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Regional responses to COVID-19: A comparative analysis of EU and ASEAN policies to counter the pandemic

by

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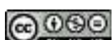
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Abstract

COVID-19 has posed several challenges at the national level with governments adopting various policies to counter its spread. Nonetheless, the transnational nature of pandemics requires a coordinated regional response and cross-border cooperation. This article aims to examine the initial responses and the development of regional policies of the two most successful examples of regional organisations; EU and ASEAN. This comparative analysis accounts for the different forms of integration and the varying COVID-19 spread levels between them. The documentation of the respective policies highlights the different approaches and mechanisms employed. The study also showcases the divergence in perceptions and acts of solidarity while dealing with COVID-19 as a communicable disease. The findings further indicate that both organisations need to acquire a more proactive role in health and crisis management.

Key-words

COVID-19; EU; ASEAN; Policies; Regional Organizations

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1. Introduction

In 2020 humanity faced one of the most infectious diseases originating from the coronavirus group lineage, known as COVID-19[i]. On March 11, the World Health Organization (WHO) declared it a pandemic leading states, international organizations, private actors and NGOs to focus their attention on countering the virus.

Besides public health consequences, COVID-19 also affected the economy, education, politics and security sectors leading governments to adopt nationalist and inward-looking policies. However, the threat faced is transnational, which raises the importance of cooperation in global governance.

The pandemic has tested the multilateral institutions' ability to manage crises and respond in a coordinated manner. Various criticisms on the lack of cohesion and policies enforcement have been expressed on how international organisations formulated their responses.

Therefore, this article intends to document and compare two regional organizations' initiatives on various fronts. The selection of the European Union (EU) and Association of Southeast Asian Nations (ASEAN) corresponds to their different levels of integration (Furtak, 2015) and the varying spread levels of COVID-19 between them.

This study analyses the official documents, announcements and press releases published in the official webpages of the two organizations from early January to late May 2020. Respectively we followed the updates provided in their particular designated sites on fighting COVID-19.

The paper is organized as follows. The first section examines the EU and ASEAN health policy before the outbreak, followed by the second and third section, which encompass the efforts and policies adopted amid the COVID-19 crisis. The fourth section focuses on the comparative analysis in terms of planning, timely response and expressions of solidarity. Lastly, the conclusion highlights their different approaches and offers recommendations on how to strengthen regional coordination to prevent future pandemics.

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2. Regional Health Policies of the EU and ASEAN

Both the EU and ASEAN have established regional health governance frameworks over the years, promoting initiatives that enhance integration, harmonization and coherence of regional health policies.

The EU is an international organization known for its hybrid governance model. In certain areas, decision-making power is centralized at the community level (e.g. trade, monetary and economic policies) and in others, they are treated at the intergovernmental level (e.g. defence and security) (Hix & Holand, 2011).

The field of public health in the EU was covered by the Maastricht Treaty and later by the Amsterdam Treaty. However, "health is not considered an important factor when discussing alternative policy choices, and neither does it seem to be an important objective" (Ståhl, 2010, p.176). Within its scope of the legislation, the EU has a limited role in public health which lies within the responsibility of national governments.

Nevertheless, the EU encourages improvements in health systems, such as the European Commission's Directorate for Health and Food Safety (DG SANTE) that coordinates the accessibility and effectiveness of the European health systems. The European Center for Disease Prevention and Control (ECDC) also monitors threats from emerging diseases and contributes to the preparedness in crisis response. Besides, the EU finances health projects such as the Health Program 2014-2020 (European Commission, 2020e).

Regarding the control of communicable diseases, the EU has focused on surveillance, rapid detection and response through the Rapid Alert and Response System (EWRS) established to favour permanent communication between the member states and the Commission. An informal advisory group of health ministers, the Health Security Committee (HSC), also coordinates cross-border health by supporting the exchange of information (European Commission, 2020a).

Likewise, ASEAN is an intergovernmental organization with its main focus being regional security and peace. Based on these principles it has developed a unique diplomatic engagement known as the "ASEAN Way" (Tekunan, 2015). Despite being perceived as "the most successful model of inter-state cooperation and conflict management next to the European Union" (Singh, 2008, p.142) it, however, lacks the relevant power to transpose the

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organization's directives into national legislation. Additionally, it has been characterised by low institutionalization (Kliem, 2018) and slow economic integration (Kim, 2011).

