

ASEAN’s “actorness” and “effectiveness” regarding the COVID-19 pandemic

Vincent Rollet

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Abstract: The COVID-19 pandemic represents a new significant test for the role of Association of Southeast Asian Nations (ASEAN) in regional health governance in Southeast Asia. Assessing ASEAN’s role during the pandemic through the concepts of “actorness” and “effectiveness,” the article argues that while ASEAN displayed all the attributes of actorness during the COVID-19 pandemic when it comes to its effectiveness, the capacity of the regional institution to reach the objectives it committed to has been rather limited. Explaining the reasons for such “effectiveness–expectation gap” and, considering the last policy development in the region related to regional health coordination, the article identifies several conditions for ASEAN to strengthen its capacity to act effectively on regional health cooperation, and to contribute to the strengthening of a regional health response to a possible future epidemic threat.

Keywords: communicable diseases, pandemic, regional health cooperation, regional organizations, Southeast Asia

While health became an important dimension on the agenda of the Association of Southeast Asian Nations (ASEAN) from the 1980s onward, when ASEAN health ministers decided to meet regularly “to strengthen and coordinate regional collaboration in health among ASEAN countries,” it was the outbreaks of severe acute respiratory syndrome (SARS) in 2003 and avian influenza in 2005 that convinced ASEAN to enhance regional cooperation against (re-)emerging communicable diseases. Simultaneously, ASEAN’s efforts to address the spread of communicable diseases benefited from the development of a regional approach to disaster management, the establishment of the ASEAN Committee on Disaster Risk Management in 2003, and the signature of the ASEAN Agreement on Disaster Management and Emergency Response in 2005. In that context, ASEAN adopted several major regional plans to address communicable diseases such as the ASEAN Multisector Pandemic Preparedness and Response Work Plan



(2007–2010), the ASEAN Regional Strategy for the progressive eradication of highly pathogenic avian influenza (HPAI) (2008–2010), and the ASEAN Medium Term Plan on Emerging Infectious Diseases (Rollet, 2018). Since 2016, the regional health cooperation is framed by the ASEAN Post-2015 Health Development Agenda (APHDA), which has identified the “response to all hazards and emerging threats” as one of its four main health priorities.

If, due to the transnational dimension of most of these issues, addressing public health issues at the regional level can be considered as a legitimate ambition from ASEAN, the concrete achievements and the efficiency of the regional management of health issues in Southeast Asia has been appreciated in different ways.

Indeed, ASEAN has been considered by scholars as “an example in regional cooperation to fight against the spread of SARS” (Sridharan, 2007, p. 308), as having “a great potential to influence the health condition of its population through various measures . . . and at different levels” (Kumaresan & Huikuri, 2015, p. 1), and as being able to play “an important role in regional responses to HIV/AIDS, SARS and H5N1 influenza” (UN, 2016, p. 43). Academic studies have underlined ASEAN’s contributions to the regional coordination and support against transmissible diseases through the establishment of regional structures and mechanisms like the ASEAN Taskforce on HIV/AIDS, the ASEAN Outbreak Response Team, or the Singapore-based regional stockpile of antiviral drugs to be distributed to the ASEAN Member States affected by avian influenza (Liverani et al. 2013, p. 26; Rollet, 2018, p. 333). Additionally, ASEAN’s key position in relaying and ensuring the national implementation of global health initiatives against communicable diseases (Lamy & Phua, 2012) and its role in strengthening national pandemic preparedness among the ASEAN Member States through the launch of ambitious regional initiatives, the review or national pandemic preparedness plans, or the setting of cross-border resource-sharing plans in the context of crisis (Rollet, 2018; Tan, 2020) have also been considered illustrations of ASEAN’s ability to facilitate regional coordination and cooperation toward communicable diseases.

Simultaneously, scholars recognizing ASEAN’s significant role in addressing health issues have also underlined the limits of regional health cooperation in Southeast Asia. Thus, they noted that the lack of equal political and financial commitments among the ASEAN Member States (AMS), the great concern about national sovereignty and regime consolidation, the highly compartmentalized and bureaucratic decision-making process, the limited ASEAN’s authority to influence domestic policy in a time of health crisis, the poor quality of regional data collection and analysis, and

the strong dependency on external support have represented significant impediments that slowed down or jeopardized sharply the regional responses to communicable diseases in Southeast Asia (Collins, 2013; Lamy & Phua, 2012; Liverani et al., 2013; Rollet, 2018).

In light of this rather mixed—but realistic—appreciation of ASEAN’s achievements and challenges in addressing health issues, the COVID-19 pandemic provides a new opportunity to study ASEAN’s achievements and challenges in addressing transnational health issues and, more generally, to appreciate its role in the regional governance of public health at a time when the organization is three years before the end of its 10-year journey toward the realization of the ASEAN Community Vision 2025 that aimed for deeper regional political, economic, and social integration.

Building on recent studies covering the individual and collective responses of AMS to the COVID-19 pandemic (Hinjoy et al., 2020; Tan, 2020), this article aims at assessing the role played by the ASEAN as a regional organization in addressing the COVID-19 pandemic that has affected so far around 12.8 million persons across the region (4.6 percent of the world cases) and killed more than 251,000 people (4.7 percent of the world death rate) (CSIS, 2021), by asking the following questions:

- To what extent can ASEAN be considered an actor in terms of regional response to COVID-19?
- How effective was ASEAN as a collective regional actor in dealing with the COVID-19 pandemic?
- What lessons can be drawn from ASEAN’s response to COVID-19 in terms of regional health governance in Southeast Asia?

To answer these questions, this article proceeds in four steps. First, it presents the analytical framework used in this study and which has been designed around two main concepts of International Relations, namely “actorness” (the capacity to act) and “effectiveness” (the ability to reach the goals it committed to). Then, in reference to the criteria conditioning the “actorness” and “effectiveness” of an entity in international relations, the article appreciates ASEAN’s capacity to act during the pandemic and its ability to reach the objectives to which it is committed. Finally, in light of the results of this analysis, the author engages a discussion about the conditions for ASEAN to strengthen its capacity to act effectively on regional health cooperation and makes some recommendations before concluding on the main findings and contributions of this study.

This research aims to contribute to the academic literature on regional health governance in Southeast Asia as it will enable us to appreciate whether the previously mentioned roles played by ASEAN regarding

transnational health issues have been confirmed in the case of COVID-19 and to what extent the above mentioned limits in addressing health issues have been overcome. Additionally, the lessons that will be drawn from this study on ASEAN's role and challenges in the regional health management of COVID-19 will contribute to the current academic discussion on regional health governance, especially on the nature of the regional institutions needed to build an efficient regional response to communicable diseases and to the academic debate about "actorness" and "effectiveness," which has so far mainly focused on the EU and did not cover health issues.

