail need to also understand actors that determine the institutional process in any global/regional governance institutions. This is particularly the case with ASEAN, where state leadership—in the context of COVID, 19, Vietnam—is vital in making ASEAN works, besides its institutional functioning (Emmers and Thu 2020). We suggest complementing this perspective by taking into account domestic complexity in understanding Covid-19 responses in Southeast Asia.

## **2. Pandemic Response as Institutional Processes: The Importance of Global/Regional Health Governance**

The second approach takes into account the global governance institution in pandemic handling, particularly WHO (in particular its South East Asia and West Pacific regional office) and ASEAN in the Southeast Asian context. Scholars working on global health governance argue that global governance matters in Covid-19 response because the global pandemic requires a global solution. The role of existing global health governance should not be underestimated. Sara E Davies and Clare Wenham, for example, argue that WHO as a global health governance institution has institutional authority to improve state capacity through expertise and mechanism embedded in the UN system, as well as authority delegated by its member states (Davies and Wenham 2020, Wenham 2020). According to Davies and Wenham, WHO plays a role in securing cooperation between states in health-related issues and providing the necessary expertise and technical support to improve state capacity, for example, by implementing International Health Regulation (IHR). In this context, global governance plays an important role during Covid-19, although its practices are always entangled with broader great power politics (Davies and Wenham 2020, Gostin, Moon, and Meier 2020).



In Southeast Asia, WHO plays a role through its South East Asia (SEARO) and West Pacific (WPRO) regional offices (Davies 2019), but ASEAN also played an important role in health crises. In 2003, SARS became a public outbreak after the warning from the World Health Organisation on this problem. The outbreak thus prompted more complex policy coordination in ASEAN, which prompts ASEAN to form various institutional channels to respond to health security in the region. There are some initiatives that have been undertaken by ASEAN member states, such as the ASEAN Disease Surveillance Network, which was established as a responsive and preventive mechanism to disease outbreaks in the region (Caballero-Anthony 2005, 2008).

But the questions as to why such regional initiatives failed during the early days of the Covid-19 pandemic remains unanswered. In fact, ASEAN member states resorted to national responses during the pandemic, with several leading states (such as Indonesia or Philippines) were reluctant to take the lead in region-wide pandemic response until Vietnam—who chaired ASEAN in 2020—stepped up after having been able to contain the virus domestically. Key to understanding the regional dynamics, we argue, is the wider understanding of the state’s domestic politics and its sociological dynamics underpinning it. Therefore, like the power game literature, this institutionalist literature also falls short of understanding Covid-19 policy responses’ domestic context.

### **3. Understanding State-Society Dynamics in Pandemic Responses: Bringing the State Back in**

To sum up, we agree that both state capacity and regional/global health governance matters in the Covid-19 responses, particularly in Southeast Asia. As we will show later, state capacity plays a prominent role in determining the success of Covid-19 responses. However, it also requires strong and resilient citizens in withstanding the pandemic. In this volume, we propose a different way of thinking in understanding Covid-19 response by problematizing the ‘sociological roots’ of the state in world politics. We follow the tradition of sociological institutionalism that attempts to ‘bring the state back in’ when understanding international relation by seeing the state as a site of contestation between actors and historically evolves to accommodate diverging political interests (Evans et al. 1985, see also Skocpol 1985).

Understanding state-society relations in Covid-19 response require a broader historical understanding as to who constitutes ‘the state’ and its capacity in Southeast Asia. State capacity does not emerge in a vacuum. In many ways, it reflects broader historical developments of

Southeast Asian states. For example, Vietnam's stringent responses to Covid-19 could be historically traced back to the development of the communist state, which maintains a strong and authoritarian structure in regulating the market, particularly after *Doi Moi* (see a chapter by Cempaka and Christian in this volume). Singapore and Thailand, with relatively low fatality rate, has historically autonomous bureaucratic institutions in dealing with several forms of crises. Indonesia and Philippine, however, are the example of states whose authorities were increasingly reduced in the light of market reform, which was started in the early 1990s and was culminated in the aftermath of the Asian financial crisis.

In the context of Covid-19 responses in Southeast Asia, the differing degree of state authority in governing market and society affects the way these states deal with the pandemic. In this context, furthermore, we problematize the notion that 'state capacity' is the sole determinant of Covid-19 responses. Rather than seeing the state as a unified body, we argue that the state needs to be considered as a site of contestation between actors and political units, including bureaucracy (Skocpol 1985). It necessitates a further understanding of the relationship between state apparatuses with various individuals and social groups in societies. In order to fully understand state-society relations, we need to consider how domestic political processes within the state affect state policies, capacities, and its interaction with other states in dealing with the Covid-19 pandemic. From this perspective, we propose to see Covid-19 response in Southeast Asia as an outcome of the political process in three different levels: society (defined as individual groups within the state), the state (defined in terms of bureaucratic and political apparatuses), and regional/global politics (defined in terms of institutionalized inter-state relations within a specific geographical or institutional boundaries).

### **Explaining Covid-19 Responses in Southeast Asia: Key Aspects**

Having understood the nature of Covid-19 responses in Southeast Asia as a varied product of state-society relations, this volume maps three important aspects of ASEAN member states' responses to the Covid-19 pandemic, namely: state capacity, societal resilience, and regional cooperation. We argue that ASEAN member states' responses to Covid-19 are primarily determined by their abilities to combat Covid-19 through state resources ("state capacity"), and the degree of solidarity among citizens in containing the excesses of the pandemic regardless through social measures, regardless of state presence ("societal resilience"). We also observe that while ASEAN has been taken an active involvement in coordinating regional pandemic responses, its responses are limited to existing institutional mechanisms that were not designed

to respond to the pandemic, with the absence of a policy coordination mechanism and strong disease control institutions. It has an implication on the increasing presence of extra-regional power to step up with diplomatic initiatives, such as vaccines or mask reinforcement.

## **1. State Capacity**

The first aspect that arises from essays in this volume is state capacity, which relates to the degree to which the state possesses sufficient capacity to deal with the unprecedented health crisis. Scholarly literature on Covid-19 has suggested that state capacity becomes the most important aspect in Covid-19 responses (Hameiri 2020, Fukuyama 2020, Capano 2020, Hartley and Jarvis 2020). More specifically, state capacity in the context of this volume is defined as the ability for a state to utilize its apparatuses to perform satisfactorily, either in terms of provision of public goods or to take decisive measures in dealing with any crisis (see Hameiri 2009). During the pandemic, and especially in Southeast Asia, state capacity plays a prominent role in determining the successes of pandemic response policies, with several states (such as Singapore or Vietnam) are able to contain the pandemic through institutional and political measures, while some others (like Indonesia or Philippine) are left behind in the pandemic handling. In this context, the government's decision-making can be categorized into two models, namely: states who are proactive in flattening the curve through stringent measures, as exemplified by Singapore and Vietnam, and states who are prioritizing economic mitigation over public health emergencies, as illustrated in the case of Indonesia and Philippine.

Central to this whole conception of 'state capacity' is the ways in which the state has the ability to utilize its health apparatuses to deal with the pandemic. In the Southeast Asian context, we note that state capacity is not necessarily related to the institutional functioning of state apparatuses but also to the willingness of the government to implement medical advice to contain the disease through stringent restrictions. Moreover, as Fauzia Gustarina Cempaka and Samantha Deo Christian illustrates in this volume, Vietnam has been able to take advantage of its strong and centralized structure of the communist state, while at the same time, Indonesia has been struggling to contain the pandemic due to decentralized and fragmented state and underestimation of pandemic threat in its early days. In this context, Vietnam was able to take advantage of its authoritarian and communist state structure to navigate the pandemic responses.

State capacity also relates to the provision of public goods and the protection of citizens during the pandemic. We argue that besides the dilemma between economic reopening and public



health emergencies, ASEAN member states also have an obligation to provide citizens with the necessary protection from health and to provide them with basic needs. It, therefore, relates to another aspect of state capacity, namely the ability to protect the vulnerable groups that are most affected by the pandemic. Saidatul Nadia Abd Aziz and Salawati Mat Basir argue in this volume that the pandemic has created problems related to migrant workers, which necessitates the state to not only negotiate with sending states, but also to fulfill their rights during the restriction of mobility phase. We note that in the Southeast Asian context, the focus on the human security approach is often underestimated, and it is essential for Southeast Asian states to protect vulnerable groups that are most affected by the movement restrictions.

## **2. Societal Resilience**

In the absence of strong state capacity, several states resort to societal resilience, which will be defined here as the ability of social or individual groups to recover and withstand any external shocks (Joseph 2018). Resilience, according to several scholars, has many dimensions and varieties, with societal resilience –the ability of groups within the society to recover from crisis— one of its most prominent aspect (Joseph 2018, Bourbeau 2018, Chandler 2020). Scholarly literature on resilience shows that public participation, civil society activism, social solidarity, and psychological health play important roles in pandemic handling besides wider public health emergencies (Trump and Linkov 2020, Prime, Wade, and Browne 2020, Djalante, Shaw, and DeWitt 2020). Some government strategies, such as nation-wide restriction, contact tracing, or border closure, require a high degree of citizens’ participation in making the Covid-19 response policies work.

In the context of Covid-19 pandemic Southeast Asia, strong societal resilience appears in two specific contexts: (1) during mobility restriction and nation-wide public health emergencies, which requires citizens’ adherence to government’s strict measurement, or (2) in the events where state capacity are low, or the implementation of the health system are not effective due to certain political circumstances. In this context, we note the role of ‘trust’ in developing societal resilience, especially to policymakers (Davies and Wenham 2020, Fukuyama 2020). In this volume, Filasafia Marsya Ma’rifat and Yuve Kukuh Sesar show that citizens’ active participation during mobility restriction, mediated by digital technologies, is one important aspect of Thailand’s successes in pandemic responses. Digital transformation equipped Thai citizens with access to information and communicative features, which enables long-distance activities during the pandemic. While this is not exclusively Thailand’s experiences, as we

could also see similar successes in Singapore and Taiwan, the case shows that societal resilience contributes to pandemic responses by strengthening the state's stringent measures in battling the pandemic.

Societal resilience is also important in the case of the government's failure to provide adequate pandemic responses. In the Indonesian case, as Novriest Nau illustrates in this volume, social solidarity among citizens replace the role that the government should have provided in normal condition. With the failure of state policies in providing citizens' basic needs, as well as coordination failure that hampers the pandemic responses, societal resilience emerged to replace –and to some extent challenge—the government's role in citizens' rights provision. In the Indonesian case, Nau argues that the government is not yet incorporating the citizens' bottom-up initiatives in pandemic responses, which necessitates a paradigm shift towards human security in pandemic response. Overall, societal resilience plays no less important role in ASEAN member states' responses to the Covid-19 pandemic.

In this context, several authors suggest that human security plays an important role during the pandemic. Whilst societal resilience has been able to assist citizens in withstanding the pandemic. Its impacts are, in particular, very limited during the pandemic. In the Indonesian context, for example, civil society and faith-based organizations are calling for stronger government efforts in pandemic response by imposing greater mobility restrictions and improving contact tracing and testing mechanisms (Arifianto and Chen 2020). Therefore, it is important to adopt a more 'human security' approach in pandemic response. The task, however, is not necessarily feasible in every country, as decision-making processes in several countries are actually fragmented, either in inter-ministerial context ('institutional rivalries in Indonesia, for example) or in multi-level setting (with decentralization or federalism regime in Indonesia and Malaysia). In this context, there is a challenge to incorporate the human security approach in a fragmented institutional setting and decentralized government structure in Southeast Asia.

### **3. Regional and Extra-Regional Cooperation**

Finally, we observe that state capacity and societal resilience also corresponds with interstate regional and global cooperation in pandemic responses. In the Southeast Asian context, ASEAN has convened a series of meetings, including with external partners, such as the United States, China, and the European Union, to address the critical response (CSIS, 2020). This is a positive development, although the ASEAN response has been criticized for falling short of diplomatic meetings (see Djalante et al., 2020). We argue that varied state capacity during the

pandemic has a regional and global impact. With the rise of some diplomatic efforts by major regional powers, most notably China, weak state capacity in pandemic response has given way to increasing great power presence through several diplomatic initiatives, such as mask distribution or vaccine cooperation. While this kind of cooperation is normal in contemporary international politics, it indeed raises questions over whether ASEAN centrality is still held by ASEAN member states during the pandemic (see Caballero-Anthony 2020).

In this context, we observe that there are some problems related to ASEAN's strong perceived norm of non-interference and state sovereignty, which has become an obstacle for a strong collective regional response in Southeast Asia. It could be seen that during the Covid-19 pandemic, ASEAN's institutional mechanism has also been limited in containing the virus. Since the early days of the Covid-19 pandemic, there has been little collective action, and they failed to recognize human vulnerabilities in the face of Covid-19. To respond to this limitation, Andhini Citra Pertiwi and Yuli Ari Sulistiani make a case for a stronger regional institution in dealing with a pandemic by setting up the Center for Disease Prevention and Control (CDC) in ASEAN. Pertiwi and Sulistiani argue that a strong CDC in ASEAN will enable disease surveillance systems and mechanisms and could assist the state in establishing early responses to future pandemics. There are some institutional constraints that relate to the nature of ASEAN's regional cooperation, such as non-interference, but the development of a strong institutional mechanism in the future could fill the gap in the current ASEAN's role in pandemic responses.

Covid-19, however, is not the first health crisis faced by ASEAN member states. In the 2000s, ASEAN member states were forced to respond to two major epidemics in the region, which was also spread from East Asia: Severe Acute Respiratory Syndrome (SARS) and Avian Influenza (H5N1) (Davies 2019). In addition, ASEAN has also established several institutional mechanisms to mitigate health risk under several institutional bodies, such as ASEAN Humanitarian Assistance (AHA) Centre or several epidemiological training with extra-regional partners (Castillo-Carandang et al., 2020). However, under the strong non-interference norm, regional cooperation is limited to merely dialogue and policy exchanges among ASEAN member states, without necessary policy coordination and strong adherence to medical and scientific advice. These are understandable as we consider the nature of ASEAN regional cooperation, which is dominated by a strong degree of state-centrism. However, in the future,



a stronger institutional framework in ASEAN health cooperation is important to ensure more coordinated policy responses in dealing with possible future pandemics.

### **Structure of the Monograph**

This book elaborates on the three topics –state capacity, societal resilience, and regional cooperation— in five essays, with additional one introduction and one concluding essay. The remaining introduction in elaborates the approach and key aspects of Covid-19 responses in Southeast Asia. Drawing on sociological insights and proposing to take the state back in understanding Covid-19 responses, we highlight three key aspects in pandemic response in the regional, namely: state capacity, societal resilience, and regional cooperation. These insights are developed in detail in three subsequent national case studies. Fauzia Gustarina Cempaka and argues that Vietnam was able to take advantage of its authoritarian and centralized state structure to effectively respond to a pandemic, by utilizing a centralized healthcare system and imposing mobility restriction early on. The case of Vietnam shows the importance of strong state capacity in pandemic response, in which the Vietnamese healthcare system was performed well in mitigating the risk of the pandemic.

Filasafia Marsya Ma’rifat and Yuve Kukuh Sesar show the importance of digital resilience during the pandemic, in which Thai citizens are able to utilize digital technologies to help themselves withstand the pandemic. The development of digital technologies also enables the Thai government to improve their contact tracing mechanisms, which ultimately assist the government to contain virus spread. Novriest Umbu Walangara Nau discusses the lack of human security and policy failures in Indonesia’s Covid-19 responses. The author argues that whilst bottom-up initiatives have prevailed in pandemic response, they are not fully incorporated in government-led Covid-19 response policies, which necessitates the call for human security approach in pandemic response. Both Thailand and Indonesia make a case for strong societal resilience during the pandemic, albeit the degree of success will still be determined by strong state capacity in pandemic response.

The subsequent part takes a regional perspective to understand Covid-19 response policies in Southeast Asia. Saidatul Nadia Abd Aziz and Salawati Mat Basir show the problem of migrant workers in Thailand and Malaysia and the question of human rights protection arising during mobility restriction. As this is an ongoing issue in the region, the pandemic has brought a

significant impact on the provision of rights and basic needs of migrant workers, which are not necessarily able to return due to mobility restriction, but with lack of treatment in host countries. It is in this context the discussions over regionalism is important during the pandemic, which is manifested through the role of ASEAN. Andhini Citra Pertiwi and Yuli Ari Sulistiani argue that ASEAN needs to develop a disease prevention and control mechanism in order to effectively coordinate member states' policy responses. Reflecting on the lack of coordinated efforts in early pandemic days, ASEAN could play a more prominent role in managing the global health crises through early disease prevention and surveillance mechanism, as well as greater financial support to pandemic handling.

Finally, Tunggul Wicaksono provides some future trajectories as to how ASEAN member states could respond to the future pandemic in a better way by learning from the Covid-19 pandemic. Overall, we note that understanding pandemic response in Southeast Asia necessitates a comprehensive understanding of state, society, and interstate cooperation in handling the pandemic. We agree that the pandemic affects the present regional order in Southeast Asia. Therefore. We echo the call from scholars that 'pandemic response needs international relations perspective' (Davies and Wenham 2020). By taking the international relations approach seriously, we propose in this volume to take a comprehensive, global view in understanding pandemic response by understanding the dynamics of state, society, and the international system as inseparable stories of Covid-19 responses. We hope that the story of pandemic response that we develop in this volume will enable us to capture the dynamics and complexity that we all face during the pandemic and set a lesson learned for future regional pandemic handling.

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## CHAPTER 2

### “FLATTENING THE CURVE” IN AN AUTHORITARIAN COUNTRY: COVID-19 CONTAINMENT POLICIES IN VIETNAM

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#### *Abstract*

*The Covid-19 pandemic, originating in Wuhan, has now spread to almost every country in the world. Both democratic and authoritarian countries are equally affected by this global issue, and governments have constructed their preferred ways of managing the disease's spread. The authoritarian country seemed to boast its ability to 'control' the situation. Using qualitative methods, this work aims to shed light on how authoritarian countries react to the pandemic. The creation of this academic writing analyzes the key points in successfully implementing a policy within an authoritarian regime through the country's respective strengths and weaknesses using the context of policy implementation. The study explores using indicators such as the country's approaches, policies, number of cases to find what truly determines a favorable result of managing pandemics in authoritarian regimes. This study found that Vietnam's measures have been useful—as clearly seen in the drop in the number of cases and steps taken in preventive containment. This study concluded by showing that the Vietnamese government has become an example of just how vital preventive containment and how authoritarian a country has the upper hand in controlling the information in a pandemic situation without sacrificing the aspect of keeping the citizen informed about the situation.*

*Keywords: Covid-19, managing pandemic, authoritarian regimes, Vietnam.*

#### **Introduction**

On December 31, 2019, the city of Wuhan recorded 27 cases of unknown viral pneumonia. Chinese health officials did not raise any alarm over this, saying there has been no human-to-human transmission (Reuters, 2019). It started as an epidemic—a sudden, rapid increase of a disease in a population within a limited area—but soon, the virus, now identified as the Coronavirus Disease 2019 (Covid-19), crossed the borders of China, spread to countries all over the world, and turned into a full-blown global pandemic. As of November 16, 2020, 54

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million people have been infected, taking the lives of more than one million (World Health Organization, 2020a).

While some countries have fared better than others, global media has dubbed Vietnam—a single-party authoritarian regime—as having the best Covid-19 response and control (Dabla-Norris, Gulde-Wolf, & Painchaud, 2020). This has raised whether authoritarian countries with a higher degree of control have certain advantages in handling the Covid-19 pandemic.

This paper attempts to assess how Vietnam, as an authoritarian regime, handled the pandemic and analyzed their respective strengths and weaknesses through the lenses of policy implementation. On the one hand, this paper offers a systematic analysis of Vietnam's key points in successfully tackling the impact of the Covid-19 pandemic. On the other hand, it tests the validity of policy implementation theory within authoritarian regimes. The paper will be structured as follows. The authors first introduce the policy implementation theory and authoritarian concept in general as a framework. Then, we employ this framework to explore the chronologies and policy set-ups in Vietnam when an encounter with Covid-19. We then consider which factors are more deciding on Vietnam's success in containing the Covid-19 pandemic before concluding discussing important preventive containment and suggestions for future research. A caveat is appropriate here that containment policy in pandemic times will only be problematic, regardless of a state being authoritarian or democratic.

## **Implementing Health Policy Under Authoritarian Setting: A Review of Literature**

### **1. Authoritarianism and the Structure of the Vietnamese State**

Authoritarianism is hard to define and has been a subject of scholarly debate ever since its birth. Spanish sociologist and political scientist Juan Jose Linz, best known for his works on totalitarianism and authoritarianism, defines the latter with four distinct characteristics, such as having limited political pluralism, overextended executive power, distinctive and strong mentalities, such as patriotism or nationalism, and minimum political mobilization (Linz, 2000).

The main purpose of an authoritarian regime is to establish domination over society and enhance the power of authority, oftentimes at the cost of individual autonomy, and sometimes also by integrating and/or subduing sources of political power outside of the state system (Linz, 2000). Three main forces that do this are the single, dominant party, the military complex

(State), and the parallel and auxiliary (paramilitary) forces, and while all three instruments may be used, different types may prefer different dominant instruments (Perlmutter, 1981).

The birth of authoritarianism in Vietnam is closely linked to the rise of the communist party in 1954 in North Vietnam after defeating the French. The party eventually ruled the whole country after the U.S. withdrawal from South Vietnam. The resilience of the VCP compared to other communist parties around the world that have perished long ago—has been attributed to its successful economic reform, also known as the Doi Moi (renovation) policy. The policy aimed to turn a centrally-planned economy into a market-based one after the VCP failed in improving the country's economy subsequent to the reunification. The economic plan included developing a multi-sector market-based economy, renovating the economic structure, promoting science and technology, adopting open-door policies, and stabilizing socio-economic conditions.

The policy resulted in great success, turning the economy that hadn't developed much in ten years and suffered from a 487% inflation rate to have a GDP growth of 7.5%. The massive success of Doi Moi allowed the VCP, which was suffering popularity-wise, to keep its power through its performance, thus restoring public trust (Hiep, 2012). Moreover, the VCP has, in the past ten years, catered to the demand of “more democracy” and established grassroots democratic institutions. This responsiveness to public demand is seen as a mechanism to prevent outrages and political crises (Nguyen 2016).

Vietnam is classified as a one-party electoral regime. The Vietnamese Communist Party (VCP) is the only party recognized and legal in the country, meaning all other parties are barred from political participation. In the case of Vietnam, however, independent candidates and self-nominees, whether a member of the party or not, are allowed to run, though significant positions are taken by centrally-nominated candidates (Malesky & Schuler, 2009).

Communist regimes are generally efficient and better at indoctrination due to a widely taught highly-developed ideology (Dinas & Northmore-Ball, 2019). For example, marxism and Ho Chi Minh thoughts are compulsory subjects in the Vietnamese education system (Doan, 2005). To add, the single-party system in Vietnam allowed the VCP to establish, control, and mobilize if needed, institutions and organizations to spread the communist beliefs, such as the Ho Chi Minh Communist Youth Union, Vietnam Women's Association, and Vietnam Veteran's Association (Vietnam Government Portal, 2011).



The Vietnamese government has long been criticized for its human and civil right abuses, such restrictions on the internet, specifically on websites, social media, and content deemed politically sensitive, persecution of government critics, ban of independent labor unions, human rights organization, as well as political parties, and restrictions and crackdowns on religious practices (Human Rights Watch, 2020).

