

Responding to COVID-19: The coming of age of regionalism in Asia, asks Monalisa Adhikari

A concerted global response has been largely absent in addressing the unprecedented crisis unleashed by Covid-19. The UN Security Council, an institution at the heart of global multilateral efforts, has been condemned for failing to even bring forth a resolution on Covid-19. Similarly, the World Health Organisation, the key technical body for global health governance, hamstrung by its parochial mandate and limited regulatory authority, has come under sharp criticism from the US and other governments for failing on disease surveillance and designing a coordinated response. Likewise, Western governments who have traditionally shown leadership on global responses to pandemics have been occupied trying to address the threat inside their national borders. With the global effort largely absent and the dire need for governments to coordinate response mechanisms, space has opened for regional organisations to lead and complement national responses. This begets the question if regional organisations can fill the vacuum. Or if regional organisations can bridge the gap and provide a middle ground between parochial national responses which have competed to sustain their own health and related supply chains, and failed global multilateral responses. Drawing on the systematic analysis of statements, press releases and timeline of meetings of regional bodies, namely Association of Southeast Asian Nations (ASEAN) and the South Asian Association for Regional Cooperation (SAARC) between February and May 2020, this blog explores the uneven and varied regional responses in Asia. In doing so, it highlights the commitments made by these regional institutions to foster

coordination and support between states, and their inability to translate such pledges into concrete action.

Responses by ASEAN and SAARC

In Southeast Asia, ASEAN states[1] which weathered the storm of SARS in the 2000s, have rallied together with a flurry of diplomatic initiatives to forge a more coordinated regional response. Analysis of the timeline of meetings of ASEAN representatives and the statements issued thereafter demonstrates commitments of coordination and support across multiple sectors in the region. Starting with the meeting of senior health officials of ASEAN member states, and their counterparts in ASEAN +3 countries (the People's Republic of China, Japan and Republic of Korea) in early February, ASEAN has held multiple meetings between Heads of States, Foreign Ministers, Defence Ministers, Ministers for Finance, Ministers for Agriculture and Forestry, and Ministers for Labour. The portfolios of the meetings outline that the pandemic has impelled commitments that are far beyond the immediate domain of managing the health crisis.

On immediate health-related concerns, statements by ASEAN leaders indicates commitments to information sharing on detection, control and interventions; coordinating cross border health response, including contact tracing and outbreak investigation; capacity building interventions on public health emergency, scientific research, preparedness and response; strengthening early warning system for pandemics and other epidemic diseases; and support to ensure the adequacy of essential medicines, vaccines and medical devices both within the member countries and the region. This has been supplemented by long-term institutional commitments, including setting up a reserve of essential medical supplies that enables rapid response to emergency needs, as well as the proposed establishment of the COVID-19 ASEAN Response Fund for public health emergencies. But owing to the lasting impact the pandemic is likely to have across sectors in a region so

dependent on trade and tourism, there have been a series of pledges on economic, agricultural, labour and tourism-related issues. These have included, collective action in responding to the economic challenges, including ensuring the resilience of supply chains; coordinating for preservation, transport and distribution technologies and infrastructure to reduce food insecurity; supporting the development and implementation of a post-COVID-19 Crisis Recovery Plan to build up ASEAN tourism capabilities; and addressing the impact of COVID-19 on labour and employment. Beyond the region, there have also been meetings with Japan, US, China and the EU, where issues of collaborations on the health sector have been highlighted.

The level of institutionalisation, economic cooperation and the relative success of ASEAN cannot be compared to the South Asian Association for Regional Cooperation (SAARC).[2] However, the COVID-19 crisis brought higher hopes for a revival of SAARC where short term collaboration on the pandemic was expected to steer long term institutional coordination. SAARC, which has been hostage to the bilateral tensions between India and Pakistan, has not been able to spur greater integration, and South Asia continues to be the least integrated region in the world.[3] In this context, the pandemic brought forth a promising sign of reinvigoration. On March 15, 2020, leaders of the member states of the SAARC held a video conference to discuss measures to contain the spread of COVID-19 in the region. Led by India, the meeting was attended by all the Heads of Government, with Pakistan being represented by the Health Minister. The meeting discussed resource pooling and setting up a COVID-19 fund, with contributions from member states, to be used by SAARC member states for urgent medical supplies and equipment. The meeting also pledged to use existing institutions like the SAARC Disaster Management Centre, to share best practices and facilitate information sharing by setting up an Integrated Disease Surveillance Portal, as well as a common Research Platform to coordinate research on pandemic control. The

