

The ASEAN



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SPECIAL EDITION

NOVEMBER – DECEMBER 2020

STRONGER HEALTH SYSTEMS OUR LIFELINE IN A PANDEMIC



ISSN 2721-8058



THE INSIDE VIEW
The ASEAN Regional
COVID-19 Response

CONVERSATIONS
Living Through
The Pandemic

VIEWPOINT
WHO DIRECTOR-GENERAL
Tedros Adhanom Ghebreyesus, PhD



“Canada’s Weapons Threat Reduction Program deeply values its impactful collaboration with the ASEAN Health Sector through the Mitigation of Biological Threats Program. This collaboration has meaningfully enhanced the capacity of ASEAN partners to prevent, detect, and respond to all manner of biological threats, whether natural, accidental, or deliberate in origin.”



Diedrah Kelly

Ambassador, Mission of Canada to ASEAN

Read the full article on page 30

Canada 

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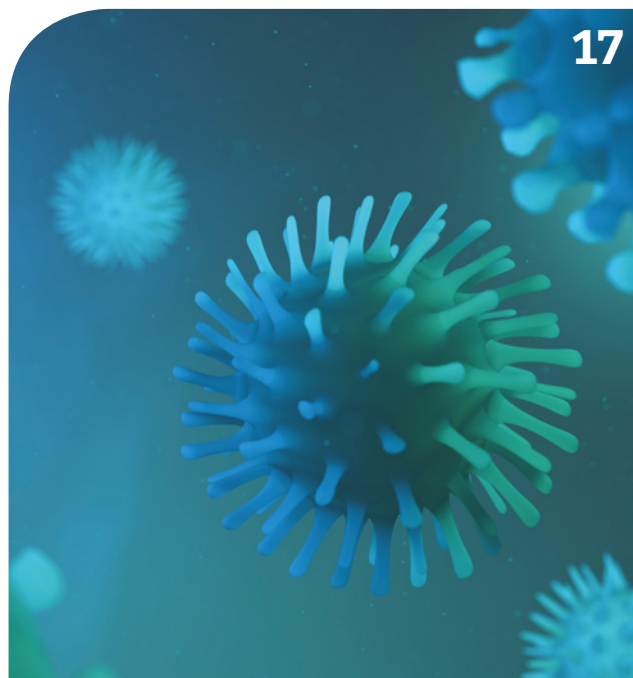
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Message from the Deputy Secretary-General



The world started 2020 with the alarming news of an unidentified disease. COVID-19 turned into a global pandemic that would exact a devastating toll on lives and livelihoods.

The year concludes with promising reports of vaccines that may soon be available to help slow down the spread of the disease. The collective effort to find successful vaccine candidates in such a short time is unprecedented. It speaks of the power of collaboration when the goal is for the common good. The difficult task of ensuring the affordable and equitable distribution of vaccines, however, still lies ahead.

In January, ASEAN quickly activated regional health mechanisms that would support the Member States' COVID-19 response measures. There have been successes in the containment, but the pandemic's impact has exposed the gaps and

weaknesses in our nations' health systems. This Special Edition looks into the initiatives that will enhance health systems and enable countries to respond better to future outbreaks and pandemics while providing quality healthcare.

The ASEAN produced this edition with valuable support from Canada's government, ASEAN's partner in the health sector.

Our distinguished contributors and experts weigh in on various aspects of healthcare—the universal and timely delivery of health services, the availability of safe and affordable drugs and vaccines, training and development of health workers, upgrading infrastructure, and adopting digital technologies.

The impact of the pandemic goes beyond the health sector, and it has spared no one. In our region, thousands have lost their lives; millions are out of jobs; businesses are forced to close down. This year's uncertainties have put a toll on people's well-being, and it underscores the need to address mental health as an integral part of primary healthcare. The conversations with people across the region reflect their struggles and hopes as they cope with this year's tremendous and unforeseen changes.

Inevitably, the pandemic's socio-economic impact dominated the discussion during the 37th ASEAN Summit and Related Summits. With Viet Nam as Chair, ASEAN navigated through this challenging year with a

sharpened focus on post-pandemic recovery, with initiatives that include the COVID-19 Recovery Framework and the ASEAN COVID-19 Response Fund. The establishment of the ASEAN Centre on Public Health Emergencies and Emerging Diseases, which is supported by Japan, was also announced at the sidelines of the Summit. This initiative will build the region's capacity to prevent and respond to another public health emergency.

