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# ASEAN AND COVID-19 PANDEMIC: A WAKE-UP CALL FOR REIMAGINING THE FRAMEWORK FOR GLOBAL HEALTH COOPERATION

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*by*

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**Abstract:** This paper aims to analyse the effectiveness of ASEAN's pharmaceutical and medical response to the Coronavirus pandemic. The onslaught of the pandemic had led to a massive failure of cooperation amongst the ASEAN member states so much so that the authors of this paper have felt that the concept of a 'health threat' should no more be viewed as a 'security threat', rather it should be viewed as a 'global threat'. This transition will help in enhancing regional preparedness so that citizens of ASEAN countries have equitable access to safe, and high-quality healthcare services at very economical rates. Further, the paper highlights the need for a more integrated response from ASEAN during a public health crisis with prevention, control, care, management, and surveillance being the core features of such a unified response. With globalization leading to better cooperation and stronger ties across continents, this research paper also attempts to make a comparative analysis between the EU and ASEAN health systems respectively. The authors of this paper have deduced from their research that an integrated healthcare system can only realize its true aspirations i.e., universal health coverage when the role of governance is paid attention to on a war footing. After more than two years into the pandemic, the goals of Agenda 2030 need to be revisited as ASEAN still battles with an economic meltdown.

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**Keywords: Pandemic, EU, Universal Health Coverage, Healthcare, ASEAN.**

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## I.INTRODUCTION

The Association of Southeast Asian Nations (ASEAN) is one of the most well-known political and economic union of ten Southeast Asian member nations that fosters intergovernmental cooperation between its members and countries in the Asia-Pacific. During the COVID-19 pandemic ASEAN member states had taken steps to manage and mitigate the

crisis. However, almost all attempts were rendered unsuccessful giving rise to a question as to whether ASEAN's health framework needs to be revised. In this context the authors deal with the following questions with a comparative analysis in the research undertaken:

*A) Has the response of the ASEAN countries during the pandemic helped mitigate it effectively?*

*B) Should ASEAN countries shift their understanding of a health threat from a security issue to a global threat?*

*C) The Role of Governance and ASEAN- must there be better cooperation for global health.*

*D) Are the Sustainable development goals of 2030 achievable for a better global health cooperation by ASEAN?*

*E) Comparative Analysis of ASEAN and EU's Health System*

*F) Has Economic Integration been a hurdle for achievement of Universal Health Coverage system for increased global health cooperation in ASEAN countries?*

## **II. Has the response of the ASEAN countries during the pandemic helped mitigate it effectively?**

This section will focus on the regional and national responses of ASEAN and its members to curb the spread of COVID-19. This study utilises online primary and secondary materials from various Southeast Asian and worldwide organisations and governments.

### **1. Reaction at the National Level**

In response to the COVID-19 outbreak, ASEAN member nations had drafted a range of policies. At least three separate methodologies were utilised by ASEAN nations:

#### **a) Lockdowns in ASEAN nations**

On March 18, 2020, when COVID-19 had not yet spread widely throughout Malaysia, a national lockdown was initiated by the government. Everything, including businesses and banks, were closed. This meant that mosques and other Muslim places of worship in Malaysia were closed on Fridays. To curb the coronavirus pandemic, the Malaysian government instructed the Mosque Committee to properly clean and disinfect all mosques located within

the country. <sup>1</sup>This policy was Muhyiddin Yassin's first formal act as Prime Minister of Malaysia (he was appointed by King Abdullah II at the beginning of March 2020). The Philippines too, initiated a national lockdown on March 15, 2020, one day before Malaysia. Post the implementation of a nationwide lockdown, President Duterte sent the police and military to restore order. The Philippines government made this move without appropriate planning. The government of the Philippines has not issued a programme to assist the residents in impoverished cities such as San Roque. The average annual income of the 6,000 households in the city in question was only \$10.52. As a result of President Duterte's decision, widespread panic erupted.<sup>2</sup> Only Malaysia and the Philippines had the bandwidth to implement a nationwide lockdown while other ASEAN member states like Singapore and Thailand chose to implement a local lockdown. Due to economic concerns the rest of the member states had not dared to enforce a lockdown policy in any manner whatsoever.

### **b) Isolation and Test Velocity**

To stem the spread of the pandemic and limit mass travel in accordance with the social distancing policy, the Indonesian government had decided to conduct a quick rapid antigen test on a small sample of the population. Citizens were also mandated to comply with Pembatasan Sosial Berskala Besar (PSBB), the COVID-19 procedure based on social distancing on a greater scale (PSBB). Jakarta was the PSBB pilot province. West Sumatra was the next Indonesian province to join the PSBB pilot project on April 22, 2020. In addition to these two provinces, sixteen other Indonesian cities had undertaken PSBB pilot project. Many individuals believed that President Joko Widodo issued PSBB orders at a snail's pace. There are a lot of domestic variables that contributed to the selection of various ASEAN nations to conduct the fast test, including local lockdown and social estrangement. To avert economic failure, Indonesian President Joko Widodo, for instance, adopted the PSBB policy only in a few trial cities, post the execution of rapid antigen tests and small scale social distancing

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<sup>1</sup> "Why Is Southeast Asia Responding Differently to COVID-19? | Think Global Health" (*Council on Foreign Relations*) <<https://www.thinkglobalhealth.org/article/why-southeast-asia-responding-differently-covid-19>> accessed October 27, 2022

<sup>2</sup> "Southeast Asia Covid-19 Tracker | Center for Strategic and International Studies" (*Southeast Asia Covid-19 Tracker* | *Center for Strategic and International Studies*, February 17, 2021) <<https://www.csis.org/programs/southeast-asia-program/projects/past-projects/southeast-asia-covid-19-tracker>> accessed October 27, 2022

policies. Even after a nationwide lockdown was declared, the reported cases continued to grow at a rapid rate. The number of new cases tripled from 5,000 to 15,000<sup>3</sup>.

## **2) Challenges faced by ASEAN Nations**

The other ASEAN nations soon adopted their own systems of social isolation and rapid testing in accordance with varied sets of legislation. In the larger context each one adopted their own measures since COVID-19 potentially endangered national security, economy, and politics (both domestic and international). Even though ASEAN held several summits, no meaningful progress was made until the number of cases began to climb. In April 2020, more than a month after the WHO (World Health Organisation) declared COVID-19 as a pandemic, the ASEAN Summit and the ASEAN+3 Summit on COVID-19 were convened. However, these meetings did not yield any substantial outcomes as compared to previous meetings where for instance the formation of a task force for COVID-19 was decided. Notably ASEAN, lacked a method for delivering relief to countries that had exhausted their economic and medical resources.

