

Briefing Memo

COVID-19 and ASEAN's Responses——Responses of Individual Countries and Cooperation Across ASEAN (and “ASEAN Plus”)

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1. The Status of the COVID-19 Pandemic Across Southeast Asia

COVID-19 infections are continuing to spread across the world. The pandemic, which began in Wuhan, China at the end of 2019, spread first around China and the surrounding countries of East Asia and Southeast Asia, before expanding to include Europe and the United States; now, a second wave is appearing in Europe and the United States at the same time as the virus spreads across South America and South Asia. In this manner, the “hot spot” of the pandemic has continued to expand and to shift from place to place in what is an increasingly grave situation.

As of the end of October, the number of infected cases worldwide has reached 43 million, while 1.2 million people have died.

As things currently stand, the status of the pandemic in Southeast Asia may be divided into three phases as follows.

- (1) Phase I (February ~ March 2020): The early stage of the pandemic. Infections spread by tourists and other travelers from China (especially Wuhan) and people traveling home after visits to Wuhan broke out in countries which see considerable movement of people between themselves and China, such as Malaysia, Thailand, Singapore and Vietnam.
- (2) Phase II (April): Infections start to spread in populous countries such as Indonesia and the Philippines, while large-scale clusters also develop in Malaysia, centering on mosques.
- (3) Phase III (May ~ Present day): A second wave develops in Singapore which, after having initially shut down the spread of the virus, discovers infections among people who had returned to Singapore from overseas, particularly from Europe and the United States, while infections also spread on a mass scale among foreign workers. Infections continue to spread in Indonesia and the Philippines, with considerable increases in both cases and deaths. Infections also increase rapidly in Myanmar. Meanwhile, the spread of infections in Malaysia, Thailand and Vietnam where the virus had broken out in the early stages of the pandemic has now been suppressed, with these countries now starting to partially reopen international travel.

With the viral “hot spot” continually moving from place to place as COVID-19 has spread around Southeast Asia as indicated above, there is currently no end in sight for the pandemic. However, looking at the world as a whole, the speed at which the virus has spread across Southeast Asia has been gradual compared to other regions affected by the pandemic, with neither case numbers nor deaths increasing as rapidly as in other parts of the world. In particular, the number of cases has been largely suppressed in Cambodia and Laos, where infectious disease control and medical systems are considered to be fragile. Several ideas have been discussed as possible reasons for this, including a number of medical and biological theories such as the notion that the strain of the virus spreading in Southeast Asia is less infectious, that Southeast Asian people are inherently less susceptible to infection due to their ethnicity, and that people in the region may have immunity to COVID-19 due to a similar virus that may have circulated in Southeast Asia in the past.

No. of cases officially announced (as of October 31)

Country	No. of cases	No. of deaths
Brunei	148	3
Cambodia	291	0
Laos	24	0
Indonesia	406,945	13,782
Malaysia	30,889	249
Myanmar	51,496	1,219
Philippines	378,933	7,185
Singapore	58,003	28
Thailand	3,775	59
Vietnam	1,177	35
Japan	99,622	1,744

(Source) Worldometer, “COVID-19 Coronavirus Outbreak.”

<https://www.worldometers.info/coronavirus/>

2. (Authoritarian) Measures Adopted in Various Countries and Negative Consequences

There are also a number of arguments from being advanced from political perspectives as to why the spread of the virus has been relatively subdued in Southeast Asia (with the exception of certain countries). One convincing argument is the hypothesis that the governments of these countries succeeded in preventing the spread of the virus by carrying out strict border controls while simultaneously using what might be described as “authoritarian methods” to deal with the virus within their countries’ borders. Indeed, the governments of several countries did gather and make use of citizens’ personal information, uncover cases of infection and impose strict quarantine on individual districts. They also imposed major restrictions on the movement of citizens and their

economic and social activities, including imposing lockdowns (severe restrictions shutting down entire areas) for long periods of time in some cases.

In Thailand, for example, a state of emergency was declared in late March following the spread of the virus. This state of emergency has been extended seven times, continuing until the present day, with citizens in the country experiencing widespread restrictions on their socioeconomic activities under the powerful authority exercised by Prime Minister Prayut Chan-o-cha (who is from a military background).¹ Perhaps as a result of these authoritarian methods, the pandemic in Thailand has been suppressed effectively to the present day, and the Thai government is progressively reopening economic activities and relaxing border restrictions. Malaysia and Singapore, likewise, have managed to suppress the spread of the virus through imposing border controls at an early stage, carrying out thorough tracing and quarantining of infected cases, and imposing lockdowns.