Regarding its methodology and materials, this study collected empirical data from three different sources of information: written materials, academic/professional exchanges taking place during webinars or online workshops, and semi-structured interviews with key informants. Written materials include ASEAN documents, secondary sources, and press articles from major Southeast Asian newspapers. Webinars and online workshops were selected based on the relevance of their topic for this study and when ASEAN health officials or Southeast Asian health professionals were participating as speakers. Finally, because of the COVID-19 pandemic, semi-structured interviews were conducted online with ASEAN officials, health experts, and representatives of the civil society selected for their relevant role related to the regional management of the pandemic in Southeast Asia and their high levels of expertise on this topic. Empirical data were all analyzed through qualitative content analysis, and while ASEAN documents and secondary sources were used as evidence to evaluate ASEAN's actorness during the COVID-19 pandemic, media, webinars, and interviews were more appropriate for evaluating its effectiveness. Regarding the timeframe of this study, while at the time of writing the pandemic is far from being over, this research concerns itself with the period between January 2020 and December 2021.

Assessing "actorness" and "effectiveness" of ASEAN in the context of the COVID-19 pandemic: Variables and measurements

This article evaluates ASEAN's role during the ongoing COVID-19 pandemic through the concepts of "actorness" and "effectiveness" both developed in the field of International Relations.

As a prominent concept for analyzing the role of international and regional organizations in the international arena (Drieskens, 2017), "actorness" has been defined as the "capacity to act purposively in international

affairs” (Hettne, 2011, p. 28). Since the emergence of the concept in the 1970s, in their quest to assess “actorness,” scholars have sought to establish analytical frameworks integrating different conditions to be met for an entity to be considered as an actor in international affairs (Bretherton & Vogler, 2006; Doidge, 2008; Sjöstedt, 1977). However, as highlighted by a recent study on the evolution of the academic research on actorness, most of these studies persisted to strongly focus on internal capabilities without considering the role played by other criteria, such as the identity of regional entities, the concrete influence on their environment, or the influence of systemic factors such as international norms and ideas. Furthermore, most of them had a strong bias toward the EU that jeopardizes comparison and limits the explanatory potential of this concept (Drieskens, 2017).

The analytical framework considered in this study is the one initially developed by Jens-Uwe Wunderlich (2012) and then streamlined by Frank Mattheis and Wunderlich (2017) for the main reason that it responds to most of the aforementioned critics. Indeed, the analytical framework that these two scholars propose possesses the triple advantage of considering variables that take into account the internal, external, and ideational sides of actorness, suggesting tailored criteria that facilitate its operationalization, and having been applied not only to the EU but also to the ASEAN.

This framework suggests three major variables to assess the actorness of a regional organization in the international arena: (1) its internal self-understanding of its role; (2) its institutionalization and decision-making structures; and (3) its recognition and presence.

Internal self-understanding of its role is determined by normative and ideational foundations (informal norms, rules, and principles) of a regional organization that shape its specific identity, define its institutional culture (including rules and procedures), and ultimately, frame its role and actions in a specific situation (Mattheis & Wunderlich, 2017; Wunderlich, 2012). Regarding ASEAN’s self-understanding of its role in international relations, it is greatly determined by the “ASEAN way,” which enshrines principles such as the non-use of force in intra-regional disputes, non-interference, and regional autonomy as well as procedures, such as a preference for consensus-based decision-making and informality and an aversion to formal and highly institutionalized forms of regional cooperation (Wunderlich, 2012).

Institutionalization and decision-making structures consist of a regional entity to be institutionalized through the establishment of decision-making structures and processes and to possess implementing regional agencies

as well as procedures, rules, and codes of conduct that impact the visibility, capacity, and cohesion of this regional organization (Mattheis & Wunderlich, 2017; Wunderlich, 2012). ASEAN has chosen low-key institutionalization and intergovernmental decision-making structures symbolized by “a strict avoidance of the pooling of sovereignty and a preference for informal institutionalization” (Wunderlich, 2012).

Lastly, recognition and presence are derived principally from the external relations of a regional organization, including its bilateral relations with individual countries, its interregional relations, or its participation in multilateral forums. Thus, the cultivation by a regional organization of bilateral, interregional, or multilateral relations confirms its “acceptance by other actors in the international system” (Mattheis & Wunderlich, 2017) and the recognition of its status as an international actor but also sustains its presence in the international arena, which in turn contributes both to its actorness.

Seeking to go beyond the measurement of “actorness,” some scholars have also proposed to assess the concrete impact of a regional organization’s actorness on its international environment by appreciating its “effectiveness,” defined as the extent to which an actor has reached the goals that it has set for itself (Brattberg & Rhinard, 2013; Niemann & Bretherton, 2013). Representing goal attainment or outcome effects, “effectiveness” relates to “a polity’s ability to translate potential influence into actual effect” (Brattberg & Rhinard, 2013, p. 360). Regarding the relationship between “effectiveness” and “actorness,” while “actorness” is considered as a precondition of “effectiveness” (Niemann & Bretherton, 2013, p. 4), actorness does not automatically lead to effectiveness. Several studies have concluded indeed that an entity may display attributes of actorness on a specific issue while having a low, limited, or even inexistent effectiveness on that issue (Hill, 1993).

This analytical framework will be applied to ASEAN during the COVID-19 pandemic, first, to assess its capacity to act (*actorness*) during this health crisis through the evaluation of the self-understanding of its role, its institutionalization and decision-making structures, and its recognition and presence, in the context of the ongoing COVID-19 pandemic, and also, to appreciate to what extent ASEAN has been effective regarding the pandemic, especially through its ability to reach the goals that it had set for itself in such context (*effectiveness*).

To measure ASEAN’s actorness and effectiveness in addressing the COVID-19 pandemic, our analytical framework has defined, with reference to previous studies on actorness, specific indicators for each variable that need to be considered to evaluate the ASEAN’s capacity to act and to be effective regarding that pandemic (Table 1).

Table 1 • Analytical framework to assess ASEAN’s actorness and effectiveness regarding the COVID-19 pandemic

Concepts	Variables	Indicators
Actorness	<i>Self-understanding of its role</i>	<ul style="list-style-type: none"> – Recognition by ASEAN of the necessity to address the pandemic at the regional level – Existence of a clear mandate, including specific goals framing ASEAN’s role regarding the pandemic
	<i>Institutionalization and decision-making structures</i>	– Existence and/or creation of ASEAN’s decision-making structures and processes, implementing mechanisms as well as procedures, rules, and codes of conduct able to address the COVID-19 pandemic at the regional level
	<i>Recognition and presence</i>	<ul style="list-style-type: none"> – Interactions between ASEAN Secretariat and third countries, regional organizations, or global health institutions and mechanisms to address COVID-19 (<i>recognition</i>) – ASEAN’s ability to act, and even to exert influence, beyond its borders, especially at the multilateral level (<i>presence</i>)
Effectiveness	<i>Goal attainment</i>	– Attainment of goals defined in the mandate that ASEAN would have received from its Member States and that framed its role regarding the COVID-19 pandemic

Source: Compiled by the author

ASEAN “actorness” during the COVID-19 pandemic

ASEAN’s self-understanding of its role and main goals during the COVID-19 pandemic

Since the recognition by the World Health Organization (WHO) that COVID-19 was a Public Health Emergency of International Concern (January 30, 2020), and the first ASEAN collective declaration on COVID-19 (February 15, 2020) that recognized the critical importance of “an orchestrated response and collective actions of ASEAN in curbing the spread of the disease” because of the regional “interconnectedness and vulnerabilities in the face of COVID-19” (ASEAN, 2020a), ASEAN has progressively defined its mandate toward the pandemic (ASEAN, 2020a, 2020b). This mandate, unanimously supported by AMS, illustrated ASEAN’s self-understanding of its role regarding COVID-19 as it granted the regional organization three major goals in addressing the pandemic.