Vaccination came with its own unique challenges that needed to be tackled. There was no coordinated regional immunisation initiative aimed at addressing the difference in vaccine procurement and production across ASEAN member states. In comparison with avian influenza and SARS virus, ASEAN was unable to achieve the same level of success with COVID-19 wherein a task force was assembled as rapidly. A cooperative plan was formulated which allocated duties to individual nations. For example: Malaysia established disease-free zones and developed containment techniques, whereas Singapore concentrated on regional epidemiological investigations.<sup>4</sup>

The recently founded ASEAN Centre for Public Health Emergencies and Emerging Diseases is still in its infancy, despite being a positive development. As a result of the ASEAN Joint Disaster Response Plan of 2017, there is now a standardised approach to dealing with catastrophes. A similar pandemic response plan could serve as a template for early warning

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<sup>3</sup> “ASEAN and Southeast Asia Regional COVID-19 Development Response Plan” (*Australian Government Department of Foreign Affairs and Trade*) <<https://www.dfat.gov.au/development/australias-development-program/covid-19-development-response-plans/asean-and-southeast-asia-regional-covid-19-development-response-plan>> accessed October 27, 2022

<sup>4</sup> Susann Roth, Shita Dew, Francisco Becerra FNSASKKJL, ‘Southeast Asia needs a revolving fund for vaccines’ (*The Lancet Global Health*, 16 November 2022) <[www.thelancet.com/journals/langlo/article/PIIS2214-109X\(22\)00406-5/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(22)00406-5/fulltext)> accessed 27 October 2022

systems and processes to build a crisis-reaction task force that distributes responsibilities to member states. The various responses of ASEAN nations have thwarted Southeast Asia's hopes for a swift recovery from the pandemic. Regarding healthcare and the economy, numerous nations have felt the need to turn to global superpowers such as the United States and China. If the Association of Southeast Asian Nations (ASEAN) does not immediately confront a growing health security concern in the Asia-Pacific region, its influence in the region would eventually be diminished.<sup>5</sup>

### **III. Should ASEAN countries shift their understanding of a health threat from a security issue to a global threat?**

The COVID-19 pandemic and ASEAN's response were not a coordinated strategy as highlighted in Section I leading to less mitigation and more of a scattered response in the region. In this context this section highlights pillars which can be adopted by ASEAN to help in the management of security threats such as pandemics or health threats at a regional level to achieve the goal of global health cooperation.

**Pillar 1: Strategic focuses on health security-** National and multinational efforts promote global health security. Strong national public health systems can detect, prevent, and respond to transnational health threats. To effectively respond to zoonotic illnesses, antibiotic resistance, and food safety hazards, multisector cooperation must be strengthened. Health security is a subregional public good that benefits everyone, and cross-border and subregional collaboration maximises synergies amongst ASEAN health systems.<sup>6</sup>

**Pillar 2: National IHR Capabilities-** IHRs (International Health Regulations) outlines minimum competencies national health systems must have to effectively respond to international public health risks. ASEAN member nations are improving their health and laboratory systems to meet IHR standards as part of the Post-2015 Health Development Agenda. Cambodia, Laos PDR, Myanmar, and Vietnam are given priority to minimise the

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<sup>5</sup> SKaAB, 'ASEAN's divided response to COVID-19' (*East Asia Forum*, 12 November 2021) <[www.eastasiaforum.org/2021/11/12/aseans-divided-response-to-covid-19/](http://www.eastasiaforum.org/2021/11/12/aseans-divided-response-to-covid-19/)> accessed 27 October 2022

<sup>6</sup> ABA&PDL, 'Regional cooperation is essential to combatting health emergencies in the Global South - Globalization and Health' (*BioMed Central*, 16 November 2021) <<https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-021-00659-7>> accessed 27 October 2022

economic gap among ASEAN states. JEE<sup>7</sup> analysed IHR skills in each country. The JEE reports and country action plans will be programming access points. Intraregional collaboration with Thailand and the PRC<sup>8</sup> will be maximised, and the Asian Development Bank's experience in health regional public goods will be used.<sup>9</sup>

**Pillar 3 : United public health crisis response**.- One Health supports connecting sectors for an efficient response to health issues at the interface of human, animal, and ecological systems (public health, animal health, wildlife, environment, agriculture). Only a comprehensive One Health plan can effectively address zoonotic diseases, antibiotic resistance, and food poisoning. One Health programming will support other regional health programs. These efforts will strengthen animal health systems, align them with public health systems, and harmonise food safety systems. Then the states can explore for ways to expand One Health efforts like those that integrate veterinary and human health lab networks.

**Pillar 4 : Cross-national and regional health cooperation** – Regional health security is increased by linking ASEAN health systems for collaborative action to decrease acute public health hazards. Existing and new memoranda of understanding will facilitate disease surveillance, point-of-entry, risk assessment, outbreak investigation, and information exchange. When ASEAN economies work together, large-scale migration within the subregion can cause health difficulties. We must strengthen health services and cooperate with non-health sectors in border areas to address complicated health determinants. Health challenges induced by population migrations aren't restricted to border communities. As the ASEAN population grows more mobile, all migrants, documented or not, must have access to basic health care. Increasing financing for urban and transport infrastructure requires identifying and mitigating unforeseen health impacts throughout planning and implementation.

**Pillar 5: Improving border healthcare** – Geography, politics, and demographic, cultural, and socioeconomic variety intersect in border regions. This will help address the health care needs of border residents and migrants. Building service parity on both sides of the border is a

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<sup>7</sup> Joint External Evaluation Reports (JEE)

<sup>8</sup> Professional Regulation Commission (PRC) ASEAN

<sup>9</sup> Caballero-Anthony M, 'COVID-19 in Southeast Asia: Regional pandemic preparedness matters' (*Brookings*, 14 January 2021) <[www.brookings.edu/blog/order-from-chaos/2021/01/14/covid-19-in-southeast-asia-regional-pandemic-preparedness-matters/](http://www.brookings.edu/blog/order-from-chaos/2021/01/14/covid-19-in-southeast-asia-regional-pandemic-preparedness-matters/)> accessed 27 October 2022

priority and improving the health system and health workers will improve access and quality. Better linking of origin and destination health systems improves cross-border patient management and referral. Additionally, CSOs and other non-state actors will create and implement multisectoral interventions.<sup>10</sup>

**Pillar 6: Regional health collaboration** – This requires strong leadership and health diplomacy. As a collective, they can leverage synergies established by unifying the numerous government platforms used by ASEAN countries. Member States should be led by high-ranking ASEAN officials. A regional research agenda, including policy-based research, will help ASEAN’s members understand the region’s health concerns and support strategic programming and policy responses. Regional action plans will guide health collaboration and project development. Strengthening national regional capacities ASEAN countries rely on a professional and motivated health workforce to handle off-track SDG targets and expanding hurdles to goal fulfilment, such as rapid economic expansion. This would promote regional knowledge and resource sharing. The ASEAN Post-2015 Health Development Agenda will guide WGHC-led engagement. Short-term training programmes and learning exchanges will convey agreed-upon skills. These scholarships will aid medical, nursing, public health, field epidemiology, and indigenous medicine.<sup>11</sup>

**Pillar 7 : Cross-sectional approach for implementation**

Each pillar’s overall strategy includes three transdisciplinary issues.