The regional bloc has been affected by disease outbreaks and epidemics including SARS, H1N1 and MERS-CoV that in their occurrence, impacted member states severely in societal and economic terms. These previous experiences have allowed the organization to establish a number of initiatives and regional frameworks. Nevertheless, the differences in the political systems, economic capabilities and health infrastructure between its members pose challenges to collective approaches, particularly in crisis management.

Among the first initiatives of ASEAN progressive involvement in regional cooperation in health has been the establishment of the ASEAN Plus Three in 1997, bringing together its member states with China, Japan, and South Korea, to address the health and well-being of the region particularly in areas such as communicable and emerging infectious diseases (Kumaresan & Huikur, 2015). A few years later, ASEAN presented its "Healthy ASEAN 2020" vision proclaiming that "health shall be at the centre of development and ASEAN cooperation" (ASEAN, 2002).

However, it was the outbreak of SARS in 2003, and its impact in ASEAN countries that made evident the need to strengthen regional health collaboration in cross-border surveillance and screening procedures (Lamy & Phua, 2012).

Since then, the organization promoted new infrastructures and the development of an information-sharing network to be used in other instances of regional public health emergencies while specific tasks were allocated to individual countries (Curley & Thomas, 2004).

The adoption of the ASEAN Charter in 2007 established the ASEAN Socio-Cultural Community (ASCC) Pillar and blueprint creating a more integrative health governance framework to promote equity in health care access across the region (Lamy & Phua, 2012).

From the latest initiatives, the ASEAN Post-2015 Health Development Agenda urged for the strengthening of regional capacity and collaboration in fighting emerging threats, promoting resilient health systems in response to communicable diseases and ensuring effective health management (ASEAN, 2018).

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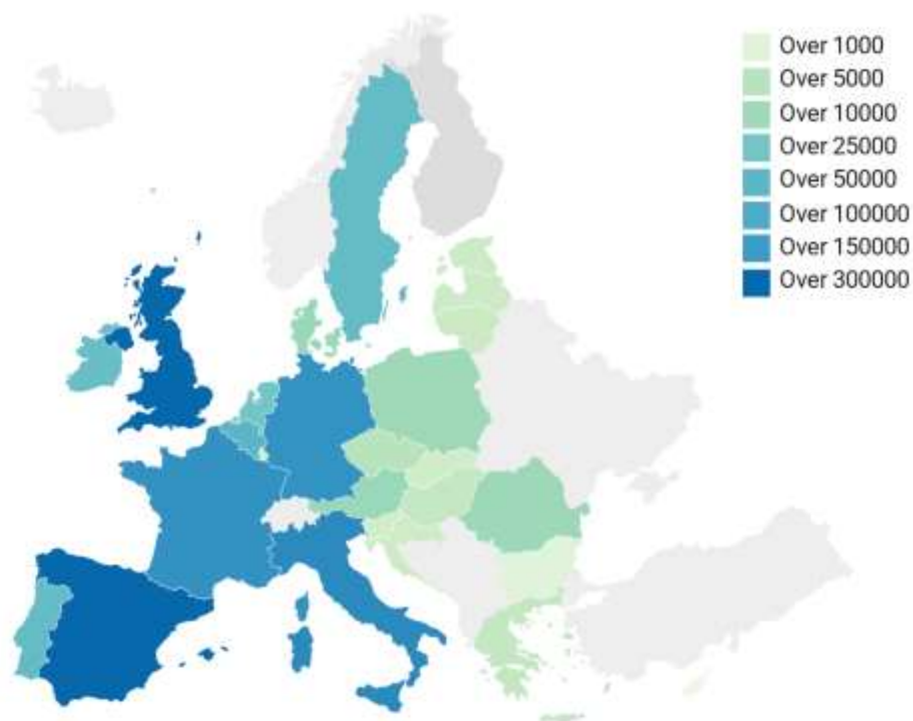
3. EU responses

After the epicentre in China, the COVID-19 outbreak reached alarming proportions in Europe. Italy was among the first countries to suffer a high number of cases causing destabilization in its healthcare system. Under these unprecedented circumstances, Italy turned to the European Commission's Emergency Response Coordination Centre (ERCC)[ii], requesting medical supplies (Braw, 2020) but no EU member state pledged to provide support. This lack of collective engagement reveals that states initially saw the outbreak as an Italian rather than a European problem. Later, the outbreak hit Spain, France and the United Kingdom to a large extent (Figure 1).