## **2. Implementing Policy Under Authoritarian Setting**

To understand the process and result of policies in practice, namely those related to Covid-19 handling, it is of great importance to fully comprehend the concept of policy implementation. The study of policy implementation has gone through three evolutionary generations. The first pioneering generation—from early 1970 to 1980s—concerned with how a single authoritative decision was carried out in both single and multiple places, conducted a systematic study in order to understand which factors help and hinder policy implementation, such as size, intra-organizational relationships, commitment, capacity, and complexities (Paudel, 2009; McLaughlin, 1987). It also shed light on the very definition of implementation itself, as well as the relationship between policy design and implementation performance (Stewart Jr, Hedge, & Lester, 2007). The second generation focused on describing the relationship between policy and practice. The scholars of this time, recognizing variability in implementations, developed two analytical frameworks widely known and used today: the top-down and bottom-up approach (Paudel, 2009). Last, the third generation of research continues until now, unique with its research design—in its research, the macro world of policymakers and micro world of individual implementer is integrated (Paudel, 2009). This paper will focus on the models developed by second generation scholars, mainly Mazmanian and Sabatier's due to the nature of the Covid-19 policymaking related to practice.

The top-down perspective sees the authority as capable of specifying policy goals and that implementation can be successfully carried out through certain mechanisms (Paudel, 2009). Paul Sabatier, one of the most influential scholars of the top-bottom approach, took six conditions needed to have a successful implementation, such as (1) Clear and consistent objectives, (2) Adequate causal theory, (3) Legally structured implementation process to encourage compliance by implementing officials and target groups, (4) Committed and skillful implementing officials, (5) Support of interest groups and sovereigns, and (6) Changes in socio-economic conditions that do not undermine support or causal theory (Sabatier, 1986). According to Mazmanian and Sabatier, the strength in the approach is that centralized power

is capable of creating unambiguous policies and scrupulously controlling the implementation process, limiting possibilities of unwanted or unplanned changes (Mazmanian & Sabatier, 1981).

However, critics have pointed out that the top-down tends to neglect the perspectives of other actors involved within the implementation of policy, therefore not considering or weighing in perspectives from local-level implementing officials, private sectors, and those affected (Signé, 2017). Moreover, it is rather hard to use this model, where there are multiple directives and actors with unclear or similar authority levels (Sabatier, 1986).

Contrary to the top-bottom approach, bottom-up scholars such as Michael Lipsky emphasized policy delivery and execution agencies' roles, those who are on the front lines—or as he refers to them, “street-level bureaucrats” (Lipsky, 1980). Therefore, the bottom-up approach believes that these bureaucrats create the policies and start by identifying the actors involved and their goals, strategies, activities, and contacts (Stewart Jr, Hedge, & Lester, 2007). Bottom-up scholars argue that a more democratic and participatory approach, instead of a government-elite-centered perspective, is better in capturing policy implementation intricacies and is needed to ensure implementation itself goes well (deLeon & deLeon, 2002).

Generally, Vietnam's policymaking is somewhat centralized, revolving around two main actors: the VCP and the National Assembly. The VCP, being the ruling party of Vietnam, provides policy directions for the National Assembly, equipped with legislative authority to draft and create laws. However, affiliated Ministries may also influence the policy direction and release certain guidelines (Ha, et al., 2010). In the case of Covid-19, the Ministry of Health released the Infection Prevention and Control for Covid-19 Acute Respiratory Diseases in Healthcare Establishment consisting guides of hospital screenings, admission of confirmed or suspected Covid-19 cases, the building of isolation areas, use of Personal Protective Equipment (PPE), as well as other measures such as medical waste management and transport of patient samples (Pollack, et al., 2020). This centralized command is the defining feature of which determined Vietnam's success of containing the pandemic, from highly detailed planning, swift response to coordinated and synchronized field response.

This study reviews government responses related to containing the spread of the Covid-19 pandemic in Vietnam. The paper uses a qualitative method in which findings are derived from both primary sources, mainly obtained from Vietnamese government official databases, and

secondary sources, such as existing studies and scientific journals. Data were obtained during the period between January and October 2020. Extensive coverage was given to the pandemic situation through briefs, presentations, reports by concerned organizations (e.g., ASEAN, WHO). In order to ensure integrity and unbiasedness of this study and the data used within it, the information regarding the situation of the Covid-19 pandemic and its handlings are also derived from official information of the Government of Vietnam and its organs, Vietnamese newspapers, Vietnamese scholars. A thematic approach to analysis was applied to identify the policy implementation, which then informed the containment policy's strengths and weaknesses.

### **Vietnamese Healthcare System: An Overview**

Vietnam has made several improvements in the public health sector. Life expectancy increased from 70 years in 1990 to 75.8 years in 2015. The maternal mortality ratio dropped by more than 70%, and malnutrition decreased by 36%, all of which mainly due to its advancement in healthcare services (Minh & Nasca, 2018). In establishing its healthcare system, the government focused on developing decentralized grassroots hospitals and health stations (World Health Organization, 2015). However, it is battling diseases such as cardiovascular diseases, cancer, chronic respiratory diseases, and other non-communicable diseases that accounted for 77% of all deaths. 50% of its male population are smokers, and around 20% of its total population suffer from raised blood pressure, not to mention alcohol use and sedentary lifestyles (World Health Organization, 2018).

In 2019, Vietnam's Total Health Expenditure accounted for 6.5% of its GDP, an increase of 13% to the previous year (Gaskill & Hien, 2019). 9.3% of the total government spending is spent on health, and an increase in public expenditure on health has been attributed to the rise of SHI coverage and claims. However, out-of-pocket spending is still high, remaining at a level of 40%. Compare this to, for example, China, which was explained in the previous section, with a 28,61% in out-of-pocket spending. However, it is worth noting that the catastrophic health expenditure has dropped to 9,5% at the 10% threshold, better than the average in Asia of 12,8%, and impoverishment caused by health spending is very low at 1,3% (Somanathan, Tandon, Dao, Hurt, & Fuenzalida-Puelma, 2014).

However, despite the healthcare system working overall quite well, several problems persisted, one of them being overcrowding of the hospital, with occupancy rates reaching even above 100%, way higher than WHO's recommended rate of 80%. Some national hospitals have even

reached a 250% occupancy rate in the past. This is mainly caused by hospitals' uneven development, with smaller, provincial hospitals having a lower quality of care. Moreover, out-of-date medical equipment and limited access to the latest drugs have hindered the process of achieving better quality healthcare (Gaskill & Hien, 2019).

This development of healthcare was driven by the VCP's vision of creating a revolutionary and prosperous socialist state (London, 20018). In creating health policies, the National Assembly and the Ministry of Health work under the Communist Party's directives. Under the organization, the Vietnamese anti-epidemic system's main body is The General Department of Preventive Medicine and Steering Committee for the Prevention and Control of Dangerous and Emerging Diseases, as part of the Ministry of Health. The former body is responsible for, among all, implementing management functions and legal regulations regarding communicable diseases and diseases of unknown cause (Vietnam General Department of Preventive Medicine, 2014).

The legal basis of control of infectious diseases, The Law on Prevention and Control of Infectious Diseases, provides important policies on disease control and prevention, such as prioritizing the capacity building of disease surveillance, promoting scientific research, supporting medical attendance for patients, mobilizing financial, technical, and human resources from the entire society, and expanding international cooperation with an international organization and other countries. Article 3 classifies infectious diseases into three categories: Class A, for hazardous infectious diseases with widespread rapid transmission and high mortality rates, such as SARS, Ebola, Lassa virus, and Cholera, Class B, dangerous infectious diseases that can transmit rapidly and be fatal, such as rabies, mumps, dengue fever, and viral hepatitis, and Class C, less dangerous and not rapidly transmissible infectious diseases, such as chlamydia, gonorrhea, leprosy, and giardiasis.

Covid-19 has been declared as a Class A disease by the Minister of Health. Article 4 of the law stated that prevention is critical and that information, education, communication, and surveillance are significant measures to be taken along with social and administrative measures. It also states that information regarding epidemics is to be published promptly. Article 8 says that it is prohibited to conceal information, reporting untrue information, and discriminating as well as publishing negative images of the person suffering the infectious disease. Article 10 then stated that everyone is entitled to this information, and the Ministry of Information and Communication, in Article 12, is to direct mass media agencies to regularly supply information

as well as to conduct communication regarding the prevention and control of the infectious disease. This article explains and emphasizes prevention and control, stating that mass media agencies must give the volume and position of articles (headlines) of the disease. Article 32 states that medical institutions are to take isolation measures as seen fit to each class, and the health of medical workers who are taking care of Class-A patients will be monitored (The National Assembly of the Socialist Republic of Vietnam, 2007).

### **Covid-19 Handling in Vietnam: Chronologies and Policy Set-Ups**

During the early days of the pandemic, the government of Vietnam immediately closed its borders with China and set the Steering Committee on the move. Deputy Prime Minister Vu Duc Dam soon ordered relevant ministries to prevent the virus from spreading (Chau, Gregorio, & Nixon, 2020). On January 23, the General Department of Preventive Medicine ministry identified two Chinese citizens from Wuhan suffering from fever at the Da Nang airport (Viet Nam News, 2020a). The two ends up being Vietnam's first two cases.

When the WHO declared the outbreak a Public Health Emergency of International Concern, the government had already organized the National Steering Committee for Covid-19 Prevention of Control, where the members include the Ministry of Health (MoH) as its standing body, Minister of Information and Communication Nguyen Manh Hung, Deputy Chief of the Party Central Committee's Office Nguyen Dac Vinh, Deputy Minister of Foreign Affairs To Anh Dung, Deputy Head of the Party Central Committees' Commission for Communications and Education Nguyen Thanh Logn, Deputy Chairman of the Government Office Nguyen Sy Hiep; Deputy Chairman of the National Assembly Office Pham Thuy Chinh, Deputy Minister of Public Security Nguyen Van Son, and other relevant representatives who serve to direct ministries, its agencies, and local authorities in regards to the pandemic. Within the Committee are also representatives of organizations such as the Ho Chi Minh Youth and the Vietnam Women's Union (Luong, Jardine, & Thomson, 2020).

On February 1, the Vietnamese Prime Minister Nguyen Xuan Phuc declared a national epidemic, when the country recorded only six confirmed cases. On February 9, a teleconference between the Ministry of Health and the WHO and 700 hospitals nationwide from all levels was held to circulate information regarding Covid-19 prevention. A website was created to help spread the information to the general public. Vietnam recorded a total of only 16 cases by the end of February, with the last patient fully recovered on February 25 (The Diplomat, 2020).



However, the second wave soon began, as Patient 17 returned to Hanoi on March 2 after visiting several European countries and failed to declare her health, and thus did not follow through with the quarantine protocol. The patient was hospitalized on March 6, and two days later, the Deputy Prime Minister and Minister of Health announced that Vietnam was entering the second phase (Nguyen, 2020). On March 10, to keep the public informed and maintain the line of communication with citizens, mobile application NCOVI was launched, with its main purpose to help the public report their condition and follow through with contact-tracing—this is done before the WHO declared Covid-19 a global pandemic, which was on March 11 (The Diplomat, 2020).

On March 22, the Vietnamese government suspended all foreign entries, a more aggressive policy than the one released on March 18, requiring all entrants to Vietnam to be quarantined. This is a response to the increasing numbers of imported infections from returning Vietnamese and foreign tourists. The Foreign Ministry was already briefed and had notified this to all diplomatic missions, consulates, and representative offices as well as Vietnamese missions abroad to ensure the regulation worked. The only exception is those coming into the country for official/diplomatic purposes, participation in major diplomatic events, experts, business managers, and highly skilled workers, where there will be coordination between the Ministry of Public Security and Ministry of National Defense with the Ministry of Foreign Affairs and Ministry of Health along with other agencies necessary to issue a visa (Viet Nam News, 2020b).

On March 23, the prime minister declared the third phase once again, and on March 30, declared a nationwide pandemic. The following day, then he implemented a limited lockdown effective starting on April 1. Afterward, no cases were confirmed between April 17 to 23rd. There were, however, on April 24, two confirmed cases of Vietnamese students returning from Japan. They were both quarantined on arrival. At this date, the number of people being monitored in isolation was around 68,890, with 352 in hospitals, 17,832 in other establishments, and 50,706 at home (Dan Tri, 2020). By May 15, 2020, Vietnam has been one month free of locally-spread coronavirus cases, with 90% of the patients recovered (Reuters, 2020). Another batch of imported cases came as 24 Vietnamese returned from Russia on May 16. They were quarantined immediately.

The second wave in Vietnam started on July 25, ending the 100-day series of non-community spread Covid-19. The patient, dubbed Patient 416, was hospitalized in Da Nang C Hospital after showing fever and coughing signs. The authorities tracked more than 100 people

suspected of contacting the patient and immediately isolated the hospital department handling the patient (VN Express, 2020). Within the next week, Vietnam recorded 129 new cases, with 82 cases identified on July 31, the highest number the country has ever seen in a day, adding up to a total of 546 cases, many of them happened in or related to Da Nang. The same day, the first two deaths due to Covid-19 occurred (Ministry of Health of Vietnam, 2020a).

On August 1, the Ministry of Health reported a total number of 558 cases, 302 of them imported. The number of Quarantined persons reached 91,462, of which 72,446 are in home isolation, 18,063 in quarantine facilities, and 953 in hospitals. The ministry reported the addition of 28 new cases, making a total infection number 586. By August 20, Vietnam saw its 26th death among 1,007 cases and 27 active clusters. From the second wave to August 20, imported cases made up 372 out of 872 cases. The other 525 were locally transmitted. This surge of locally transmitted cases was confirmed to be related to Da Nang and major hospitals within the city. Da Nang General Hospital was thought to be the center of the outbreak, with 246 infections inside the hospital alone. More than 500,000 travel records from or to Da Nang were placed under monitoring (Ministry of Health of Vietnam, 2020a; World Health Organization, 2020b).

On September 10, 2020, the number of cases has increased, but not dramatically, to a total of 1,059 cases and 35 deaths. Only one active cluster was left (World Health Organization, 2020b). By September 24, the outbreak has been brought under control, mainly thanks to strict social distancing rules. No active clusters were left (World Health Organization, 2020c). By October 22, Vietnam has been free of local cases for 50 days. New cases were imported only, making up 43% of the 1,148 confirmed cases (World Health Organization, 2020d). As of November 12, 2020, Vietnam has been free of local cases for 71 days, with 1,253 cases, 48% of them imported. One thousand ninety-three cases have fully recovered, while the rest inhibits only light to mild syndromes and do not require ICU treatment. Fifteen thousand two hundred eight people are under quarantine, most of them in house isolations, while cumulatively, since the beginning of the pandemic, 9,439,116 people have been quarantined (World Health Organization, 2020e).

Date	Event	Number of Cases Nationwide	Number of Deaths	Number of Cases Worldwide
January 11, 2020	Vietnam closes the northern borders with China.			
January 15, 2020	The Steering Committee for the Prevention and Control of Dangerous and Emerging Diseases holds an urgent meeting regarding prevention control moves.			
January 17, 2020	Deputy Prime Minister Vu Duc Dam orders the relevant ministries and agencies to prevent the virus from spreading.			
January 21, 2020	The Ministry of Health releases urgent dispatch to hospitals of all levels.			282
January 23, 2020	The first two patients are confirmed.	2		581
February 1, 2020	Vietnamese Prime Minister Nguyen Xuan Phuc declares a national epidemic.	6		11,953
February 9, 2020	The Ministry of Health holds a teleconference with WHO.	14		37,558
February 25, 2020	Patient 16 is recovered.	16		80,239
March 2, 2020	Patient 17 came to Vietnam	16		88,948

March 6, 2020	Patient 17 is hospitalized, suspected to have infected 106 more.	17		98,192
March 8, 2020	The Deputy Prime Minister and Minister of Health announced that Vietnam is entering the second phase.	30		105,586
March 18, 2020	All entrants to Vietnam undergo a mandatory 14-days quarantine.	76		191,127
March 22, 2020	Vietnamese government suspended all foreign entries.	113		292,142
March 23, 2020	Vietnamese PM declares the third phase.	123		332,930
March 30, 2020	Vietnamese PM declares a nationwide pandemic.	188		693,282
April 1, 2020	Limited lockdown is imposed.	207		823,626
April 24, 2020	2 Vietnamese students were quarantined after returning from Japan.	268		2,626,321
May 16, 2020	24 Vietnamese quarantined after returning from Russia.	313		4,425,485
July 25, 2020	Start of the second wave and end of Vietnam's 100-day local transmission-free period.	416		15,581,009
July 31, 2020	The first two deaths were recorded.	546	2	17,106,007

August 1, 2020	The surge of local transmission suspected to be related to Da Nang.	586	3	17,396,943
August 20, 2020	The surge of local transmission and 26 <sup>th</sup> death.	1,007	26	17,687,879
September 10, 2020	Almost all active clusters are gone, leaving only one.	1,059	35	28,313,390
September 24, 2020	The second wave is declared as under control.	1,069	35	32,394,106
October 22, 2020	Vietnam was declared free of local transmission for 50 days.	1,148	35	41,959,849
November 12, 2020	Vietnam was declared free of local transmission for 71 days.	1,253	35	53,059,945

Source: World Health Organization Coronavirus Disease 2019 (Covid-19) Situation Report  
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>.

## **Implementing Healthcare Policies During Pandemic: A Review Of Vietnamese Covid-19 Handling**

### **1. Line of Communication**

From the very beginning, news regarding “strange pneumonia” from China had been closely watched by the Vietnamese, thus allowing them to prepare for the worst-case scenario (La, et al., 2020). The Ministry of Information and Communication soon was ordered to cooperate with the Ministry of Health to release true, accurate information without delay regarding the virus’s spread. This intensive, transparent communication via official channels has helped combat rumors and fake news regarding the pandemic (World Health Organization, 2020e). The Ministry of Health’s official website, for example, updates every day, listing every new case down to the details of the patient’s gender, age, residential area, source of infection, as well as their conditions (Ministry of Health of Vietnam, 2020a).



Efforts of communication are focused on updating the situation as well as socializing society to Covid-19 protective measures, referred to by the government as 5K, *Khau Trang* (face mask), *Khu Khuan* (disinfection), *Khoang Cach* (distance), *Kong Tu Tap* (no gathering), and *Khai Bao Y Te* (health declaration) (World Health Organization, 2020e). Several less-formal channels have also been used, such as the release of the handwashing song or “*Ghen Co Vy*” that went viral and the changing of phone ringtones to Covid-19 notices (Ha, et al., 2020).

## **2. Non-Pharmaceutical Interventions**

The Vietnamese government strongly relied on non-pharmaceutical interventions (NPIs) in synergy with its ministries. The Ministry of Health is responsible for case detection, case confirmations, and testing, the Ministry of Foreign Affairs to close borders with neighboring countries, Ministry of Transportation to suspend flights from and to Vietnam and cancellation of domestic flights, Ministry of Defense to supervise isolation points, and Ministry of Education and Training to close schools and introduce online learning mechanisms. Other NPIs include mass testing, with a capacity of 51,000 per day and 137 laboratories, mandatory face mask usage, bans of mass gatherings, social distancing, and partial or full lockdown where necessary, such as the aforementioned Da Nang Hospital.

Prevention measures are further taken as the government, in collaboration with technology firm Bkav, launched a Covid-19 contact tracing app called “Bluezone” in April. The app connects smartphones within a two-meter distance and will notify users if they have contacted a Covid-19 patient in the past 14 days. The data is logged into individuals’ phones, and should there be a new case of Covid-19, health authorities will enter the patient’s data that sends information to all smartphones linked with the patient’s in the last two weeks (Vietnam Insider, 2020b).

The Hanoi city government has also asked all pharmacies within the city to report customers buying cold, cough, and fever medicines, going as far as requesting them to ask such customers to make a health declaration. Should the pharmacies fail to report, they might find themselves having to deal with legal problems, and at worst, see their licenses revoked. Other than pharmacies, private clinics, and medical centers were also asked to take samples for patients coming in with Covid-19 symptoms (Vietnam Insider, 2020a).

## **3. Social Security**

On March 13, Prime Minister Nguyen Xuan Phuc announced that Vietnam is willing to sacrifice economic benefits in the short-term for the people’s health—citing Vietnam’s

capability, resources, and experience (Vietnam News Agency, 2020). To tackle the slowing down of trade that may lead to businesses closing down and mass unemployment, the government has made Covid-19 testing and treatment covered by insurance and mandated the Ministry of Finance to give financial support to enterprises as well as individual affected by Covid-19 (Ha, et al., 2020).

In addressing panic buying supplies and vendors raising their prices, the Minister of Industry and Trade Tran Tuan Anh has emphasized the stability and availability of essential goods even in the worst-case scenario. Cities are obliged to submit contingency plans down to their details, and the ministry will conduct market surveillance and inspection to ensure every plan goes smoothly (Viet Nam News, 2020).

#### **4. Leadership**

Centralized rule and policymaking is a feature of all authoritarian countries, including Vietnam. Under the leadership of the VCP, the establishment of the National Steering Committee for Covid-19 Prevention and Control, headed by the Deputy Prime Minister to coordinate all relevant ministries, was done, an excellent example of top-down central planning.

What also makes the steering committee interesting is the mobilization of organizations such as the Ho Chi Minh Union and Women's Union. As previously mentioned, authoritarian governments mobilize these groups when the situation calls or only when needed—this shows that the party has decided that the pandemic is of great significance and is willing to move every inch of its parts to ensure smooth policy implementation and clear directives.

Coordination between the central and local government has also played an essential role in ensuring exemplary policy implementation. Directives were made from the central government to local governments, such as calls for increased cooperation, the establishment of Rapid Action Team in grassroots levels, and local hospital guidelines as well as staff training for treating Covid-19 patients (Hoang, Hoang, Khuon, La, & Tran, 2020).

The existence of 'strong' leaders such as Prime Minister Nguyen Xuan Phuc and Deputy Prime Minister Vu Duc Dam had a massive impact on public opinion and solidarity. Even the Taskforce Group on Covid-19 prevention and control was under the leadership of Deputy Prime Minister Vu Duc Dam himself (Ha, et al., 2020). In a letter sent by the Prime Minister to frontline workers, medical workers are referred to as "soldiers in white blouse" in the "tough

and dangerous fight against the Covid-19” (Online Newspaper of the Government of the Socialist Republic of Vietnam, 2020).

The government also made very clear that those who do not comply with pandemic-related regulations will be sanctioned accordingly, including those who publish fake or misleading information, offend the dignity and honor of health workers and participants in Covid-19 pandemic control, flee isolation facilities, and those who fail to truthfully declare their health (The Ministry of Health of Vietnam, 2020).

Secretary-General and State President Nguyen Phu Trong needed the containment policy to be successful considering the weakened public reputation of VCP prior to Covid-19 outbreak. But amid the Covid-19 crisis, the party’s credibility and support are unprecedentedly high (Pham, 2020). To add, Trong also called for a drastic and effective implementation of relevant guidelines by the Party as well as the State and asked for each citizen to be a ‘soldier’ in the ‘battlefield against the disease’ (Vietnam Law & Legal Forum, 2020).

This depiction of being in a war—of the government sacrificing the economy and ensuring no one will be left behind—creates a sense of solidarity and trust towards the government’s effort. Patriotic and nationalistic notions shaped a collective belief and understanding of putting the community safety first and set aside individualism. Citizens are encouraged to support the government—instead, the party—because supporting the party means supporting the country’s efforts. These moves by top officials, for example, have led to many Vietnamese people sending cash to the Vietnamese Fatherland Front as means of assistance, as well as donating masks, food, or even hotels to be made to isolation wards (La, et al., 2020). Its containment policy and leadership’s effectiveness have boosted Vietnam’s prestige in the international arena and sought approval from the domestic audience to face the 13th VCP National Congress in January 2021 (Giang, 2020).