1. **Policy convergence**. Policy convergence harmonises subregional health policies. It ensures that standards, norms, and regulations under these policies are consistent for continued collaboration on regional health concerns. Through the meetings of ASEAN’s Senior Officials Ministers, this program encourages policy convergence.
2. **Gender considerations in all societal areas**- Gender parity is a crucial driver of advancement. Gender mainstreaming will infiltrate all sectors of health collaboration to advance gender equality. Regional action plans will emphasise women’s participation. Research and knowledge products that consider the role of gender will enhance evidence-based programming and policymaking. Gender equality will drive

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<sup>10</sup> CMAR-M, ‘From security to risk: reframing global health threats’ (1 November 2017) <<https://academic.oup.com/ia/article/93/6/1313/4568585>> accessed 27 October 2022

<sup>11</sup> Secretariat I, “The ASEAN’s Responses to COVID-19: A Policy Sciences Analysis – INGSA” (INGSA, June 29, 2020) <<https://ingsa.org/covidtag/academic-papers/asean/>> accessed October 27, 2022

efforts to increase regional health cooperation leadership and decision-making. All regional health initiatives will mainstream gender.

3. **Inclusive development** – Already-disadvantaged minorities bear a disproportionate amount of health hazards. Inclusive and equitable development ensures that regional health cooperation benefits those who need them most. CBO's<sup>12</sup> and affected communities' involvement in establishing and implementing health cooperation strategies and initiatives will be key to the strategy's success.<sup>13</sup>

Five important enablers which help in deal with health as global threats-

1. **Regional cooperation and initiatives**- The ASEAN Council coordinates and advances agreed-upon initiatives under this Health Cooperation Strategy and functions as a regional health governance platform. Redesigned strategy pillars and programming areas support ASEAN and other regional activities. Maximizing synergies with connected platforms and exploiting the Program's strength as an activity-based and results-oriented platform can maximise the impact of ASEAN health cooperation.
2. **Participation of stakeholders** - International financial institutions, development partners, civil society organisations, UN agencies, and universities provide technical expertise and financial backing. Participation by stakeholders will help implement the strategy. To that purpose, ASEAN will bridge health cooperation between its Member States and other countries for development assistance programmes.
3. **High tech research and data products**- High-quality research will inform ASEAN health cooperation programming and policymaking. Through collaborations with global centres and institutes, the ASEAN countries will expand research networks and competence. Operational research, economic analyses, and policy-based studies will improve. The Health Cooperation Strategy and related programmes will lead the development of action-oriented knowledge products.<sup>14</sup>
4. **Online platforms** – ICT<sup>15</sup>-enabled health care innovation in the ASEAN states should facilitate this collaboration. This can include appropriate, cost-effective ICT solutions.

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<sup>12</sup> Community Based Organizations (CBO)

<sup>13</sup> DMG2DBF, Development of the ASEAN Pharmaceutical Harmonisation Scheme - An Example of Regional Integration - (57, Master of Drug Regulatory Affairs' 4)

<sup>14</sup> 'Health equity and COVID-19: global perspectives - International Journal for Equity in Health' (*BioMed Central*, 6 October 2020) <<https://equityhealthj.biomedcentral.com/articles/10.1186/s12939-020-01218-z>> accessed 27 October 2022

<sup>15</sup> Technology, users, policy, and regulation all come together in the ICT programme, as do the communities or settings in which these factors play out. (Information and Communications Technology)

5. **Cross sectoral approach-** Government and charity health organisations can't control many health variables. The approach requires collaboration and cooperation with nonhealth areas like agriculture, urban development, environment, tourism, and transportation. Sector working groups will be linked to regional networks to encourage cross-sector collaboration and coordination.

#### **IV. The Role of Governance and ASEAN- must there be better cooperation for global health.**

It is fitting that the new idea of "Good Governance in the Development of Health" be implemented throughout ASEAN countries. The goal of global health cooperation can be achieved only if the framework for good governance is in place to handle pandemics and other health related crisis responses. ASEAN already having many great leaders, well-functioning government systems for health-related security threats ranking better than other nations around the world, can certainly incorporate ten different purposes or areas of improvement in good governance into the index for health development in each member state of ASEAN. The authors of this research propose the following:

**1. Direction and administration in public health-** The degree to which the Ministry of Health sets a clear vision and inspires people to work toward it by meeting their basic human needs; safeguards the health system from outside threats; defines the responsibilities of different parties; resolves internal and external conflicts; motivates and inspires health workers (and other stakeholders) by meeting their basic human needs; and shapes health development.

**2. National health policy (NHP):** Existence of an updated national health policy based on a comprehensive situation analysis of health systems goals (health, fairness in financing, and responsiveness to non-medical expectations) and functions (governance, health financing, resource creation, and health service provision) and policy dialogue, and existence of a clearly spelt out strategic vision for health development, guiding principles and underlying values, goals, and health development.

**3.Strategic health development priorities-** (vision, mission, guiding principles, objectives, targets, strategic thrusts, expected results/outcomes, activities, and performance indicators);

resource requirements, including human resources, building space, equipment, and funding; and a background are all components of a national health strategic plan (NHSP).

The NHP and NHSP are disseminated widely at the national, provincial/regional, district, and community levels, and are available in the appropriate local languages. The extent to which NHSP has been transformed into results-oriented operational programmes and plans, has been indicated in medium-term expenditure frameworks and yearly programme budgets and the regulation of health-related statutes. ASEAN should also have health care laws in place where they act to address issues of governance, health financing, resource/input creation (necessary health technology, human resources, and infrastructure), service delivery, research for health, and ethical practise.

#### **4. Receptiveness to and involvement from the community**

##### **a) Community Involvement in Health Needs Assessment, National Health Policy Development, and Health Development Planning (directly or through Elected Leaders) -**

The extent to which local communities (either on their own or through their elected representatives) take part in the planning, implementation, and oversight of NHSP-related health and wellness programmes and services (e.g. water, sanitation, environmental pollution control).

**b) Community engagement in monitoring progress-** The degree to which communities (either directly or through elected leaders) are active in tracking progress towards the health development objectives and targets outlined in the NHSP. The extent to which health systems are client-oriented (prompt, adequate basic amenities, access to social support networks, choice of provider) and demonstrate respect for persons (dignity, autonomy in choice of interventions, confidentiality) are essential.<sup>16</sup>

#### **5. Internal and external partnerships**

a) **Existence of active intersectoral committees-** To monitor changes in socioeconomic factors that affect people's health is an example of a) intersectoral action.