ASEAN caps 2020 with the signing of the Regional Comprehensive Economic Partnership Agreement, a landmark trade pact that will be the world's largest once it takes effect.

The pandemic is a defining moment in history, a collective experience that has altered the lives of ASEAN people, and will shape the policy landscape of ASEAN and its individual members for years to come. It is imperative to tell and record this story from multiple lenses, not only from the perspective of our leaders and policymakers, but also from people from all walks of life. Narratives serve home truths, provoke reflections and insights, inspire solutions, and create hope and optimism.

The magazine is grateful to the Government of India's support that has allowed us to continue sharing these ASEAN narratives.

I share everyone's hopes that the start of 2021 will write a better and kinder story.

Kung Phoak
Deputy Secretary-General of ASEAN for
the ASEAN Socio-Cultural Community

ASEAN's COVID-19 response and the need to build stronger health systems

Ensuring national health systems are well prepared and resilient all starts by recognising health as a fundamental human right, which means a commitment to health for all.

– **Tedros Adhanom Ghebreyesus**,
WHO Director-General

COVAX is a model for international cooperation that shows governments can put aside national interests in the pursuit of a goal greater than any one of them could achieve on their own.

– **Ngozi Okonjo-Iweala**, **Board Chair, Gavi**,
The Vaccine Alliance

The lessons learned from this pandemic include the need to stimulate health system reform and build resilient health systems in anticipation of future outbreaks and pandemics.

– **Ltg. (Ret) Terawan Agus Putranto**, **MD, PhD**,
Former Minister of Health, Indonesia





Viewpoint:

Ltj. (Ret) Terawan Agus Putranto, MD, PhD

Former Minister of Health, Indonesia and Chair of the ASEAN Health Ministers Meeting (AHMM)

In early December, Former Health Minister Putranto addressed The ASEAN's questions on the lessons learned from the COVID-19 pandemic, the importance of strengthening health systems and the AHMM's initiatives to help Member States respond to future outbreaks and pandemics. Indonesia chairs the AHMM from 2020 to 2022.

Within the framework of the ASEAN Post-2015 Health Development Agenda, what are the plans and priorities of Indonesia as Chair of AHMM for 2020-2021?

Minister Putranto: As the deadline for the ASEAN Post-2015 Health Development Agenda is approaching by the end of 2020, one of the priority goals for Indonesia's AHMM Chairmanship for 2020-2021 is to accelerate the implementation of the current ASEAN Health Cluster Work Programme and develop the Work Programmes 2021-2024 in which promoting effective Governance and Implementing Mechanism, including digital health figure prominently. Furthermore, we are also targeting to establish a Health Sector Knowledge Management System.

In response to the current challenges, as the chair of AHMM, Indonesia is working to synergise and scale-up ASEAN health mechanisms and platforms in preparedness and response to the COVID-19 pandemic future public health emergencies in a more coherent ASEAN way.



The COVID-19 pandemic underscored the importance of a strong health system that is accessible to all. In what ways has the pandemic affected the health systems of Member States?

Minister Putranto: I believe that at the outset of the crisis, there was no country, including the ASEAN Member States, that was well prepared for this COVID-19 pandemic, even though every country has its core capacities to implement the International Health Regulations 2005.

The unprecedented scale of COVID-19 and its impact on the health systems of ASEAN Member States come in different stages for each country; particularly it adversely impacts health services delivery, the health workforce, and financing.

With regard to the health service delivery, some countries are facing difficulties related to the inadequate number of referral hospitals with its bed capacity and other required equipment, laboratories, and essential medical supplies. The limited availability of test kits for the COVID-19 is also a challenge as the number of patients might be more than the numbers indicated. As for the health workforce, short supply of health personnel and front-liners

made the burden even harder. Due to the rapid increase of infections, the ASEAN Member States also encountered massive strain in health financing which led to prioritising their national budget for the handling of COVID-19.

Eventually, we realised that the pandemic has affected every country irrespective of the state of development and the need for stronger national health systems and regional approach. Accordingly, we have identified the weaknesses and are working on addressing them systematically. It has made all realise the critical importance of robust primary health care comprised of disease prevention, health education, and community empowerment in practicing a healthy lifestyle. All these aspects are part of a whole health system, each supporting one another to achieve more resilience and sustainable ASEAN health systems.