## **Conclusion**

Vietnam’s success can be primarily attributed to its fast, thorough, and proactive preventive measures. The central government, as showcased in previous sections, had coordinated its ministries very well. This clear leadership and good governance have led to effective policy implementation. Moreover, experienced with SARS, Avian Flu, and Swine Flu, the Vietnamese people, do not underestimate Covid-19 and perceive it as a severe illness (Nguyen, 2020). This experience also contributed to the government’s preparedness in containing the

pandemic, allowing them to learn from their past mistakes and strengthen their infectious disease control system (Le, 2020). Through its strong state structure, Vietnam has allowed extensive mobilization of all organizations and institutions, be it ministries or mass organizations, immediate implementation of orders, including lockdowns, or limiting fake news through state-controlled media.

However, an interesting point to note is the transparency of information and intensive communications. These were significant factors in influencing community obedience towards Covid-19 regulations, such as the 5K. Clear, intensive, and accessible official information that minimizes fake news or hoaxes has helped in building a comprehensive and proper understanding of the nature of the pandemic and played a significant role in establishing a mutual trust relationship between the government and the citizens, which led to higher compliance of the community.

In Dalia Research's 2020 survey regarding citizens' satisfaction with the government's Covid-19 pandemic response, Vietnam ranked among the top two, with 95% saying they are satisfied (Dalia Research, 2020). Going back to Sabatier's requirements for a successful implementation, Vietnam hits every single one on the spot, from a clear objective, committed officials, and legal measures, including a good strategy that raised compliance and government support. Policy implementation will always be complex, with many factors surrounding and affecting both directly and indirectly.

Consistent with authoritarian types of government and policy implementation theory that the characteristics of central planning in authoritarianism have allowed the government in Vietnam to quickly manage and coordinate with relevant ministries and institutions, from building a rapid response team to media control. Extensive preventive measures, paired with intensive contact tracing, have also proven to be an effective way of containing the Covid-19 pandemic. The Vietnamese government also realizes the cooperation and compliance of citizens plays an important role. This says that citizens must be well-informed of the situation for them to understand the severity of the situation. Even though it also has a downfall, which caused a stricter control of the media and a projected economic cost. Despite the weaknesses, emerging from a global crisis with slight damage will significantly revitalize VCP support and the whole of Vietnam's government legitimacy, which still outweighs all the losses.

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# CHAPTER 3

## LESSONS FROM THAILAND DURING COVID-19 PANDEMIC: THE IMPORTANCE OF DIGITAL RESILIENCE

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Yuve Kukuh Sesar<sup>2</sup>

### *Abstract*

*Thailand, one of the ASEAN member states, is well aware of the prominence of technology and digitalization in combating the Covid-19 pandemic and decreasing the number of cases. This paper seeks to explain and analyze what Thailand has done to fight against the pandemic by maximizing the use of technology and what other ASEAN member states could learn from it. Thailand's success in digital resilience was achieved because Thailand could take advantage of emerging information and communication technologies. Therefore, this paper argues that ASEAN member states also need to be aware of the importance of digital resilience to counter the pandemic, considering that information and communication are indispensable for public health. This paper assesses that digital resilience could be exemplified in every ASEAN member state because each country has the same opportunity to take advantage of the information society's development.*

*Keywords: Covid-19, Digital Resilience, Information Society.*

### **Introduction**

The Covid-19 pandemic began at the end of 2019, which witnessed a viral infection that can cause acute respiratory issues in affected individuals (Liu, et al., 2020). As of November 23, 2020, more than 58 million cases have been reported resulting in greater than 1,3 million deaths, and in Southeast Asia itself, there are more than 10 million cases and 159 thousand deaths (World Health Organization, 2020). Consequently, countries worldwide have adopted non-pharmaceutical interventions to prevent the spread and transmission of the virus because there are no vaccines or medicines that demonstrably cure the disease yet.

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In Thailand, Covid-19 was affirmed to have reached when a case outside China was confirmed on January 13, 2020. The first reported local transmission was confirmed on January 31. As time goes by, many governments' efforts have been made to reduce the virus's spread. One of the policies that have been implemented is a 14-day State Quarantine for travelers entering Thailand from abroad. On May 13, 2020, no additional cases were reported. The total number of cases at designated quarantine areas remained at 90 cases (Department of Disease Control of Thailand, 2020). Other than 14-days of State Quarantine, the Thai government also released several applications to track infected persons or have the potential to be contaminated.

Against this backdrop, this research underlines Thailand's success in tackling the virus's spread through digital platforms. Its success has made Thailand an example for other ASEAN member states in realizing the importance of digital resilience by maximizing technology amid a pandemic. Therefore, this research will look at how the awareness of digital resilience can be useful by optimizing the use of technology like what Thailand has done, and the lessons that can be taken by other countries in ASEAN to implement digital resilience to fight Covid-19. The authors argue that one of Thailand's success strategies to mitigate the Covid-19 outbreak is by realizing the importance of digital resilience and maximizing the use of technology with many contact-tracing applications that help collect data and statistics to track and suppress the spread of the virus. Further explanations to prove the arguments will be presented in this paper divided into five main parts, starting with an introduction, literature review, methods and data, digital resilience and Covid-19 pandemic, and lessons from Thailand regarding the importance of digital resilience.

## **Literature Review**

According to this research's aim, this paper will depart from studies related to digital resilience and digital technology related to Covid-19. To explain this phenomenon in more detail, the authors use the concept of digital resilience and information society.

### **1. The Concept of Digital Resilience**

The previous decade has permitted the development of a large number of digital tools. Ting, et al. (2020) discussed that the year 2020 should have been the start of an exciting decade in medicine and science, with the development and maturation of several digital technologies that can be applied to tackle major clinical problems and diseases. These digital technologies include the internet of things (IoT), which refers to the networked interconnection of everyday

objects that are often equipped with ubiquitous intelligence (Xia, et al., 2012). IoT will increase the ubiquity of the internet by integrating every object for interaction with next-generation telecommunication networks, big-data analytics, Artificial Intelligence (AI) that uses deep learning, and blockchain technology (Ting, et al., 2020).

Moreover, Ting et al. argue that these technological inventions are essential for Covid-19 handling in four terms. First, digital technologies provide a platform that allows public-health agencies access to data for monitoring the Covid-19 pandemic. Second, digital technology data also provides opportunities for performing modeling studies of viral activity and guiding individual state healthcare policymakers to enhance the outbreak's preparation. Third, digital technologies can improve public-health education and communication. Fourth, AI and deep learning can improve the detection and diagnosis of Covid-19.

Unlike Ting et al.'s (2020) work, Raj et al. (2020) argue that digital platforms can increase firms' survival rate during a crisis by providing continuity in access to customers. Raj and his collaborators use order-level data from Uber Technologies to study how the Covid-19 pandemic and the ensuing shutdown of businesses in the United States affected independent and small business restaurant supply and demand on the Uber Eats platform. From the overall research results, they found that "business-as-usual" has been transformed as the COVID-induced lockdown of Spring 2020 winds down. In other words, there is likely to be a significant and permanent shift away from in-person commerce towards digital interaction (Raj, et al., 2020). Besides, the authors found that numerous restaurants have already closed their doors for good, and those that emerge from the shutdown will be the ones that able to leverage digital channels. Other than that, physical and social distancing policy and enhanced cleaning protocols also led to a significant increase in the costs of dine-in and decreased consumer's interest in dine-in. This makes a digital channel to be one of the right decisions for restaurant survival.

The works mentioned above of literature, however, has not written explicit definitions of digital resilience. It is essential, therefore, to provide a clear explanation. Fundamentally, resilience is studied by researchers from diverse disciplines, including psychology, psychiatry, sociology, and more recently, biological fields, including genetics, epigenetics, endocrinology, and neuroscience (Herrman, et al., 2011). From various definitions related to resilience underlined that it refers to positive adaptation.

Moreover, according to Llobregat-Gómez and Sánchez-Ruiz (2015), who wrote about the digital citizen in a resilience society, the concept of resilience talks about the ability of layers of society to absorb and recover from shocks while decidedly adjusting and changing their structures and means for living in the face of long-term stresses, change, and uncertainty. Research involves actively understanding the risk landscape in each context, figuring out where in which layer of society those risks are the best owned and managed, and working to strengthen these components of resilience and thereby empowering different layers of society with the ability to cope with those risks that they face in their everyday lives.

Having defined the concept of resilience, we observe many options for resilience or bounce back in responses to a crisis. Linked with Raj, et al.'s (2020) work, we conclude that the connection between platform sourced demand and survival will be indelible, likely leading the survivors to double down on digital, seeing it as a critical source of resilience. Raj, et al. (2020) shows that digital resilience helped citizens' resilience during lockdown or mobility restriction, especially in the context of helping lift the economy and get businesses on track again. As all economic and social activities are conducted from home, digital resilience has become even more relevant because people tended to rise and live again in a crisis by utilizing digital media.

## **2. Information Society**

Central to the concept of 'digital resilience' is the idea that we live in an 'information society'. Information is regarded as a distinguishing feature of our world. Once economies were built on industry and conquest, people are now part of a global information economy. In line with technological developments and people's possibilities to access information freely, then comes what is known as the information society. In this regard, the information society is a term for a society in which the creation, distribution, and manipulation of information have become the most significant economic and cultural activities (Webster, 2006). In another sense, the information society is a society characterized by a high level of information intensity in the daily life of most people, by using standard or compatible technology for a variety of personal, social, educational, and business activities, and by the ability to send, receive, and digital exchange data quickly. We underlined five criteria to define the information society given by Webster (2006). These are:

### **Technological**

The concept of technology is centered on a series of innovations that have emerged since the 1970s. The internet has become a result of this information technology innovation, which gives

rise to a new society where the internet is a tool for democratization, education, providing information, etc. When technology is increasingly being developed, it impacts society, thus moving people to respond by adapting to a new one (Webster, 2006). This technological approach is also said to be considered a powerful social dynamic. Demonstratively technology does not distance itself from the social sphere. On the contrary, technology is an integral part of society itself.

### **Economy**

The rapid growth of the internet and the development of information simultaneously promote the economic process's success, make trade more manageable, and lead to financial success (Webster, 2006). There is also a change in the information society's economy, where an old economy transforms into a new economy.

### **Occupational**

There is a change in the structure of work due to economic changes. In the information society, the kind of work has been changed to informal work, which results in a decrease in manufacturing jobs and an increase in employment in the service sector, which means that the loss of manual work is replaced by office work. The primary ingredient of non-manual work is the information. Then, followed by the increase in informational work, it can be said that this is the arrival of the information society (Webster, 2006).

### **Spatial**

This concept is related to the geographical, such as the place and space concept (Webster, 2006). The main emphasis is on information networks that connect locations. Networks of information make distances invisible. People in other parts of the world can quickly find out information in other parts of the world without traveling to that place. So, it cannot be denied that information networks have a significant role in the information society.

### **Cultural**

The culture in the information society can change along with the development of information, and usually, this culture is mixed with other cultures. There is a mixture in the information society, where the society's original culture collaborates with different cultures carried by the information (Webster, 2006).

An array of technologies that have emerged since the late 1970s are the subject of technical conceptions. There is a lot of interest in the quickly evolving information and communication

environment because of its implications for the way people live their lives. The information has always been important, but the volume of data that flows around the world today is unprecedented, as is the speed with which information can be widely disseminated (Gunter, et al., 2009). Such has been the dramatic rise in information and communications technologies and their centrality to numerous parts of life, public and private, domestic and professional, that some observers see the world to have evolved into an ‘information society’ (Bell, 1979 as cited in Gunter, et al., 2009).

Generally, the digital revolution has changed conventional technology into digital technology since the 1980s and until this day. The birth of the internet as a general communications phenomenon available to everyone at home by the mid-1990s opened up a multitude of new opportunities in diverse fields of business and commerce, government and public services, education and health, and entertainment and leisure (Gunter, et al., 2009). While established upon computers connected to telecommunications networks, return way communications technology moved across to more seasoned set-up media, for example, television. In addition, remote return path technology also arose as cell phones or mobile telephones connected to the internet and broadcasting. Expanded computerization of these gadgets implied that they could also be utilized for voice messages and send and get a broad scope of different kinds of substance (Gunter, et al., 2009).

The digital revolution became worldwide after revolutionizing society in the developed world in the 1990s, and the digital revolution spread to the masses in the developing world in the 2000s. The improvement of today’s digital technology has caused many significant changes in the world. Humans have made it easier for people to access information in many ways and enjoy digital technology facilities freely. This condition will undoubtedly have an impact on the patterns of human life as a whole. Moreover, this 21<sup>st</sup> century is often called the information age, when information is made into industrial products produced on a large scale and widely distributed and can be accessed easily. With technology at hand, many sources of information can be obtained so that people can have the ability to process information quickly between places regardless of distance. People who can access information quickly and accurately will be far more advanced than those who do not have a good ‘fate’ in obtaining information.

## **Digital Resilience and the Rise of Information Society in Thailand's Success against Covid-19**

Through two main concepts, the authors argue that digital resilience has become a good concept to show the role that information technologies play during the pandemic in Thailand. The concept is further supported by the information society's idea that describes the production, consumption, and distribution of information. Through the concept of the information society, the authors also focused on disseminating information carried out by the Thai government and how they utilized the rise of the information society, especially in tackling Covid-19. By maximizing the use of technology and making many contact-tracing applications, Thailand could establish better data collection and statistics to mitigate the Covid-19 outbreak. The authors will see how the efforts that have been carried out by the Thai government can be a valuable lesson for other countries, especially ASEAN member states. Moreover, this paper will explain how digital technology could be useful on Covid-19 pandemic handling or help citizens to rise and live again in the crisis—in the era information age where all forms of information can be easily obtained.

Our study focuses on how awareness of digital resilience can be useful by maximizing the use of technology. This study uses a descriptive research type that accurately describes phenomena by describing an event or situation accurately (Robson, 1993 as cited in Darabi, 2007). A descriptive study should define questions and methods of analysis before initiating data collection. In proving the argument and answering the problem formulation, the authors use qualitative research. Qualitative data analysis allows the author to describe patterns of concepts and insights from the interpretation of linguistic or visual materials (Flick, 2013). By this study method, the authors can obtain data collection through interviews, group discussions, internet-based research, or archive or document-based research. In this case, data obtained were primary and secondary data, including data released by the Thai government and ASEAN on their web page and reports, newspapers, journals, books, websites, and other published materials that have a certain credibility.

### **1. Digital Resilience and the Covid-19 Pandemic: Thailand's Uses of Contact-Tracing Technology against Covid-19**

As previously explained, information, communication, and technology have brought human civilization into the digital era. The digital age has brought about various good changes as a positive impact that can be used. Combating the inauspicious effects of Covid-19 and



enhancing societal and economic resilience, digital technology and connectivity have emerged as an essential tool. They could also be an alternative to the physical equivalent, bridging the gap between people, physicians, and health systems, enabling everyone, primarily symptomatic patients, to stay at home and communicate with physicians online (Okuda and Karazhanova, 2020). Nowadays, social distancing and the shifting to online applications, services, and tools suddenly increased internet usage and data traffic. Thailand is one of the world's countries considered to have digital resilience by maximizing the use of technology during the Covid-19 pandemic. As well as findings in Ting, et al.'s research (2020), Thailand uses Artificial Intelligence (AI) to map and trace the spread of Covid-19.

Quoting from the WHO official website (2020), Thailand has strong capabilities for case detection, risk assessment, case investigation, laboratory diagnosis, clinical management, infection prevention and control, and risk communication. The Centre for Covid-19 Situation Administration (CCSA) reported on June 8, 2020, the total number of infections was 3,125, with 58 deaths. It has seen no local transmissions for over two weeks. According to the Deputy Director-General of the Disease Control Department, Thailand, in preventing the spread of this virus, more than a million village health volunteers nationwide have contributed and not only involved the epidemiologists.

“Our health security system is very strong, we know we don't have enough field epidemiologists, so we have created a lot of Communicable Disease Control Units (CDCU). We have at least one CDCU per one district. They work under provincial public health offices. They go out to investigate cases with village health volunteers.”

— Dr. Tanarak (2020, as cited in Boonlert, 2020)

All over the country, 1,040,000 health volunteers work in 75,032 villages near and far (Chongkittavorn, 2020). Depending on the locations and communities, they have to take care of up to 10 families. The health volunteers visit various households, keeping them up to date on the pandemic. Furthermore, they also check on their health, especially the elders. On top of that, these volunteers work closely with health officials at all district and provincial levels. For the record, all 77 provinces have a communicable control disease unit (Chongkittavorn, 2020).

Moreover, Thailand used technology to track Covid-19 by contact tracing applications installed on the user's mobile phone. The Thai Government, such as the Department of Disease Control (DDC), Office of The National Broadcasting and Telecommunications Commission (NBTC),

are currently using applications to monitor and track people who have been infected or classified as being in a “high-risk group”. It gained support from private entities and state enterprises, such as the Airport of Thailand (AOT) and mobile service providers, and digital start-ups (Norton Rose Fulbright, 2020).

Furthermore, the authors underline several related applications used to fight Covid-19. First, DDC-Care, an application for individuals diagnosed by the hospital or the illness screening point in Thailand, including the airport, is at risk of being contaminated to submit a self-evaluation report directly to DDC during the 14-day detention period. The user will also be required to report travel histories, including the people who have been in contact. Second, AOT Airport Application, a self-reporting online tool available in Thai, English, and Chinese. The application must be installed before passing immigration points for those who have traveled to or returned from contagious territories outside Thailand. This application will track tourists and returnees using mobile phone location data, notify the NBTC and the mobile phone service provider if the user is infected after entry to Thailand (Norton Rose Fulbright, 2020). Visitors to Thailand who have recently been to affected areas are also being provided information upon arrival by the Ministry of Public Health, including how to report any sickness to the Department of Disease Control using the 1422 hotline (World Health Organization, 2020).

Third, the MorChana application is designed to help medical professionals, government agencies, and the public trace the Covid-19 outbreak (Hicks, 2020). This app enables smartphone device users to perform self-assessment and determine the risk level of infection based on exposure and travel history. The app was developed in collaboration with state organizations and private developers to provide data to the Department of Disease Control to track the spread of the SARS-Cov-2, prompt quick and accurate public health responses, and ensure effective and measurable social distancing measures. Fourth, Sidekick for THAIFIGHT Covid-19 was developed by a Thai start-up and was previously set for emergency care. People who have been discharged from detention at a quarantine center and who have returned home to self-quarantine will be required to install and register the application before leaving the quarantine center. As a result of the registration, such persons will be monitored by the DDC officer and required to submit the self-assessment reports daily.

Apart from applications used by individuals, the Thai government has also released an online platform called “Thai Chana”, which means Thailand Wins, to retain the country’s effectiveness in Covid-19 control measures by providing safety information for both business

and customers during the Covid-19 era and to help prevent a second wave of Covid-19 (TAT Newsroom, 2020). Business owners should register online and provide details, including contact information, opening hours, and visitor limits, and complete a questionnaire about Covid-19 control measures (TAT News, 2020). Once approved, business owners will receive a QR code to be placed in front of their premises. When visiting service places, for instance, restaurants or supermarkets, the visitors must scan the QR code for check-in and check-out. The scanning indicates whether or not the shop is congested so that visitors can determine whether to visit the store or move on to other business. Visitors can also use the app to report to the government if they visited shops or restaurants that do not meet the Covid-19 safety control measures, such as evaluating the cleanliness and crowding of a shop or restaurant (Department of Disease Control of Thailand, 2020).

The release of the Thai Chana application supports the Thai government's approval of the second phase of the easing of lockdown measures from May 17 to help lift the economy, after the number of new Covid-19 cases and deaths have dropped (Nation Thailand, 2020). With the current situation of opening shopping malls to the public, the new normal is underway in Thailand. In this situation, people are still worried about the virus and that heading out to places where masses of people converge can trigger another contamination wave. However, to kickstart the economy and get businesses on track again, the Thai Chana online application hopes to decrease concerns and boost people's reliance (Jimmy, 2020). And after reviewing Raj, et al.'s writing (2020) that emphasizes restaurant capabilities to best leverage digital channels, especially in the related case study of platforms like Uber Eats in the future economy. The authors considered that the release of the "Thai Chana" platform is the right decision taken by the Thai government to carry out economic recovery.

## **2. The Advantage of Realizing Digital Resilience during Covid-19: Lessons from Thailand**

As discussed in the previous section, in Thailand itself, the release of several supporting applications to mitigate the Covid-19 outbreak has had a real impact in minimizing the spread of the virus and one of the ways to reduce the number of positive cases. To fight further waves of the pandemic, contact-tracing apps that monitor infection locations and points of contact have never been more important (Hicks, 2020). The public must follow the instructions and also give information about their conditions. These steps will help authorities establish better data collection and statistics accuracy in the coming days and weeks.

In general, the authors have found that Thailand has utilized at least two of the five criteria in the information society concept. First, it can be explained through the technological measure. Advances in information technology can facilitate access, especially in disseminating information. The Thai government has done well in optimizing technology, especially in preventing the spread of Covid-19. Several applications that have been released by the Thai Government—DDC Care, AOT Airport Application, MorChana, THAIFIGHT Covid-19, and Thai Chana—with support from private entities and state enterprises have proven helpful in combating Covid-19 with its efforts to track and reduce the spread of the virus. Furthermore, this can become a lesson for other countries to strengthen cooperation between the government and the private sector to develop applications to prevent the virus's spread.

Second, the spatial criterion in the information society concept is closely related to the Thai government's applications, which function to track their health status by registering to a technological device. In which the dissemination of information through the digital platform can make the distance invisible. Everyone who has access to the internet can get the same data and information quickly. The use of applications carried out by Thailand makes the government disseminate information about the spread of the Covid-19. Remote health consultations can also be carried out so that everything can be done from home. In this case, Thailand is a leading example of reducing the digital divide.

Based on the concept mentioned above regarding an information society, however, Thailand is still not doing its best in realizing digital resilience. Three other criteria have not been completed, such as economic, occupational, and cultural. Thailand's digital resilience must meet these three criteria to incorporate digital elements into every aspect of life and optimize digital resilience. Then, the requirements that have not been implemented by Thailand can be a lesson for other countries to fulfill digital resilience, mainly to tackle Covid-19.

### **3. Regional Lessons from Thailand's Digital Resilience during Covid-19 Pandemic**

Essentially, digital technology can enhance public-health education and communication. In Thailand's case, the government has successfully mitigated the Covid-19 outbreak by comprehending the importance of digital resilience and maximizing the use of technology with many contact-tracing applications. It should be underlined that those applications are made in stages. In other words, some applications aim to track the potential spread of the virus. Still, the application is yet to be made after the second phase of easing lockdown measures. It could have lifted the economy after the number of new Covid-19 cases has decreased. Learning from

Thailand, which has successfully used digital technology to combat the Covid-19, the authors believe that other ASEAN member states can do the same thing.