ASEAN's first goal was to emphasize and promote among its membership the importance of providing a solidary and cohesive regional response to the COVID-19 pandemic to increase their chances of flattening the infection curve nationally and regionally. Thus, ASEAN had the mandate to keep the multilateral spirit alive at the regional level and to emphasize the necessity of ASEAN's collective efforts in the context of the pandemic. The second objective attributed to ASEAN in the context of COVID-19 was to facilitate regional health cooperation in different health sectors, including information and experience sharing, health risk communication and misinformation management, scientific cooperation, and access to essential medical supplies and equipment. ASEAN's last goal was to oversee the regional response to COVID-19, monitor its success and challenges, and regularly report to ASEAN leaders with recommendations (ASEAN, 2020a, 2020b).

This mandate and its goals were in line with the normative and ideational foundations that define ASEAN's institutional culture, especially with the principles of the 2007 ASEAN Charter, including the "non-interference in the internal affairs of AMS," its call for "enhanced consultations on matters seriously affecting the common interest of ASEAN" (ASEAN, 2007), and with the objectives and competencies that the APHDA (2016–2020) has defined to frame ASEAN's involvement in the regional response to all hazards and emerging threats (Cluster 2) (ASEC, 2018).

Similar to "action triggers" (Doidge, 2008, p. 39) or "clear instructions of how, and for what purposes, [ASEAN] is to be employed" (Sjöstedt, 1977, p. 85), the existence of such a mandate—and its three main goals—confirms the existence of ASEAN's self-understanding of its role in the context of the COVID-19, which represents the first component of its capacity to act toward that pandemic.

Institutionalization of ASEAN's health response to COVID-19

A first and perhaps most visible element of the institutionalization of ASEAN's health response to COVID-19 is its statements on COVID-19 that have officially formalized its engagement in the regional health response to the pandemic. This dynamic of institutionalization started with the ASEAN'S "Chairman's statement on ASEAN collective response to the outbreak of coronavirus disease 2019" (February 15) (2020a) and was followed by several ASEAN declarations on COVID-19 made public after leaders, ministers, and senior officials' meetings.

The adoption of a chain of command whose decision-making process was detailed by the ASEAN's Chairman on February 15 (ASEAN, 2020a) represents the second element of this institutionalization. The co-

ordination of the overall ASEAN's COVID-19 response was assigned to the ASEAN Coordinating Council (ACC), composed of ASEAN foreign ministers that had the task of overseeing ASEAN collective efforts in responding to the pandemic and to regularly report to the ASEAN leaders. Existing only in the form of an ad hoc mechanism during the H5N1 and H1N1 pandemics (Interview 6, 2020), the ACC—which had already met several times since the beginning of the COVID-19 pandemic—is assisted by the ASEAN Coordinating Council Working Group on Public Health Emergencies (ACCWG-PHE), composed of senior officials from all three ASEAN community pillars (political-security, economic, and socio-cultural pillars). Its mission is to facilitate coordination and collaboration among relevant ASEAN sectors. At the health policy level, ASEAN Health Ministers' Meeting (AHMM) has the authority to determine the policies of the ASEAN health sector in the context of COVID-19, while at the strategic/executive level in the health sector, the ASEAN Senior Officials Meeting on Health Development (SOMHD)—composed of senior health officials from each AMS—is responsible for strategic management and for guiding the overall implementation of the APHDA in the context of the COVID-19.

The institutionalization of ASEAN's health response to COVID-19 also took place through the early activation of existing regional mechanisms relevant in the context of a pandemic and, later on, through the establishment of new ones. Despite some criticisms across the region about the lag in the initial ASEAN response to COVID-19, the organization mobilized its existing regional health instruments as soon as China reported a growing number of clusters of a mysterious form of pneumonia occurring around the Wuhan area (January 3, 2020) (OECD, 2020, p. 10). These mechanisms comprised regional entities dedicated to emergencies, risk assessment, epidemiology, and military medicine (Table 2).

Additionally, at the 37th ASEAN Summit (November 12–15, 2020), new regional instruments were launched, including the COVID-19 ASEAN Response Fund, which has so far received approximately USD\$25.8 million from AMS and external partners and aims at enhancing ASEAN's capacity to deal with health emergencies, procure medical equipment, and support the research and development of antiviral drugs and vaccines (ASEAN, 2020b). The region also counts now on ASEAN Regional Reserve of Medical Supplies (RRMS) for public health emergencies to support AMS' medical needs during pandemics (ASEAN, 2020b).

Finally, the institutionalization of ASEAN's COVID-19 response also built upon the region's existing rules and behavioral norms that apply to AMS in times of health crises. Among them, the "ASEAN guidelines on the provision of emergency assistance by ASEAN mission in third coun-

Table 2 • Existing regional mechanisms activated within the framework of ASEAN’s health response to COVID-19.

ASEAN regional mechanisms	Date	Leading countries	Main functions
Emergencies			
ASEAN Emergency Operations Centre Network for public health emergencies (ASEAN EOC Network)	2011	Malaysia	To share daily situational updates and provide information on prevention, detection, and response measures on public health emergencies to ASEAN and ASEAN+3 SOMHD
Risk assessment and communication			
ASEAN Risk Assessment and Risk Communication Centre (ARARC)	2011	Malaysia	To disseminate preventive and control measures, including those that combat false news and misinformation circulated in social media
ASEAN BioDiaspora Virtual Center (ABVC)	2014	The Philippines	To play the role of a regional infectious disease early-warning system by using big data, artificial intelligence, and geographic information systems to track, visualize, and predict the spread of communicable diseases across ASEAN To provide a regional risk assessment for international dissemination
Epidemiology			
APT Field Epidemiology Training Network (APT FETN)	2004	Malaysia (Chair) Thailand (coordinator)	To empower and mobilize a competent field epidemiology workforce through training, experiential learning, mentoring, and knowledge exchanges across ASEAN
Military medicine			
ASEAN Centre of Military Medicine (ACMM)	2016	Thailand	To facilitate coordination and cooperation among the military medical services of the AMS

Source: Compiled by the author

tries to Nationals of ASEAN Member States in a crisis,” (ASEAN, 2006) which aims to ensure assistance cooperation between AMS to protect their citizens in third countries during a crisis, and the ASEAN Declaration on “One ASEAN One Response,” which encourages strong ASEAN collective coordination to a disaster. To this existing normative framework, one may add the ASEAN’s agreement to maintain essential supply chains and trade routes connectivity and to ensure the smooth flow of trade in essential goods in the Southeast Asia region, including medical supplies.