This experience also taught us the need to ensure the sustainability of health financing by establishing national health insurance programs and working towards Universal Health Coverage (UHC) for our people, particularly disadvantaged and vulnerable groups.

What are the ongoing regional initiatives led by the ASEAN Health Sector specifically designed to address gaps in and improve Member States' health systems?

Minister Putranto: Each country has a different policy approach based on its specific problems. Aside from the different national responses, ASEAN managed to activate its existing regional mechanisms and platforms in responding to the COVID-19 pandemic.

These mechanisms are ongoing: ASEAN Emergency Operations Centre (ASEAN EOC), Network for Public Health Emergencies, ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3), ASEAN BioDiaspora Virtual Centre (ABVC) for Big Data Analytics, ASEAN Risk Assessment and Risk Communication (ARARC), the Regional Public Health Laboratories Network (RPHL), Human and Animal Health Collaboration, ASEAN Vaccine Security and Self-Reliance (AVSSR), Regional Collaborative Strategy on ASEAN Drug Security and Self-reliance (ADSSR), Biosafety and Biosecurity training and networks.

These mechanisms and platforms enable the ASEAN health sector to address gaps and improve the ASEAN Member States' health system by conducting rapid information sharing and technical exchanges, risk assessment, risk communication, contact tracing, exchange of laboratory readiness and response action, and capacity strengthening.

As the ASEAN Health Sector continues to respond according to the evolution and trajectory of the outbreaks in Member States, the ASEAN Health Ministers convened a special video conference on 7 April 2020 among ASEAN Health Ministers and with Plus Three, and also on 31 April 2020 with the United States, to review the current situation and response, outline priority policy and strategic directions for the ASEAN Health Sector, and enhance cooperation with partners. The mandates are, among others, to sustain and institutionalise the existing regional mechanism, mobilising timely technical, material and financial resources critical to sustaining national health system response including drug and vaccine security and self-reliance, and ensuring access to essential health care services.

What are the lessons learned and insights you can share about Indonesia's COVID-19 response and national initiatives?

Minister Putranto: Indonesia's COVID-19 responses are reflected in the steps taken by the government to flatten the curve of COVID-19 transmission. Our first principal approach is in the public health sector, where we control the spread of COVID-19 by testing, tracing, isolating, and treating the patients. The next step taken is in the socio-economic sector in which we prepare a social safety net for the poor household to meet their basic needs and protect the vulnerable group from falling into poverty. Further, we are committed to supporting the business sectors, especially micro-, small, and medium enterprises, so that they could continue to operate during this difficult time.

Prior to the first case of COVID-19 detected in Indonesia on 2 March 2020, Indonesia's government had preparedness measures in multiple points of entry, considered to have high mobility. Several days after WHO declared COVID-19 as a pandemic, President Joko Widodo established a task force to accelerate all prevention measures. The government officially declared COVID-19 as a national public health emergency, followed by the issuance of a Presidential Decree that directed large-scale social distancing measures. The subsequent declaration of COVID-19 as a national disaster enabled the government to reallocate all resources and activate the emergency fund for COVID-19 handling.

Since early June 2020, Indonesia has adapted the "new normal" concept by applying strict health protocols in people's daily lives. It was then followed by the issuance of a presidential decree creating the COVID-19 Handling and National Economic Recovery Committee to support the revival of businesses and prevent further economic downturns.

On 11-14 August 2020, Indonesia conducted the Intra Action Review (IAR) as a follow up to the 4th Meeting of the WHO Emergency Committee, which is a comprehensive multi-sectoral qualitative review of the ongoing COVID-19 response to identify gaps and opportunities to learn and improve Indonesia's COVID-19 response. There are many other measures taken such as the establishment of hotline services, daily media

briefings, cross-ministries collaboration, the establishment of a COVID-19 laboratories network across Indonesia, setting up referral hospitals, emergency temporary hospitals such as *Wisma Atlet* in Jakarta and Galang Island, the deployment of additional human resources for health, and forging public-private partnerships, among others.