**Individuals using the internet (% of the population)**

Country	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<b>Indonesia</b>	10,9	12,28	14,5	14,9	17,1	22,06	25,4	32,3	39,9	47,6
<b>Malaysia</b>	56,3	61	65,8	57	63,6	71,06	78,7	80,1	81,2	84,2
<b>Brunei Darussalam</b>	53	56	60,2	64,5	68,7	71,2	90	94,8	95	95
<b>Thailand</b>	22,4	23,6	26,4	28,9	34,8	39,3	47,5	52,8	56,8	66,6
<b>Myanmar</b>	0,25	0,98	4	8	11,5	21,7	25	23,6	..	..
<b>Philippines</b>	25	29	36,2	48	49,6	36	55,5	60	..	43
<b>Vietnam</b>	30,6	35,07	36,8	38,5	41	45	53	58,1	69,8	68,7
<b>Lao PDR</b>	7	9	10,7	12,5	14,2	18,2	21,8	25,5	..	..
<b>Cambodia</b>	1,2	3,1	4,9	6,8	14	6,4	32,4	32,9	40,5	..
<b>Singapore</b>	71	71	72	80,9	79,02	79,01	84,4	84,4	88,1	88,9

Source: World Bank (n.d)

From the table above, it can be stated that other ASEAN member states also tend to experience an increase in terms of people using the internet. Some countries have a higher percentage than in Thailand. The increasing trend of individuals using the internet indirectly affects other ASEAN member states' possibility to follow Thailand's milestones in maximizing the use of technology. It is also supported by the fact that each country can develop the information society, which is perceived mainly in technical terms as the construction of telecommunications infrastructures. That argument is in line with the primary mission of the information society, which to create a community that is aware of the importance of information, science, and technology, as well as creating an integrated, coordinated, and documented information service, and the dissemination of information to the broader scope quickly, accurately, and

useful (Pendit, 2007). Moreover, in all countries, there are also social groups whose individuals both seek a way of living that has been developed in the modern societies of industrialized countries and have the capabilities to learn, innovate, and follow applicable changes in living conditions (Avgerou and Madon, 2005).

Another example of utilizing information distribution in the information society can be seen from Singapore's government, which collaborates with WhatsApp to allow the public to receive accurate information about Covid-19. Singapore's healthcare agencies use several social media platforms (e.g., Facebook and Twitter) to provide 'real-time' updates and clarify various kinds of uncertainty among the public (Ting, et al., 2020).

However, regardless of the possibility of digital resilience in ASEAN, it still depends on the countries' conditions, preferences, interests, and priorities. In preparing for the future inevitably, each country requires some assessment of what that future may bring and either welcoming the expected changes or striving to prevent them, depending on whether they are good or bad for society and the economy (Li and Piachaud, 2018). In particular, utilizing technology by making applications is not as easy as imagined. It requires a lot of costs—both material and immaterial, research and development, and assessment. Other than that, the table also illustrates the potential of the digital divide that occurs between countries. To deal with that issue, ASEAN has laid out essential policy measures and frameworks, including the AEC Blueprint 2025, Masterplan on ASEAN Connectivity 2025, and the e-ASEAN Framework Agreement, which demand detailed research, visionary policy-making, and substantial buy-in from a regional stakeholder. Besides, ASEAN also issued a framework called the Framework on Digital Data Governance due to the ASEAN Telecommunications and Information Technology Minister Meeting (TELMIN). Several aspects are outlined in this framework, such as cooperation in cybersecurity and data protection and enhancing innovation and e-commerce. The formation of this framework was also created to help ASEAN countries realize potential benefits collectively. Besides, aware of the digital divide between ASEAN member states and encouraging cooperation and aid on human capacity development, information exchanges between ASEAN member states and international organizations can reduce the digital divide between ASEAN member states (ASEAN, 2012).

The existence of ASEAN's policy support can be one reason that each country could still consider digital resilience by maximizing technology use. The result of countries' awareness of digital resilience might not be instantaneous, but at least it will increase the use of technology



in a more constructive direction. The digital resilience was later strengthened by developing an information society in each country with a high level of information intensity in daily life using compatible technology for various activities. So, the public must follow the countries' policy and help authorities tackle the spread of Covid-19.

### **Addressing Digital Divide: A Long-Term Challenges for the ASEAN Member States**

Generally, the digital divide can be defined as the gap between individuals, households, businesses, and geographic areas at different socio-economic levels with regard both to their opportunities to access information and communication technologies (ICTs) and to their use of the internet for a wide variety of activities (OECD, 2001). The digital divide refers to differences between regions in terms of access to ICTs. The digital divide problem has geographic, demographic, and socio-economic dimensions (Yuguchi, as stated in Acilar, 2011). All countries certainly have social groups that are more advanced and have the capabilities to learn, innovate, and follow applicable changes. However, the information society has little relevance for how they carry on with their lives (Avgerou and Madon, 2005). Most of the improvement of information and technology depends on an a priori assumption that bridging the digital divide is a top development priority without much debate about whether ICTs are sufficient for solving developmental problems.

For instance, in Thailand itself, the digital divide remains a significant challenge. In this case, not every household has computer access. Thailand's share of households with a computer is only 21 percent, lower than the average of worldwide and developing countries at 49 percent and 38 percent, respectively (Thasanabancong and Rattanaprathetong, 2020). However, Thai households who own computers having a share of those with Internet access in 2018 was 68 percent, which is higher than the worldwide average of 55 percent. The digital divide magnifies challenges and unequal opportunities. Therefore, government agencies, namely the Ministry of Digital Economy and Society and the Ministry of Interior, should promote accessible free Wi-Fi hotspots and provide subsidies for purchasing computers or at least low-cost smartphones to mitigate the digital divide (Thasanabancong and Rattanaprathetong, 2020).

Each ASEAN member state has the potential to have the same issues related to the digital divide. There are digital inequalities regarding access, literacy, and infrastructures, which makes digital resilience not equally distributed among citizens in other ASEAN member states. Besides that, imbalance in the deployment of the internet is also like disparities of prior types

of communications technologies. The discrepancy of internet access between developed and developing countries is therefore not particular to the nature of internet technology, but due to deep-rooted and endemic contextual factors within those societies (Avgerou and Madon, 2005). In addition, internet penetration also varies widely from country to country. In this case, Singapore, Malaysia, and Brunei have internet accessibility rates of more than 80%; Indonesia and Thailand are less than 60%, and impoverished Myanmar and Vietnam (Compan, 2020). Apart from digital inequalities, there are also spatial inequalities that relate to urban-rural infrastructure. Whereas urban digital resilience is more felt in big cities, people in rural areas might not necessarily embrace it. People who can access information quickly and accurately are considered more advanced than those who do not have access to obtaining information. As evidence, Myanmar is one of the countries with concern in spatial inequalities related to urban-rural infrastructure by establishing several institutions in ICTs development. Further, to reduce the digital divide between the urban and rural areas in Myanmar, Myanmar Computer Federation (MCF) Myanmar ICT Development Corporation had been making efforts to promote the use of ICTs throughout the country by establishing Public Access Centers (PACs) in States and Divisions of the Union of Myanmar (MICTDC, n.d).

According to Burtseva (2006), there are six steps to address the digital divide that occurs in countries, including: (1) establishing a national strategy, international and internal policies, a legislative, public, and economic atmosphere that utilizes the use of information, communication, technologies (ICTs); (2) optimizing public opportunities for access to ICTs, as well as efforts to develop information infrastructure carried out by the state and the private sector; (3) providing assistance to increase the diversity and number of services to communities and businesses through ICTs; (4) creating public electronic resources through the concentration of efforts of the state and society based on comprehensive consideration from the aspect of nationality, world outlook, politics, economy, culture, religion and other aspects of development; (5) ensuring the provision of knowledge and skills regarding ICTs since elementary school and higher levels of education, as well as creating access to this knowledge and skills for all layer of society; (6) creating a system that applies ICTs to be widely used and applicable in every aspect of community life.

Additionally, similar to the six steps aforementioned, the authors emphasize the government's role to reduce the digital divide. The government is expected to increase and equalize the growth and development of information and communication technology. Moreover, the

government is expected to assist regions where the delivery of information processes is still minimal and focuses not only on regions or big cities. Gaps that occur in various regions make many aspects that need to be considered in implementing digital resilience, especially in regions without infrastructure or sufficient funds to support cellular and data coverage, automated applications, and network access (Whitelaw, et al., 2020).

Apart from the government's, the role of international or regional organizations must also be considered. As previously explained, ASEAN has issued several roadmaps and pathways, such as the AEC Blueprint 2025, Masterplan on ASEAN Connectivity 2025, the e-ASEAN Framework Agreement, and the Digital Data Governance Framework. For ASEAN, ICT is recognized as a critical driver in ASEAN's economic and social transformation. Therefore, ASEAN will need to continue prioritizing the digital gap's bridging and ensure that all communities and businesses can benefit from ICT adoption (ASEAN, 2015). Additionally, ASEAN will strengthen digital inclusion efforts to empower individuals and to enable community development, explore new path to enhance internet broadband penetration and affordability in ASEAN, improve ICT infrastructure and connectivity, especially in rural areas, and also build a trusted digital ecosystem including through further strengthening cooperation on cybersecurity to protect personal data (ASEAN, 2015).

The authors paid close attention that addressing the digital divide could become a long-term strategy to combat any possible future pandemic. It has a real effect on whether we can participate in the opportunities that the internet brings and the new normal we live. A crisis like this might also occur in the future pandemic. As we all adapt to this new normal, one thing is evident. The success in navigating this situation will partly depend on making the internet more inclusive, which underlines the need for countries worldwide to expand internet infrastructure and reduce the digital divide urgently. The authors believe that overcoming the internet connectivity challenges of access, affordability, and relevance requires a multi-faceted approach (Varghese, 2020). With the pandemic, how quickly people can access digital tools has become increasingly essential to help accelerate learning and economic growth since the flow of production, consumption, and distribution of communication and information are indispensable for public health and social prosperity.

## Conclusion

The past decade has allowed the development of a multitude of digital tools. However, the emerging information and communication technologies provide innovative solutions for public health, and now they are indispensable for public health and social prosperity. During the Covid-19 outbreak, digital technologies and innovations have captured our imagination during the pandemic with their ability to provide help and ease concerns during a challenging period. Additionally, technologies also help society and the economy cope with adverse social and economic impacts, provide innovation opportunities, and enhance resilience.

We argue that integrating digital technology into policy and response has flattened the curve of Covid-19 and low mortality rates in Thailand. Through the concept of digital resilience and the information society, the authors concluded that Thailand's digital resilience helped citizens' resilience during and after mobility restriction, especially in helping lift the economy and get businesses on track again. In the race for the spread of the virus that continues to increase, Thailand has released many contact-tracing applications that help collect data and statistics to track and decrease the spread of the virus. The comprehensive responses as a form of digital resilience have succeeded in making Thailand contain and mitigate this virus and provide input for other countries, especially in ASEAN facing the same problems.

In the efforts of ASEAN member states to fight against Covid-19, the problems faced by each country will undoubtedly be different. The limitations of digital infrastructure and the development of the information society in each country become the main obstacles in realizing digital resilience. Nevertheless, several roadmaps and pathways can be implemented to overcome the digital divide from the government or even regional organizations. In the realm of ASEAN, strengthening digital inclusion can empower individuals and enable community development. Also, other instrumental and structural efforts can be combined to dilute the digital gap. The authors recommend further research to explain each country's conditions in its ability to have digital resilience amid the Covid-19 pandemic.

Lastly, we suggest two steps that can be considered to overcome the digital divide by ASEAN member states. First, the instrumental efforts can be made by minimizing access inequalities, such as providing more internet access, more affordable computers, and smartphones, so that more people will get access to ICTs. Second, structural efforts can be made by changing the political-economy situation to achieve equal development. That structural policy

recommendation is also a response to Parayil's (2005) notion that the digital divide is not only a problem of accessibility, but it is a problem of equality. Therefore, innovations must also be widely disseminated. The authors believe that equitable development of ICTs will be a stimulus for the development and improvement of a better life, even in crises.

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## CHAPTER 4

# HUMAN SECURITY AND INDONESIA'S RESPONSES TO THE COVID-19 PANDEMIC

Novriest Umbu Walangara Nau<sup>1</sup>

### *Abstract*

*The Covid-19 pandemic phenomenon has had a massive impact on all countries worldwide in the political, economic, social, and security sectors. This pandemic has also affected Southeast Asia, where its member countries' population reaches over 620 million. The countries that recorded the highest Covid-19 cases were Indonesia and the Philippines, while Laos and Brunei Darussalam were the lowest confirmed cases. As the most populous country among ASEAN member countries, Indonesia has seen distraught dealing with this pandemic. The low synergy within the ranks of government, so that the inaction in giving early response to this pandemic leaves an enormous skepticism for the government's ability. This paper uses a qualitative approach to conduct an analysis of one specific case, namely Indonesia's response to the Covid-19 pandemic. This method will be used to examine Indonesia's response to the Covid-19 by reviewing various news releases, articles, government publications, and journals to measure the government's performance in dealing with Covid-19. This paper argues that the Covid-19 phenomenon presents turmoil to the current government regarding the national government policy for handling Covid-19. This article finds that the Indonesian government shows weaknesses in cross-sectoral coordination in handling Covid-19. Also, the national government policy in accentuating the economic sectors during this pandemic indicates the lack of attention to the Human Security of its people. This article concludes with the linkage between government policies and its cooperation with all social elements to effectively deal with the Covid-19 pandemic.*

*Keywords: Covid-19, Government Policies, Human Security, Cooperation.*

### **Introduction**

Since the first case emerged in Wuhan, the spread of the Covid-19 virus has been rapid and affected countries around China. Southeast Asian countries have started recording confirmed cases of Covid-19 within the same month since the first patient's death occurred in China. In January 2020, several countries in the Southeast Asia region have announced their first Covid-19 cases, such as Singapore, Malaysia, Cambodia, and the Philippines. In early March, the

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governments of Indonesia and Brunei Darussalam issued official statements regarding their citizens who were confirmed to have contracted the Covid-19 virus. In the same month, March 23-24, Myanmar and Laos were included in the list of countries affected by the Covid-19 virus. All ASEAN member countries have been included in the list of countries infected with the Covid-19 virus by the end of March (ASEAN, 2020).

The policies of Southeast Asia countries in dealing with Covid-19 are varied. The policies for handling Covid-19 in Southeast Asian countries include border control and entry bans for foreigners, large scale social restrictions, and quarantine. Among Southeast Asian countries, Indonesia appears to be relatively slow in providing an initial response to the Covid-19 pandemic, in connection with the publication of a new national health protocol that has only seemed to the public after two months since Covid-19 broke out (Pambagio, 2020). In addition to being late implementing health protocols, Indonesia prioritized the economic sector over public health emergencies.

This paper aims to observe the Indonesian government's policies in dealing with the Covid-19 pandemic. Indonesia has so far not succeeded in controlling the rate of spread of Covid-19 in society. The author sees that the cause of the spread of Covid-19 in the country is still so high is the Indonesian government policy approach, which still relies on the high politics aspect. The Indonesian government always places too much importance on the state's interests in sectors usually considered vital by overcoming domestic crises. This paper intends to provide an overview of how the Indonesian government handled the pandemic and the policies' effectiveness. One of Indonesia's main problems during this pandemic is the chain of command, coordination and risk communication, and community empowerment. Indonesia needs to build new nuances through the current crisis period, where the government is responsive and provides a sense of security. Trust in the government and its policies can grow more robust amid society.

This paper argues that to achieve success in handling Covid-19, the Indonesian government requires a change in policy approach. Prioritizing today's political and economic interests will ignore humans' vital needs in crisis times like now and lead to inappropriate handling policies. The Human Security approach is needed to ensure that everyone feels the government's presence in providing their most basic needs as citizens. This paper also proposes a bottom-up approach to ensure government work runs holistically. The government's unpreparedness in the health sector's development must be overcome with multisectoral cooperation. To provide

an overview of the implementation of government policies regarding the handling of Covid-19, this paper will discuss several policy implementations in the Jakarta Special Capital Region. Discourses regarding policies that are taking place, especially in Jakarta Special Capital Region, are expected to provide an overview of the various initiatives that have been undertaken by the national government and its partnerships with local governments, given the status of Jakarta Special Capital Region as the epicenter of the Covid-19 spread.

### **Human Security in the Context of Covid-19 Pandemic**

In this section, the author will provide an overview of the core ideas of Human Security and how these ideas affect the fulfillment of everyone's deepest needs. The Human Security approach will then be linked to the debate on global health-related policies connected with the emergence of Covid-19 as a significant international issue today. The author will then relate how this conception has relevance to the situation currently being faced by the Indonesian government in its efforts to handle the Covid-19 pandemic at home.

#### **1. Making Sense of Human Security: Conceptual Foundation**

The Covid-19 pandemic presents a tremendous challenge for the national government, where the government's performance in dealing with this issue has received a tough test. Covid-19 could be considered as a new form of the threat facing the country. It replaces 'traditional' security issues, such as war. However, the state emphasizes the conventional security approach, which involves the use of force and militaristic ways, and has not immediately changed their policy direction to accept a new security dimension, such as human security.

Human Security is present in an emerging spirit to redefine the international security system after the Cold War. State supremacy in dealing with security issues faces challenges because society's threats are no longer just about war (Fukuda and Messineo, 2020). Fukuda and Messineo emphasized the need to expand the security aspect in which state policy must place humans as the referent object. It is necessary to pay attention to the domestic level and the international system. However, groups to individuals must have security studies. The Human Security approach that pays special attention to the individual level shows sensitivity to each person's problem variants. According to Sakiko and Messineo, "by focusing on the individual, the concept must necessarily include all aspects of human rights including the need for meeting basic needs and the demands of political and social freedom - both 'freedom from fear' and 'freedom from want'" (Fukuda and Messineo 2012, p. 3). Takemi et al. emphasized a shift in

the focus of the security approach to relying on the state and targeting the micro-level where individuals and communities also receive attention regarding their security. In addition to the limitations of Human Security in formulating one single definition, this approach has gained support in ensuring that individuals and communities are increasingly guaranteed security in their daily lives (Takemi et al., 2008).

The United Nations frames the Human Security approach to understand the expansion of the definition of security and the presence of multidimensional forms of threats. The challenges currently facing countries are targeting the survival, livelihood, and dignity of their people. Attention to security issues then has close ties with human rights, social, political, economic, and cultural aspects. In this regard, as an international organization, the United Nations makes serious efforts to ensure the fulfillment of everyone's needs in various ways. There is one crucial part emphasized by the United Nations in developing the concept of human security, namely that this approach does not necessarily eliminate the state's role. The United Nations calls on the international community to provide full support for the country in dealing with variants of problems in the present. Several principles were put forward for each country to include a human security approach in implementing national policies by referring to the principles of people-centered, comprehensive, context-specific, prevention-oriented, protection, and empowerment (UNTFHS, 2016). All of these principles are not implemented separately, and that the role of each actor in contributing based on their specific capabilities and building synergy is needed.

In general, human security carries the terminology freedom from want and freedom from fear to give an idea of the subject to be worked on. Alkire (2003) explains that the phrase 'freedom from fear' is intended to indicate freedom from violence, and the term 'freedom from want', freedom from poverty. In affirming the focus of the study, Human Security Alkire suggested: *"Human security is people-centered. It is concerned with how people live and breathe in a society, how freely they exercise their many choices, how much access they have to market and social opportunities - and whether they live in conflict or in peace. Everyone needs to feel security related to the most basic needs in their life, including aspects of health and education, and inhabit an environment that is not injurious to their health and well-being (Fukuda and Messineo, 2012).*

In its approach, human security wants to reveal the need for a change in perspective in seeking the welfare of humankind. Putting the importance of human life based on economic measures



alone has neglected other aspects. Development is then directed to focus on humans to observe each person's needs as a whole. The measure used to see the welfare of human life, whether through the income level or the Human Development Index, is not wrong. However, the main point to be said is whether this measure is able to give an idea of the success of the development program being worked on (King and Murray, 2001).

## **2. Human Security and Global Health Politics**

Considering that the presence of Human Security also raises low political issues as an essential part to discuss in meeting security, health issues also have a place in the Human Security discussion. The sustainability of community to individual health, current capabilities, and long-term solutions to health threats is an integral part of human security studies. Takemi et al. (2008) put it clearly;

Beyond serving as an entry point, a strong international commitment to taking a human security approach to dealing with global health has the potential to contribute to health security for several reasons. First, human security focuses on the actual health needs of a community, as identified by the community itself. Second, human security highlights people's vulnerability and aims to help them build resilience to current and future threats. Third, human security aims to strengthen the interface between protection and empowerment. A "protection" approach, through which services are provided, is critical, but so is an "empowerment" approach in which people can take care of their own health and build their own resilience (p. 6).

The Indonesian government needs to use a different policy approach to deal with the Covid-19 pandemic. Human Security can answer the Indonesian government's need to initiate and implement the right policies amid this pandemic crisis. The agenda of human security has brought new involvement for various actors in pursuing new forms of security in the international order. International organizations to global civil society groups get echoes to voice their aspirations (Alkire, 2003). The UN as an international body in its report related to Human Security explains the ability of a Human Security approach that is responsive to the types of problems faced, while at the same time offering the formulation of a policy approach that will ensure everyone's basic needs can be met. Referring to the United Nations (2016);

the human security approach goes beyond quick responses and is prevention-oriented. By drilling down to ascertain the real causes of challenges and by building solutions that are in themselves sustainable and resilient, human security promotes the development of early warning mechanisms that help to mitigate the impact of current threats and, where possible,

prevent the occurrence of future challenges. Moreover, the human security approach recognizes that there are inherent responsibilities within each and every society. Empowering people and their communities to articulate and respond to their needs and those of others is crucial.

The World Health Organization undertakes the international response to health issues. This organization serves as a forum for ensuring timely containment measures and advice at the public health emergency source. WHO is an institution that becomes a reference for the international community when global health problems arise. The WHO was to be notified of an outbreak within a specific time frame, could recommend steps to contain the outbreak, and, failing that, could formally inform the international community. The WHO was even permitted to act upon reports of outbreak events from sources other than the state (Davies, 2019).

In his study, Davies (2019) describes WHO's involvement in global health issues by referring to the role played by WHO in Southeast Asia. When SARS and H5N1 broke out, WHO demonstrated its capability in coordinating its regional offices and associated collaborating laboratories. In the phenomenon of the emergence of SARS and H5N1 diseases, the WHO was quick to suggest that the lack of a formal reporting requirement had inhibited the response but should not prevent cooperation in practice (p.64). Through this, WHO voices the importance of collaboration in the international realm to ensure that global health problems can be carried out optimally.

Human Security presents openness to the complexity of society's challenges and places elements that have been often neglected as the primary concern in their approach. The human security framework can frame global interdependence and mutual vulnerability in facing both traditional and non-traditional threats. One form of danger recognized by the human security approach is related to public health (Gutlove and Thompson, 2003). The government's ability to integrate the Human Security concept into its national policies is a critical issue. Regarding the policy of handling the Covid-19 pandemic, the government's ability to respond to citizens' needs can be seen from the risk management they are working on (King and Murray, 2001). This can be measured from the early warning system and suitable risk assessment. The capability of implementing Human Security in policy needs to be pursued through partnership and collaboration (UN, 2009). The Human Security approach that measures the effectiveness of policies through a bottom-up approach can be used to see whether national government policies to provide space for each region to implement policies based on internal conditions have effectively overcome the problem of the Covid-19 pandemic. Through this, it can be

shown how the different approaches adopted by regional leaders sometimes contradict policies at the national level. According to Dwinantoaji and Sumarni (2020), health security significantly affects national resilience. Through this, it can be said that Human Security, especially the health sector, is indisputably the main feature that the government must pay attention to in maintaining national stability.

In this context, The Covid-19 pandemic is an extraordinary phenomenon experienced by all countries globally, including Indonesia, which is an opportunity to see the government's readiness to overcome crises. As will be observed in this paper, I argue that the presence of Covid-19 is an opportunity to recognize the changing direction of security approaches in the present. The international community is now experiencing that the state's most apparent threats and its population are no longer just a matter of war and protecting oneself from foreign aggressors' militaristic threat. Although military security is still a central aspect that all countries strive for, countries are overwhelmed by new forms of threats that also attack human existence. New security threats such as disease outbreaks as experienced now require countries to adopt a security approach. The health sector, which has not been the government's top concern, has made it difficult for many countries to overcome the Covid-19 outbreak.