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<sup>16</sup> FK, 'ASEAN and the EU amidst COVID-19: overcoming the self-fulfilling prophecy of realism - Asia Europe Journal' (*SpringerLink*, 13 March 2022) <<https://link.springer.com/article/10.1007/s10308-021-00604-8>> accessed 27 October 2022

b) **Public-private partnerships**- The degree to which the policy and law framework encourages collaboration between the public sector and the private, for-profit health sector to improve access to, and the quality of, NHP and NHSP.

c) **The extent of general government budget support**- Used to channel aid flows for health development; this metric is used to assess whether assistance flows are aligned with national health development priorities. Another proposal is to increase the proportion of NHSP-compliant technical cooperation flows that are implemented through coordinated programmes. Donor aid that goes via the procurement and public financial management systems of the country of the receiver or partner constitutes

d) **The percentage of that aid that goes through those systems**- The percentage of health-related help that is dispersed in accordance with multiyear frameworks increases and the amount of bilateral health aid that is not contingent on meeting certain criteria set by individual donors.

e) **Shared analysis**- The proportion of health-related field missions and country analytic work conducted by the cluster of health donors in collaboration with the national government. The percentage of international programmes and initiatives (such the Global Fund to Fight AIDS, Tuberculosis, and Malaria; GAVI) that are helping to fund and implement NHSP.<sup>17</sup>

### **6. Health care equity in both the horizontal and vertical equities**

a) Equal access to health-improving interventions and socioeconomic interventions is an example of horizontal equity. The degree to which persons of varying capacities have access to health-improving health interventions and socioeconomic activities is vertical equity.

b) Health fairness in financial contribution (HFC) refers to the degree to which all households, regardless of health status or health care utilisation, make the same proportional contribution to health through all payment mechanisms (HE) as measured by the household's capacity to pay (CTP), or effective non-subsistence income.<sup>18</sup>

### **“High-Force Coefficient = High-Efficiency/Critical-Time”**

<sup>17</sup> JMHSTWPPLA, ‘A framework for comparative analysis of health systems: experiences from the Asia Pacific Observatory on Health Systems and Policies Healy JM, Tang S, Patcharanarumol W, Annear PL - WHO South-East Asia J Public Health’ (*WHO South-East Asia Journal of Public Health: Free full text articles from WHO South-East Asia Journal of Public Health*, 27 March 2019) <[www.who-seaiph.org/article.asp?issn=2224-3151;year=2018;volume=7;issue=1;spage=5;epage=12;aulast=Healy](http://www.who-seaiph.org/article.asp?issn=2224-3151;year=2018;volume=7;issue=1;spage=5;epage=12;aulast=Healy)> accessed 27 October 2022

<sup>18</sup> Kai Hong Phua ML, ‘Southeast Asian cooperation in health: a comparative perspective on regional health governance in ASEAN and the EU’ (*PubMed Central (PMC)*, 17 August 2012) <[www.ncbi.nlm.nih.gov/pmc/articles/PMC7104607/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7104607/)> accessed 27 October 2022

## **7. Efficient use and distribution of available resources.**

***a) Allocative efficiency:*** the fraction of hospitals, clinics, and other long-term care institutions that put patients' money toward the highest-priority treatments or procedures. Practicality in terms of technology:

***b) The fraction of hospitals, clinics, and other long-term care facilities at each level -*** That make efficient use of physical health system inputs to generate either health services or patient outcomes.

***c) Productivity expansion-*** The fraction of healthcare institutions at different stages of development that have had total factor productivity expansion as a result of enhanced operational efficiencies and/or technology advancements. How far economic efficiency monitoring has been institutionalised inside the national health management information system is a key question to address when discussing the institutionalisation of efficiency monitoring.

## **8. Accountability and openness in health care progress**

A clear reporting and evaluation system is in place to measure how well the NHSP is doing against its goals. How well diagnostic analyses of national arrangements and procedures for public financial management, accounting, auditing, procurement, results frameworks, and monitoring give valid assessments of the performance, transparency, and accountability of country systems. To what extent is evidence from diagnostic evaluations included into the development of changes to guarantee the efficiency, accountability, and transparency of national systems, institutions, and procedures for managing all health resources. Publication of audit reports for inspection by the public demonstrates that reports on budget execution and audits are being reviewed openly and promptly by the appropriate parliamentary committees and made available to the public through mainstream media outlets.

## **9. Decision-making backed by evidence**

Core health indicators identified covering determinants of health, health system inputs, outputs, and outcomes; key data available from six main sources and standards for their use - for census, vital events monitoring, health facilities statistics, public health surveillance, population-based surveys.<sup>19</sup>

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<sup>19</sup> “ASEAN SDGs Frontrunner Cities Programme - United Nations Partnerships for SDGs Platform” (*ASEAN SDGs Frontrunner Cities Programme - United Nations Partnerships for SDGs platform*) <<https://sustainabledevelopment.un.org/partnership/?p=29570>> accessed October 27, 2022

## **10. Connectivity in the Fields of Information, Communication, and Technology**

***a) National policy and legal and strategic framework*** - To direct and foster ICT development while safeguarding citizens' interests. The degree to which the Ministry of Health and other health-related organisations have made the necessary investments in information and communications technology (ICT) infrastructure, such as fixed phone lines, equipment (such as computers, servers, networks), and Internet connectivity throughout the health system. Practices that uphold moral principles in medical study and care delivery in what ways have countries adapted and made available to all national health and health-related research institutions international ethical guidelines for medical practise (such as the International Code of Medical Ethics of the World Medical Association or the International Conference on Harmonization guidelines for Good Clinical Practice) and biomedical research involving human subjects.

***b) Bioethics review system***- The existence of an active bioethics research review system, which includes national, regional, district, and institutional (health facility) ethics committees, to safeguard the rights, welfare, and health of all people involved in or receiving health care research or services.

***c) Anticipated political and economic stability*** - The existence of a health component in both the National Economic Development Plan (NEDP) and the Poverty Reduction Strategy Paper (PRSP) indicates a connection between these documents and the NHP and NHSP. And a medium-term expenditure framework (MTEF) that includes health care funding in a distinguishable way should be implemented where political stability is integral.<sup>20</sup>

## **VI. Are the Sustainable development goals of 2030 achievable for a better global health cooperation by ASEAN?**

As ASEAN countries are dealing with the pandemic, its SDG Goals 2030 play an important part in its place a leader for global health cooperation in the post-pandemic era. This requires high levels of cooperation both within each state and among the states themselves as SDG 2030 is a keystone mark in the run for a sustainable approach of ASEAN countries in the years to come. Therefore, this can be achieved through the following 4 steps and by adopting it on a national and regional level:

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<sup>20</sup> Katayoun Jahangiri, Leila Riahi FJKH, 'Explaining the Indicators of Good Governance in the Health System' [2018] 23

### ***1) By developing ecosystems for data***

Accessible and reliable data that can direct development initiatives, as well as the use of such data by institutions and other actors, is crucial for localising and achieving the Sustainable Development Goals (SDGs). To improve data ecosystems, the following actions should be taken by both national and local governments and non-state actors:

- i. Involve additional stakeholders (including CSOs and the business sector) to encourage data innovation
- ii. Adopt a multilevel governance strategy to enhance data ecosystems in order to gather high-quality disaggregated data and to analyse and distribute data across institutions at all levels of government. Involve supplementary parties in bolstering data-driven innovation.<sup>21</sup>
- iii. Get other parties involved to help advance data innovation.
- iv. In (includes drawing from local knowledge) (including drawing from local knowledge)
- v. To create and provide the required support for the capacity development of key institutions that can utilise different kinds of data for planning, implementing, and monitoring.
- vi. Put money into creating data excellence centres that can regulate and track adherence to standards and guarantee quality.
- vii. Educate and train government workers to use gender statistics and sex-disaggregated data in the planning, implementation, and evaluation of policies and programmes.
- viii. Educate and train staff to effectively plan, execute, and evaluate public service initiatives.<sup>22</sup>

### ***2) By involving the parties concerned***

The 2030 Agenda puts people at the centre of its priorities and acknowledges that (inclusive) prosperity, peace, and the protection of the planet are necessary for people to lead decent lives. The agenda focuses heavy stress on the significance of developing partnerships with

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<sup>21</sup> Pineda-Escobar MA, “Moving the 2030 Agenda Forward: SDG Implementation in Colombia” (2019) 19 Corporate Governance: The International Journal of Business in Society 176 <<http://dx.doi.org/10.1108/cg-11-2017-0268>>

<sup>22</sup> Nathorn Chaiyakunapruk, Chhea Chhorvann, Ha Anh Duc, Piya Hanvoravongchai HVMNSP, ‘Progress toward universal health coverage in ASEAN’ (Taylor & Francis, 3 December 2014) <[www.tandfonline.com/doi/full/10.3402/gha.v7.25856](http://www.tandfonline.com/doi/full/10.3402/gha.v7.25856)> accessed 27 October 2022

various players and engaging in collaborative activities since no one actor, institution, or government can achieve sustainable development on their own.<sup>23</sup>

The following actions should be taken by all relevant actors to promote a wide range of partnerships and stakeholder participation:

- i. Encourage the establishment of conducive conditions at the national and regional levels to foster more participation from civil society organisations,
- ii. Inspire civil society organisations (especially those speaking for women and young people) to strengthen their capabilities so that they can take part in setting priorities and implementing the Sustainable Development Goals (including via the use of creative solutions),
- iii. Learn about the unique barriers women and girls face when participating in the SDGs, and create strategies to address these issues In the context of the SDGs,<sup>24</sup>
- iv. Understand and develop special measures to support women's and girls' engagement in the SDGs,
- v. Facilitate businesses' use of an SDG lens to measure their contribution to positive development results,
- vi. Develop platforms to support stronger engagement between stakeholders at the local level.

### ***3) By providing funding for SDGs***

In addition to enhancing the amount and impact of financing, the development of integrated national and local financial frameworks for the Sustainable Development Goals (SDGs) is crucial (including via the use of alternative sources of financing). To get there, we need to take the following steps:

- i. Promote reforms that strengthen monetary systems, with the fair and efficient distribution of public funds as their ultimate purpose.
- ii. Prioritize the leveraging of internal and external resources to achieve the SDGs (including through impact investments).

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<sup>23</sup> Gehre Galvão T and Zeferino de Menezes H, “Editorial – Global Politics, the 2030 Agenda and the Sustainable Development Goals (SDG)” (2020) 21 Meridiano 47 - Journal of Global Studies <<http://dx.doi.org/10.20889/m47e21016>>

<sup>24</sup>Potestà GL, “Matthias Riedl, Ed., A Companion to Joachim of Fiore. (Brill’s Companions to the Christian Tradition 75.) Leiden and Boston: Brill, 2017. Pp. Ix, 360; 2 Tables. \$230. ISBN: 978-90-04-20163-7.Table of Contents Available Online at <https://Brill.Com/View/Title/19855>” (2019) 94 Speculum 1216 <<http://dx.doi.org/10.1086/705187>>

- iii. Use methods or approaches that promote economy and effectiveness, synergies, and/or a fairer allocation of resources (for example, enterprise challenge funds, national climate funds).
- iv. Use methods/approaches that favour a more equal allocation of resources, synergies, and/or lower costs overall.<sup>25</sup>

#### **4) By Innovating- the next frontier for change**

Sustainable answers to the challenges that hamper progress can only be found via creative problem-solving. Dynamic experimentation for problem-solving, incremental improvements to existing systems (including public service delivery systems), the creation of spaces for the engagement of a wide range of stakeholders in decision-making and policy-making processes, and the encouragement of digitization and data innovation all fall under the umbrella of innovation. In addition, there is a need to explore alternative financing avenues to increase the total amount of money available for SDG implementation (SDGs).<sup>26</sup>

- To increase efficiency and collaboration between different institutions and agencies to provide more people-centric services and technology, it is important to prioritise and promote public sector innovation (especially at the local level) using a "whole of government" strategy.<sup>27</sup>

- Create programmes to improve the digital literacy of the general people so that they can take part in the digital transformation of the economy and the government to close the digital gap.

-With the goal of promoting creativity, it is important to also:

- i. Conceive of strategies to bridge the digital gap, such training programmes that help people get the skills they need to take part in the digital revolution of the economy and
- ii. Inspire government agencies to improve their digital competence so that they may offer digital services<sup>28</sup>

<sup>25</sup> PB, 'WHO South-East Asia Region commits to inclusive, equitable and resilient health systems' (*World Health Organization (WHO)*, 9 September 2022) <[www.who.int/southeastasia/news/detail/09-09-2022-who-south-east-asia-region-commits-to-inclusive-equitable-and-resilient-health-systems](http://www.who.int/southeastasia/news/detail/09-09-2022-who-south-east-asia-region-commits-to-inclusive-equitable-and-resilient-health-systems)> accessed 27 October 2022

<sup>26</sup> "ASEAN Progress Towards Sustainable Development Goals and The Role of the IMF" (2018) 18 Policy Papers 1 <<http://dx.doi.org/10.5089/9781498310208.007>>

<sup>27</sup> Raszkowski A and Bartniczka B, "On the Road to Sustainability: Implementation of the 2030 Agenda Sustainable Development Goals (SDG) in Poland" (2019) 11 Sustainability 366 <<http://dx.doi.org/10.3390/su11020366>>

<sup>28</sup> Fernández-Portillo LA, Sianes A and Santos-Carrillo F, "How Will COVID-19 Impact on the Governance of Global Health in the 2030 Agenda Framework? The Opinion of Experts" (2020) 8 Healthcare 356 <<http://dx.doi.org/10.3390/healthcare8040356>>

- iii. Strengthen local governments' ability to engage with a wide range of stakeholders, create places for collaboration, and form partnerships, and assist them in doing so to address specific needs and concerns.
- iv. By capitalising on the current interest in "smart cities," we can help shape policies and institutions that will make these communities more focused on their residents and on protecting their basic rights.<sup>29</sup>