Since the beginning of the outbreak, we realised that it would not be easy. Through the IAR, we learned our lessons identified challenges and put more efforts into addressing them:

- Capacity enhancement for contact tracing and surveillance in which we are now collaborating with local government to apply decentralisation and recruit volunteer;
- In terms of testing kits enhancement, we are establishing government to government, government to person, and government to non-government collaboration;
- To address the gaps in lab capacity, we are doing some capacity building in which we are partnering with cross-sector lab, the development partner, and utilising the digital platform;
- We realised that our infrastructure is still considered inadequate considering that Indonesia is a big country, therefore as of now, we have expanded 422 laboratories and 920 referral hospitals;
- We are also still experiencing logistics challenges, and as such, we are working to simplify the medicines and medical supplies importation mechanism. We are also undertaking government to government and business to business collaboration, and partnering with other non-government bodies such as the UN and Non-UN.

The COVID-19 pandemic needs robust health systems to respond adequately, both in mobilising resources for handling COVID-19 pandemic and handling the decline of essential public health services. The lessons learned from this pandemic include the need to stimulate health system reform and build resilient health systems in anticipation of future outbreaks and pandemics. The areas of health system reform are education and deployment of human resources in line with future health problems; strengthening of primary health care; upgrading health facilities in isolated, border and geographically remote

areas; building self-reliance of pharmaceuticals and medical devices; reinforcing health security; improving communicable diseases prevention and control, including immunisation; boosting health financing and the use of information technology; and raising community empowerment to practice healthier lifestyles.

Most importantly, we will ensure the availability of vaccines and medicines for the prevention and treatment of COVID-19 by participating in solidarity trials, research and development, and vaccine provision, once these are available.

We have seen the importance of collaboration to overcome the challenges in combating COVID-19 among government bodies, the private sector, civil society organisations, other countries in the region, as well as our international development partners.

Can you share with us the new initiatives of the ASEAN Health Sector and its partners not only to eliminate COVID-19 but also to prevent another pandemic or be prepared for a similar health emergency in the region?

Minister Putranto: We are aware that global crises require global cooperation. In light of this, we enhanced our engagement with external and development partners, which delivered several initiatives that aim to enhance the current response and ensure future preparedness.

In view of these considerations, we are currently establishing new initiatives that intend to have ASEAN's comprehensive approach in responding to public health emergencies and other future emerging and re-emerging infectious diseases threats, namely:

- The establishment of ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) which is intended to enhance integrated and sustained

ASEAN preparedness, response and resilience to public health emergencies, particularly on emerging and re-emerging infectious diseases; partnering with Japan in carrying out the feasibility study and preparing for its establishment. We also welcome future collaborations with other partners once the Centre is established;

- ASEAN Portal for Public Health Emergencies, in collaboration with Canada and Germany. This portal will later serve as the platform for public information to step up knowledge and experience sharing within the region;
- ASEAN-Canada has developed the Mitigation of Biological Threats Programme, which prepares and responds to outbreaks and emerging dangerous pathogens, and now focuses on the COVID-19 outbreak;
- ASEAN Public Health Emergency Coordination System, in collaboration with the USA. This initiative will also provide support for ACPHEED once the ASEAN Centre is established.

Since public health emergencies and pandemics can recur many times in the future, ASEAN needs to fortify the region's security against future public health threats. We also realise the importance of collaboration, not only within the ASEAN Health Sector, but also with other non-health sectors and partners. In view of this, we are at the helm of some projects and activities initiated by the non-health sectors and supported by external partners. These include:

- COVID-19 ASEAN Response Fund and ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies (RRMS), initiated by the non-health sector to step up our response to COVID-19, particularly in filling health system gaps faced by ASEAN Member States;
- ASEAN Travel Corridor Arrangements (TCA), a post-pandemic recovery plan to restore

ASEAN's connectivity, business and prevent further economic downturns. The TCA will facilitate essential business travel among ASEAN Member States under strict health protocols and public health regulations;

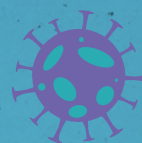
- The development of the ASEAN Strategic Framework for Public Health Emergencies and upcoming Standard Operating Procedure on Public Health Emergencies as core documents that guide ASEAN cooperation in enhancing regional preparedness, detection, response, and resilience to public health emergencies.