### **3. Human Security in the Covid-19 Pandemic: Assessing Indonesia's Policies**

The Human Security approach is expected to be a solution to the Indonesian government's impasse in applying targeted policies for its people. The health aspect that has become a global concern is an opportunity to bring low politics as the main study on the international agenda. The Indonesian government can also observe the importance of prioritizing meeting the basic needs of everyone so that policies issued in the current crisis acquire new nuances.

This paper will present a review of Indonesian government policies that have been implemented since the early days of the Covid-19 pandemic to the latest government policies. The Human Security lens will be used to observe the policies of the Indonesian national government and the policies of regional heads that are in direct contact with the implementation of central government policies related to the handling of Covid-19. This paper will focus on two main parts of the government's grand strategy: command and coordination, risk communication, and community empowerment. The section related to the management and coordination strategy is significant in observing government policy because it can provide an overview of the government's attention to each individual's needs through the guidelines issued. Besides, government policies related to risk communication and community

empowerment will show whether the community has become an essential part of every government policy and whether it has become the government's center of attention.

There have been many initiatives undertaken by the government to overcome the Covid-19 pandemic. This paper, in particular, intends to examine the policy approach adopted by the Indonesian government. The Covid-19 pandemic situation is extraordinary, both in terms of the impact this phenomenon has on the international community and the presence of new forms of threat to the existence of human life. Therefore, the country's approach to making policies to the current situation requires adjustments as the existing situation changes. The Human Security approach will be used as an analytical lens in this paper because of its ability to provide comprehensive recognition of the significance of each person's life needs in various aspects.

To substantiate the review, this paper will assess how Indonesia's central government and local government –taking the case of Jakarta Special Capital Regional government — respond to Covid-19, and provide some lessons learned in two aspects: (1) policy coordination and (2) provision of rights of citizens. A qualitative approach is used to examine Indonesia's response to the Covid-19 by reviewing various news releases, articles, government publications, and journals to measure the government's performance in dealing with Covid-19. The study aims to understand the extent to which the Indonesian government's policies cover the Human Security aspect and fulfill its citizens' basic needs.

## **Assessing Indonesia's Policies during Covid-19**

### **1. Indonesian Government Policy in Dealing with Covid-19: Initial Response**

The Indonesian government has taken various policies in response to the outbreak of Covid-19 in China. In general, the Indonesian government always responds to news of the emergence of new types of disease in Wuhan, China. On January 11, 2020, when WHO reported the first death in China related to Covid-19, Minister of Health Terawan Putranto appealed to increased public awareness and alerting ports and airports (VOI, 2020). One of the initial responses given was through the formation of Rapid Action Teams at several vital points that became the entry points for the country at airports, seaports, and land border posts. Health checks began to take effect in mid-January at 135 points at airports, land, and ports using temperature scanners). Apart from starting to tighten checks at various public facility service levels, the Indonesian government has begun to impose transportation restrictions for its citizens. The government postponed flights with the mainland China route to Indonesia starting February 5, 2020.

Meanwhile, Indonesian citizens residing in Hubei province, China, were repatriated to save against the threat of Covid-19 after public pressure from Indonesia). In the same release, VOI explained that another gap that was seen was that when the Indonesian government announced the first case, there was no established tracking mechanism so that when the first patient was treated for a while, it was not in the isolation room, but in the regular treatment room.

Also, in the early days of the pandemic when positive cases of Covid-19 broke out in China, South Korea, and Japan, the Indonesian government took the initiative through MICE (meetings, incentives, conventions, and exhibitions) to increase the arrival of foreign tourists into the country. This policy was taken to take advantage of the shift in foreign tourists who want to visit three countries in Northeast Asia due to the Covid-19 case. Wicaksono continued that the Indonesian government's attitude indicated an economic approach in dealing with disease outbreaks (Wicaksono, 2020).

In this context, the Indonesian government's policies were not wholly unsuccessful. There are, however, weaknesses in the government to implement Covid-19 handling policies, especially in terms of coordination and cooperation. The poor communication between lines can be seen from the channeling aid mechanism, which creates a new polemic regarding deviant practice in the field. The deviation is related to reducing the portion of community assistance that should have been distributed. The problem with government policy is, to some extent, in the lack of coordination between multiple levels of government, which reflects the massive bureaucratic question that haunts the Indonesian government at all levels.

## **2. Regulatory and Budgetary Responses to Covid-19 Pandemic**

According to the Minister of Health in his WHO address, Indonesia adopted a policy with the design of nine main pillars of overcoming Covid-19, namely (1) command and coordination; (2) risk communication and community empowerment; (3) surveillance, rapid response team and case investigation; (4) Restriction of entry, international travel, and transportation; (5) laboratory; (6) infection control; (7) case management; (8) operational and logistical support; and (9) maintaining essential health services and systems.

Efforts to deal with Covid-19 were also carried out to stipulate various regulations to implement policies in multiple aspects. The government determines the budget distribution to handle Covid-19, as stated in Government Regulation number 1/2020 regarding the State Financial Policy for Handling Covid-19 (BPK RI, 2020). The efforts in the realm of policy

were continued with the issuance of other regulations, namely Presidential Decree No. 54/2020 Changes in Posture and Details of the 2020 State Budget. This policy was then still changing in connection with the country's actual conditions in fighting the Covid-19 pandemic so that in June, there was another adjustment through Presidential Decree 72/2020. Spending is allocated to the health sector, social protection, tax incentives, people's business credit stimulus (*Kredit Usaha Rakyat*), and the national economic recovery program. In the economic stimulus, the spending includes credit restructuring and guarantees and financing the business sectors, especially micro, small, and medium enterprises (KPCPEN, 2020).

However, when giving a warning to the ministers, President Jokowi highlighted the weakness of program arrangements so that the funds allocated by the national government were not fully absorbed. At that time, 75 trillion allocated funds in the health sector were only absorbed as much as 1.53 percent (Kompas, June 29, 2020).

The government's handling of Covid-19, in general, includes four effective strategies, which derives from international standards. *First*, the government imposes an obligation to use masks while in public or outside the home. *Second*, the approach relates to efforts to break the chain of Covid-19 cases against people who have been confirmed positive. Contact tracing is carried out through rapid tests of closest people, people in areas with high case records, and health workers directly involved in handling positive Covid-19 patients. *Third*, the government is also preparing for taking independent isolation or groups while delivering recommendations and procedures for implementing separate isolation. *Fourth*, the implementation of hospital isolation when patients infected with Covid-19 require more intensive care beyond the independent isolation process. Therefore, various hospitals have been used as referral hospitals by the national government (KPCPEN, 2020).

The government's policy in community management facing the Covid-19 pandemic is shown through large-scale social restriction, where this policy limits social activities that can present diverse crowds. Religious activities, teaching and learning activities in schools and higher education institutions, and public spaces are limited and replaced by virtual meetings. Local governments are given room to implement large-scale social restrictions in their regions after submitting a request to the Ministry of Health and obtaining approval. Meanwhile, regional quarantine is also carried out in a particular regional government decided to close off its regional traffic lanes. This policy is more minimal and partial than large-scale social restriction policies (CNN Indonesia, March 3, 2020).



### **3. Weak Multi-Level Coordination: Tensions between Central Government and Jakarta Special Capital Regional Government**

The national government and provincial governments are moving together to answer needs related to handling Covid-19. In the process, there has not been a high level of coordination among government officials. The experience of managing Covid-19 in the Jakarta Special Capital Region area as the nation's capital and the main spread center of Covid-19 shows a lack of policy synergy, one of which is seen from the social aspect. In this field, the government has issued a social safety net program (JPS) in basic food assistance programs, and family hope program (PKH), special assistance for Jabodetabek foodstuffs, cash social assistance (BST), and direct cash assistance for village funds (BLTDD).

In practice, however, there was a miscommunication between the central government's policies and those carried out by the local government, including the Jakarta Special Capital Regional Government (DKI Jakarta). One of the most prominent things is related to coordination with the central government in policy-making and policy execution in the field. For example, the central government questioned the Jakarta Special Capital Regional regarding large-scale mobility restrictions without agreement with the central government (Kompas, September 12, 2020).

Meanwhile, regarding the execution of policies in the field, the central government faces coordination problems, as evident in the distribution of social assistance funds for the poor in the Special Capital Region. The difficulty was exemplified by the clash between the Coordinating Minister for Human Development and Culture, Muhajir Effendi, with the Governor of Jakarta Special Capital Region, Anies Baswedan, regarding the disbursement of the social funds. Minister Effendi stated that many complex social assistance recipient data lost the opportunity to get access to assistance from the national government, which referred to Governor Baswedan's statement about the latest poverty data in the Special Capital Region. According to Minister Effendi, the central government has the responsibility to bear the social assistance budget for the remaining citizens that has not been covered by the Jakarta Special Capital Region Provincial government budget.

In its implementation, however, Governor Baswedan stated that provincial government assistance is only the first step before waiting for social assistance from the central government, which contradicts his earlier statement that his government would cover total social assistance

funds for all Capital residents. It is reported that Minister Effendi and Governor Baswedan clashed during a meeting on that matter (Detik, May 7, 2020)

This case shows an example of incoherent policies between central and local governments at the policy beneficiaries' expense. It was made worse by the recent corruption case of the social assistance fund, which ultimately involved high-level figures within the Ministry of Social Affairs, including Minister Juliari Batubara. This example indicates the serious coordination and mismanagement problem – eventually led to corruption – in Covid-19 responses, which is likely to happen in worse conditions in other provinces.

#### **4. The Lack of Expertise and Policy Failures in Covid-19 Responses**

Regarding the government's initiative to handle the Covid-19 pandemic, various policies have become the target of criticism in society. National government policy through the President of the Republic of Indonesia issued Government Regulation, namely Government Regulation 01/2020 that concerns financial stabilization mechanism during Covid-19 handling period is one of the policies that has been sharply highlighted. There is massive criticism against it because the government is deemed not specific in stating the public health policy to be implemented. Problems that arise from government policies that are not translated into detailed policy directions then create difficulties for local governments to execute policies directed by the central government. Concurrent policies are challenging for all province regions to implement because the central government initially did not explain the nature of health policies. Local governments then seem to be taking their path through the initiatives they produce. For example, Jakarta Special Capital Region has adopted a sizeable social restriction policy before getting an appeal from the central government, reflecting the tension between the central and local government in Covid-19 responses.

Several government policies seem to emphasize the economic sector, ranging from easing large scale social restrictions to budgeting. This policy is centered on the economy, is further strengthened through another controversial approach taken by the national government, which prioritizes the tourism sector over health. The government had decided to support social media influencers' use to attract foreign tourists to Indonesia, even when the virus had begun to spread (see Kompas, September 2, 2020). The initiative shows the negligence of the government in protecting the community while at the same time providing an appropriate response to ongoing problems at the global level. The Indonesian government, in the early days of the emergence of the Covid-19 pandemic, was relatively slow to pay serious attention to this issue.

Contradictions in government policies can still be found when policies have been taken and enforced by the national government. Similarly, Indonesian media also reported various contradictory statements by the government officials, where at first Jokowi announce that “the government is at war against Covid-19” only to be revised later (after several months) with the statement that people must live in peace with Covid-19 (Kompas, September 2, 2020). The softening of this statement could imply the leniency of government policies in dealing with the Covid-19 pandemic.

The Indonesian government faced several problems since the first time it met the Covid-19 pandemic, such as the inability to assess the level of risk this outbreak, which is caused by the non-involvement of the scientific and medical community in decision-making processes related to the pandemic, as well as difficulties faced by researchers in communicating their ideas to the government. Since early days of the pandemic, various institutions are trying to provide predictions about the rate of increase in Covid-19 cases in Indonesia. A group of researchers based at the University of Indonesia’s School of Public Health, for example, calculated that positive cases of Covid-19 in Indonesia would reach 2,500,000 people if the government does not provide a quick and correct measure to prevent the spread of the virus. Up to December 2020, the prediction seems to be closer to the actual number of cases.

What the government did, instead, was making false and unproven modeling of the pandemic. The State Intelligence Agency also announced predictions of the spread of Covid-19. Based on the results of its calculations, this agency stated that the peak of the spread of Covid-19 would occur in May 2020 (Kompas, September 2, 2020). The Task Force even supported this statement for the Acceleration of Handling Covid-19, which states that by referring to the State Intelligence Agency’s calculations, the total number of Covid-19 positive patients in Indonesia will reach 106,287 cases in July. However, these appear to be inaccurate. The peak point of the spread of Covid-19 cases in Indonesia is still not showing the final phase. Early July 2020, there were around 60,000 patients recorded, and the accumulation of daily cases even showed no signs of decreasing.

It is in this context that the government’s approach needs some rethinking. Changes influenced the high number of cases in government policy in dealing with Covid-19. While initially imposing large-scale social restrictions, the government relaxed rules early to maintain its economic stability and despite some criticism by medical and health communities. As a result,

by June 2020, it appears that the daily cases of Covid-19 in Indonesia have never been less than 1,000 per day without a sign of recovery.).

## **5. Assessing Indonesia's Covid-19 Response Policies: Two General Patterns**

Two general assessments can be highlighted in Indonesia's Covid-19 management policies. *First*, the central government has made serious efforts in dealing with the Covid-19 pandemic at home in terms of initiating regulations and allocating a sufficient budget but was hampered by the failure of inter-institutional coordination and budget management. Various policies ranging from the issuance of rules through Presidential Decrees to budget distribution in several sectors have become concrete steps taken by the national government. However, this positive initiative was not followed by effective implementation. One of the main factors in the coordination between the central and local governments is Indonesia's decentralization system. In this context, local governments are given the discretion to regulate their territorial affairs because they can better understand their own people's conditions. This approach often creates tensions between the national and local governments, thus reflecting institutional rivalries between the central and the local government. Besides, During the Covid-19 pandemic, there is also a tendency among several government elites to use Covid-19 responses as a tool to increase personal wealth or to boost political opportunity, which certainly hinders joint efforts to deal with the Covid-19 pandemic. For example, this is evident by corruption cases that involved the Minister of Social Affairs, who is also a deputy treasurer of Indonesia's leading political party.

*Second*, the government's policy approach then shows weaknesses when prioritizing society's basic needs. The government prioritizes economic needs rather than health aspects, which are currently the most crucial issues in the country. The addition of positive cases of Covid-19 that continues to occur every day should change the government's direction in emphasizing its policy direction. Initially, the government imposed large-scale social restrictions to ensure the safety of the people. However, the government then relaxed this policy to meet economic needs, which made the graph of the increase in Covid-19 cases in Indonesia increasingly exploded.

## **Integrating Grass-Root Response with Government Efforts: A Human Security Approach to Covid-19 Response**

Civil society itself has shown significant initiatives in efforts to support the government to solve this pandemic problem. There have been concrete steps from a civil society coalition consisting of AJAR, Kontras, Lokataru, Migrant Care, Community Legal Aid Foundation, P2D, PKBI, YLBHI, YLKI, and WALHI (Suryani 2020). According to Dini Suryani, the civil society coalition demands the government to improve the mechanism to respond to the pandemic by providing a fast, accurate, and responsible response, improving public communication management and maintaining citizens' privacy rights by disclosing cases without revealing the patient's identity. The government should also minimize stigma and discrimination and tackling the scarcity of masks and antiseptic soap at affordable prices (Suryani 2020).

However, this initiative from civil society has not received the full attention of the government. So far, there is no form of truly coordinated cooperation so that the civilian movement's echo is more remarkable. It is argued that listening and involving civil society organizations in various pandemic responses is key to improving the health care system.

The bottom-up approach is the Indonesian government's approach to reach all people's lives and mobilize various sectors to get involved in serious efforts to deal with the Covid-19 pandemic. Communities as beneficiaries need to be placed as the government's top priority in every policy issued. Other civil society movements also come from faith-based organizations, such as NU and Muhammadiyah, and the Catholic Church. They support the government through their social services, such as a hospital or higher education institutions. Also, individual groups use social media crowdfunding, such as Kitabisa, to raise medical equipment funds and assist poor people. It is estimated that by April 30, 2020, around IDR 25 billion was crowdfunded by citizens to support medical workers in battling the virus in the frontline (Suryani, 2020).

The Covid-19 pandemic, nevertheless, is a recent phenomenon that produces health hazards through human-to-human transmission. Consequently, all elements of society need to be reached by the government to comply with health protocols related to interactions in daily activities. In this section, the bottom-up approach initiated by Human Security needs to be complemented by the central government's responsiveness. Civil society organizations'

ability, whose main strength is their closeness to society, and religious institutions that create ideas for their members, is something that must be empowered by the government.

Against this backdrop, the Indonesian government needs to provide more generous space for medical experts to be involved in policy regulation and empower them in providing social assistance. The government can expand the campaign's echo for implementing health protocols through collaboration with religious organizations and encouraging non-governmental organizations to give socialization on the response to the Covid-19 pandemic for people at the grassroots level. The human security approach needs to be the direction of the Indonesian government's policy in handling Covid-19. The basic needs of society must come first. The government needs to empower civil society groups and work together to see society's needs at the lowest level so that the government's national policies can be right on target.

As Takemi et al. emphasized, the protection approach, through which services are provided, is critical and is an empowerment approach. People can take care of their health and resilience. The Human Security approach has offered a multisectoral partnership approach and community empowerment as a referent security object. Health issues become a shared responsibility, and each party takes the necessary initiatives. The Indonesian government can still not build a bridge of communication with all society elements in the country, so the policy for handling Covid-19 cannot be implemented optimally. In this context, I argue that what the government needs to do is reorient the strategy by getting more assertive to public appeals. In this context, non-state actors' participation needs to be acknowledged by the government and scientific community in the policy-making processes.

To push the assertiveness of governments in pandemic handling, WHO has proposed a policy strategy for countries to respond to the Covid-19 pandemic. According to WHO, a renewed focus on large-scale public health capacities must be implemented with medical communities' participation. Collaborative research and knowledge sharing have helped answer crucial questions about the benefits and costs of different response strategies in other contexts, the transmissibility of the virus, the clinical spectrum of the disease, and its capacity to rapidly overwhelm even the most resilient health systems (WHO, 2020). In general, only by listening to experts and acknowledging the participation of non-state actors who have attempted to build social solidarity during the pandemic that the Indonesian government



## Conclusion

The Indonesian government has shown various efforts to deal with the Covid-19 pandemic problem, such as issuing regulations and allocating large amounts of funds to tackle the Covid-19 pandemic at home. However, it can be said that the Indonesian government has not succeeded in controlling the spread of Covid-19 in the country. A particular study of the national government policy approach is then needed to observe the effectiveness of policies that have been implemented by the government.

The policies implemented by the national government have not hit the mark as a result of overemphasizing aspects that are considered vital by the state. The government has not prioritized everyone's most basic needs during a crisis like this, as illustrated in the state policy that prioritizes economic aspects over health aspects. Another problem of the Indonesian government is related to synergy in implementing policies in the field. There is a mismatch between the national government and local governments' policies so that it is not uncommon to sacrifice people who are in dire need. It is also felt that government policies through budgeting have not yet shown the prioritization of meeting the community's basic needs. The government has focused too much attention on economic issues that impact the current government regime's stability and sustainability, so it does not entirely focus on financing in the health sector.

The Indonesian government urgently needs the Human Security approach in the policies taken to ensure that the initiatives carried out are right on target. Human Security offers multisectoral cooperation, including community empowerment in facing various forms of threats to their existence. The policies launched by the national government still do not comprehensively involve all elements of society where the government has not recognized the positive initiatives that have been carried out by civil society groups. Therefore, the community is still not fully empowered. The government needs to use a bottom-up approach to ensure that all communities' basic needs are prioritized. Incorporating the nuances of Human Security in government policies will mobilize all social elements to work together and strive to fulfill everyone's most basic needs as the top priority.

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## CHAPTER 5

# PROTECTING MIGRANT WORKER DURING COVID-19 PANDEMIC: LESSONS FROM MALAYSIA AND THAILAND

Saidatul Nadia Abd Aziz<sup>1</sup>

Salawati Mat Basir<sup>2</sup>

### *Abstract*

*The Covid-19 pandemic came uninvited. As it took over the whole world, the Covid-19 is disrupting labor migration, regionally, and globally. As of the end of 2019, there were an estimated 10 million international migrants in ASEAN. Lockdowns in almost all parts of the world had impacted many migrant workers. Migrant workers in ASEAN struggle to protect their livelihood through the crisis, yet many are disproportionately affected by Covid-19. Most land borders in ASEAN are fully/partially closed starting March/April 2020. Not much has changed since, but the shift of migration policy in receiving countries has been inconsistent due to the current uncertainties. Policy responses include facilitating visa extensions, immigration raids, detentions, and deportations. Furthermore, the International Organization for Migration (IOM) has reported increasing xenophobia, discrimination, and violence stemming from the stigmatization of migrants, misrepresented as allegedly responsible for spreading the virus. Throughout the process, it is understood that all of this is unprecedented and unexpected, hence the uncertainties. Therefore, firstly, this paper aims to look at the challenges faced by ASEAN migrant workers. The second part will then discuss the mistreatment of migrant workers during Covid-19, focusing, and analyzing Malaysia and Thailand's response. Lastly, the paper will then give some policy recommendations on the management of migrant workers in a pandemic attack.*

*Keywords: ASEAN, Covid-19, Migrant workers, Malaysia, Legal Protection, Policy, Thailand.*

### **Introduction**

Foreign workers have been left in the blind spot of policymakers in many countries during the Covid-19 Pandemic. Existing reports and studies indicate that poor living and working conditions, including cramped workers' dormitories and unsanitary conditions, had led to the rapid transmission of infection of Covid-19 among migrant workers (World Bank 2020). In these situations, it is hardly that social distancing, and good hygiene is practiced among the

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workers. Before the Covid-19 outbreak, many migrant workers were already facing poor healthcare access, including lack of access to health insurance, administrative hurdles, and language barriers (Andika W 2020). The ASEAN countries, with a combined population of 649 million and GDP of US\$2.8 trillion, have been badly hit by Covid-19. Key sectors that have been affected by lockdown and other measures include travel, tourism, retail, supply chain, manufacturing sectors, and other services employment and livelihood people of the region are also significantly affected. In ASEAN, the uncertainties brought by the pandemic also triggered a swift outflow of capital, causing a dive in the markets and a rapid depreciation of the exchange rates across the region. Despite the disruption in the economic sector, the ADB has forecast Southeast Asia's economic growth will be around 1% (ADB 2020).

This paper aims to focus on Malaysia and Thailand as both are receiving countries and are very much impacted in this Covid-19, especially in managing migrant workers. There are various and uncertain policies and responses by governments, especially receiving countries, in managing migrant workers in Covid-19, making migrant workers vulnerable and open to abuse and facing high chances of job losses and low access to justice. In doing so, this paper will be structured as follow. First, the first section will identify the current situation and challenges faced by Migrant workers, generally and in ASEAN during Covid-19. The second section will ascertain the migrant workers' policy as practiced in Malaysia and Thailand. The third section analyses the violations of rights and responses of both Malaysia's and Thailand's government in managing migrant workers during Covid-19. The final section will recommend some migrant workers' management mechanisms for both Malaysia and Thailand, as well as deriving lessons to other ASEAN member states.

### **Migrant Workers and the Challenges Faced in Covid-19**

This section will be subdivided into two subsections. Subsection 1 will give an overview of the general condition of migrant workers during Covid-19. Subsection 2 will then focus specifically on Migrant workers in ASEAN.