Vietnam, in particular, has been lauded as “a successful example of the low-cost model.” Not having either the financial capacity or medical technology to carry out large-scale polymerase chain reaction (PCR) testing, Vietnam had to come up with response measures quickly (including halting all flights from China, closing schools and quarantining areas where cases emerged), and has carried these out with rigorous severity.² As a result, over the course of several months the number of cases never rose above three digits, with no deaths at all occurring during this time. In July, Vietnam was hit by a second wave centering on the major city of Da Nang in central Vietnam, yet has succeeded in keeping the outbreak contained to the present day. It seems fair to say that the efficacy of the “Vietnam model” against COVID-19 has been demonstrated.

By contrast, infections are continuing to spread in Indonesia and the Philippines. These are both large countries in terms of both population size and land area, and span numerous islands; as a result, the political structure of these countries is characterized by wide distribution of authority. It has been noted that this impedes the penetration of control measures from the central government throughout the whole of the countries’ territories and populations, making it harder to carry out measures to prevent the spread of the virus.

However, there have also been vigorous expressions of concern from some quarters about the authoritarian measures taken in some countries to prevent the spread of infections. The one-party dictatorship by the Communist Party of Vietnam made use of intelligence systems that penetrate every part of society, traced and identified infected individuals and imposed mandatory quarantine. Military garrisons were also used for quarantining infected cases. The measures taken by Vietnam against COVID-19, which were praised for their success in containing the virus, were made possible by the intelligence system created by the country’s socialist system, and its reporting system in

¹ Supalak Ganjanakhundee, “COVID-19 in Thailand: The Securitization of a Non-traditional Threat,” *Perspective*, ISEAS Yusof Ishak Institute, May 22, 2020.

² Sean Fleming, “Viet Nam shows how you can contain COVID-19 with limited resources,” *World Economic Forum*, March 30, 2020.

which residents of each neighborhood monitor one another's' activities.³

Some policymakers are using measures against COVID-19 as an excuse to restrict freedom of speech among citizens and the media. For example, the Thai government has continued the state of emergency and restrictions on citizens' social activities even after the spread of the virus had been contained. This has been criticized as an "abuse" of authority by the government, using measures against COVID-19 as an excuse. From the beginning of the year in Thailand, there was a lively wave of demonstrations criticizing the government and the monarchy, primarily involving university students. Gatherings have been prohibited via the state of emergency proclamation, and people who have held demonstrations in spite of the ban have been arrested by the authorities. The continuation of the state of emergency by the government in Thailand where the spread of the virus appears to have been contained has led to criticisms that the pandemic is being used by a "front" by the government to place unreasonable restrictions on political freedom and oppress its citizens.

Similarly, in the Philippines under the Duterte administration, temporary "special powers" have been granted to President Rodrigo Duterte, who has used these powers to issue orders to the army and police to carry out severe crackdowns on "people who violate mandatory quarantine restrictions." There is ongoing criticism that the president is using COVID-19 as an excuse for regulating the media and cracking down on drug crime.⁴ There are also worries about the fact that governments in Indonesia and the Philippines have been enlisting the help of their armies in measures against the virus. The concern is that these countries could see a return to their "history of autocratic rule," in which the military was heavily involved with governments, oppressed citizens and upheld authoritarian regimes.⁵ Whether intentionally or otherwise, the measures being taken against COVID-19 across the various countries in Southeast Asia are contributing to arguments that it is reasonable and appropriate for governments to impose far-reaching restrictions on the freedom of citizens' activities using authoritarian methods.

3. ASEAN's Response as an Organization

This is not the first time that the Association of Southeast Asian Nations (ASEAN) has been faced with a pandemic of a serious nature. In 2003, Sudden Acute Respiratory Syndrome (SARS) broke out in Southeast Asia, inflicting considerable damage on the societies and economies of Singapore, Vietnam and other countries around the region. For ASEAN, the spread of SARS triggered the beginnings of a new awareness which looked upon infectious diseases of this type as a (non-traditional) security challenge, due to the direct threat that they represent to citizens' lifestyles and safety and thereby to states' economies and public order. Ever since this time, ASEAN has been

³ Bill Hayton, Tro Ly Ngheo, "Vietnam's Coronavirus Success Is Built on Repression," *Foreign Policy*, May 12, 2020.

⁴ Murray Hiebert, "COVID-19 threatens democracy in Southeast Asia," *East Asia Forum*, May 25, 2020.

⁵ Nyshka Chandran, "The Pandemic Has Given Armies in Southeast Asia a Boost," *Foreign Policy*, June 15, 2020.

searching for methods of intraregional cooperation relating to measures against infectious diseases as a non-traditional security challenge.