Apart from these new initiatives, we are also taking on these activities that were supported by Partners:

- Enhancing the Detection Capacity for COVID-19 in the ASEAN Member States with the Republic of Korea (ROK);
- Technical assistance and exchanges, and provision of medical supplies and equipment at bilateral and regional levels with China, ROK, Canada, and Germany;
- Expert Panel on COVID-19, as supported by GIZ through European Union funding, will be implemented soon once the project team has been put in place;
- Developing the ASEAN Health Protocol as a preventive measure;
- Noting that ASEAN has a good and close working relationship with the WHO WRPO and WHO SEARO, they are now proposing cooperation that includes activities in the ASEAN Member States and a component of support to regional coordination in the region for better response to COVID-19;
- A series of discussions with multilateral key actors, such as officials from the Gavi, the Vaccine Alliance on the Global COVID-19 Vaccine Access Facility to ensure COVID-19 vaccine supplies and distribution for the region.

ASEAN is working at different levels to augment each Member State's national capacity to handle the challenges posed by the pandemic. We are enhancing regional cooperation and adopting approaches designed to adapt to the cross-border and cross-sectoral nature of the pandemic. We are also strengthening cooperation with our international partners and external organisations, dialogue, and development partners to support ASEAN's current efforts to build capacity in handling future threats. ■

“
Since public health emergencies and pandemics can recur many times in the future, ASEAN needs to fortify the region's security against future public health threats.



Special Edition



In Brief

ASEAN MEMBER STATES'

COVID-19 Response and Containment Measures

MYANMAR

First confirmed case: 23 March

First confirmed death: 31 March

- Requirement for all travellers to undergo a 14-day government facility quarantine upon arrival in Myanmar: **25 March**
- Ban on all incoming international passenger flights: **30 March**
- Lockdown and stay-at-home notice in seven townships in Yangon: **18 April**
- Compulsory wearing of face masks in 44 townships of Yangon: **13 May**

- Relaxation of restrictions in five townships in Yangon: **28 May-31 July**
- Opening of high schools after a two-month delay: **21 July**
- Nationwide school closure due to rising COVID-19 cases: **27 August**
- Domestic travel ban: **11 September**
- Lockdown and stay-at-home rules in Yangon region: **21 September**
- Resumption of domestic flights: **16 December**

Sources: Ministry of Health and Sports Myanmar, ABVC Risk Assessment Report

CAMBODIA

First confirmed case: 27 January
No confirmed deaths

- Ban on entry of foreigners coming from countries with COVID-19 cases: **17 March**
- Closure of educational institutions: **16 March**
- Requirement for foreign nationals to present COVID-19 -free health certificate within 72 hours before date of travel: **31 March**
- Domestic travel ban: **9-16 April**

- Lifting of international travel ban: **22 May**
- Reopening of public kindergarten and primary schools for in-person instruction in low-risk areas: **7 September**
- Requirement for all travellers arriving in Cambodia to quarantine in government-designated centres: **18 November**
- New ban on mass gatherings in areas with clusters of cases, such as Phnom Penh: **November**

Sources: CDC Department of Cambodia's Ministry of Health, ABVC Risk Assessment Report, WHO

MALAYSIA

First confirmed case: 25 January
First confirmed death: 18 March

- Ban on entry and transit of all foreign nationals, with very limited exception; mandatory 14-day quarantine upon arrival: **16 March**
- Implementation of nationwide lockdown or Movement Control Order (*Perintah Kawalan Pergerakan Kerajaan Malaysia*), i.e. prohibition of mass movements and gatherings, closure of schools, closure of all government and private premises except those involved in essential services: **18 March**
- Ban on entry of all tourists and foreign nationals: **18 March**

- Relaxation of restrictions, known as Conditional Movement Control Order, which permits the movement of people within the territory of each state and opening of most sectors of the economy: **4 May**
- Compulsory wearing of face masks in public places: **1 August**
- Entry ban on citizens of countries that have recorded more than 150,000 cases: **7 September**
- Reopening of higher education institutions: **2 October**
- Shorter quarantine period for incoming travellers: **14 December**

Sources: Ministry of Health Malaysia, ABVC Risk Assessment Report, WHO

BRUNEI DARUSSALAM

First confirmed case: 10 March

First confirmed death: 27 March

- Requirement for all passengers arriving from countries with COVID-19 cases to undergo 14-day self-isolation: **February**
- Ban on outbound travel: **16 March**
- Ban on entry and transit of all foreign nationals through land, sea, and air: **24 March**
- Closure of schools, places of worship, and restaurants and other businesses: **31 March**
- Easing of social distancing measures, 1st phase (e.g. reopening of markets, food stalls, sports facilities): **16 May**
- Reopening of schools for in-person instruction: **2 June**
- Easing of social distancing measures, 2nd phase (e.g. reopening of museums, senior citizen centres; higher volume of people in mosques and commercial establishments): **15 June**
- Easing of social distancing measures, 3rd phase (e.g. reopening of cinemas, swimming pools): **6 July**
- Easing of social distancing measures, 4th phase (e.g. mosques, markets, restaurants, other establishments can operate at full capacity): **27 July**
- Entry of foreigners for essential travel; mandatory testing upon arrival; quarantine period depending on the level of risk: **15 September**