#### **1. The General Condition of Migrant Workers during Covid-19 Pandemic**

Migrant workers frequently live in precarious conditions, often in crowded urban environments or slums, that do not enable them to comply with social distancing recommendations. This is true of poor households throughout the world whose living conditions often do not permit compliance (Brown, Ravallion, and van de Walle 2020).

However, even migrant workers who are provided with housing by their employers as is the common practice are unlikely to follow these guidelines. To better understand the challenge of complying with social distancing recommendations in developing countries, Brown and van de Walle (2020) proposes six conditions that indicate whether it is possible to follow the WHO's recommendations for household protection from Covid-19. These conditions are 1) access to the internet, a phone, TV, or radio; 2) no more than two people per sleeping room; 3) access to a toilet that is not shared with another household; 4) the dwelling can be adequately closed (e.g., there are walls and a ceiling); 5) access to piped water in the dwelling or yard, and 6) the household has a place for handwashing with soap. The conditions of sleeping with no more than two people per room and access to a toilet that is not shared are unlikely to be met by dormitories for migrants (World Bank Group 2020).

Major migration destinations have closed their borders to international travelers. At the same time, international and domestic travel options have dwindled. This has left migrants in a variety of challenging situations. Migrants who work in or were planning to work in another location cannot access their job cannot travel home even if they have lost their job (as is occurring with migrants from Cambodia, Lao PDR, and Myanmar in Thailand) or are stuck in transit. Due to the closure of borders and also fear of contracting the Covid-19 virus, there are significant labor shortages in some sectors (World Bank 2020). Migrants account for a large share of the workforce in the sectors that are most likely to be affected by the severe job loss resulting from the crisis. The UN estimates that nearly 30 percent of the workforce in highly affected sectors in OECD countries is foreign-born (UN 2020).

## **2. Migrant Workers in ASEAN**

Labor migration is an established feature of ASEAN labor markets. Intra-ASEAN migration is also rising, with 6.8 million intra-regional migrants accounting for two-thirds of the region's total international migrant stock (UN DESA, 2019). ASEAN leaders have signed two instruments to establish a regional framework for cooperation on labor migration, namely the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers, 2007 (Cebu Declaration) and the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers, 2017. The key ASEAN body leading the implementation of these instruments is the ASEAN Committee on the Implementation of the ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers (ACMW), which falls under the ASEAN Socio-Cultural Community. A range of regional stakeholders are involved in labor



migration governance, including the ASEAN Confederation of Employers (ACE), the ASEAN Trade Union Council (ATUC), and the Task Force on ASEAN Migrant Workers (TFAMW).

In July 2020, Vietnam, as ASEAN Chair and the ASEAN Secretariat, hosted the ASEAN Committee on Migrant Workers (ACMW) Virtual Open Session on Planning for the Action Plan in 2021-2025. The Open Session brought together 87 stakeholders including the ACMW focal points from ten ASEAN governments, representatives of ASEAN Secretariat, employers' organizations, workers' organizations, civil society organizations, ILO, IOM, UN Women, ASEAN dialogue partners and regional projects to discuss priorities and partnerships for next five years' of ACMW work. (ILO, 2020d).

Within ASEAN, Myanmar, Indonesia, Lao PDR, Cambodia, Vietnam, and the Philippines (in descending order) are net-sending countries, while Thailand, Malaysia, Singapore, and Brunei Darussalam are net-receiving countries. Vietnam, in particular, while still being a net-sending country, emerges as a net- receiving country.

As of late April 2020, more than 60,000 migrants had returned to Myanmar via official channels, while total returns were likely more than 150,000 according to the Myanmar State Counselor (IOM 2020a) and Thailand with similar numbers returning to Cambodia and Lao PDR. These movements create health risks for migrants moving in large groups and for populations back at home because of lack of screening at the formal and informal border crossing and insufficient health care. When back home, returnees will continue to face challenges including lack of employment opportunities, limited access to social safety nets, large debts accumulated to finance migration costs that would have been paid with higher incomes earned at the destination, families that are no longer receiving remittances, and even discrimination by community members fearful that migrants may transmit Covid-19 (World Bank 2020).

Therefore, it is essential to analyze the governments' policy and response in this particular matter. This paper will further analyze the next section, first focusing on violations of rights followed by the governments' response and/or policy. More specifically, this paper intended to only look at two major receiving countries related to intra-ASEAN labor migration: Malaysia and Thailand.

### **Mistreatment of Migrant Workers in Covid-19 and ASEAN Member States' Response: Cases of Malaysia and Thailand**

This section will focus on two particular ASEAN member states, namely Malaysia and Thailand. These two countries were chosen on the basis that both countries deal with different groups of intra ASEAN migrants from different ASEAN member states, which will be visible in the discussion below. The discussion in this section will (1) give an overview of the violations of rights of migrants that happened in both countries during Covid-19, (2) will analyze the responses of both governments in managing migrant workers during Covid-19 and its impacts on migrant workers, and (3) will summarise the problem from the policies of both countries.

## **1. Malaysia**

The first confirmed case of Covid-19 in Malaysia was detected on January 25, 2020. Initially, the Ministry of Health (MOH) released data on new cases by citizenship only intermittently. On April 25, it was announced that out of the total 14,187 foreign workers tested for the virus, 676 tested positive. Compared with the country's tally of 5,742 then, this means foreign workers made up 11.8% of the total number of confirmed cases in Malaysia, proportionate to the size of non-citizens who make up a little over 10% of the population (Tan T.T, Nazihah MN, and Jarud R.K 2020).

On March 18, the Malaysian government instated the movement control order (MCO), which was extended three times until May 12 (Tan 2020). The MCO, often referred to as partial lockdown, signifies a major step taken by the Malaysian government to contain the Covid-19 Pandemic. (PMOM, 2020a) The MCO was instituted under the Prevention and Control of Infectious Diseases Act 1988, and it includes a nationwide ban on all forms of mass gathering. All Malaysians were banned from traveling overseas, while those recently returned from abroad were required to undergo health checks and self-quarantine for 14 days. All foreign tourists were banned from entering. All Government and private sector premises ceased operations, except those involved in essential services. Some migrant workers have reportedly been arrested while attempting to leave the country during the MCO (NST 2020). By May 4, about 40,000 Thai nationals had been repatriated from Malaysia through air and border checkpoints (Sankara 2020). According to the Indonesian National Agency for the Protection of Migrant Workers (BP2MI), by March 29, 11,566 Indonesians had returned from Malaysia (Ankara 2020).

Violations of labor rights and exploitation were allegedly rising during the pandemic. Human Rights Commission of Malaysia reported that many migrant workers were not allowed to work

by their employers, and at the same time, did not receive any forms of communication from the employers since the MCO was introduced. Some migrant workers were not even being paid their monthly salary before MCO was announced. Workers were ambiguous about their employment status and, more importantly, their immigration status since their working pass needs to be renewed annually by the employers. This raises concern about workers' retrenchment among migrant workers and the risk of "irregularity" among migrant workers. (SUHAKAM 2020). Some employers were allegedly withholding migrant workers' salaries from February onwards, leaving the workers unable to access their basic needs and pay housing or room rental.

Consequently, some workers were forced to move out from their rental house or room, forcing them to live together in cramped living conditions with their other countrymen. Malaysian Trade Union Congress (MTUC) reported that migrant workers were forced to live in cramped and squalid conditions in Selangor as their respective employers were initially terminating them. MTUC also reported common violations of labor rights it received from migrant workers, such as unfair employment termination, unpaid wages, and poor living conditions. Some workers were allegedly required to work during MCO that involves non-essential works, while others faced uncertainty concerning their employment (ILO 2020).

In March, the Malaysian government announced that migrants, including undocumented workers, refugees, and asylum seekers, would be provided free testing and treatment for Covid-19. The government also repeatedly provided assurances that migrants would not be arrested nor requested to provide documents as a part of the testing process (The Star 2020). However, this policy was reversed on April 29 with an announcement by the Defence Minister that all undocumented migrants found across the country would be placed in detention centers or special prisons gazetted by the Home Ministry. (T. Sukumaran and B. Jaipragas 2020) Concerns were expressed by the UN in Malaysia on this change in policy (UN in Malaysia 2020) after large scale arrests in three buildings that housed hundreds of migrant workers on May 1 (R. Latiff and A. Ananthalakshmi 2020).

Subsequently, the government then shifted the policy for all migrant workers to undergo Covid-19 swab tests with the cost borne by their employers (R.S. Bedi 2020). The Malaysian Employers Federation (MEF) has voiced its objection to this policy, as it puts an additional burden on already struggling companies (A. Alhadjri 2020). Then, the government announced that the costs of Covid-19 screening could be covered by the Social Security Organisation

(SOCSCO) for those migrant workers who contribute to the SOCSCO (R.S. Bedi and MN Anis 2020). SOCSCO is a statutory body under the Ministry of Human Resources, Malaysia. It was established in January 1971 to improve social security protection by social insurance, including medical and cash benefits, provision of artificial aids, and rehabilitation to employees to reduce suffering and provide financial guarantees and protection to families (Roshida, 2010).

Since the start of the MCO, The Government has been distributing food provisions through the Welfare Department and Civil Society Organisations (CSOs), accompanied by the Malaysian Volunteer Corps Department (RELA) or the Malaysian Civil Defence (F. Wahab 2020). The government's early response to the pandemic involved a lockdown and the provision of food and supplies to vulnerable communities via local distribution centres. Initially, the military delivered these vital resources because officials believed that the army was best placed to distribute essentials while effectively spreading the virus.

Unfortunately, however, military control over distribution centers discouraged many undocumented migrants and refugees from going to the centers out of fear of being arrested and potentially detained or deported. This fear of accessing food and supplies compounded the already precarious situation of many thousands of residents who also lacked adequate access to healthcare or social welfare services. Fortunately, local authorities swiftly recognized this error and allowed local civil society organizations (CSOs) to establish trust with migrant and refugee communities to take charge of food distribution at the centers. Shortly afterward around 120 local CSOs collaborated with the Malaysian Welfare Department to provide food, essential supplies, and medical services. (Natalie, 2020). Also, the migrant worker levy in Malaysia has been reduced by 25 percent for employers of workers whose permits expire between April 1 and December 31, 2020, except this reduction does not apply to employers of domestic workers (ILO 2020a).

Despite the fact that the government has approved the start of business tasks, many employers will find that the cost of conducting a mandatory Covid-19 test for each migrant worker is overwhelming, if not restrictive. So far, organizations have been suffering from budgetary constraints imposed on development and business tasks and can rely on the required Covid-19 tests to increase these organizations' money-related weight. For mandatory Covid-19 testing to migrant workers, any form of monetary assistance, whether comprehensive or to some extent, is very beneficial to employers (Toh, 2020). The government also introduced a series of stimulus measures to counter negative impacts on the economy and Malaysian workers.

Unfortunately, it does not cover migrant workers (ILO, 2020a). The Prime Minister of Malaysia unveiled the PRIHATIN Economic Stimulus Package (ESP) on March 27, 2020. The PRIHATIN package will provide immediate assistance to lessen the burden of all, especially those who are affected during the Covid-19 pandemics (PMOM, 2020b).

Workers' organizations and civil society organizations distribute food to migrant workers and help meet other emergency needs. Civil society organizations Tenaganita, Persatuan Sahabat Wanita Selangor (PSWS) and are raising assets from people to provide dry arrangements for migrant workers, especially undocumented workers, and their occupations are compensated daily. Many United Nations organizations or agencies are also implementing joint exercises and individual exercises to connect with incompetent gatherings, including migrants, as part of emergency response (ILO, 2020a). Tenaganita and different NGOs revived together to ensure the publication of the guidelines. Associations or general social groups, such as the Malaysian Trade Union Congress, Bersih and Engage, have collected cash or food from ordinary people to support unguarded migrants (Sukumaran, 2020a). Malaysia reported that another sum of financial assistance allowed delegates on unpaid leave to receive up to MYR 600 (US \$ 135) in subsidies per month for up to six months. The plan is eligible to receive unpaid leave from March 1 or a regular plan on behalf of supporters of Employment Insurance Schemes (EIS) with a compensation amount of less than 4,000 ringgit (US \$ 900) (ILO 2020c).

## **2. Thailand**

The Thai government has initiated a state of emergency effective from March 25 to April 30. A partial lockdown of Bangkok and the order by the Thai Interior Ministry to close 18 border points took effect from March 23. Thai sea, land, and air borders are closed to all foreigners except goods transportation crews, diplomats, and work permit holders. Thais and residents returning to the Kingdom are required to present a certificate from the Thai embassy and health certificates upon their departure. Some employers are functioning normally or within current movement restrictions, but many are scaling back production based on lower demand or other restrictions. Many employers are terminating workers, often with no legal severance, or pressuring workers to sign resignation letters. Other workers have been furloughed without legally mandated pay or are seeing reduced overtime and reduced working days (IHRB 2020).

The partial lockdown exempts construction, a sector heavily dependent on migrant workers. Many migrants are heading to work on high-rise buildings and apartment complexes, and building sites, with only a few wearing face masks or bandanas around their nose and mouth.

A number of Thai industries, including construction, are heavily reliant on migrant labor – both authorized and unauthorized – as the core of their workforce (Human Rights Watch 2010). Migrant employment provides a key source of competitiveness for construction firms across the country (Pearson et al., 2006). Migrants in the trades in Thailand generally come from neighboring states to the north-west and east – including Cambodia, Laos, and Myanmar (Burma), and Indonesia and Malaysia (ILO, 2016b).

Employers have dismissed many domestic workers out of fear of bringing Covid-19 into the home where they work. At the same time, those that have continued to work have reported not being given a day off and having to work long hours for no extra pay. Workers in entertainment and retail are also losing jobs due to the requirement to shut down such businesses during this period (ILRF 2020). For women, there may be an additional risk of sexual and other harassment in migrant accommodation (ILO 2016), and at times of lockdown and quarantine, the risk may increase (UN Women 2020). Economic impacts place women and children at greater risk of sexual exploitation and sexual violence (United Nations Children’s Fund (UNICEF Helpdesk, 2018). Intimate partner violence (IPV) and violence against children increase during times of economic stress (Fraser, 2020). The use of lockdowns to reduce the transmission of Covid-19, and calls to ‘stay at home’, are highly problematic for many women and children because homes are ‘not safe’ havens (Singano, 2020).

The Royal Thai Government’s (RTG’s) commitment to protection against violence, exploitation, and abuse is evidenced in its ratification of relevant international treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW); the Convention on the Rights of the Child; International Labour Organization (ILO) conventions to ensure protection against the exploitation of child labor; and one of two anti-human trafficking protocols. Many of these commitments are reflected in domestic law. However, there are enforcement challenges, and many people do not understand their rights or claim them (OPM, 2020).

While migrant workers have the same right to access social security, including health care and paid sick leave, as Thai workers, in reality, many are excluded. This includes migrants working in the informal sectors (including domestic work, agriculture, and fishing), regular workers whose employers for various reasons have not enrolled them in the social security system, and undocumented migrant workers. These groups have limited access to Covid-19 testing and treatment and might not seek medical support due to costs involved and fear of the

repercussions of engaging with authorities, including deportation for those in irregular status. Pregnant women migrants within these groups may not be able to access necessary medical care, and women, if they face violence, may not be able to access essential health and social services (ILO 2020b). In reality, Thailand adheres closest to the provisions of the CEDAW and the Maternity Convention.

At the point of recruitment and periodically during employment, migrant workers in Thailand are required to do pregnancy testing. Nevertheless, there are no regulations that require employers to use the results as a condition for hiring or continued employment, nor is it linked to deportation. Migrant workers will have access to a wide range of health care in parity with the locals as long as they passed the health screening. This includes child delivery, neo-natal care, and contraception, including tubal ligation. In fact, Thailand is the only country in the world where migrants have the same health care rights as nationals. This policy has been in place since 2013 when Thailand's Ministry of Public Health extended the country's extant universal health care policy — which has been in place for Thai nationals since 2002 — to include migrants. Despite the beneficial regulations, migrant worker's only guarantee against pregnancy discrimination is to find and work for a good employer who is willing to abide by the rules and provide the maternity benefits already recognized in existing regulations. However, that pregnancy discrimination persists in Thailand not just because migrants are not aware of their rights (because many are); it is also because of workers' fear of exercising their rights. (FLA, 2018)

Migrants who have left Thailand and returned to their countries of origin also face challenges. Myanmar, Cambodia, and Lao People's Democratic Republic are quarantining migrant returnees. Initially, this was done as self-regulated home quarantine but more recently at government or community-based quarantine centers close to their homes (The Irrawady, 2020). In some cases, returnees are met by fear from their community members, which may fuel stigmatization and discrimination (Cambodianess 2020).

The Cabinet approved a second round of automatic visa extensions for those holding temporary stay status on April 21. This decision allows all non-Thai nationals are holding all visa types to stay in Thailand until July 31. The 90-days reporting requirement is also suspended until July 31. Later, on June 2, 2020, the Cabinet decided that migrant workers from Cambodia, Laos, and Myanmar under the MOUs between Thailand and the three neighboring countries, will be allowed to stay and work temporarily in Thailand until July 31, 2020. The Ministry of



Interior, with the approval of the Cabinet, issued an announcement allowing migrant workers from the three countries holding border passes to continue to stay and work in Thailand from June 1 to July 31. In case any borders re-open, workers who are holding an expired Border Pass must exit Thailand and return to their country of origin within seven days of borders re-opening. On April 29, the Department of Fisheries announced new registration procedures for the Thai fishing industry for migrant workers from Laos, Myanmar, and Cambodia (IOM 2020a).

On July 22, 2020, the Thailand Centre for Covid-19 Situation Administration (CCSA) and the Cabinet approved the State of Emergency Order's extension to August 31, 2020. This extension allows the Royal Thai Government to regulate Thai and non-Thai nationals' arrival and plans to permit six new groups to enter Thailand, including migrant workers. The CCSA approved plans to permit six new non-Thai nationals to enter the Kingdom of Thailand, including MOU migrant workers from Cambodia, Lao People's Democratic Republic, and Myanmar (CLM). The CCSA has stated this initiative will target the construction and food production sectors.

Two groups of migrant workers are eligible for this new measure: 1) migrant workers from CLM with an existing work permit and a visa obtained through MOU procedures and who wish to return to Thailand for employment; 2) migrant workers undergoing the MOU process in countries of origin, but who have not yet entered Thailand due to travel restrictions. The Ministry Of Labour is responsible for quarantine planning and arrangements for migrant workers. (Brangprapa et al., 2020). Thailand had developed a more comprehensive legal framework in order to manage labor migration in the period of 2016 to 2018. The MOU channel and border employment scheme are the two formal channels for migrant workers to work in Thailand.

Nevertheless, the Thai government allowed irregular migrants who are already working in Thailand to register formally through regularization procedures. Overall, an increased number of migrant workers have been recruited through these formal channels are from Cambodia, Lao PDR, and Myanmar (ILO, 2019).

Thailand's Social Security Office announced that the Cabinet had approved a budget of THB 896,640,000 (USD 29,592,000) for unemployment compensation through the Social Security Office for workers who are currently unemployed due to Covid-19. This is for both Thai and non-Thai nationals and who were not eligible for previous compensation plans as they had

contributed to the SSF for less than six months. Eligible individuals are expected to receive a lump sum of THB 15,000 (USD 496) per person. Compensation plans for those enrolled in the SSF and who have contributed to the fund for no less than six months were released in a March 31 Cabinet Resolution. Nevertheless, domestic work, sea fishery, and seasonal work in the agricultural and forestry sectors are not-yet covered by Thailand's SSF. Workers in these sectors must purchase the Migrant Health Insurance Scheme (MHIS). For sectors covered by Thailand's SSF, newly registered workers must purchase 3-month MHIS until they enjoy full access to SSF (IOM 2020b).

### **Analysis**

In ASEAN, the Joint Statement of ASEAN Labour Ministers in Response to the Impact of Coronavirus Disease 2019 (Covid-19) on labour and employment have so much emphasised in providing all workers, including migrant workers who are being laid off or furloughed by employers to be compensated by the employers and are eligible to receive social assistance or unemployment benefits as in accordance to the laws, regulations, and policies of the AMS. Here, it is also stated on the implementation of ASEAN Consensus on the Protection and Promotion of Migrants Workers' Rights.

As the paper disintegrates AMS and focussing on the national practice of two receiving countries, it shows that the main issue here is the lack of a migrant workers management mechanism. In the analysis, Malaysia and Thailand had classified migrant workers based on their documentation. A migrant worker is quickly turned into an undocumented/irregular migrant once the travel documentation/working visas are not made available and/or have expired. In both countries, it is fair to say that the protection of migrant workers is available but probably with some limitations. From the beginning, migrant workers have always been a temporary solution.

Nevertheless, the aim to be free from depending too much on migrant workers seems to be in vain. In reality, it has become a permanent solution when migrant workers are still needed in certain sectors, especially the low-skilled migrant workers, specifically in sectors such as but not limited to agriculture and constructions. It is fair to say that "migrant workers are needed, but not wanted." Looking at how migrant workers are being treated during the pandemic attack, it is unfair to judge that both of the governments has done nothing good at all to these vulnerable group. The governments had tried to cater to the need of every possible group in their states.

As the current situation is unprecedented, the situation for migrant workers could be better after some policy considerations. The governments had learned many lessons from their actions and repeatedly made amendments to their decisions, policies, and practices for a better environment and protection for everyone, including the migrant workers.

However, provided that the regional legal instruments are available, there are still certain violations that happened during the pandemic, especially when there is no proper shelter for the migrant workers, non-inclusion of migrant workers in policies, as well as security from loss of jobs. This needs to be ascertained fast for every state as it is a well-known fact that migrant workers are also a contributor to a state's economy and development. The stigma and mindset in blaming migrant workers for all sorts of unfortunate events happening, such as the spreading and bringing in the Covid-19 virus, should stop.

### **Protecting Migrant Workers during Pandemic: Some Policy Recommendations**

This section will now move to give recommendations on how ASEAN member states need to manage migrant workers in a pandemic attack. Every state, especially the receiving state for migrant workers, faces difficulties in coping with this pandemic attack. ASEAN being a regional integration, had tried their very best in providing assistance and possible protection towards migrant workers. Obviously, a policy shift is needed for ASEAN Member states to ensure that migrant workers are managed well during the challenging period as the protection and management of migrant workers are of top priority. Therefore, some ad hoc strategies are very crucial. Thus, below are some recommendations on how to manage migrant workers.

#### **1. Setting Up Job Protection for All Foreign Workers**

As the economy worldwide is very challenging, the chances for migrant workers to be terminated from their employment is very high. However, the reliance on migrant workers for many companies is also high. Due to that, it is cost wasting if the migrant workers, especially the newly recruited ones, are laid off. Therefore, it is crucial to have employment retention policies to keep all workers, including migrant workers, employed, and employment promotion policies to help displaced migrant workers get back to work.

There has been a proposal to lay off foreign workers and employ native workers to fill the gap to resolve unemployment issues and encourage automation to wean off a reliance on foreign workers (Kaur 2020). This is unlikely to be a viable option, simply because native and foreign workers generally do not occupy the same occupational space, to begin with (KRI 2018) and

the transition to a capital-intensive business model, though laudable, is not a short-term affair. This may result in deep involvement from corporations and the government to support the strategy through possible economic constraints faced by every party concerned.

Therefore, it is relevant for governments to provide a monetary policy that can support fiscal measures to sustain business operations. This leads to sufficient liquidity for the banking system, targeted financial support, coordinated debt relief or deferral of debt repayments, and coordinated management of capital flows to maintain foreign exchange market stability (UN, 2020). The assistance provided to ease employers' foreign labor costs might include discounts on foreign workers levy and regularisation of irregular migrants, which contributed high numbers, especially in the low-skilled jobs sectors.