While the institutionalization of the ASEAN’s response to COVID-19 represents “one of the central components” of its actorness (Wunderlich, 2012, p. 658) and confirms that ASEAN did not experience an “institutional deficit” to respond to the pandemic, it remains to be seen—later in this article—how these regional mechanisms have functioned so far and to what extent they have contributed to ASEAN’s effectiveness during the COVID-19 pandemic.

Recognition of ASEAN’s centrality and ASEAN’s presence in the context of COVID-19

From the outset of the pandemic in Southeast Asia, ASEAN has been recognized internationally as a significant actor in the regional response to COVID-19. Such recognition is mainly derived from the acceptance by ASEAN’s dialogue partners to respect “ASEAN’s centrality”—a cardinal principle of the ASEAN Charter—in the regional response to the pandemic. Thus, these partners, such as the EU, the United States, Australia, and the Plus Three countries (China, Japan, South Korea) have directly engaged the regional institution through virtual workshops and conferences at ministerial and executive levels to exchange ideas and discuss the COVID-19 pandemic.

The international recognition of ASEAN’s centrality in the Southeast Asian response to COVID-19 has also been materialized through the support provided directly to ASEAN by some external donors. In symbolic hand-over ceremonies held at ASEC in Jakarta, China, Korea, and Canada donated directly to ASEAN medical equipment or funds to buy medical supplies to be distributed by the regional organization to AMS. Additionally, the commitment of China, Japan, and South Korea to contribute to the COVID-19 ASEAN Respond Fund by reallocating financial resources from their existing bilateral development funds has also contributed to ASEAN’s centrality in this health crisis. This was reinforced by calls from international nongovernmental organizations (NGOs) such as Oxfam (Mercado, 2020) for ASEAN to take on a central role in the regional response to COVID-19.

ASEAN's presence within the global governance of health crises has increased with COVID-19. This growing presence owes a great deal to Vietnam's decision—as ASEAN Chair and President of the UN Security Council (UNSC)—to organize the first-ever UNSC meeting on UN–ASEAN cooperation (January 30, 2020) and to Vietnam's and Indonesia's requests, with seven other UNSC non-permanent members, to hold—after weeks of divisions among its permanent members—the first UNSC meeting on COVID-19 that led to the adoption of the Resolution 2532 on the COVID-19 pandemic (July 1, 2020). ASEAN's presence within the multilateral response to COVID-19 was further enhanced by the invitation of Vietnam, in its capacity as ASEAN Chair, to the March 26, 2020 G20 Emergency Online meeting on COVID-19 and the April 19, 2020 G20 Health Ministers Meeting during which Hanoi shared both Vietnamese and ASEAN pandemic control experiences and called for health cooperation at the regional and international levels.

From the previous assessment of ASEAN's actorness during the COVID-19 pandemic, the first lesson that can be learned about regional health cooperation in Southeast Asia is that ASEAN's capacity to respond to communicable disease outbreaks and pandemics has been confirmed during the current health crisis. The major constitutive criteria of its "actorness" have been indeed fulfilled. It remains to be seen whether ASEAN has been an "effective" actor toward that pandemic.

ASEAN's "effectiveness" during the COVID-19 pandemic

In reference to ASEAN's mandate and goals regarding the COVID-19 pandemic, this article has assessed whether ASEAN has been capable to translate its potential influence ("actorness") into actual effect in terms of (1) encouraging a regional cohesive response, (2) monitoring the regional response, and (3) facilitating the regional health cooperation in different fields (information and experience sharing, risk communication, access to essential medical supplies and equipment, and scientific cooperation).

Encouraging a cohesive regional health response despite constrained competences

Regarding the promotion of a cohesive regional health response to COVID-19, ASEAN has been rather effective. Since its first declaration on COVID-19 (ASEAN 2020a), ASEAN has continuously encouraged a cohesive regional response to the pandemic. Such encouragement has been enshrined in collective statements on COVID-19. In turn, these tacit

agreements have shaped the general framework of the regional response to the pandemic and contributed to defining AMS' expected behavior in these times of great concerns and instability. Although non-binding, these engagements for a cohesive regional response have also committed the responsibility of AMS leaders and, consequently, represent a benchmark on which, in case of non-compliance, they can be held accountable. In that respect, ASEAN succeeded in attaining its goal of promoting a cohesive response to COVID-19.

Nevertheless, when it comes to the actual cohesiveness of the regional response to COVID-19, facts show that in the early stages of the pandemic, because of the great political, economic, and social disparities among AMS and also the temporality of the spread of the virus across the region, individual AMS responded differently to COVID-19. The meticulous contact tracing and the targeted quarantine measures of Singapore or the response in Thailand had nothing to do with the intrusive and even aggressive monitoring and surveillance of citizens in Vietnam or the "highly militarized response" in the Philippines (CSIS, 2021).

If ASEAN had difficulties generating cohesiveness in the regional response, it should be kept in mind that, respecting the principle of non-interference, the regional organization cannot supplant AMS' response to COVID-19 (RSIS VideoCast, 2020). In other words, ASEAN does not have the competencies to impose a cohesive regional COVID-19 response to its AMS. In any case, enforcing a coordinated regional response to its AMS was never part of its mandate during the pandemic. Its objective was to "encourage" a cohesive regional response to COVID-19. To expect a more intrusive approach from ASEAN would not reflect its actual and constrained competencies in such context. However, it should be noted that tangible effects of ASEAN's impact on regional cohesiveness have been observed by the OECD, which takes as evidence the increasing policy convergence among AMS and a more unified COVID-19 regional response in Southeast Asia (OECD, 2020, p. 9).

By working to convince AMS of the necessity to take into account regional interdependency in their national response, by ensuring the official expression of AMS commitments for a cohesive regional response to COVID-19, and by reminding them of their engagements, one may argue that ASEAN has reached one of the goals it committed to, namely "encouraging" more cohesiveness in the regional response to COVID-19.

An essential role in regional information and experience sharing

Where ASEAN's facilitating role in regional health cooperation during the COVID-19 has been more tangible is certainly the area of information and

experience sharing, especially through its digital health diplomacy and its existing regional mechanisms.