Sources: Brunei Darussalam's Ministry of Health, ASEAN BioDiaspora Virtual Center (ABVC) Risk Assessment Report

LAO PDR

First confirmed case: 24 March
No confirmed deaths

- Closing of international, interprovincial, and traditional borders: **30 March-19 April**
- Nationwide restrictions on internal movement: **1 April-3 May**
- Reopening of schools, business and entertainment places: **2 June**
- Requirement for all travellers entering Laos to present COVID-19 -free health certificate within 72 hours of arrival: **18 October**
- Suspension of visa issuance to visitors from countries that remain affected by the COVID-19 outbreak: **2 December**
- Lockdown and restriction of movement in areas with new cases: **4 and 7 December**

Sources: ABVC Risk Assessment Report; WHO

PHILIPPINES

First confirmed case: 30 January

First confirmed death: 2 February

- Ban on entry of foreigners from areas with COVID-19 cases: **31 January** (Hubei, China), **2 February** (other areas in East Asia)
- Placement of the entire Luzon island including Metro Manila under Enhanced Community Quarantine or ECQ, i.e. closure of schools, offices, non-essential businesses; ban on mass gatherings; suspension of public transport: **17 March**
- Ban on entry of foreign nationals, with some exception; mandatory testing and quarantine upon entry: **17 March**
- Ban on outbound travel: **17 March**
- Compulsory wearing of face masks and other protective equipment in public areas: **9 April**
- Transition of various areas to General Community Quarantine, i.e. operation of public transportation and select businesses at reduced capacity: **May-July**
- Imposition of modified ECQ in Metro Manila and select provinces due to rising cases: **4-18 August**
- Lifting of the ban on non-essential travel of Filipino citizens: **21 October**
- Mandatory use of face masks and face shields outside of people's homes: **15 December**

Sources: Department of Health of the Philippines, Philippines COVID-19 Inter-agency Task Force, ABVC Risk Assessment Report, WHO

THAILAND

First confirmed case: 13 January

First confirmed death: 1 March

- Temporary closure of nine border checkpoints (land and sea): **22 March**
- Requirement for all foreigners on international flights to present COVID-19-free health certificate within 72 hours prior to the date of travel: **22 March**
- Declaration of a state of emergency, requiring closure of public places, ban on mass gatherings, and shutdown of land, sea, or air borders: **26 March**
- National implementation of curfew: **3 April**
- Resumption of domestic flights: **1 May**
- Gradual reopening of several businesses: **May-June**
- Resumption of in-person instruction in all schools: **13 August**
- Gradual reopening of the country to tourism under a special tourist visa scheme; mandatory testing and quarantine upon arrival: **October-December**
- Easing of travel restrictions for citizens from 56 countries; mandatory 2-week hotel quarantine: **17 December**

Sources: ABVC Risk Assessment Report, WHO



INDONESIA

First confirmed case: 2 March

First confirmed death: 11 March

- Ban on entry of foreigners coming from areas with COVID-19 cases: **5 February** (China), **8 March** (other areas)
- Compulsory wearing of face mask in public spaces: **5 April**
- Implementation of nationwide large-scale social restrictions (*Pembatasan Sosial Berskala Besar* or PSBB), including closure of schools, offices, places of worship; suspension of social and cultural activities; and limited movement of people: **10 April**
- Ban on entry and transit of all foreign nationals through land, sea, and air: **24 April**
- Requirement for domestic and international travellers to present COVID-19-free health certificate: **4 June**
- Easing of PSBB in Jakarta in preparation for transition to new normal: **June**
- Reopening of schools for in-person instruction in low-risk areas: **July**
- Reinstatement of PSBB in Jakarta due to rising cases: **14 September**
- Return to transitional phase of PSBB in Jakarta: **11 October**
- Reciprocal green lane arrangement with Singapore: **26 October**
- Extension of transitional phase of PSBB: **7 December**