## **2. Strengthening Regional Cooperation and Coordination**

Countries in the region rely on each other's policies and goodwill to care for their people in the host countries. For example, when Malaysia first announced the implementation of MCO in March, the livelihood of 300,000 Malaysian workers who commuted daily to work in Singapore were immediately affected. In an urgent response to the situation, the Singaporean government provided an allowance of SGD 50 per worker per night for 14 nights to companies to house Malaysian workers who chose to remain in Singapore. This was a crucial step taken by the Singaporean government to preserve the worker's and businesses' livelihood and viability, respectively (Tan T.T, Nazihah MN, and Jarud R.K 2020). In response to Covid-19, all 10 Foreign Minister of AMS has reaffirmed their commitments to promote cooperation within the bloc and its partners after the 53rd ASEAN Foreign Ministers' Meeting in September 2020. Foreign ministers from the 10 member states of the Association of South-East Asian Nations (ASEAN) have reaffirmed their commitments to promote cooperation both within the bloc and with its partners in response to Covid-19, according to a joint communique by the bloc.

The document was published after the 53rd Asean Foreign Ministers' Meeting. The importance of the whole-of-ASEAN approach was highlighted, and it will make possible through a holistic, comprehensive, inclusive, and practical ASEAN Comprehensive Recovery Framework (The Star, 2020).

In the ASEAN Comprehensive Recovery Framework, five strategies comprise its objectives and target and will allow cross-sectoral and participation and contribution from the broader

stakeholders, such as the private sector, dialogue partners, and other external partners, including in terms of the provision of resource or technical implementation support. Notable points on migration were mentioned in Broad Strategy 2: Strengthening Human Security, about (i) subsection 2a on further strengthening and broadening of social protection and social welfare, especially for vulnerable groups which mentioned on the social security of migrant workers, (ii) subsection 2b Preparing labor policies for the new normal through social dialogues (including the cross-border labor movement, work from home and other alternative work arrangements, occupational health, and safety).

This specifically discusses labor migration policies that could effectively protect migrant workers in a pandemic or other crises that need to be pursued further. Implementing the action plan for the ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers is seen as an important step and adjustment to ‘new normal’ workings conditions is essential in protecting the well-being of workers maintaining productivity. ASEAN had made appropriate steps in strengthening cooperation and coordination. Further, it is just a matter of implementation.

### **3. Integrating Workers’ Protection with Strategies for Economic Recovery: Lessons for Governments and Stakeholders in Countries of Origin**

Develop, or expand existing mechanisms to support migrant workers who have lost their jobs due to the Covid-19 crisis, including assistance in finding new employment, skills recognition or reskilling/upskilling, livelihood support, and reintegration programs. It is also essential to provide support for the citizens abroad who are stranded and facing all types of difficulties, including losing jobs and violations of multiple rights. These rights and protections for migrants concern Human Rights, which is supposed to be enjoyed by everyone, especially vulnerable groups. The relevant rights and protection are embedded in the primary international human rights mechanism, which is the Universal Declaration of Human Rights, supported by provisions in the International Covenant on Economic, Social and Cultural Rights (ICESCR), and the International Covenant on Civil and Political Rights (ICCPR) and supplement by regional human rights instruments which is ASEAN Human Rights Declaration as well as ASEAN Consensus on the Protection and Promotion of the Rights of Migrant Workers.

Most importantly, social protection and stimulus measures should be extended to counter the economic impacts of Covid-19 to cover all migrant workers, regardless of their gender. In referring again to the ASEAN Comprehensive Recovery Framework, it also mentioned

reskilling and upskilling for employment, including digital skills and creating job opportunities. The ASEAN Declaration on Human Resources Development for a Changing World of Work adopted in June 2020 provides timely guidance in promoting 21st-century skills, lifelong learning, use of technology, and multistakeholder partnerships. Other relevant ASEAN declarations and issuances also call for promoting digital literacy in tandem with digital skills.

To start, an adequately streamlined and agreed ASEAN migrant management mechanism here is vital for the state to support migrants to find new jobs if being laid off. This may include changing employment and visa extensions to a considerable period. Besides that, all migrant workers, including the irregulars, should be given access to legal remedies and compensation for any mistreatment, including but not limited to unfair treatment, forced labor, and violence. On top of that, it is fair to provide humanitarian assistance, including food, shelter, and protective equipment such as masks for all types of migrant workers. The specific needs of women in these circumstances should be considered and responded to.

### **Conclusion**

This paper has shown an overview of policy regarding migrant workers in Malaysia and Thailand during Covid-19 and found that both states have their approach to handling migrant workers in this challenging period. Nevertheless, as mentioned in the analysis, it is unfair to say that both states have done nothing at all to give protection and rights to the migrants. Perhaps, due to uncertainties and unprecedented situations, both states have little to no preparation in facing the situation leading to limited protection and rights for migrant workers.

Perhaps, a lot can be learned from both states policies' on migrant workers. These include the non-inclusion of migrant workers in policies such as social security access and immediate assistance, which is seen as essential for every person. The non-accessible for migrant features, making it impossible to manage and provide protection for migrant workers. Overall, Malaysia and Thailand had made many amendments to their actions and decisions as well as policies accordingly throughout time. Integrating both these states to ASEAN and tackling this matter as a regional integration would possibly make it relevant as both states are receiving countries for intra-ASEAN migration.

International and Regional Instruments are available to act as a legal backbone to a migrant management mechanism. The fact that ASEAN is not a supranational power like the European

Union making implementation a challenge to member states. Nevertheless, it is about time for all AMS to work together and contribute political will to ensure that protection, rights, and management of migrant workers in ASEAN are also a priority during this challenging period.



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## CHAPTER 6

### A REGIONAL FRAMEWORK FOR DISEASE PREVENTION AND CONTROL COOPERATION IN ASEAN: PROSPECTS AND CHALLENGES

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#### *Abstract*

*The Covid-19 pandemic has significant impacts on ASEAN. Apart from various national policies implemented by each ASEAN member state, cooperation at the regional level continues to be pursued through several virtual meetings. Even though multiple approaches have been formulated at a high level, as a connected region, ASEAN member states should have increased their commitment to enhancing collective response through concrete collaborative actions. ASEAN has not had any regional institution yet, which specifically coordinates disease prevention and control issues. It causes different national policies and capacities in the health sector among ASEAN member states. Therefore, the study aims to analyze the urgency in establishing the regional health institution in ASEAN, Center of Disease Prevention and Control (CDC), as concrete ways to handle the Covid-19 and anticipate the similar potential threats occurring in the future. Moreover, the study also elaborates the projected form of CDC required by ASEAN. This paper applies the concept of human security, the idea of regional cooperation, and the Center of Disease Prevention and Control (CDC). The results show that ASEAN needs to establish CDC as a collaborative actions forum in the region to monitor human security and minimize the gap of the health sector capacity, especially those related to health, access to vaccines and medicines, and the quality of human resources in ASEAN countries. Also, CDC's strategic function enables ASEAN to improve coordination and cooperation so that it can enhance regional health system capacity through research & development, various training, and provide advice to the ASEAN member states' government to be ready in anticipating the pandemics and other non-traditional threats in the health sector.*

*Keywords: Center of Disease Prevention and Control, Human Security, ASEAN, Health System*

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## Introduction

ASEAN member states pose a common health problem during the Covid-19 pandemic. Since the World Health Organization (WHO) declaration of public health emergencies, most ASEAN member states have been struggling to deal with the pandemic. As a region that borders China in the north, Southeast Asia has become one of the most vulnerable regions to the spread of Covid-19. Two countries in the region, Thailand and the Philippines were respectively listed as the first among other states who have confirmed the first positive case of Covid-19 and the first Covid-19 fatality outside China (Chryshna, 2020). Since March, more ASEAN countries have been affected by the pandemic, with Indonesia and the Philippines being the most affected with increasing fatality rate, even until December 2020.

As of December 14, 2020, there is a record of 1,376,388 confirmed Covid-19 cases across ASEAN countries. The table below presents the distribution of Covid-19 cases in each ASEAN country as reported on the official WHO website (WHO, 2020):

Country	Cases-cumulative total	Deaths-cumulative total
Indonesia	617.820	18.819
Philippines	449.400	8.733
Myanmar	107.215	2.245
Singapore	58.320	29
Malaysia	83.475	415
Thailand	4.209	60
Vietnam	1.397	35
Cambodia	359	0
Brunei Darussalam	152	3
Laos	41	0

(Source: World Health Organization, December 14, 2020)



With the increasing number of cases and the inequalities of Covid-19 responses across the region, what role could ASEAN play in responding to Covid-19 at the regional level? With the disparities of Covid-19 handling as shown in the table above, we argue that a coordinated regional response, facilitated by ASEAN and under coordination with larger global health governance institutions — the World Health Organization — is necessary. For that purpose, this chapter aims to analyze the prospect for greater disease control and prevention mechanism ASEAN by establishing a regional disease control and prevention center as the primary regional health institution in ASEAN. We argue that such regional initiative could become a concrete way to handle the Covid-19 and anticipate any similar potential threats occurring in the future. In so doing, the study provides a critical evaluation of existing regional health cooperation in ASEAN, lessons learned from other regional disease prevention and control mechanisms, projecting a form of disease control and prevention center that could be further pursued as ASEAN's institutional body.

To further substantiate the argument, this research shall be structured as follows. The second section elaborates on the theoretical framework, such as human security and the importance of the center for disease prevention and control within ASEAN regional cooperation. We argue that ASEAN Cooperation through disease prevention and control center could be a strategy to maintain health security in the region. The third section maps some challenges the ASEAN member states face during the Covid-19 pandemic, necessitating ASEAN's more vigorous institutional efforts to curb the pandemic. The fourth section explains the ASEAN response and mechanism in containing the Covid-19 in the region and some first steps to establish the ASEAN disease control and prevention center. Furthermore, the fifth section analyzes the prospect for the ASEAN CDC form and concepts suitable to be implemented in ASEAN, referring to the existing principles.

### **A Framework for Regional Health Cooperation: An Overview**

This chapter will start by making some preliminary conceptual foundation for a more coordinated regional response to Covid-19. We argue that ASEAN Centre for Disease and Prevention mechanism is a derivative of human security measure, which has been adopted by ASEAN as a basis for ASEAN Social and Cultural Cooperation since 2003. Furthermore, we argue that the Centre for Disease Control and Prevention mechanism has been partially developed by ASEAN bodies, necessitating a more robust institutional foundation.

## **1. The Concept Human Security: A Regional Perspective**

The rationale of developing a joint disease and control prevention mechanism under a single institutional body in ASEAN is the idea that ASEAN needs to incorporate ‘human security’, which is central in the institutional design of ASEAN Social and Cultural Cooperation (ACSC). The concept of human security began to emerge in the mid-1990s or since the end of the cold war. Initially, this concept originated from National Security, where the concept of security focuses on the state with a military perspective (WHO, Health and Human Security, 2002). However, along with the global development complexity, this concept has begun to evolve into the concept of human security. The referent object is individual, instead of the state. Thus, in the idea of human security, the definition of security, which only focuses on survival, becomes the feasibility of life and protection of the dignity of human life (Sudiar, 2019).

In the United Nations Development Program (UNDP) report in 1994, it was stated that human security is the concept of security that must change - from exclusive stress on national security to much greater stress on people security, from security through armaments to security through human development, from territorial to food, employment, and environmental security. UNDP then stated that seven components in human security must be considered, including (UNDP, 1994):

1. Economic security: free from poverty and guaranteed the fulfillment of basic needs
2. Food security: ease of access to food needs
3. Health security: easy access to health services and protection from disease
4. Environmental security: protection from air pollution and environmental pollution, as well as access to clean water and air
5. Personal security: safety from physical threats caused by war, domestic violence, crime, use of illegal drugs, and even traffic accidents
6. Community security: the integrity of cultural identity and cultural traditions
7. Political security: protection of human rights and freedom from political pressure.

As mentioned above, it can be analyzed that the Covid-19 pandemic has been considered as a non-traditional threat that threatens human security, particularly in the health sector. Furthermore, the concept of human security also emphasizes easy access to health facilities, which must be fulfilled by every ASEAN member state. In this context, the cooperation in implementing the mandates of ‘human security’ — as embedded in ASEAN Social and Cultural Cooperation — is necessary.

## 2. Disease Prevention and Control Mechanisms

Human security — and more specifically, health security — needs to be incorporated under a strong institutional foundation. It is against this backdrop the idea that Disease Prevention and Control Mechanism should be institutionalized under a specific bureaucratic unit – the Center for Disease Control and Prevention (CDC) emerged in several national and regional organizations. The United States is an example of a state that has established a single center for disease control and prevention (CDC), albeit the functioning of such institutions also requires strong political leadership (as exemplified in the US’s failure to contain Covid-19). According to the United States Center for Disease Control and Prevention (CDC), CDC is a national US agency for arranging and developing disease and control, environmental health, health promotion, and health education to improve public health (US CDC Website, 2018).

Moreover, the disease control and prevention mechanism should incorporate five primary functions according to the United States’ CDC mechanism. *First*, scientific expertise. The CDC needs to possess a demonstrated record of trailblazing science, evidence-based decision-making and action, and an experienced workforce of experts in their field. In this context, the CDC workforce should be available to address the most urgent global public health issues.

*Second*, diverse partnerships. The CDC fosters health diplomacy through its longstanding inter-agency partnerships, bilateral and multilateral partnerships, engagement with the private sector, and ongoing collaborations with academic institutions and foundations. In this context, the CDC should maximize the agency’s unique role at the institutional level while leveraging these diverse partnerships to achieve measurable health impact worldwide. In this context, ASEAN could play a similar role by channeling multiple health institutions across the region.

*Third*, innovation. In the United States, the CDC leverages the latest technologies and advanced analytics to accelerate public health. The CDC also develops new medical countermeasures, diagnostics, laboratory and data platforms, and explores innovation by identifying various collaboration and partnership models. The CDC takes the lead in long-term research that supports laboratory activities, contact tracing during the pandemic, and eventually, vaccine research, which leads to production upon the partnership with industries. CDC supervised, in the United States, research and innovation related to health.

*Fourth*, sustainability. The US version of CDC is responsible for, among others, reducing the economic impact of disease outbreaks at the global level, as well as building capacity for

countries to address current and future health needs. This is the normatively held function by the US CDC but was strained by inactivity and political dysfunction with the current leadership. However, according to Wadvalla, the African CDC has utilized its institutional resources to lead the way for African countries in tackling the pandemic, albeit with some dynamics (Wadvalla 2020).

*Fifth*, health equity. Normatively, the CDC works to eliminate health disparities and achieve optimal health for all. In the United States, The CDC addresses health equity and reaches those in greatest need through its global programs, research, tools and resources, and leadership. However, in practice, the CDC's outreach was limited to the domestic context, as President Trump's inward-looking health policies constrained its international outreach. These five functions served as the normative foundation to which any CDC institution aspire to achieve in its programs.

We argue that these functions perfectly fit with any regional efforts to curb the pandemic and is particularly relevant to ASEAN's institutional context. Besides national scale CDC, there are also regional CDC such as the European Center for Disease Prevention and Control (ECDC) and Africa Center for Disease Control and Prevention (Africa CDC). Africa CDC operates decentralized through five regional collaborating centers located at Nigeria, Zambia, Egypt, Gabon, Kenya and Zambia for Central Africa, Eastern Africa, Northern Africa, Southern Africa and Western Africa and its member states. The purpose of the African CDC is for Emergency Preparedness and Response; Laboratory Systems and Networks; National Public Health Institutes and Research; Public Health Information Systems; Surveillance and Intelligence. As for ECDC, it will be explained in the next chapter regarding its lessons learned (AU 2020).

### **Covid-19 and Its Regional Challenges in Southeast Asia**

The Covid-19 pandemic has created many impacts for ASEAN member states. In general, the challenges faced by ASEAN member states are mostly related to the unpreparedness, as well as inequalities of ASEAN member states' capacity in responding to meeting Covid-19 impacts, both at a national and regional level. ASEAN generally consists of small states with intensive movement across borders and high interstate and regional connectivity. Some of them also lack the capacity or experience in handling large outbreaks, with some of the ASEAN states already experiencing the SARS and H5N1 epidemic in 2002.

In addition, infrastructure and health resources also created some states' problems relying on other states to provide personal protective equipment and medical supplies. There is also a heterogeneous population and a large number of migrant workers. Most of them are low-skilled workers with minimum wages and job protection. (Wong, Koh, Alikhan, Aziz, & Naing, 2020). For countries with larger geographical size and territories, there is a challenge in dealing with more extensive scale and more complex coordination, thus leaving implementation gaps in the Covid-19 responses.

Moreover, in its development, the numbers of Covid-19 transmission keep increasing until the present. It needs real actions and commitment from all ASEAN member states to construct regional cooperation to contain the pandemic. As a region that has non-interference principles, cooperation at the regional level poses various challenges. There are several challenges:

1. The the lack of a public health system and less universal access.
2. More than 25% of the regional GDP comes from the informal economy, which means that any mobility restriction could directly affect the economy. Physical distancing also will be challenging to implement in densely populated neighborhoods in ASEAN big cities (Marsan & Goldstein, 2020).
3. The lack of commitment to sustaining the cooperation indicates the absence of institutional strength in ensuring collective decisions. Besides, there is a lack of transparency in Covid-19 response funds established by the ASEAN member states.
4. ASEAN also has a challenge related to corruption, demography change, uneven social development, economic and technology development disparity, environmental degradation, and other political and authoritarian issues (Heng, 2020).
5. There is a lack of information related to the Covid-19 containment gained by the ASEAN member states.
6. ASEAN's slow responses in containing the pandemic caused by the lack of coordinated responses and inequalities across the region.
7. Each member state implements different policies as a result of the various healthcare systems.

Having understood some challenges that ASEAN has faced during the Covid-19 pandemic, ASEAN needs to resolve these challenges through appropriate institutional means. As a region located just on China's southeastern border, with high intra-regional connectivity, ASEAN should be aware that the challenge should be faced collectively under the existing institutional framework. With the current diplomatic mechanism, ASEAN could handle the pandemic by pursuing multilateral initiatives by holding virtual meetings. However, at the implementation level, the strategy lacks comprehensive regional health institutions that precisely coordinate

disease prevention and control issues, which causes different national policies and capacities in the health sector among ASEAN member states.

### **ASEAN Regional Health Cooperation to Respond Covid-19**

This section identifies some challenges and prospects for establishing the ASEAN Disease Control and Prevention Centre. We substantiate this by; first placing some challenges faced by ASEAN member states during Covid-19 and the inadequate ASEAN response. Secondly, identify some existing institutional basis upon which ASEAN responds to the Covid-19 pandemic. In particular, we assess ASEAN's existing public health emergencies mechanism, which has been served as the basis for ASEAN regional health cooperation during Covid-19. By evaluating these institutional approaches that ASEAN has in its regional collaboration, we argue that ASEAN has already laid the foundation for establishing a vital center for disease control and prevention, which needs to be improved in future ASEAN regional cooperations.

#### **1. ASEAN Regional Health Cooperation: An Overview**

Having understood the importance of greater disease control and prevention mechanism under a more substantial institutional body, we argue that ASEAN needs to perceive this health crisis from the concept of human security. With this regard, an institutional basis for such cooperation is necessary at the regional level. One of the strategic ways is by referring the regional collaboration to the ASEAN Socio-Cultural Community. On the pillar, ASEAN could intensify cooperation in addressing problems related to preventing infectious diseases (ASEAN, 2003).

As a regional organization, ASEAN has the responsibility and obligation to protect society from the pandemic and provide them with sufficient health facilities. Discussing human security in the ASEAN is not a relatively new matter for the member states. It has been a part of the ASEAN pillar focus, namely in the ASEAN Socio-Cultural Community. The pillar is a basic framework for the ASEAN member states' existing health cooperation (ASEAN, 2015).

ASEAN is an intergovernmental organization; therefore, regional health institution building will be based on the ASEAN principle with member states in this research case. The government is responsible as a driver. According to Riggirozi, regional health institutions have an essential role in providing a regional normative framework that can arrange practices supporting social policies and right based governance. Besides, the government shall provide opportunities for inclusion and allocation of sources. The government could also facilitate a

state to act as unified in the global political space, sustaining claim-making and representation, contesting and reworking global governance to support worldwide justice and regional goals.

Regional Health Institution could be a platform for practitioners, experts, academics, and policymakers to collaborate and network to face any challenge and interest. Therefore, regional health institutions could facilitate regional health diplomacy to improve response to regional or transnational problems and reduce the national health system (Riggirozzi & Yeates, 2015).

In ASEAN's context, a relevant form of cooperation is regional cooperation, in which this cooperation is a form of the association carried out by several countries in one region. Regional cooperation requires state-based political authority's joint exercise in intergovernmental institutions to solve collective action problems related to economic, political, or security issues.

ASEAN has launched ASEAN Vision 2025, and through ASEAN Socio-Cultural Community, it has launched Blueprint 2025, including The ASEAN Health Cooperation: ASEAN Post 2015 Health Development Agenda (APHDA). It is divided into four clusters: Cluster 1 is promoting a healthy lifestyle; Cluster 2 is responding to all hazards and emerging threats; Cluster 3 is strengthening health systems and access to care; Cluster 4 is ensuring food safety.

## **2. ASEAN Health Cooperation during the Covid-19 Pandemic**

Since Covid-19 became a global pandemic and spread in the region, every ASEAN country has started implementing several national policies to contain its adverse impacts on each country. Nevertheless, those national-scale implemented policies are still unable to prevent the adverse effects caused by Covid-19 in the region. Therefore, as part of ASEAN, countries in the region are trying to formulate some strategic steps in the health sector, which are often discussed in several virtual meetings, as part of the regional response to Covid-19. One of the virtual meetings held is ASEAN's Health Ministers meeting chaired by Indonesia and held on April 7, 2020.

The meeting concludes that ASEAN member states resolved to enhance collective responses through five means, including:

1. further strengthening regional cooperation on risk communication to avert misinformation and fake news;
2. continue sharing information, research, and studies in an open, real-time, and transparent way;



3. coordinating cross-border health responses;
4. scaling-up the use of digital technology and artificial intelligence for efficient information exchanges; and
5. strengthening and institutionalizing preparedness, surveillance, prevention, detection, and ASEAN response mechanisms with other partners.

Moreover, to protect the peoples of ASEAN from the threats of future pandemics, the ASEAN Health Sector is committed to implementing regional mechanisms embedded within the ASEAN mechanism. (see ASEAN Health Ministers Enhance Cooperation in Fighting Covid-19 Pandemic, 2020).

The pandemic also witnessed the improvement of mechanisms and commitments for collaboration in the healthcare system and policies. ASEAN has at least twenty-seven existing and new means to deal with Covid-19 in the region (Kemenkes, 2020). A number of these mechanisms include the ASEAN Emergency Operation Centre Network for Public Health Emergencies (ASEAN EOC Network), which provides daily developments regarding the situation and technical changes of Covid-19 in ASEAN and provides the latest development in the Covid-19 case in ASEAN through the ASEAN website. Furthermore, the ASEAN BioDiaspora Virtual Centre (ABVC) produces risk assessments and surveillance reports for Covid-19 using Big Data. The information has been published since January 20, 2020, then is followed by the next report three times a week (Purwanto, 2020).