Through the organization of online meetings of the ACC, the ACCWG-PHE, the AHMM, and the ASEAN Senior Officials Meeting on Health Development (SOMHD), ASEAN digital health diplomacy has played a significant role in facilitating an “open method of coordination” (Lamy & Phua, 2012, p. 236) by ensuring the regional exchange of essential health-related information at the policy, strategic and executive levels. During these virtual meetings, AMS shared updated information about the COVID-19 evolution in the region, scaled-up response measures, laboratory diagnosis and treatments, travel restrictions, and capacity needs (Interview 1, 2020).

Simultaneously, existing regional mechanisms have also played a significant role in facilitating the regional exchange of COVID-19-related information. Thus, the ASEAN Emergency Operation Centre (EOC) Network, which links Southeast Asian officials working for national disease prevention and control centers with their colleagues affiliated to national crisis management institutions and with members of ASEAN Field Epidemiology Training Networks (APT FETN and R-FETPV), has enabled its participants to share through various mechanisms of communications, daily situational updates on prevention, detection, and response measures to help AMS to coordinate their responses to COVID-19 (Interview 3, 2020). Confirming the significance of this regional health mechanism, a study on the Thai response to COVID-19 notes that “Thailand first received notification of this emerging public health threat through ASEAN EOC Network and this warned Thailand to prepare its readiness and disease control measures to fight against this outbreak” (Hinjoy et al., 2020, p. 208). The article concludes that the EOC network serves “as a beneficial tool for coping with the emergence of COVID-19” (Hinjoy et al., 2020, p. 208).

ASEAN’s facilitating function in regional health information sharing has been also illustrated by the role played by the ASEAN BioDiaspora Virtual Center (ABVC). This regional instrument launched in 2016 with the support of Canada has provided to AMS’ officials and citizens—through an open ASEAN-dedicated website and social media platforms—updated information on the development of COVID-19 across the region, and on AMS’ regulations and policies. Additionally, ABVC also published, thrice a week, risk assessments for international dissemination of COVID-19 to the ASEAN region that completed national risk assessments and were essential for the health authorities of a region that is highly connected, geographically close, and with great mobility of people (OECD, 2020, p. 10).

Finally, the regional exchange of information was also facilitated by the ASEAN Center of Military Medicine. The platform enabled AMS’ mil-

itary representatives to share information about military medicine preparedness, epidemic situation, and national response and to discuss joint efforts and mutual concerns. The culmination of its role was an online table-top exercise on COVID-19 response among AMS medical military forces (May 27, 2020) during which AMS shared COVID-19 experience, analyzed shortcomings of ASEAN preparedness, and proposed a joint plan of action to enhance regional readiness.

Despite a relative lack of transparency by some AMS in the early time of the crisis (FORUM-ASIA, 2020, p. 19), few blunders in the regional sharing of updated COVID-19 information among AMS, and challenges regarding AMS' capacities to share public health data across borders (Liverani et al., 2018), all the aforementioned mechanisms have facilitated regional cooperation in information and experience sharing and have therefore contributed to ASEAN's effectiveness in enabling regional health cooperation. It should be added that, by facilitating information sharing among AMS about national measures taken to curb COVID-19, ASEAN digital health diplomacy and the aforementioned regional instruments have simultaneously supported ASEAN's attainment of its objective of monitoring the regional response and further contributed to ASEAN's effectiveness.

Upstream and passive role in regional health risk communication

Since the beginning of COVID-19 and its spread to the ASEAN region, misleading information and fake news disseminated through social media platforms or echoed by some AMS leaders' public statements have been on the rise with the risk of causing unnecessary panic, leading citizens to fake and dangerous treatments, scapegoating vulnerable populations, and undermining AMS' efforts to curb the pandemic (Hutt, 2020).

To mitigate the dissemination of medical misinformation, AMS have generally reacted unilaterally by implementing national strict legislation on misinformation. However, in that context, under the guise of national security, several AMS have arrested citizens who had shared online valid criticism against the governmental COVID-19 management (Interviews 2 and 4, 2020). The criminalization of allegedly spreading misleading information online, and the exploitation of the pandemic to advance AMS governments' political interests, have been considered in the region an illustration of authoritarianism, a violation of the freedom of expression and human rights, and a consequence of the lack of regional cooperation on health risk communication (FORUM-ASIA, 2020, pp. 21–25).

Undeniably, the role played by the regional instrument dedicated to regional cooperation on health risk communication, namely the ASEAN Risk Assessment and Risk Communication Centre (ARARC), has not been

manifest. Despite the existence of a “Framework and Joint Declaration to minimize the Harmful Effect of Fake News” (2018), while ARARC played a significant role before the pandemic in enhancing AMS national risk communication actions through its preparedness and capacity-building programs (Interview 6, 2020), the recent ASEAN leaders’ demands to “strengthen cooperation in countering misinformation and fake news,” the proposition to establish “a possible common platform” for such purpose (ASEAN, 2020b), as well as the demand by Vietnam to improve regional cooperation to stop fake news, all confirmed the limited role of that regional instrument during the pandemic.

If ARARC has spread information on preventive and control measures during the crisis, this passive approach to combat misinformation has not been complemented by any proactive initiatives, such as fact-checking and adequate online response to the dissemination of fake news. The combination of this limitation with the absence of regional guidelines on health risk communication and misinformation management explains the rather limited role of ASEAN in facilitating a regional response to misleading information during the COVID-19 pandemic, which, in turn, has hampered ASEAN’s effectiveness in terms of regional health cooperation.

A modest impact on the regional procurement of medical supplies and vaccines

Similar to other regions, ASEAN has been affected by a significant shortage of medical supplies and vaccines during the COVID-19 pandemic. If ASEAN has played a modest role in facilitating access to medical equipment during the crisis, its role in the procurement of vaccines across the region remains to be confirmed.

To respond to such a shortage across the region, as previously mentioned, with the support of China, Korea, and Canada, the ASEAN Secretariat was able to distribute medical equipment and funds to buy medical supplies to AMS, concurrently reinforcing the effectiveness of its involvement in the response to COVID-19. More recently, ASEAN delivered to Myanmar medical support for COVID-19 response supported by Indonesia, the Philippines, Thailand, and Turkey.

Less visibly and directly, ASEAN also facilitated intra-regional cooperation on the procurement of medical equipment by means of pleading for regional solidarity, to which some of its members have sought to respond. Indeed, within the framework of its “test kit diplomacy,” Singapore sent medical supplies and equipment to the Philippines, Brunei, Myanmar, Vietnam, Malaysia, and Indonesia, while Vietnam provided health assistance to Laos, Cambodia, Indonesia, and Myanmar (CSIS, 2021). Al-

though national and diplomatic interests cannot be set aside to explain such assistance, Singapore's and Vietnam's willingness to act in line with their commitments to "emphasize the importance of ASEAN solidarity" (ASEAN, 2020a) should not be excluded, since references to the necessity for "countries in the region to work together and to help each other out" or "to strengthen ASEAN unity and centrality" have been advanced by donors to explain their health assistance (Jegarajah & Soong, 2020).