In April 2006, “ASEAN Regional Security: The Threats Facing it and the Way Forward” compiled by the ASEAN Secretariat established infectious diseases as one of the threats to security facing ASEAN, and set out ASEAN’s view that providing full information to all persons concerning the origins of diseases, transmission routes and prevention measures which should be taken is one effective step for preventing the spread of infections. This document highlighted the importance of cooperation between partners both inside and outside the region when dealing with various regional security challenges, including infectious diseases.⁶

Based on its awareness of this issue, ASEAN in 2003 set up a website for promoting the exchange of information relating to outbreaks of infectious disease and their spread in Southeast Asia. ASEAN had various ideas in addition to the website, such as setting up an infectious disease control center or a surveillance center for monitoring the spread of infectious diseases in the region, but was unable to turn these ideas into realities due to financial and competency-related constraints. ASEAN therefore aimed to make use of the framework provided by ASEAN Plus Three (Japan, China and South Korea) to establish mechanisms for responding to infectious diseases while receiving support from these countries. The Emerging Infectious Disease (EID) Programme, set up within the ASEAN Plus Three framework, has been implemented with the aims of gauging the status of early response measures and of the spread of infectious diseases at the time of outbreaks, and of enabling capacity-building among the various countries of ASEAN.⁷

As COVID-19 spread, ASEAN’s first step was to make arrangements to ensure reliable information-sharing and provision of information, applying the lessons that it had learned from SARS. A site was set up under the title of “ASEAN Health Sector Efforts in the Prevention, Detection and Response to Coronavirus Disease 2019 (COVID-19)” within the ASEAN website. Information on the state of viral infections is updated on a daily basis on this website, and information relating to initiatives being undertaken across ASEAN is compiled and posted here.⁸

In the search for new ways for ASEAN to cooperate, the initiative has been taken by Vietnam, which is the ASEAN Chair this year. Firstly, use is being made of ASEAN’s defense cooperation framework. The ASEAN Defence Ministers’ Meeting (ADMM) Retreat was held in Hanoi in February 2020. The joint statement of the Meeting expressed the intention of ASEAN to share information and best practices, and set out plans for carrying out simulated exercises based on cooperation with countries outside the region, making use of the ASEAN Center of Military

⁶ ASEAN, “ASEAN Regional Security, the Threats Facing it and the Way Forward by ASEAN Secretariat,” April 10, 2006.

⁷ Mely Caballero-Anthony, “Non-traditional security in infectious diseases in ASEAN: going beyond the rhetoric of secularization to deeper institutionalization,” *Pacific Review*, vol. 21, issue 4 (2008), p. 515.

⁸ ASEAN, “ASEAN Health Sector Efforts in the Prevention, Detection and Response to Coronavirus Disease 2019 (COVID-19).”

Medicine (ACMM) and the Network of ASEAN Chemical, Biological and Radiological Defence Experts (ASEAN CBR Network).⁹

The second step involved setting up a fund for cooperation. In the ASEAN Foreign Ministers' Meeting held in April 2020, the establishment of the ASEAN Covid-19 Response Fund was announced. The fund is primarily to be spent on assisting with the purchase of medical supplies and protective clothing for member states. At venues such as the ASEAN Plus Three online conference held in the same month, ASEAN called upon representatives on the three countries of Japan, China and South Korea to make contributions to the fund, hoping to draw funds from a wide range of countries outside the region as well as the member states of ASEAN.¹⁰

Thirdly, ASEAN is also creating responses that look ahead to the future. In June 2020, the ASEAN Summit was held online, having been delayed by the spread of COVID-19. The Chairman's statement of the summit announced that ASEAN countries would continue to push the consultation forward toward establishing standard operating procedures (SOPs) and setups for stocking medical supplies within the region.¹¹ In addition, ASEAN Chair Vietnam provided items such as masks, medical supplies and test kits to other ASEAN states, and made use of its unique role when engaging in intraregional assistance. Vietnam's aim in providing this assistance was to boost the self-help capacity of the region in response to the large-scale support provided by China, as discussed below.

4. Assistance From the United States and China

Looking at assistance from outside the region, it was China which moved most rapidly to provide support on a large scale. China hosted the Special ASEAN-China Foreign Ministers' Meeting on the Coronavirus Disease 2019 (COVID-19) with the countries of ASEAN in February in Laos, a time when the country itself was struggling against the virus within its own borders. China's objective in holding the Special ASEAN-China Foreign Ministers' Meeting on the Coronavirus Disease 2019 (COVID-19) with ASEAN with such speed at the time when the virus was spreading was to explain to the countries of ASEAN what measures China was taking in response to the virus, and to call upon them to establish a framework for cooperation. China also called upon ASEAN to lift the restrictions on travel between ASEAN and China which various countries of ASEAN had put in place, to avoid hindering economic exchanges between China and ASEAN as a result of such travel restrictions and thereby prevent negative effects on the Chinese economy.¹² In the statement issued at the Special ASEAN-China Foreign Ministers' Meeting, it was agreed that China and ASEAN would press forward with cooperation across various areas, including sharing information and best practices in a

⁹ ADMM, "Joint Statement by the ASEAN Defence Ministers on Defence Cooperation against Disease Outbreaks," February 20, 2020.