Moreover, each ASEAN member state can access laboratory readiness, technical and material support, and laboratory experience and supervision through the Regional Public Health Laboratories Network (RPHL) mechanism. Furthermore, the ASEAN Risk Assessment and Risk Communication Centre (ARARC) investigated hoaxes related to Covid-19 and found ways to effectively reach out and provide credible and timely information to the public. Besides, ARARC also emphasized the importance of risk communication in managing public health emergencies (Purwanto, 2020).

In addition to the mechanisms that have been implemented, a number of initiatives were formulated in the virtual meeting which were agreed upon and are still in the preparation stage of development, including: an information platform for the public ASEAN Portal for Public Health Emergency; establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases; preparation of a multi-sectoral ASEAN Public Health Emergency Coordination System (APHECS); developing the ASEAN Comprehensive Recovery

Framework to prepare for the recovery of the region's security and socio-economic conditions due to the impact of the pandemic; the establishment of the ASEAN Regional Reserve of Medical Supplies (RRMS) and the Covid-19 ASEAN Response Fund to ensure the availability of essential medical devices and funds in emergency situations; as well as the preparation of a Standard Operating Procedure (SOP) for Public Health Emergencies so that there are uniform and standardized procedures in handling health emergency situations (Purwanto, 2020).

Meanwhile, the most recent cooperation mechanism was formulated at the 37th ASEAN Summit held on November 12, 2020. At the summit, there were several matters related to containing Covid-19 in the region. The summit resulted in cooperation, namely the formation of the Covid-19 ASEAN Emergency fund, which has been collected worth 10 million USD and resulted from donations from various countries, such as Japan, South Korea, China, Singapore, Australia, England, and Switzerland. Indonesian Foreign Minister Retno L. P. Marsudi also said that a comprehensive recovery framework for Covid-19 or the Comprehensive Recovery Framework had been agreed upon at the summit, which contained strategies to overcome pandemics both through cooperation between ASEAN countries and partners. There are five strategies in this framework: improving health systems, strengthening human security, maximizing market potential and economic integration between ASEAN countries, accelerating inclusive digital transformation, and advancing towards a sustainable and resilient future (Kompas, 2020).

Furthermore, the summit also established a regional medical supply reserve for health emergencies or the ASEAN Regional Reserves of Medical Supplies for Public Health Emergency. Through this mechanism, ASEAN countries voluntarily contribute to the World Health Organization (WHO) standardized health supply reserves. ASEAN partners can also donate through this mechanism (Kompas, 2020)

The establishment of several mechanisms and the initiation formulated by ASEAN state members is an indication that countries in the region are well aware that the global crisis is a non-traditional threat in the health sector and has become a common security issue. Covid-19 has also been a threat to human security if it is not addressed precisely and strategically. Under such frameworks, each ASEAN member state must guarantee and protect all its citizens from the threat.

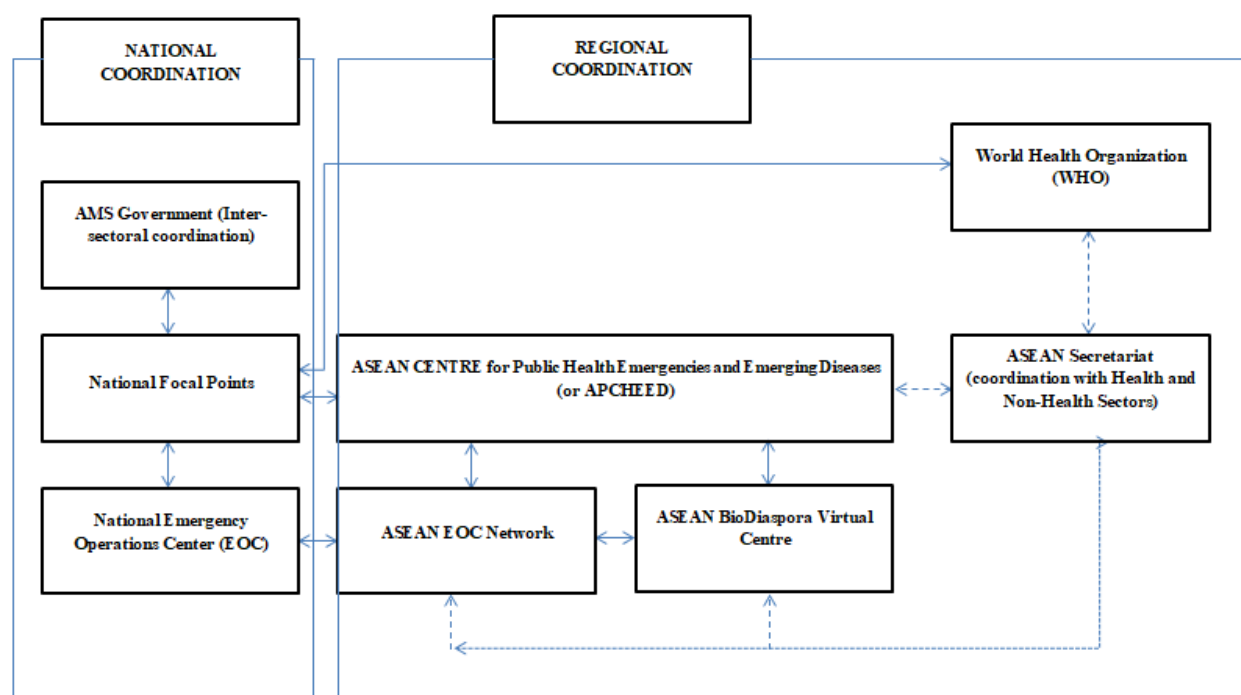
### **3. The Development of Public Health Emergencies System in ASEAN during the COVID-19 Pandemic**

On February 3, 2020, The ASEAN Health Sector, in cooperation with China, Japan, and Republic Korea, started to mobilize existing regional health cooperation mechanisms. On February 11, 2020, The ASEAN Tourism Crisis Communication Team held a press release to request travelers to be aware of travel advisories and updated information regarding the pandemic. On February 15, 2020, Vietnam, as ASEAN Chair, requested all ASEAN member states to focus on pandemic mitigation. On March 12, 2020, ASEAN Health Sector joints in China experience a briefing by the National Health Commission and Center for Disease Control of China (ASEAN Website, 2020). On March 13, 2020, ASEAN SOMHD held a conference to talk about updates, capacity needs, and gaps related to national response and enhance regional cooperation (ASEAN, 2020).

On March 20, 2020, ASEAN and EU exchange information to handle the pandemic. On March 31, the ASEAN Coordinating Council Working Group members on Public Health Emergencies hold their first meeting and start to consolidate a collective response amidst the pandemic. Moreover, the China Ministry of Foreign Affairs and the ASEAN secretariat held a meeting conference for ASEAN - China experts and officials for handling the pandemic. In April 2020, ASEAN - US High Level held an online meeting on public health emergencies. On April 7, 2020, ASEAN Health Ministers Meeting adopted The Joint Statement of The Special Video Conference of AHMM Enhancing Cooperation on pandemic response. And more meetings to enhance regional cooperation amidst the pandemic (ASEAN Website, 2020).

That regional cooperation shows that ASEAN has attempted to resolve regional health problems through various means before the pandemic. The conversation regarding the urgency of a regional disease control and prevention center and mechanism and projection of its form and mechanism has become an essential topic on those meetings and initiatives. ASEAN has started to establish its disease and prevention center in its embryonic phase through ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED). On November 10, 2020, ASEAN issued ASEAN Strategic Framework for Health Emergencies, which formulates a suitable mechanism that will be implemented based on mutual respect for the ASEAN member state's independence and sovereignty. Moreover, the instrument also assures regional cooperation's effectiveness while accommodating the flexibility for the continued implementation of domestic laws and regulations.

The regional mechanism could be illustrated as follows:



Legend: → Direct Coordination

---> Coordination through ASEAN Secretariat with ASEAN Sectors

(Source: ASEAN Strategic Framework for Public Health Emergencies, 2020)

Moreover, some steps have been made to institutionalize further ASEAN's framework under the ASEAN Center for Public Health Emergencies and Emerging Disease (ACPHEED). The creation of this center was proposed under a joint partnership between ASEAN and Japan, through ASEAN - Japan Cooperation funds. A feasibility study was published in July 2020. In short, the center is designed to have several primary functions, such as facilitating the development of joint regional capacitation, regional resource mapping, and other initiatives with support from concerned National Focal Points (NFPs). These include identifying and tracking resources to support the Emergency Operation Center (EOC) operation process, including surge capacity and oversight of the regional public laboratory response network.

1. Receiving initial report/information of any public health emergency from each ASEAN Member State and providing reports to relevant authorities within the ASEAN through tools such as those used in the ASEAN BioDiaspora project.
2. Connecting, coordinating, and communicating with the ASEAN Secretariat and/or relevant sectoral bodies to facilitate inter-sectoral coordination.

3. Serving as the repository for all information and reports regarding the management of public health emergencies of international concern.
4. Preparing necessary periodic reports and statistics
5. Conducting research and development to ensure further improvements in prevention, surveillance, and response initiatives.

At the 37th ASEAN Summit, which was held on November 12, 2020, in Hanoi, ASEAN Leaders stated the support for the establishment of the ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED). ACPHEED will work with national disease prevention and control institutions and other external partners, such as Japan (see Chairman Statement of The 37<sup>th</sup> ASEAN Summit, 2020). Furthermore, during the Japan - ASEAN Ministerial Meeting on September 9, 2020, Japan has allocated 50 million dollars to the US to establish APCHEED (MOFA Jepang). On November 14, 2020, Australia also invested 21 million dollars US for APCHEED (Australia, 2020). In this context, extra-regional partners have played a prominent role.

It could be seen from the chart that ASEAN has already had a mechanism in dealing with the pandemic, albeit in its embryonic form. It is not yet clear as to whether such a framework will work in future events. It is against this backdrop we argue that ASEAN needs to pursue further talks to transform these public health emergencies framework into a form of disease prevention and control mechanism, which we will discuss in detail in the next section.

### **Towards A Strong Disease Control and Prevention Center in ASEAN: Prospects for Future Cooperation**

What needs to be done further to institutionalize disease control and prevention mechanism in ASEAN? Overall, in the previous section, we have identified some profound challenges that ASEAN has faced during the Covid-19 pandemic. We argue that greater cooperation on disease prevention and control mechanism, embodied in a particular center for disease prevention and control, is necessary. The purpose is to ensure capability and capacity to detect, investigate, contain, and manage the outbreak of emerging and re-emerging infectious disease, prepare for a pandemic and other public health emergencies. We suggest that a more institutionalized mechanism could help ASEAN impose a more comprehensive and coordinated regional response to any future pandemic. Despite having many meetings and specific platforms in the health sector, ASEAN has not coordinated health institutions that specifically focused on emerging disease prevention and control.

## **1. Further Steps for Establishing Stronger Disease Control and Prevention Center**

As we have shown in the previous section, ASEAN has already established the ASEAN Center for Public Health Emergencies and Emerging Disease (ACPHEED), which could be developed further as an embryo for establishing a more comprehensive center for disease prevention and control. In this section, we map several proposals that might be relevant for developing ASEAN disease prevention control and mechanism in ASEAN.

*First*, a disease prevention and control mechanism in ASEAN needs to strengthen information sharing related to any health risk in the region, which forms the most critical aspect of disease surveillance mechanism. As a health-professional institution, an ASEAN disease prevention and control is expected to be the source of public information that could easily be accessed by the ASEAN society. Referring to the existing CDC, such as in Europe or the United States, their CDC regularly issues information about the virus spread, statistics, and recent policy developments. By having such a function, a regional disease control and prevention center could reduce the high spread numbers of the Covid-19 as the society has guidance and the information revolves around what should be done and what should not be done. The regional disease control and prevention center could also handle the misinformation or disinformation related to the Covid-19 (Khor, Lim, Hsu & Mahmud, 2020);

*Second*, there is an importance of coordinated response in light of vaccine access and distribution to citizens. Nowadays, the demand is very high that every ASEAN member state deals with how to get the vaccine. A regional disease control and prevention center is expected to help and manage the ASEAN member states to obtain or access the vaccine easily or distribute it equitably as their needs.

*Third*, a regional disease control and prevention center could minimize the health sector capacity gap, including sharing best practices to reach the inclusion of public health system development and allocating regional resources fairly. Furthermore, it could be considered as a preparation for stockpiling of medical equipment such as personal protective equipment, pooled procurement of vaccines and medicines, and combined manufacturing efforts to minimize the gap of the health sector in the regional;

*Fourth*, a regional disease control and prevention center could manage regional human mobility during the pandemic, increasing the emerging disease outbreak's risk. In this context, disease

control and prevention require regional surveillance and monitoring systems, which could help ASEAN member states' government exercise their authority to monitor and restrict mobility.

*Fifth*, and most importantly, a regional disease control and prevention center could facilitate regional health diplomacy to improve response to ASEAN or global problems. In light of recent 'vaccine diplomatic efforts' from China and other great powers, ASEAN needs to maintain an evidence-based and scientific approach to decide which external partners need to engage and how, without interfering with ASEAN member states' sovereignty. In this context, a regional disease control and prevention center could play a role in providing scientific and technical advice to ASEAN leaders and guide regional cooperation between ASEAN member states or with extra-regional partners.

To sum up, member states need to collaborate in regional cooperation to establish an institutionalized regional disease control and prevention center. Its establishment can be perceived as a collaborative action that unites all the meeting results, initiatives, and program implementation. Moreover, through regional disease control and prevention center, ASEAN could take preventive measures for future human security challenges related to health emergencies and emerging diseases. In this context, a lesson from European Center for Disease Prevention and Control is essential, particularly to learn from its failures and limitations to deal with the high infection and fatality rates during the first wave of the pandemic in Europe.

## **2. Lessons from the European Center for Disease Prevention and Control**

ASEAN could get inspiration from one of the well-established regional CDCs, such as the European Center for Disease Prevention and Control (ECDC). However, as a regional institution, the ASEAN CDC's establishment has to consider the ASEAN principles. As known, ASEAN has a non-interference principle in which the concept and mechanism of ECDC may not be suitable for ASEAN mechanism. Also, in ASEAN, states and its government are the main driver for regional cooperation and integration. At the same time, there is a move of power from the nation into supranational regional institutions in the EU. Therefore APCHEED will have more constraints than ECDC, especially related to state sovereignty to obey or agree on CDC advice and policy. APCHEED could refer to the European CDC organizational structure with some adjustment.

ECDC Organization is led by the Director, supported by Corporate Affairs, Executive office, European and International Cooperation Department, Communication department, data



protection officer, and accounting officer. Moreover, the Director leads several departments such as Euro surveillance Editorial Office; Scientific Method and Standards (SMS) Department consist of Scientific Process and Methods and Information and Knowledge Management sub-departments; Disease Programmes Department consist of Air Borne, Blood Borne and Sexually Transmitted Infections also One Health-Related Disease Sub departments; Public Functions Department consist of Surveillance, Emergency Preparedness and Response Support and Public Health Training Sub Departments; Digital Transformation Services Department consist of ICT Quality, Business Solutions, Development and Infrastructure Sub Department; Resource Management Services (RMS) Department consists of Finance and Accounting, Legal Services and Procurement, Human Resources and Corporate Service Sub-department (ECDC, New Organizational Structure from January 2020, 2020). Moreover, In 2019, ECDC focused on specific areas such as (ECDC, About ECDC, 2019):

1. Tackle antimicrobial resistance
2. Improve vaccine coverage in the EU
3. Support the European Commission and the Member States in addressing the Sustainable Development Goals in the area of HIV, TB, and hepatitis
4. Further support the European Commission and the Member States in strengthening the preparedness for cross-border health threats
5. Focus on strategic partnerships to create synergy and avoid duplication of work
6. Further, enhance ECDC's operational performance and monitoring.

Apart from those focus areas, during the Covid-19 pandemic, ECDC program is issuing weekly monitoring report about threat situation not only related to the Covid-19 but also associated with other potential emerging diseases (ECDC, Communicable Disease Threats Report, 2020), weekly maps in support of council recommendation, daily update for EU, making surveillance and disease data, holding necessary training for facing the pandemic such as e-learning course about contact tracing in the Covid-19 response, holding advisory meeting forum, giving scientific advice, holding conference and summit about the vaccine, research, and development activities such as Covid-19 vaccine development; maintaining network with disease laboratory in region, threat detection, etc. (ECDC, About ECDC, 2019).

However, it needs to be noted that ECDC also came under criticism during the Covid-19 pandemic due to its inability to prevent an outbreak in several states, such as Ireland, Italy, and Spain, which suffered from high infection fatality rates during the first wave of the pandemic. Jordana and Trivino-Salazar noted that while ECDC has provided EU states with strict health

guidelines and advice to combat the pandemic, how EU member states protect their sovereignty and sovereign privileges in managing the health system could blocks agreement on practical and collective measures that have been provided by ECDC (Jordana and Trivino-Salazar 2020). In this context, ASEAN could learn from ECDC lessons to draw boundaries between sovereignty and technical expertise and establish some venues where expert advice could be provided without political leaders' interference.

Indeed, sovereignty's strong norm could become the main obstacle in establishing a robust disease control and prevention mechanism and center in ASEAN. So far, we are yet to provide an argument to reconcile this problem. But the pandemic has offered some lessons for us to believe in scientific and medical expertise and put aside short-term political interests. In this context, strengthening ASEAN institutional bodies could become the starting point to establish a more resilient ASEAN in the future.

### **Conclusion**

In this paper, we show that ASEAN needs to establish a robust regional disease control and prevention center as a regional collaboration in monitoring human security and minimizing the gap of the health sector capacity, especially those related to health, access to vaccines and medicines, and the quality of human resources in ASEAN countries. Besides, the CDC's strategic function enables ASEAN to improve coordination and cooperation so that it can enhance regional health system capacity through research & development, various training, and provide advice to the ASEAN member states' government to be ready in anticipating the pandemics and other non-traditional threats in the health sector.

We recommend some further steps for such initiatives. The existing public health emergencies institution — the APCHEED — needs a permanent secretariat in the ASEAN member state with the best health facilities and advanced laboratories. Furthermore, ACPHEED needs to establish a strong organizational structure, including the program, SOP, and mechanism. It also needs to be followed by determining the fundraising source for the institution. Once the material and institutional backbone are available, ACPHEED could research and develop potential non-traditional threats related to an emerging disease. It will establish some opportunities to extend health cooperation with ASEAN external partners in the future, particularly after the pandemic.

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## CHAPTER 7

### FUTURE TRAJECTORIES: SURVIVE TO THRIVE

**Tunggul Wicaksono<sup>1</sup>**

This chapter provides an overarching view of ASEAN member states' various domestic efforts in the battle towards the Covid-19 pandemic. The most prominent disturbance was the states' powerlessness and societal friction in such bizarre times, which grew in intensity as the year progressed.

#### **Listening to Unheard Voices**

In general, three key points shaped the dynamic of policy responses in the Southeast Asia region. *First*, the governments' responses demonstrated some degree of accomplishment. It is conceivable that the pandemic has adversely affected drying global capital markets, and ever since, governments have started to lose their policy orientation. In times of crisis, some of the ASEAN member states, as mentioned earlier, failed to formulate immediate public health strategic responses. In "flattening the curve" efforts, mapping out the middle ground tended to be a permissive sense. Various policies' direction based on empirical findings remains vague, in which the authorities were facing a dilemma between salvage the economic leftovers or save people's lives.

The policy debate often focused on restrictive movement, while some others are emphasizing on opening the border. Indonesia's experience enlightens that prioritizing the economic sector over public health's urgency is mistreatment and would face certain barriers to success. However, some countries managed to contain the Covid-19 spread at the early stages. Encouraged by its top-down approach, Vietnam's triumph provided the insight that enhancing synergy among its ministries and complying to sacrifice economic benefits in the short-term allowed to lower the costs and reinforced community preparedness.

*Second*, the issue of public health, for any of these countries, as well as Thailand and Malaysia, is inextricably interlinked not only with economic and border policies but also with human security. Although Covid-19 as a non-traditional threat endangers human survival, the policy-

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making process sometimes undervalues the “people” focus. The rising skepticism on the government’s ability to take control of the pandemic is a result of misdirecting, in which recognizing people in vulnerable groups as referent objects should have accentuated. The human security agenda is susceptible to ensuring the people’s primary needs are fulfilled in times of crisis.

Accordingly, large-scale mobility restrictions should be followed by pro-people regulations, such as accommodating social safety net, providing labor protection during massive lay-offs, and at the same time guaranteeing economic and political stability. Practically, the lack of coordination between the government and the stakeholders triggered the upheaval when low public compliance with the domestically imposed rules indicates civil dissatisfaction. Indonesia’s experience showed the incapability of managing the pandemic properly. The government failed its mandate in assessing initial responses, let alone paying full attention to the grass-roots community. Notwithstanding the preliminary disturbances, Thailand’s government persuaded the role of digital resilience by cultivating big data to monitor the victims and mitigating the impacts by limiting technology disparities. In doing so, public inclusivity became the prominent variable since they help the country to get back on track. Therefore, mutual trust between the government and its citizens must be established in the very first place.

*Third*, as one of the most exposed regions, ASEAN showed the lack of a public health system and coordinated responses. It can be seen that disease prevention and control mechanism met profound challenges; the absence of collective decisions, the inadequacy of technology advancement, not to mention the inequalities across the region. In this sense, ASEAN needs to enhance public transparency, develop a regulatory framework to anticipate future pandemics, and design an appropriate platform of collaboration that is not only about commitment but also concrete cooperation among member states.

### **Post-Crisis Strategy**

It is a momentous occasion to reflect on this episode. The future outbreaks could be much more detrimental; it could be sooner rather than later. In response to the pandemic and public health mechanism, policymakers’ failures provide the lesson learned on how the authorities should avert the impact through strategic policies. Considering that the Covid-19 would be highly disruptive in the near term, its effects will linger. The proposed actions are as follows.



**Extending comprehensive mutual partnership among member states.** Given the minimum input that ASEAN has contributed in the midst of the pandemic, this indicates that ASEAN is incapable of confronting its challenges. Consequently, as a global community of nations, ASEAN should be responsible for taking the lead in aligning stakeholders, establishing initiatives, and intensifying cooperation. These actions are supposed to aim for survivability and resilience, in a way, trump efficiency in managing critical resources.

**Providing affordable access to public resources.** The crisis has shown a significant downturn in people's activities in public spaces. As a result, movement restrictions have caused economic disruption of low-rank laborers who rely upon daily income to make ends meet. For the affected citizens, daily basic needs to boost their performance must be fulfilled, including food security, compensation of network access, and social safety net.

**Formulating workable policies for vulnerable groups.** The pandemic has changed the perception of security. However, the current policies still put economic as a focal point and neglect the human dimension. Thus, governments need to reshape the approach that focuses on the people as referent objects by comprehending that the pandemic endangers individuals' lives, not the state's survival.

**Analizing the capability gaps.** Under unprecedented circumstances, the lack of coordination is not only induced by leadership issues but also the diverse capability of states. In order to conduct a better policymaking process, governments are required to reinvent the focus area and stay vigilant on which options can go after opportunities. The calculation is a critical step in capturing the states' power and fragility.

**Adopting the agility of digital transformation.** In addition to the health care mechanism, technology can bridge the gap between poor policy implementation and people's basic needs. It is essential to manage the technological resources in a prone-crisis country by incorporating big data analysis. Collecting a large amount of information in public can help the government to curb the spread of Covid-19. Information and technological approach is not only applied to current pandemics but also the future crisis.

To sum up, while it is quite challenging to handle the crisis properly for the ASEAN region, there are opportunities to ensure much greater resilience by rebuilding, reconnecting, and recovering the impacts in a more reasonable and sustainable manner.



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