In terms of facilitating regional cooperation to ensure equitable access to vaccines against COVID-19, ASEAN started to play a more active role only very recently. At the beginning of the crisis, several AMS had negotiated unilaterally with major vaccine producers to guarantee the protection of their population. However, following Vietnam's request to effectively implement initiatives reached during its Chairmanship in 2020 and its proposal to spend the ASEAN COVID-19 Response Fund on vaccines and essential medical equipment for frontline health workers and vulnerable people, the ASEAN agreed in February 2021 to spend USD\$10.5 million to purchase COVID-19 vaccines via the Fund to be distributed among the AMS. While the purchasing amount remains rather limited, ASEAN has not yet collectively purchased vaccines, and individual AMS have, so far, received vaccines mainly through direct acquisition from the major pharmaceutical companies or through bilateral or multilateral donations. However, the decision to use the fund to purchase vaccines could provide ASEAN with the capacity to play a role—although limited—in the procurement of vaccines in the region and to negotiate in the name of the AMS directly with pharmaceutical companies to purchase COVID-19 vaccine doses at a reasonable price, as it did in the past for the purchase of HIV drugs (UN, 2016, p. 43). If such a collective purchase becomes a reality, by facilitating regional cooperation in terms of vaccine procurement, ASEAN will highly increase the effectiveness of its involvement in the regional response to the COVID-19 pandemic.

Inexistent role in regional scientific cooperation on COVID-19

Regarding scientific cooperation among AMS to develop antiviral drugs and vaccines, ASEAN's facilitating role has been so far inexistent. Confirming the lack of scientific collaboration among AMS and their inclination to work in silos (Degelsegger-Márquez & Remøe, 2019), four AMS—Indonesia, Singapore, Thailand, and Vietnam—engaged in the global course on COVID-19 vaccines have worked either on their own or in cooperation with non-ASEAN countries. In Indonesia—the major ASEAN vaccine exporter—the state-owned pharmaceutical company BioPharma worked with the Chinese firm Sinovac to manufacture locally the COVID-19 vac-

cine, which started to be distributed to Indonesians in January 2021. In Singapore, the Duke-NUS Medical School, in cooperation with an American biopharmaceutical firm Arcturus, developed its homemade vaccine, which was in phase 3 trial in March 2021. On their side, Thailand has also supported domestic vaccine production, and the Thai company BioNet-Asia started human trials of its vaccine in May 2021. Vietnam launched the phase 2 trial of its homegrown vaccine in February 2021.

Consequently, while committed to facilitating scientific cooperation in Southeast Asia during the COVID-19, especially within the framework of the ASEAN Leaders' Declaration on ASEAN Vaccine Security and Self-Reliance, which calls for regional cooperation in vaccine and drug manufacturing and research and development (R&D) to reduce dependency from importations, ASEAN has strongly hampered the effectiveness of its involvement in the response to the pandemic by not directly supporting or enabling the establishment of a regional research consortium to develop a COVID-19 vaccine.

Discussion: Addressing ASEAN's "effectiveness–expectation gap" toward COVID-19

If the first lesson drawn from this article about regional health cooperation in Southeast Asia was that ASEAN displayed all the attributes of actorness during the COVID-19 pandemic, the second lesson is that, when it comes to its effectiveness, ASEAN's capacity to reach the objectives it committed to has been rather limited. Indeed, on one hand, ASEAN's effectiveness to encourage solidarity and cohesive regional response, facilitating regional cooperation in the domain of information and experience sharing, and monitoring the regional response to the COVID-19 pandemic has been confirmed. On the other hand, its ability to prompt its members to cooperate in the domains of risk communication, procurement of medical supplies, and scientific cooperation has been either less perceptible, yet to be confirmed, or sometimes even non-existent. In other words, in confronting COVID-19, ASEAN's engagement to improve regional health cooperation has suffered from, what could be called in reference to Hill's theorem of 'capabilities-expectation gap' regarding the EU's actorness (Hill, 1993), an "effectiveness–expectations gap" revealed by the discrepancy between the realization of ASEAN's expectations and goals in addressing the COVID-19 pandemic, especially regarding regional health cooperation in several domains and what the regional organization has achieved so far. Using such a concept to characterize ASEAN's role in addressing the spread of COVID-19 possesses the advantage of providing a

more nuanced appreciation of ASEAN's involvement in the fight against this pandemic since it highlights the reality of ASEAN's capacity to act in addressing the spread of this coronavirus and its ability to reach some of the goals it has set itself while identifying its limitations when it comes to attaining other ambitions, especially that of enhancing regional cooperation in several domains.

One recent response brought by ASEAN to address such a gap, and to strengthen ASEAN's actorness and effectiveness in facilitating regional health cooperation, has been the agreement on an ASEAN Strategic Framework for Public Health Emergencies, and the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) during the 37th ASEAN Summit. Requested by Indonesia and the Philippines since April 2020, this new regional framework aims to guide ASEAN and AMS responses to any PHE by providing principles on preparedness, risk assessment and communication, regional coordination, and monitoring and evaluation. As a central element of this framework, the ACPHEED—under discussion since 2011—has been called upon by several experts since the beginning of the COVID-19 pandemic (Kohr et al., 2020) and is financially supported by Japan with a commitment of USD\$50 million. Its main objective is to bring together the relevant—but until then fragmented—regional instruments dedicated to the management of communicable diseases (Interview 6, 2020). Working as an “ASEAN Center for disease control (CDC),” this new regional entity covers a wide range of activities, including regional surveillance, response, scientific advice, health risk communication, preparedness, regional medical reserve management, regional health assistance, and R&D (Interview 6, 2020). While the establishment of ACPHEED to improve ASEAN's effectiveness in facilitating regional health cooperation makes sense since it aims to strengthen ASEAN actorness on regional health cooperation and that the latter is a precondition to effectiveness, its aptitude to work as a regional hub for countermeasures against communicable diseases will, however, depend on several conditions.

First, it will rest on its capacity to activate the ASEAN Regional Reserve of Medical Supplies (RRMS) to facilitate regional access to critical medical equipment and supplies in times of transnational health crises. Differently from the 2013 ASEAN HPAI stockpile, the RRMS is not a physical stockpile of medical supplies but rather a virtual one that, in times of health crisis, will be supplied voluntarily by AMS to help their counterparts in need (Interview 6, 2020). While this flexible and cost-effective approach makes sense to avoid the creation of multiple regional physical stockpiles for all kinds of forthcoming pandemics, ACPHEED will have to convince AMS, especially the main producers of medical equipment in the region, to pro-

vide the needed medical supplies in a timely manner. If RRMS is central to reducing ASEAN's strong dependency on external donors in terms of medical equipment in time of crisis, it also represents a significant challenge for ACPHEED because although this article has shown that some AMS have assisted their counterparts during the COVID-19 pandemic, such solidarity cannot be taken for granted in times of health crisis when national interest remains a central element of decision-making.