Figure 1 - EU COVID-19 spread levels by the end of May 2020



Source: Elaborated by the authors from Worldometer (2020)

In the face of this alarming situation in Europe, some member states have favoured the implementation of unilateral policies that undermined important economic and social EU pillars. Germany and France´s decision to restrict exports of crucial products (protective

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equipment and medical supplies) for preventing and countering the disease violated the principle of the free flow of goods (Gostyńska-Jakubowska & Scazzieri, 2020). At the end of March, the European Commission agreed that essential medicines and food could not be restricted across borders allowing the continuous flow of goods circulated via "green lanes"[iii](European Commission, 2020g).

The virus also posed challenges to the member states' commitment to the Schengen Convention. Countries like Austria, Slovenia and Poland decided to tightly control their borders, preventing citizens other than their own from entering, thus disregarding the norms of free movement of people (Gostyńska-Jakubowska & Scazzieri, 2020). However, due to the later severity of the virus spread the Commission decided to temporarily restrict non-essential travel from third countries to the EU+ area[iv] (European Commission, 2020g).

As part of mobility assistance, the European Commission has taken on an active role in supporting the consular repatriation of European citizens, financing about 75% of transport costs as a coordinated work between the ERCC, European External Action Service (EEAS)[v] and the member states (European Commission, 2020c).

As a complement to the EU measures to contain COVID-19, European leaders agreed on five main lines of action: limiting the spread of the virus, the provision of medical equipment, promoting research, socio-economic tackling consequences, helping citizens stranded in third countries (European Council, 2020b).

Regarding economic measures, European finance ministers did not reach an initial consensus on appropriate policies to mitigate the crisis, nor on how to use the eurozone's bailout fund. That has generated strong criticisms for the lack of internal cohesion and slowness in responses. Nonetheless, the EU established the Coronavirus Response Investment Initiative (CRII), which provides a €37 billion package on strengthening healthcare systems, short-term employment schemes, and community-based services (European Commission, 2020b).

Another proposed initiative, the Coronabonds, has been a divisive idea among EU members (The New York Times, 2020). While Italy, France, Greece, Portugal, Spain were in favour of this "communitarization" of debt, Germany, Austria, Finland and the Netherlands opposed since it could result in a political issue with their taxpayers (Borelli & Karnitschnig, 2020). In addition, the request for contributions to the Emergency Support Instruments has led to the UK´s opposition, arguing that it does not confine with its 2019 Withdrawal

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Agreement, thus adding a new layer of friction between EU and UK relations (Politico, 2020).

On April 23, the Eurogroup agreed on a package worth €540 billion. This agreement consists of three safety nets aimed to help workers, companies and EU members. The first net is set to provide up to €100 billion in the form of loans to assist workers in keeping their jobs. It will be guided by the temporary instrument, the Support to Mitigate Unemployment Risks in an Emergency (SURE). From the same package, the European Investment Bank offers up to €200 billion for the liquidity needs of small and medium-sized companies.

Finally, the European Stability Mechanism (ESM)[vi] will mobilize up to €240 billion to support the healthcare systems of member states (Sandford, 2020). The ESM was established in 2012 to ensure stability in eurozone countries that experience financial problems (ESM, 2020).

One of the most anticipated proposals has been the European Commission new recovery tool, called Next Generation EU that is worth €750 billion is intended as an investment plan in the form of loans and grants[vii] to assist in the long-term and sustainable recovery. Nonetheless, it has generated controversy once again among member states (European Commission, 2020f)

In terms of public health initiatives, the EU's role is complementary to national policies as per Article 168[viii] of the Treaty on the Functioning of the European Union (TFEU). To deal with the COVID-19 consequences, the EU has used mechanisms already in place and created new ones. The ECDC has served as a facilitator to assess COVID-19 risks and guide the responses of states and the European Commission (European Commission, 2020h).