meeting also called for establishing SAARC Pandemic Protocols to be applied on state borders. This call between leaders was followed by a video conference between Health Ministers of member states and another conference between senior trade officials of member states to deal with the impact of COVID-19 on intra-regional trade. Even before the fund and the call, India had taken a regional approach in terms of evacuating citizens from countries of the region, including, Bangladesh, Myanmar, Sri Lanka and Nepal. India also provided medical assistance to the Maldives, under a regional framework. However, the meetings brought in the rest of the member states together and broadened the participation, raising hopes for an institutional framework for health security in South Asia.

Shortcomings in the Regional Response

The dynamism and proposed response efforts by regional bodies like ASEAN and SAARC is noteworthy. However, these regional commitments at high-level meetings have barely matched up with actions on the ground, as member states continue prioritizing effective national solutions. Rather, the crisis has reinforced the existing fault lines of both these regional groupings in varied ways. Firstly, a coordinated regional response was difficult because of the varying levels of infection, specifics of national responses, and political will. In ASEAN, the responses by Singapore and Vietnam, which have been cited as a global success, were no match to lacklustre responses by other countries. For example, Indonesia's response was a lethal mixture of an initial denial, and downplaying the nature of the crisis, including a top leader arguing that prayers had prevented the virus from spreading in the country. While not as uneven as ASEAN countries, within SAARC countries, Sri Lanka's high testing rates, with a well-established healthcare and surveillance system fared much better compared to other South Asian neighbours.

Secondly, the very nature of the pandemic has highlighted

fundamental tensions. On the one hand, it has unleashed a greater recognition that non-traditional security threats like pandemics need an interdependent approach, that needs greater coordination and cooperation within countries in a region. However, on the other, the generic responses to the crisis focused on lockdowns and border restrictions, which undermine the very idea of greater regional integration. Here, lockdowns and border closures have made migrant workers, many of them hailing from other countries within the region, more vulnerable and neglected. Images of Burmese undocumented workers being deported from Malaysia, or tens of thousands of migrant workers from Laos and Myanmar, flocking to border crossings, defying the Bangkok lockdown to return home having been rendered jobless, challenges the commitment of ASEAN leaders to supporting citizens of each other's countries. The absence of social protections for the majority of the seven million undocumented migrant workers in and from ASEAN member states poses further risks to their health and access to health services. Similarly, within SAARC, Nepal and India share an open border, but they started their border shutdowns two days apart, on 22 and 24 March respectively, without any coordination. This left many migrants from Nepal in India stranded, having to navigate through Indian lockdown to reach Nepal, only to find the borders closed.

In both SAARC and ASEAN, the crisis has reinforced the existing challenge of navigating regional cohesion in the context of unequal power dynamics and tensions amongst states. A core problem for SAARC has been the dominance of India in the region, and the reluctance of other smaller South Asian nations to acknowledge dominance, who have instead seen SAARC as a mechanism to tame the Indian hegemony.[4] Accordingly, unlike ASEAN, regional endeavours have largely relied on India's ability and interest (or disinterest) to spearhead greater partnerships. The absence of leadership from other South Asian states, and India leading the meetings in the aftermath of the pandemic further reinforces the India-

centricity of the regional grouping. Relatedly, bilateral efforts led by India in the region have been more tangible than other pan-regional commitments. For instance, India has delivered critical medical supplies to Sri Lanka, Bhutan, and the Maldives; held bilateral discussions on the crisis with heads of states from Bangladesh, Afghanistan, and the Maldives; as well as put its neighbours on a priority list for supply of critical medicines like hydroxychloroquine. Further differences between India and Pakistan continue, notably with regards to the Covid-19 Emergency Fund pooled through the contributions of individual member states. Pakistan has underlined that contributions from individual member-states should be administered by the SAARC secretariat; whereas India has stated that it is for each member state to decide on the timing, manner and implementation of their Emergency Response Fund commitments.