## **VII. Comparative Analysis of ASEAN and EU's Health System**

The ability to connect with a large civil society network is part of a regional matrix for health cooperation that goes beyond structured involvement with WHO. EU, UN, Australia, China, and US are ASEAN's dialogue partners. This governance architecture lets global, regional, and national entities collaborate technically. ASEAN should expand its international capabilities to promote regional health governance.<sup>30</sup>

ASEAN has a limited network of related NGOs, like the Medical Association of Southeast Asian Nations, in addition to discussion partners and the ASEAN Plus Three framework. In practise, this CSO network is small, and communication and reporting between ASEAN and affiliated NGOs is minimal. Pharmaceutical companies have pooled their resources to sponsor new global health projects, leading to inventive financing. The UN Foundation and the Global Fund to Fight AIDS, Tuberculosis, and Malaria are examples of some initiated global health projects. Another example is that of the Bill and Melinda Gates Foundation which provides \$2 billion USD a year to global health. The Health Barometer shows that 82% believe firms have a role in supporting public health, starting with their own employees. This reinforces our case for multi-actor, cross-sector collaboration to boost ASEAN's global health initiatives. This emphasises the necessity for a strong CSO<sup>31</sup> network to back an ASEAN global health governance network.<sup>32</sup>

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<sup>29</sup> RMTNA, 'Redirecting' (*Digital Object Identifier System*, 16 December 2020) <<https://doi.org/10.1016/j.pdisas.2020.100129>> accessed 27 October 2022

<sup>30</sup> Riyanti Djalante,a,\* Laely Nurhidayah,b Hoang Van Minh,c Nguyen Thi Ngoc Phuong,c Yodi Mahendradhata,d Angelo Trias,e Jonatan Lassa,f and Michelle Ann Millerg, 'COVID-19 and ASEAN responses: Comparative policy analysis' (*PubMed Central (PMC)*, 15 December 2020) <[www.ncbi.nlm.nih.gov/pmc/articles/PMC7577870/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC7577870/)> accessed 27 October 2022

<sup>31</sup> Civil Society Organization (CSO)

<sup>32</sup> 'Health sector governance: should we be investing more?' (*PubMed Central (PMC)*, 20 July 2017) <[www.ncbi.nlm.nih.gov/pmc/articles/PMC5717939/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5717939/)> accessed 27 October 2022

ASEAN's health cooperation is comparable to the EU's in this field. ASEAN does not follow the EU's route and go to supranational institutions for a definitive answer. Both institutions have varying degrees of integration and in this matter we look to the EU's organisational framework for ASEAN-related ideas. EU differs from ASEAN in several respects. Integration has led to the EU's advanced health governance system. The newly formed ASEAN health division might learn from the EU's DG SANCO<sup>33</sup>, which has been in existence since 1999. The Directorate General for Health and Consumers (DG SANCO) supplements national health activities, not federal programmes. The ASEAN community could benefit from a centralised division responsible for creating a common set of health indicators for the region.<sup>34</sup>

The biggest challenge in modern global health governance is focusing ideas, passions, and resources on improving global health. This involves promoting 'health responsibility' among corporations, employers, schools, etc. The European Public Health Alliance (EPHA) – a Belgium based non-profit uses CSOs to supplement a broader collaboration matrix in health and to contribute to an open framework of cooperation. These CSOs foster a social and economic climate that encourages a multidisciplinary approach to health problems.

Poverty and prejudice affect health governance, which CSOs link to industrial policy and corporate conduct. As a result, ASEAN needs a CSO network to become a global health player. Governance is about exchanging ideals, expectations, and duty as well as technical facts. CSOs play a vital role in articulating the needs and objectives of people worldwide.<sup>35</sup>

Regional bodies like ASEAN are helpful intermediary organisations that transmit international accords to the area to ensure they are respected and executed. ASEAN should commit equally to current and long-term health challenges. A regional organisation needs time to expand. Increasing human capital and financial resources will be needed for organic integration. They'll flow from members' greater political commitment. Regional integration

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<sup>33</sup> The Directorate General for Health and Consumers (DG SANCO)

<sup>34</sup> 'Reconceptualising health security in post-COVID-19 world' (*BMJ Global Health*, 20 July 2022) <<https://gh.bmj.com/content/6/7/e006520>> accessed 27 October 2022

<sup>35</sup> TAG, 'Building a Better Global Health Framework | by Tedros Adhanom Ghebreyesus - Project Syndicate' (*Project Syndicate*, 28 November 2021) <[www.project-syndicate.org/commentary/four-priorities-for-improving-global-health-security-by-tedros-adhanom-ghebreyesus-2021-11?barrier=accesspaylog](http://www.project-syndicate.org/commentary/four-priorities-for-improving-global-health-security-by-tedros-adhanom-ghebreyesus-2021-11?barrier=accesspaylog)> accessed 27 October 2022

can boost political commitment. Stronger political will and more financial resources will help ASEAN lead in global health. With sophisticated regional platforms for health cooperation and a bigger network of global/regional/societal collaborations, an ASEAN-style framework for regional health policymaking can arise. Southeast Asian leaders seek to leverage ASEAN's potential to be a more powerful global health actor.<sup>36</sup>

### **VIII. Has Economic Integration been a hurdle for achievement of Universal Health Coverage system for increased global health cooperation in ASEAN countries?**

Regional economic integration should reach the AEC <sup>37</sup>by 2015. ASEAN leaders have targeted healthcare for regional cooperation. In November 2004, ASEAN Trade Ministers established a strategy to promote exports of medicines and medical equipment. Progressive liberalisation of the healthcare industry has targeted hospitals (including psychiatric hospitals), medical laboratories, ambulances, and residential healthcare other than hospitals, as well as the services of physicians, dentists, midwives, nurses, physiotherapists, and paramedical personnel. Opening healthcare markets has great economic promise, but also makes it harder to ensure all citizens have equal access to quality healthcare. First meeting of the ASEAN plus three (China, Japan, and South Korea) and the UHC network (convened by ASEAN Health Ministers) was in April 2014, suggesting UHC and ASEAN integration dialogues had just begun.<sup>38</sup>

Integration of the services sector is the region's biggest challenge and opportunity. Singapore and Thailand are important exporters of business process outsourcing (BPO), higher education, and health tourism in ICT and professional services. The US-based Medical Tourism Association (MTA) establishes best practises for medical tourism worldwide. This organisation is boosting this sector throughout Asia. Singapore, Thailand, and Malaysia have become major health services tourism players by combining medical care for wealthy tourists with tourist attractions. Several countries have legalised medical tourism in different ways.

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<sup>36</sup> Morgan PJ and Long TQ, "Impacts of COVID-19 on Households in ASEAN Countries and Their Implications for Human Capital Development | Asian Development Bank" (*Asian Development Bank*, March 8, 2021) <<https://www.adb.org/publications/impacts-covid-19-households-asean-countries>> accessed October 27, 2022

<sup>37</sup> Founded in 2003, the ASEAN Economic Community (AEC) aims to create an unified market and production base, promote equitable economic development, and ease the region's integration into the global economy.