The ACPHEED's work will also greatly depend on the propensity of ASEAN's information and health sectors to cooperate in elaborating a set of minimum regional standards that harmonizes health information sharing to the public and proposes effective ways to deal with misleading health information. Requested by several NGOs and ASEAN parliamentarians (Interview 5, 2020), such a regional guideline would have the potential to decrease the damaging impact of existing misleading information on pandemic control and to reduce the oppressive approaches to fake news management and the violation of human rights and freedom of expression in Southeast Asia during pandemics (Interview 2, 2020). Building on existing platforms launched by several Southeast Asian associations, the establishment of an ASEAN online multi-languages platform that proactively fact-checks information on social media and responds to fake news during a pandemic would represent a useful regional instrument to support the mandate of the new ACPHEED.

A third aspect that is central to the work of the ACPHEED is the strengthening of regional scientific cooperation through collaborative R&D for health products targeting communicable diseases. As acknowledged by the ASEAN Health Division, "there is an essential need to fast-track coordination on research and development of accessible, safe and affordable, and quality drugs and vaccines against COVID-19" (Fernando, 2020). Here again, despite tremendous challenges and gaps in vaccine R&D and production in Southeast Asia, ASEAN is not unequipped since several regional mechanisms exist and could be mobilized to support this objective. This includes the ASEAN—Network for Drugs, Diagnostics, Vaccines, and Traditional Medicine Innovation (ASEAN-NDI), established in 2009 to support regional collaborative health research on (re-)emerging health concerns in Southeast Asia, and to promote the discovery and development of health products in ASEAN region, or the South East Asia Infectious Disease Clinical Research Network (SEAICRN), created to conduct collaborative clinical research addressing emerging health threats. To finance regional scientific consortium dedicated to the development of diagnostic kits, vaccines, or treatments, ASEAN also possesses the ASEAN Scientific Fund and the COVID-19 Fund, whose main goal is to provide funding for such types of scientific activities (Interview 6, 2020).

Additionally, in its efforts against zoonoses, the ACPHEED would also benefit from the establishment of the long-awaited ASEAN Coordinating Center for Animal Health and Zoonosis, which was agreed upon in October 2016 but remains inactive today due to the non-ratification by Indonesia of the ministerial agreement for its establishment.

Furthermore, as it is largely recognized in the region, the enhancement of ASEAN's role in the regional response to communicable diseases is highly dependent on AMS' unanimous agreement for such strengthening, and on the willingness of AMS and external partners to support financially this evolution (Interview 6, 2020, Liverani et al., 2018, p. 13). Nevertheless, in light of the suspension of the EU's deficit limit—formerly considered an immutable principle of the European economic orthodoxy—it is not unlikely that questioning ASEAN's principles that seem “unchangeable” could become more audible and even engender some institutional reforms, including suggestions to allow a certain level of policy-making flexibility within ASEAN through procedural reforms, such as a majority-vote system, or to improve ASEAN's financial capacities and autonomy by increasing the contributions from more developed ASEAN economies or by adopting an EU-style VAT percentage (Sridharan, 2007, p. 88).

Finally, since ASEAN shared several common challenges with other regional organizations, ASEAN would be well advised to enhance its cooperation on public health emergencies with these institutions such as the EU, the African Union, or Mercosur. Indeed, this “health interregionalism” has paid off in addressing communicable diseases (Rollet, 2019) and could be materialized either through interregional experience sharing on common issues or by the establishment of interregional medical reserves or teams and the launch of joint initiatives between regional CDCs.

Conclusion

This article has shown that ASEAN has undoubtedly displayed attributes of actorness in the regional health response to the pandemic and that its capacity to reach its main objectives in terms of regional health cooperation has been tangible in some areas while extremely modest, or even inexistent, in others (Annex 1). In other words, ASEAN has been an actor with tangible but limited effectiveness during the COVID-19 pandemic. However, to address this “effectiveness–expectation gap,” ASEAN has recently launched a certain number of initiatives.

The findings of this study contribute, first, to our general understanding of regional organizations' capacity to act and to be effective in the field

of global public health. Indeed, in addition to confirming that regional organizations have an increasing role in health (Amaya et al., 2015), it suggests that a clear understanding of their role toward a global or regional health issue, solid and flexible regional institutional and decision-making capacities to reach these goals, the international recognition of a role to play in regional health governance, and the ability to perform at the multilateral level contribute greatly to their capacity to act in global health and to their status of global and regional health actor. However, to be an effective actor toward a specific transnational health issue, while regional organizations have to attain the goals they have set for themselves on that issue, it should be recognized that many different external and internal factors will have a great influence on the realization of such objectives over which regional organizations have little control.

Regarding ASEAN in particular, factors of its actorness and effectiveness toward COVID-19 pandemic identified in this article have confirmed some conclusions drawn previously by scholars about the ASEAN's roles, limits, and challenges in regional health governance. Indeed, ASEAN's capacity to act toward the COVID-19 pandemic confirmed its willingness to play a role, its ambition to provide an added value in the regional response toward communicable diseases, and its intention to support a collective response to any transnational public health issues. It also confirms its capacity to establish regional structures and mechanisms aimed at facilitating coordination and cooperation among AMS and its recognition by external partners of being a significant actor in addressing communicable diseases in Southeast Asia (Amaya et al., 2015; Liverani et al. 2013; Rollet 2018; Sridharan, 2007).

Simultaneously, several factors that have limited ASEAN's effectiveness toward COVID-19, which have been identified in this article, are also in line with the conclusions made by previous studies about the major obstacles that are binding on ASEAN when it comes to addressing regional health threats. Thus, this article noted that important political, economic, and social disparities in Southeast Asia as well as the great concern of national sovereignty have negatively affected the regional response toward COVID-19 (Collins 2013; Lamy & Hong Phua, 2012). Moreover, the challenges of a limited general budget and, consequently, of the high financial dependency of ASEAN to external donors for the establishment of regional health mechanisms have been also confirmed in the context of COVID-19 (Amaya et al. 2015; Liverani et al. 2013; Rollet, 2018).

Furthermore, this study expands our understanding of ASEAN's role and limitations regarding regional health governance by providing new findings. First, it shows that some of ASEAN's obstacles identified in previous academic studies have been overcome. It is notably the case

of the ASEAN's decision-making process in the field of health, which has been often characterized by its high compartmentalization (Lamy & Hong Phua, 2012). Indeed, in the context of COVID-19, ASEAN's decision-making process has been made less compartmentalized thanks to the adoption of a clear chain of command that granted an important role to the ACCWG-PHE composed, as seen previously, of senior officials from the three different pillars of the ASEAN community, which worked together to provide cross-sector support to the ASEAN Coordinating Council in charge of overseeing ASEAN collective efforts regarding the COVID-19 pandemic (ASEAN, 2020a).