Yet, another fault line reinforced by the crisis in both ASEAN and SAARC has been how the 'China factor' has been critical to the shaping of responses by these regional groupings. India's leading role in South Asia during this crisis is seen to be derived out of concerns of being outbid by China, which has been offering medical teams and sending test kits and protective equipment to different South Asian countries. In ASEAN, where considerable divisions exist between individual Southeast Asian countries in their relationship with China, the crisis has made the divides more evident.[5] There was a visible geopolitical divide on how individual countries engaged with China during the crisis. While Singapore and Vietnam took a calibrated approach, imposing China travel bans, Cambodia maintained no travel restrictions with China, seeking to be on China's good books. This inhibited collective action on travel bans from China within the region, which was critical, given the extensive and relatively free movements of people in Southeast Asia. Such developments underscore how China's engagement in these regional groupings is likely to be either *divisive*, inhibiting a pan-regional initiative or

integrative, like in the case of SAARC- where China's greater engagement with the member states, has compelled competing regional actors like India, to take the baton of regional leadership more seriously.

Given these factors, while the pandemic has reinforced the need for greater coordination within countries in South and Southeast Asia, it has also underlined the fragility and gaps in these regional institutions for coordinating effective regional responses. While meetings with commitments for greater coordination are encouraging, the tests to these commitments are already showing cracks. This is not unexpected, given that much more institutionalised regional bodies like the European Union have struggled to sustain regional momentum. Further, despite the gaps, areas of optimism persist in Asia. In the more immediate term, greater recognition of pandemics as a global and regional security threat impacting health, human and economic security is likely to compel regional institutions to draw plans for greater coordination in the future. Regional bodies are likely to institutionalise cross-border information sharing mechanisms, establish reserves on medical supplies, share best practices and shore-up scientific capacity. Likewise, the economic impact of COVID-19 is likely to be long-term. The Asian Development Bank assesses the economic losses in Asia and the Pacific to range between \$1.7 trillion to \$2.5 trillion, with the region accounting for about 30% of the overall decline in global output.[6] As the world itself reels from the financial crisis, countries in Asia, will need to look inwards into their regions to address this deep economic impact, and stimulate growth through greater economic collaboration.

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Monalisa Adhikari is a research assistant in PSRP. She sets out the response by regional organisations in South and Southeast Asia to the COVID-19 crisis and asks what this means

for Asian regionalism. This piece is part of a larger project funded by the University of Edinburgh College of Arts, Humanities, and Social Science to map and analyse the responses of regional and sub-regional organisations to COVID-19 in Asia, Africa, and Latin America. A series of blog posts detailing organisational responses is the first output, and the project will feed into other collaborative projects. It will also produce in-depth pieces to answer the more complex questions around the impact of regional and sub-regional efforts to combat this pandemic and the possibly long-term effects of the COVID-19 crisis on organisational priorities and practices.

References

[1] ASEAN formed in 1967 includes 10 member states in Southeast Asia, namely, Brunei Darussalam, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam.

[2] Established in 1985, SAARC comprises of eight member states, namely, Afghanistan, Bangladesh, Bhutan, India, the Maldives, Nepal, Pakistan and Sri Lanka.

[3] Batra, A. (2014) 'SAARC and Economic Integration in South Asia', *Indian Foreign Affairs Journal*. New Delhi: 9(4), pp. 332–338.

[4] Mukherjee, K. (2014) 'The South Asian Association for Regional Cooperation: Problems and prospects', *Progress in Development Studies*. New Delhi, India: SAGE Publications, 14(4), pp. 373–381. doi: 10.1177/1464993414521524.

[5] Curley, M. G. (2002) 'Introduction to the Special Issue: China-ASEAN Relations in the 21st Century: Continuity and Change', . The Institute for Far Eastern Studies, 26(4), pp. 5–12.

[6] Asian Development Bank. (2020, May). An Updated Assessment

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