<sup>38</sup> Minh HV and others, "Progress toward Universal Health Coverage in ASEAN - PMC" (*PubMed Central (PMC)*, December 3, 2014) <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4256544/>> accessed October 27, 2022

The Malaysian Healthcare Travel Council, a subsidiary of the Ministry of Health, was established in 2009 to promote high-quality private hospital care for medical tourists (36). 35 hospitals participated in 2010; some are publicly owned (e.g., National Heart Institute). Public hospitals with private wards can keep a percentage of the expense for treating private patients, like Singapore. Singapore's Ministry of Health does not actively promote itself to international patients, unlike Thailand where private hospitals drive medical tourism.<sup>39</sup>

Liberalizing healthcare markets causes many countries problems. Foreign healthcare companies have been sluggish to invest in Indonesia despite its benefits. Healthcare multinationals must also establish local manufacturing plants to assist knowledge transfer. The President of Indonesia signed Presidential Decree 39 on April 23, 2014, changing the blacklist of prohibited investments. This adjustment was made to lure greater foreign investment to Indonesia before AEC membership. Recent economic trends have increased multi-national pharmaceutical companies' capital ownership from 75% to 85%.<sup>40</sup>

Liberalizing health care threatens health fairness within and between countries. The AEC's Mutual Recognition Arrangement (MRA) lets seven professions practise freely in member states. The potential for health professional flight from impoverished locations already struggling to provide UHC raises equity concerns in UHC despite the apparent financial benefits. Liberalizing trade policy in health may have unforeseen implications, such as benefiting just the wealthy through regional outmigration of health workers or intra-country health worker relocation toward private metropolitan hospitals.<sup>41</sup>

Regional integration challenges UHC policy by liberalising the mobility of migrant workers. Migrant workers probably won't be automatically enrolled in national health programmes. This could deny them medical care or benefits. Each nation, maybe on an ASEAN level,

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<sup>39</sup> “How Countries in Asia and the Pacific Are Working toward Universal Health Coverage and Controlling COVID-19 | Asian Development Bank” (*Asian Development Bank*, September 14, 2020) <<https://www.adb.org/news/features/how-countries-asia-and-pacific-are-working-toward-universal-health-coverage-and>> accessed October 27, 2022

<sup>40</sup> “Health at a Glance: Asia/Pacific 2020: Measuring Progress Towards Universal Health Coverage | En | OECD” (*Health at a Glance: Asia/Pacific 2020: Measuring Progress Towards Universal Health Coverage | en | OECD*, November 27, 2020) <<https://www.oecd.org/health/health-at-a-glance-asia-pacific-23054964.htm>> accessed October 27, 2022

<sup>41</sup> Naulinta Hutapea LM, “Universal Health Coverage for ASEAN: Is It Possible? | Abstract Proceedings International Scholars Conference” (*Universal Health Coverage for ASEAN: Is it possible? | Abstract Proceedings International Scholars Conference*, December 18, 2019) <<https://jurnal.unai.edu/index.php/isc/article/view/1984>> accessed October 27, 2022

requires a policy that defines adequate healthcare coverage and benefit packages for migrant workers. Adopting UHC therefore is a political, not a technology problem, as proven by research and country experiences, with only modest, steady development over extended spans of time. The path to UHC hinges on influential leaders, social movements, moral arguments about proper coverage, economic cycles, and policy development in other areas. Even in low- and middle-income countries, UHC requires strengthening the health system, ensuring sustainable and fair financing, adopting the right benefit package, and restructuring domestic health expenditures to be spent more efficiently. Indonesia and Singapore's policy reforms highlight the necessity for a clear political commitment to boosting healthcare access and cutting prices.<sup>42</sup>

Regionalizing some healthcare services is the need of the hour. ASEAN countries might "share" resources for rare diseases like glycogen storage disorders. Singapore's burns unit services the region. Singapore is establishing a proton beam therapy facility to make this essential resource accessible to as many patients as possible. It should be priced affordably for appropriate ASEAN patients, possibly through special government agreements. Expanding high-quality, comprehensive service coverage and providing enough human resources are key to UHC. Given the complexity of health-care reform, institutions must be able to produce evidence and guide policy. This is in keeping with the WHO's request that states retain financing for domestic research to establish universal health care (UHC) systems customised to nations' requirements.<sup>43</sup>

ASEAN countries should study UHC as part of regional economic integration by 2015. Due to increased international travel, UHC requires better regional health system collaboration. Emerging infectious disease pandemics, disaster preparedness, noncommunicable illnesses and migration, capacity building, and expanding the health care workforce necessitate regional cooperation. These countries would benefit from exchanging NDC knowledge and strategy. In view of ASEAN liberalisation and the growth of private health providers and

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<sup>42</sup> Librarian I, "Progress Toward Universal Health Coverage in ASEAN | HRH Global Resource Center" (*Progress Toward Universal Health Coverage in ASEAN | HRH Global Resource Center*) <<https://www.hrhresourcecenter.org/node/6179.html>> accessed October 27, 2022

<sup>43</sup> "Universal Health Coverage Overview" (*World Bank*) <<https://www.worldbank.org/en/topic/universalhealthcoverage>> accessed October 27, 2022

transnational healthcare businesses, universal health care (UHC) must be given clear priority to maintain access to health systems, especially for marginalised populations.<sup>44</sup>

ASEAN countries struggle to achieve UHC. Most ASEAN countries have alarmingly high Out-of-Pocket Limit (OOP) expenses and can't guarantee equal health worker and hospital distribution in the region's poorest districts and provinces. The region's health services must be agile and adaptable to handle triple illness burden and expanding international and domestic migrants. Despite considerable political support for UHC, progress has been slow because to complexity and scope (e.g. integrating SHI schemes and stepwise recruitment to a unified UHC scheme in Indonesia).<sup>45</sup>

Building capacity and spreading technical information on UHC, HSS, and health services should be done soon. There are two ways in which HRH mobility can be leveraged in the immediate to medium term. HRH medical missions to low-income nations can develop their healthcare infrastructure by transferring knowledge and skills in medical technology and practise. Low-income health care professionals who move to high-income countries for training or residency can improve care in underserved areas.<sup>46</sup>

In case of accidents or illnesses in the destination country, policymakers should consider a minimal package of health benefits for labour migrants and free or low-cost emergency health services for short-term ASEAN travellers. WHO<sup>47</sup> advises that each country's Ministry of Health (MOH) construct an Essential Health Package (EHP) that every person may access. EHPs can promote accountability by tracking national health priorities and fostering national conversation. ASEAN-wide standards or agreements should establish basic safety criteria for services and products, including food and medications (permissible additives/ingredients).