¹⁰ Jim Gomez, "ASEAN Ministers Endorse New COVID-19 Response Fund," *The Diplomat*, April 10, 2020.

¹¹ ASEAN, "Chairman's Statement of the 36th ASEAN Summit: Cohesive and Responsive ASEAN," June 26, 2020.

¹² *Nikkei Asian Review*, February 21, 2020.

timely manner, providing appropriate information to citizens, holding policy dialogue on responding to the disease, and securing supply chains for medical goods.¹³

It is not certain how individual ASEAN countries reacted to China's urgings, but what is clear is that the foreign ministers of all ASEAN countries moved swiftly to congregate at Vientiane (capital city of Laos) in response to China's call. In this way, China demonstrated to the international community its political influence and mobilization powers over ASEAN. Looking at Cambodia, Prime Minister Hun Sen swiftly visited China and held talks with General Secretary of the Chinese Communist Party Xi Jinping, during which he reaffirmed his pro-Chinese leanings, declaring that Cambodia would give comprehensive support for China's battle against the virus.¹⁴

Following this, China rolled out "mask diplomacy" in which China provided ASEAN countries with assistance with anti-COVID-19 measures, centering on the supplying of medical goods (particularly masks). China also dispatched medical teams to three countries in continental Asia (Cambodia, Laos and Myanmar), putting particular effort into assistance aimed at these countries.¹⁵ The support provided by China was, for the most part, accepted by the countries of ASEAN with a positive attitude. At a general State of the Nation Address given in July, President Duterte of the Philippines called upon General Secretary of the Chinese Communist Party Xi Jinping to provide vaccines to the Philippines as well in the event that China succeeded in developing such a vaccine.¹⁶

In contrast to the speed of China's response, it is hard to deny that the response of the United States has been slow. In the early stages, the Trump administration was pouring all its political attention and resources into the presidential election and had little interest in COVID-19; consequently, US assistance for ASEAN lagged behind. The initial response of the Trump administration in terms of COVID-19 and ASEAN consisted only in delaying the Special ASEAN-US Leaders Summit, which the United States had been scheduled to host in Las Vegas in March 2020.¹⁷ Having been planned as a way of "making amends" for President Donald Trump's absence from the East Asia Summit (EAS) hosted in Bangkok in November 2019, the Special Summit (to which the heads of state of the countries of ASEAN had been invited) ended up being canceled. Arguably, the cancellation of the Special Summit inadvertently exposed once again the lack of political interest of the Trump administration in ASEAN, not least because the cancellation represented another missed opportunity for the United States to demonstrate a sense of presence to ASEAN (and to China).

Although the United States has been slow to respond as described above, it has gradually stepped up its assistance following these events. At the end of April 2020, the ASEAN Health Ministers

¹³ ASEAN, "Statement of the Special ASEAN-China Foreign Ministers' Meeting on the Coronavirus Disease 2019 (COVID-19)," February 20, 2020.

¹⁴ Shannon Tiezzi, "China and Cambodia: Love in the Time of Coronavirus," *The Diplomat*, February 6, 2020.

¹⁵ CSIS, "Weekly Southeast Asia Covid-19 Tracker Update," October 21, 2020.

¹⁶ Official Gazette, Government of the Philippines, "Rodrigo Roa Duterte, Fifth State of the Nation Address," July 27, 2020.

¹⁷ *Reuters*, February 29, 2020.

Meeting was held together with the United States. At the meeting, the United States and ASEAN agreed to cooperate in areas such as improving information-sharing, human resource development and the provision of medical equipment.¹⁸ The assistance to be delivered to the countries of ASEAN based on this agreement, totaling USD87 million, centered on capacity-building aimed at enhancing testing and medical systems. It is fair to say that the United States has aimed to recover its position following China's swift move to offer support, while also differentiating its approach from the type of assistance provided by China. With antagonism between the United States and China becoming more heated, the competition that has developed between the two countries regarding longstanding issues such as the regional order, advanced technology and maritime affairs now includes Chinese and American assistance for ASEAN's COVID-19-related countermeasures. Attention is focusing on the future direction of ASEAN as an important strategic partner for both the United States and China.

(Completed on November 2)

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¹⁸ ASEAN, "Joint Statement, Special Video Conference of Health Ministers of ASEAN and the United States in Enhancing Cooperation on Coronavirus Disease (COVID-19) Response," April 30, 2020.