To complement the resources in the current public health crisis, the Commission has mobilized €3 billion of the EU budget mainly made available by two instruments. Firstly, the Emergency Support Instrument (ESI)[ix], to support the needs related to the distribution of protective equipment, the swift development of medication and the transportation of patients to cross-border hospitals. And secondly, the common European reserve of resources (rescEU)[x] to allow the swift distribution of supplies (European Commission, 2020c).

As a way to share experiences in the treatment of COVID-19, the Commission launched the Clinical Management Support System on March 24. This initiative promotes a

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communication network across Europe through web conferences among health professionals (European Commission, 2020d).

As a part of the health information exchange plan, the Commission established the COVID-19 advisory panel which brings together epidemiologists and virologists to formulate guidelines on appropriate crisis management. It has also encouraged research for treatments and vaccines such as the Horizon 2020[xi] program and the CureVac vaccine developer[xii] (European Union, 2020).

Another front of the EU's concern has been the intentional misinformation campaigns and the foreign manipulation on COVID-19. This disinformation is perceived as a threat to its security and to the international community highlighting that undermines the credibility of Western democratic institutions on their ability to deal with the pandemic (EEAS, 2020b).

Consequently, the EEAS has implemented an Action Plan against Disinformation with regular assessments and even set up a EUvsDisinfo website to inform the public on its policies (EEAS, 2020a).

4. ASEAN responses

The latest crisis of COVID-19 reached South East Asia in mid-January. Despite the region´s close proximity to China, the number of cases and deaths were significantly smaller than in other regions. This can also be attributed to the fact that some countries such as Thailand, Malaysia and Singapore have a high score in health security and capabilities (GHS Index, 2020). Nonetheless, Singapore faces the highest number of cases, followed by Indonesia and the Philippines (Figure 2).

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Figure 2. ASEAN COVID-19 spread levels by the end of May 2020

Source: Elaborated by the authors with data from Worldometer (2020)

The multifaceted challenges posed by COVID-19 were treated mostly unilaterally by each member state. Relief packages provided independently at a national level without much coordination (Kimura et al., 2020). This unilateral approach substantiated considerations that ASEAN is a largely ineffectual regional organization that cannot oversee a collective response to crises (Beeson, 2019).

Cooperation under the auspices of ASEAN is based on "informal consensus-building and mutual consultation within a non-confrontational, "face-saving" bargaining environment at a level of mutual comfort" (Kliem, 2018, p.25). This way, amidst the coronavirus crisis, several meetings and consultations were initiated on how to counter the pandemic. The meetings were mostly informational and aiming at reassuring the solidarity among member states. In regards to an important aspect arising during the pandemic, misinformation and fake news, ASEAN encouraged cooperation in developing a set of guidelines and a possible common platform to facilitate timely sharing of information (ASEAN, 2020d).

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ASEAN from the very early manifestations of the disease had frequent consultations with China for sharing medical and health information. On the communiqué issued after the foreign ministers meeting in Laos (ASEAN, 2020g), ASEAN praised China's response to the pandemic, and China returned the favour by donating medical equipment to ASEAN Secretariat (ASEAN, 2020c).

The main responses of ASEAN were guided by the ASEAN Post-2015 Health Development Agenda (APHDA)[xiii] and rest on the deployment of existing health mechanisms such as the frequent meetings of the Health Ministers, the ASEAN Emergency Operations Centre Network, ASEAN Senior Officials for Health Development (SOMHD) and ASEAN BioDiaspora Virtual Centre for big data analytics and visualization (ASEAN, 2020a).

ASEAN, except for the frequent meetings of its Health Ministers, has also initiated video conferences with other health officials from China, ASEAN Plus Three, USA, and Italy (ASEAN, 2020f). In regards to research, initiatives such as sharing of experience and best practices in clinical treatment, and development of vaccines were promoted not as an institutionalised regional form but as coordination between the member states and partner countries.