Similarly, the institutionalization of ASEAN's response to the COVID-19 pandemic reveals that the poor quality of regional data collection and analysis that has long prevented the regional organization to play a recognized role in terms of regional health monitoring (Liverani et al., 2013) has been addressed. Indeed, the essential role played by ASEAN in regional health information sharing during the COVID-19 pandemic shows that with the establishment of the ABVC, the regional organization has greatly improved its capacity to collect and analyze updated data about the evolution of a health issue in the whole region and to disseminate reports and risk assessments to its Member States to strengthen their national responses. Such development is granting the regional organization a clear added value that contributes to better define its role in the regional governance of health in Southeast Asia.

Talking about ASEAN's roles, another new finding resulting from the analysis of one of the variables of ASEAN's actorness in the context of COVID-19, namely its presence on the international stage during the pandemic, is its ability to act as a regional organization at the multilateral level and to display tangible influence on a global health issue. If such aptitude can be considered as rather new, as it did not occur during the previous SARS and H5N1 pandemics, its sustainability will have to be confirmed in the future since it very much depends on factors external to ASEAN (Vietnam's presidency of the UNSC at the beginning of the pandemic) or internal to the regional organization but on which this latter does not have much effect (Vietnam's strong leadership and international ambition as ASEAN Chair).

Finally, regarding regional health governance in Southeast Asia, this article shows that the COVID-19 pandemic has confirmed the "galvanizing role" of ASEAN in paving the way for sustainable regional health cooperation through the establishment of several regional instruments, strategies, and mechanisms that proved their worth during the current pandemic and convinced the AMS of the added value of regional cooperation on transnational health issues.

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Vincent Rollet holds a PhD in international relations (Sciences Po Paris) and is associate professor at the Graduate Institute of European Studies, Wenzao Ursuline University of Languages (Kaohsiung, Taiwan). He is also academic coordinator of a Jean Monnet Module entitled “Europe and Environmental Health: Policy, Achievements and Main Challenges” (2019–2022). (<http://jean-monnet.envihealth.wzu.edu.tw/>). His major areas of research focus on health diplomacy in Asia and Europe as well as global health governance. He has previously cooperated with the Asia–Europe Foundation (ASEF), the United Nations University, and the Asian Health Literacy Association on several academic projects. E-mail: vincent.rollet59@gmail.com; ORCID: 0000-0002-7551-1580

Annex 1

Table 3 • Timeline and key illustrations of ASEAN and AMS’ regional response to COVID-19 (January 2020–December 2021)

2020	
3 January	Report of a growing number of clusters of a mysterious form of pneumonia in Wuhan, China
4 January	Special Video Conference of ASEAN+3 Senior Officials Meeting on Health Development (SOMHD) on COVID-19
3 February	First death due to COVID-19 in ASEAN
15 February	Chairman’s statement on ASEAN collective response to the outbreak of COVID-19
13 March	ASEAN SOMHD Meeting
24 March	Singapore sends coronavirus test kits to the Philippines
31 March	First ASEAN Coordinating Council Working Group on PHE (ACCWG-PHE) meeting
7 April	ASEAN Health Ministers meeting
9 April	Vietnam provides medical assistance to Cambodia
14 April	Declaration of the special ASEAN Summit on COVID-19
27 May	Online table-top exercise of AMS medical military forces on COVID-19
19 June	Hanoi Plan of Action
26 June	ASEAN leaders’ vision statement on a cohesive and responsive ASEAN

12 November	ASEAN strategic framework for public health emergencies
12–15 November	37th ASEAN Summit - COVID-19 ASEAN Response Fund - ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies (RRMS) - ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED)
2021	
18 February	Agreement to use US\$10.5 million from the COVID-19 ASEAN Fund to buy vaccines
10 July	Special Video Conference of the ASEAN Health Ministers
30 August	ASEAN SOMHD Meeting
15 September	ASEAN delivers medical support for COVID-19 response to Myanmar
27 September	7th ACCWG-PHE meeting
25 October	Vietnam donates medical equipment to Laos
26 October	38th and 39th ASEAN Summits Singapore donates medical supplies to ASEAN stockpile for public health emergencies
9 December	Singapore donates medical equipment to Cambodia

Source: Compiled by the author

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Interview 1. (2020, October 22). Online interview with a senior officer, ASEAN Secretariat.

Interview 2. (2020, October 29). Online interview with a member of Forum Asia.

Interview 3. (2020, November 5). Mail exchange with a member of the R-FETPV Coordination Unit, National Institute of Animal Health, Department of Live-stock Development, Thailand.

Interview 4. (2020, November 9). Online interview with an AMS representative in the ASEAN Intergovernmental Commission on Human Rights.

Interview 5. (2020, November 12). Online interview with officers of the ASEAN Culture and Information Division.

Interview 6. (2020, November 21). Online interview with an officer of the ASEAN Health Division.

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Actuación (actorness) y eficacia (effectiveness) de la ASEAN en relación con la pandemia de COVID-19

Resumen: El COVID-19 representa una nueva e importante prueba para el papel de la ASEAN en la gobernanza sanitaria regional. Al evaluar su papel durante la pandemia a través de los conceptos de “actuación” y “eficacia”, el artículo sostiene que, si bien la ASEAN mostró todos los atributos de actoría durante la pandemia, en lo que respecta a su eficacia, su capacidad para alcanzar los objetivos a los que se comprometió ha sido limitada. Explicando las razones de esa “brecha entre eficacia y expectativas” y considerando el último desarrollo de políticas de coordinación sanitaria regional, el artículo identificó varios prerrequisitos como ineludibles en su búsqueda por reforzar la eficacia para garantizar la cooperación sanitaria regional en el Sudeste Asiático y mejorar la respuesta regional ante una próxima amenaza sanitaria.

Palabras clave: cooperación sanitaria regional, enfermedades contagiosas, organizaciones regionales, pandemia, Sudeste asiático

Capacité à agir (actorness) et efficacité (effectiveness) de l’ASEAN à l’égard de la pandémie de COVID-19.

Résumé: La pandémie de COVID-19 représente un test significatif pour apprécier le rôle de l’Association des nations de l’Asie du Sud-Est

(ASEAN) au sein de la gouvernance sanitaire régionale en Asie du Sud-Est. En évaluant le rôle de l'ASEAN pendant cette pandémie à travers les concepts d'actorness (capacité à agir) et d'effectiveness (efficacité), cet article montre que si l'ASEAN a exprimé sa capacité à agir pendant cette crise sanitaire, son efficacité, i.e son aptitude à atteindre les objectifs qu'elle s'est fixés, a été plutôt limitée. Les raisons d'un tel écart entre efficacité et attentes (effectiveness-expectations gap) sont expliquées dans l'article qui identifie plusieurs conditions pour que l'ASEAN contribue efficacement au renforcement d'une réponse sanitaire régionale indispensable face à une éventuelle prochaine menace épidémique.

Mots-clés : Asie du Sud-Est, coopération sanitaire régionale, maladies transmissibles, organisations régionales, pandémie.

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