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<sup>44</sup> “Universal Health Coverage in the ASEAN Region - Monash University Malaysia” (*Malaysia*) <<https://www.monash.edu.my/research/researchers-say/universal-health-coverage-in-the-asean-region>> accessed October 27, 2022

<sup>45</sup> “Progress toward Universal Health Coverage in ASEAN - OD Mekong Datahub” (*Progress toward universal health coverage in ASEAN - Library records OD Mekong Datahub*, December 3, 2019) <[https://data.opendevlopmentcambodia.net/library\\_record/progress-toward-universal-health-coverage-in-asean](https://data.opendevlopmentcambodia.net/library_record/progress-toward-universal-health-coverage-in-asean)> accessed October 27, 2022

<sup>46</sup> Evans J and others, “Universal Health Coverage in Countries Across East and Southeast Asia – Associations Between Health Expenditure and Service Provision - Value in Health” (*Value in Health*, November 1, 2016) <<https://www.valueinhealthjournal.com/article/S1098-30151631201-3/fulltext>> accessed October 27, 2022

<sup>47</sup> World Health Organization

Better health in ASEAN will result from increased disease surveillance across the area and the timely distribution of essential data in the case of an epidemic.<sup>48</sup>

Long-term, ASEAN-wide programmes including health insurance and senior care could provide social security. An ASEAN-based regional health fund could help with disease outbreaks and surveillance. This fund helps countries achieve universal health care or develop their health care infrastructure. Some of the activities are currently happening through bilateral MOUs and ASEAN MRAs (for example, HRH migration), or between nations informally. We believe ASEAN can formalise some of these acts inside an ASEAN-wide framework. For example, a basic package of emergency health services that nations are required to provide for short-term ASEAN travellers may be created as multilateral ASEAN-wide MRAs before considering legislative frameworks. We know that countries' implementation capacity and policy enforcement abilities vary (e.g. food safety standards). Despite this, we believe ASEAN can become a force for improving health in the region with political will and increased investment in public health systems.<sup>49</sup>

## **XI. Conclusion and the Way forward**

The goal of ASEAN should be to strengthen regional capabilities and readiness through coordinated and all-encompassing perspective on “prevention; control; concern; management; surveillance; and other rapid response to the spread of infectious diseases and their consequences of that are emerging or have re-emerged.”

The ASEAN states can tackle future pandemics and health disasters by providing health care for all people and ensuring :

- (i) obtainable and reasonably priced medical care especially in the countries of Cambodia, Laos, Myanmar, and Vietnam (CLMV),
- (ii) access to high-quality primary healthcare,
- (iii) cooperation and coordination across regions on public health policies and legislation,

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<sup>48</sup> webmaster, “Progress toward Universal Health Coverage in ASEAN - African Health Economics and Policy Association” (*African Health Economics and Policy Association*, March 23, 2015) <<https://afhea.org/en/progress-toward-universal-health-coverage-in-asean/>> accessed October 27, 2022

<sup>49</sup> Myint C-Y and others, “A Systematic Review of the Health-Financing Mechanisms in the Association of Southeast Asian Nations Countries and the People’s Republic of China: Lessons for the Move towards Universal Health Coverage” (*A systematic review of the health-financing mechanisms in the Association of Southeast Asian Nations countries and the People’s Republic of China: Lessons for the move towards universal health coverage* | PLOS ONE, June 14, 2019) <<https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0217278>> accessed October 27, 2022

- (iv) connecting people to health care services and keeping them going,
- (v) getting the Sustainable Development Goals set out for 2030 implemented,
- (vii) by promoting community-based integrated care for the elderly
- (viii) care for those in need, including training and education for new workers, advocacy for vital medical facilities, and so on
- (ix) increase regional cooperation to expand access to low-cost, high-quality healthcare services, and high-quality, reasonably priced pharmaceuticals, so as to encourage healthy living,
- (x) increase public health sector cooperation and coordination,
- (xi) hold public training sessions and enhance health-related human resource management personnel in the medical field,
- (xi) investigate approaches to bolstering the national health system through regional cooperation preparedness, reaction, and recovery from all threats, including natural catastrophes, pandemics, and new infectious diseases and
- (xii) encourage the exchange of knowledge and the dissemination of successful strategies for using health-related technologies.

In conjunction the above-mentioned measures the following recommendations can be adopted by ASEAN member states for global health cooperation

1. Subregional health systems need to be fortified, universal health care should be rapidly advanced, and investments in robust health systems should be made and health care programmes that put a premium on preventive services. These are essential foci for enhanced prevention and response to COVID-19 and potential future pandemics. There is proof available as countries with stronger health care systems were better able to cope with the pandemic. Removing tariffs on imports of PPE from non-FTA partners has the potential to increase accessibility to these items.
2. Social and economic responses should take into account the needs and rights of marginalised groups. It is imperative for states to include the informal sector and its workers in their economic policymaking. All pandemic responses need to be disability-inclusive, thus disaggregated data and the participation of women with care responsibilities in social assistance programmes are essential. The inclusion of disabled people in the process, and dialogue with them. National COVID-19 response strategies should account for refugees and asylum seekers. Financial aid for refugees

and asylum-seekers should mirror that provided to needy nationals in countries where this is not possible.

3. Incorporate a focus on long-term inclusion into recovery plans, with a primary goal of reducing income, wealth, and access to basic services and social protection gaps. To mitigate the effects of disruptions in the labour market and ensure full employment in the near term, substantial and well-targeted fiscal support is required. Financial stimulus plans can be made more sustainable in the long run if they are crafted in accordance with the 2030 Agenda for Sustainable Development. Resilience can be bolstered by increasing funding for social protection programmes, which can be done, for example, by reevaluating relevant ASEAN rules.
4. The closing of South and Southeast Asia's digital divide should be a top priority. There must be a concerted, stepped-up, and massively financed effort to develop South and Southeast Asia's next-generation gigabit infrastructure networks.
5. Include eco-friendly economic revitalization measures in aid packages. Industries that are low carbon, resource efficient, and compatible with environmental and climate goals ought to be the primary beneficiaries of stimulus packages. To combat global warming, pollution of the air and water, and the extinction of species, they might be used to advocate for stricter regulations and government action.

Thus, it may be concluded that the current COVID-19 epidemic is unique not only in South-East Asia but globally. As a result, the entire region is at a pivotal juncture. One route might bring about a protracted, deep recession, aggravated by closed borders, and characterised by increased social tensions, vulnerabilities, and a resumption of environmentally unsustainable development. The second option is to establish coordinated policies at the international and regional levels that prioritise inclusive, resilient, and sustainable development.

The process of rebuilding can be used to improve upon previous constructions in several ways: by instituting more just and democratic forms of government; by expanding chances for participation in decision-making; and by systemic inequities, vulnerability reduction, stimulus measures aligned with the SDGs. A successful health response will include putting aside decades-long animosities and rededicating resources to fostering collaboration and trust

among all parties involved. To safeguard vulnerable populations, governments around the world will need to work together. The United Nations is ready to collaborate with South-East Asian, ASEAN, and other countries as the recovery gathers steam. Therefore, for a better global health cooperation all members states of ASEAN can lead the way forward by adopting the measures suggested by the authors into a future where there is preparedness for the unknown and resources to not only support themselves but other countries around the world.

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