The Special ASEAN Plus Three Summit on Coronavirus Disease 2019 (COVID-19) which took place via video conference on 14 April 2020 (ASEAN, 2020d) put forward a number of responses such as the transparent exchange of real-time information on measures taken by each country to combat the disease, the establishment of an APT[xiv] reserve fund safeguarding essential medical supplies. The members reaffirmed their commitments to restore business and social activities by preventing abrupt potential economic downturns. They also agreed in enhancing scientific cooperation in epidemiological research, through the APT Field Epidemiology Training Network (FETN). Among the most important decisions of the Summit was the establishment of the COVID-19 ASEAN Response Fund to reallocate existing available funds and encourage technical and financial support. Moreover, the utilization of the ASEAN Plus Three Emergency Rice Reserve (APTERR) ensures food security and the sustainability of regional supply chains.

The economic sector is one of the most affected in the region. Constraints in the mobility of the labour workforce and disruptions in the flow of goods and services have affected the region's global value chains (ERIA, 2020). Due to these implications, the ASEAN Ministers

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on Agriculture and Forestry (AMAF) issued a statement reassuring the food security, food safety and nutrition in the region amidst the crisis (ASEAN, 2020b).

Another sector heavily impacted by border closures, and travel ban is the tourism industry. Tourism contributed US$380 billion (12.1%) of ASEAN overall GDP in 2019 (WTTC, 2019). Cambodia, Thailand and the Philippines will be most impacted in this area since tourism accounts for 32.8%, 21.6% and 24.7% of their GDP, respectively (ASEAN policy brief, 2020). After the first imposed lockdowns and travel restrictions ASEAN Tourism Crisis Communications Team (ATCCT) issued a joint media statement with travel instructions on each country and the hotline numbers (ASEAN, 2020h). Moreover, on April 29, the Tourism Ministers joined a special meeting to revitalize the tourism industry by adopting a collective course in protecting both workers and visitors (ASEAN, 2020e).

ASEAN´s initiatives to counter COVID-19 were based on a multilateral approach engaging with other stakeholders in South East Asia but also revealed the bloc´s economic interdependence to China as its largest trading partner for the first quarter of 2020 (ASEAN Briefing, 2020). In addition, it indicated that ASEAN in the COVID-19 crisis has managed to successfully securitise the pandemic (Kamradt & Mclness, 2012) adopting a more human security approach that was underdeveloped in previous instances of pandemics (Caballero, 2008).

5. Analysis

EU and ASEAN represent different models of integration and health governance; therefore, some differences are expected in the way they responded to the crisis. The principle of solidarity is a point to be highlighted in this comparative analysis. As mentioned, European member states initially did little to help Italians with medical supplies. Besides the severe restrictions on exports of crucial products by some European countries has caused controversy in regards to the EU's principles of cooperation, unity and solidarity and was perceived negatively by European citizens. According to an opinion poll, the majority of respondents consider that the EU has not helped during the crisis accounting for 61% in Italy, 34% in Spain and 46% in France (DG COMM, 2020). However, mechanisms supported later by the EU such as ESI, resCEU, SURE have shown a renewed level of solidarity.

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ASEAN first responses lacked coordination and perceived as mostly superficial (Cameron, 2020). However, since March and April 2020 it has achieved an increased policy convergence and a more united regional response, with the use of the organization's existing health mechanisms (Djalantei et al., 2020). Given its intergovernmental nature and limited capacity, ASEAN managed to showcase a high level of solidarity between its members with frequent ministers' meetings to exchange information and consultation.

Public health is another important area to compare. ASEAN has perceived infectious diseases under a security frame; however, after the Post-2015 Health Development Agenda has adopted a broader approach to its regional health governance, incorporating elements of the Sustainable Development Goals. Similarly, the EU adopted a multifaceted health approach accounting for the security, economic and development implications.

Economic policies, however, differ due to the size of the EU that employs 200-times more staff than ASEAN and has a 430-times larger administration budget (Chong & Kliem, 2020). Therefore, the EU has sought to increase the organization's own financial resources by adopting packages and mechanisms to avert a severe economic downturn. On the other hand, ASEAN lacks the economic resources to initiate this sort of initiatives and appears more dependent on its members' stimulus packages, the Plus three members and other organizations contributions. In particular, countering communicable diseases receives the largest amount of financial support from external partners (Amaya et al., 2015). For instance, the EU mobilized €350 million to assist ASEAN in its fight against COVID-19 (EEAS, 2020c).

In terms of scientific research, it is observed that the EU invested in research programs while ASEAN focused more on sharing information and medical breakthroughs between its members and partners.

Finally, the EU and ASEAN approaches differ in how to deal with disinformation. The EU's approach has been rather assertive, openly accusing China and Russia of disinformation campaigns, whereas ASEAN refrained from such practices. Also, the EU set up a webpage and campaign to inform the public while ASEAN focused on its members' goodwill on cooperation in countering misinformation and fake news.

Among the key challenges that ASEAN faced amidst the pandemic its highly politicised decision-making processes (Fidler, 2013), the lack of a stable institutional profile in health governance (Waldman, 2007), norm divergences between its member states (Baker et al.,

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2015), financial and supply-side constraints (Minh et al., 2014) and its dependence from external donors China primarily (Dalpino, 2020).

Although the EU's degree of institutionalization favours more decisive responses, the organization showed unpreparedness to contain the spread of the disease. The limitations of the EU's competences in the field of public health are characterized by fragmented and insufficient governance resulting in non-binding recommendations, a lack of resources and negligence in data sharing (Renda & Castro, 2020). Furthermore, Brexit constitutes a threat to the control of infectious diseases with the exclusion of the UK from future EU structures (Flear et al. 2020).

Overall, the policies analysed showcased the EU's more proactive role in decision making compared to ASEAN, that however achieved a higher level of solidarity among its members.

6. Conclusion

COVID-19 will leave its mark in the 21st century for its global, humanitarian, economic, political, social and health implications. It also revealed that regional organizations still lack the mechanisms to address the effects of communicable diseases. The lessons of this pandemic for the regional institutions rest on them assuming a greater health role (Forman et al., 2020) and keep investing in initiatives to deal and avert future pandemics.

The comparison in this paper attempted to highlight how ASEAN and EU reacted and what mechanisms employed in countering the pandemic. The findings were indicative of a slow, uncoordinated response from both organisations that later followed different directions. ASEAN focused on its already established mechanisms for exchanging information while reassuring the solidarity between its members. The EU, despite the mishandlings and lack of solidarity expressed in its first responses, eventually adopted a multifaceted approach that nevertheless focused mainly on the economic recovery of the bloc.

The study concludes that regional organizations still need to develop pre- and post-pandemic policies and gain a more proactive role in health and crisis management.

While cross-regional level exchanges can provide lessons from the successes and failures of one another, it is evident that there is no unified perspective on regional health governance. More steps in this direction should be adopted, including the establishment of

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interregional committees to devise action plans for crises and disease outbreaks and the transparent sharing of scientific information.

Certainly, there is a non-exhaustive list of initiatives that could contribute to regional health governance and crisis management that require not only the consensus of member states but a firm commitment to invest in health policies and promote a multilateral approach.

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[i] Officially designated as SARS-CoV2.

[ii] ERCC was established in 2001and has coordinated the provision of assistance to countries affected by disasters such as civil protection teams, relief items and equipment.

[iii] Internal border-crossing points on the trans-European transport network.

[iv] All Schengen Member States (including Bulgaria, Croatia, Cyprus, and Romania) and the 4 Schengen Associated States (Iceland, Liechtenstein, Norway, and Switzerland)

[v] European Union's diplomatic service that entered into force in late 2009

[vi] The ESM is an official financial institution created as a successor to the European Financial Stability Facility

[vii] To be paid back between 2028 and 2058. https://www.bbc.com/news/world-europe-52819126

[viii] Read more https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A12008E168

[ix] Created in 2016 to deal with the massive influx of refugees in Greece

[x] Established in 19 March 2020

[xi] It is the largest EU program in Research and Innovation.
https://ec.europa.eu/programmes/horizon2020/en/what-horizon-2020

[xii] A biopharmaceutical company based in Germany that develops vaccines for infectious diseases.

[xiii] ASEAN Post-2015 health development agenda (2016-2020) outlines the organization's goals in health ´´To promote a healthy and caring ASEAN Community, where the people achieves maximal health potential through healthy lifestyle, have universal access to quality health care and financial risk protection; have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies´´ on https://www.aidsdatahub.org/sites/default/files/publication/ASEAN-Post-2015-Health-Development-Agenda-2018.pdf

[xiv] ASEAN Plus Three (China, Japan, South Korea)

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