Sources: ABBVC Risk Assessment Report, Indonesia's National COVID-19 Task Force

SINGAPORE

First confirmed case: 23 January

First confirmed death: 21 March

- Ban of visitors arriving from areas with COVID-19 cases: **1 February** (China), **26 February** (other areas)
- Mandatory 14-day stay-home notice for Singapore citizens, permanent residents, and long-term pass holders returning from COVID-19-affected areas: **18 February**
- Ban on entry and transit of all short-term visitors from anywhere in the world: **23 March**
- Implementation of safe distancing measures called Circuit Breaker, which entails closure of schools, work place premises, and non-essential businesses: **7 April**
- Compulsory wearing of face masks outdoors: **14 April**
- End of Circuit Breaker, gradual resumption of activities: **June**
- Loosening of travel restrictions and negotiations to create special lanes for visitors coming from identified low-risk countries; mandatory testing upon entry: **beginning August**
- Pilot programme to reopen a limited number of nightlife establishments: **9 December**

Sources: Ministry of Health Singapore, ABVC Risk Assessment Report, WHO

VIET NAM

First confirmed case: 23 January

First confirmed death: 31 July

- Requirement for travellers from China to submit health declaration and undergo 14-day quarantine in government-controlled facilities: **January**
- Compulsory wearing of face masks in public places: **16 March**
- International travel restriction: **22 March**
- Nationwide lockdown: **1 April-23 April**
- Sub-national/localised lockdown: **27 July-14 September**
- Resumption of international commercial flights with select countries; mandatory testing and quarantine of arriving passengers: **September**
- Temporary suspension of all inbound international commercial flights following new local community transmission cases: **2 December**

Sources: ABVC Risk Assessment Report, WHO, World Bank

ASEAN HEALTH SECTOR'S

Collective Response to COVID-19



FERDINAL M. FERNANDO, MD

HEAD, HEALTH DIVISION

ASEAN SOCIO-CULTURAL COMMUNITY DEPARTMENT

The ASEAN Health Sector has been engaged in the prevention, detection, and response to COVID-19 since the first week of January 2020 when information about the cluster of pneumonia cases in Wuhan City was shared with the ASEAN Secretariat.

Figure 1

Region	Country	First Confirmed Case (S)	Latest Report On Confirmed Case(S)	Total Confirmed Cases	New Cases (7-day Rolling Average)	Total Deaths	New Deaths (7-day Rolling Average)	Case Fatality Rate	Reported Case/ 100,000	Reported Test Last 14 Days/ 100,000	RT Mean**
ASEAN REGION	Brunei	10 Mar 20	08-Dec-20	152	-	3	-	1.97	39		
	Cambodia	27 Jan 20	21-Dec-20	363	-	-	-	-	2		
	Indonesia	02 Mar 20	22-Dec-20	678,125	6,347 (6,957)	20,257	172 (164)	2.99	285	265	1.1
	Lao DPR	24 Mar 20	07-Dec-20	41	-	-	-	-	1		
	Malaysia	25 Jan 20	22-Dec-20	97,389	2,062 (1,539)	439	1 (2)	0.45	341	961	1.0
	Myanmar	23 Mar 20	22-Dec-20	117,946	964 (1,040)	2,484	19 (24)	2.11	229	517	0.9
	Philippines	30 Jan 20	22-Dec-20	462,815	1,310 (1,586)	9,021	64 (30)	1.95	501	411	1.1
	Singapore	23 Jan 20	22-Dec-20	58,461	29 (17)	29	-	0.05	1,510	5,082	1.5
	Thailand	13 Jan 20	22-Dec-20	5,716	427 (218)	60	-	1.05	8	25	4.9
	Viet Nam	23 Jan 20	22-Dec-20	1,420	6 (2)	35	-	2.46	2	-	
				1,422,428	11,145	32,328	256				

*The calculated CFR is based on reported deaths and reported case counts, and does not account for recovered cases over time or rate of testing in a particular region

**Rt Transmission Rate: the average number of secondary cases caused by each infectious individual, based on the daily incidence of new cases over the previous seven days

Since then, the ASEAN Health Sector's collective response to COVID-19 was synergised and scaled-up to ensure harmonised regional efforts in sustaining and further enhancing regional health cooperation and efforts in responding to the impact of COVID-19.

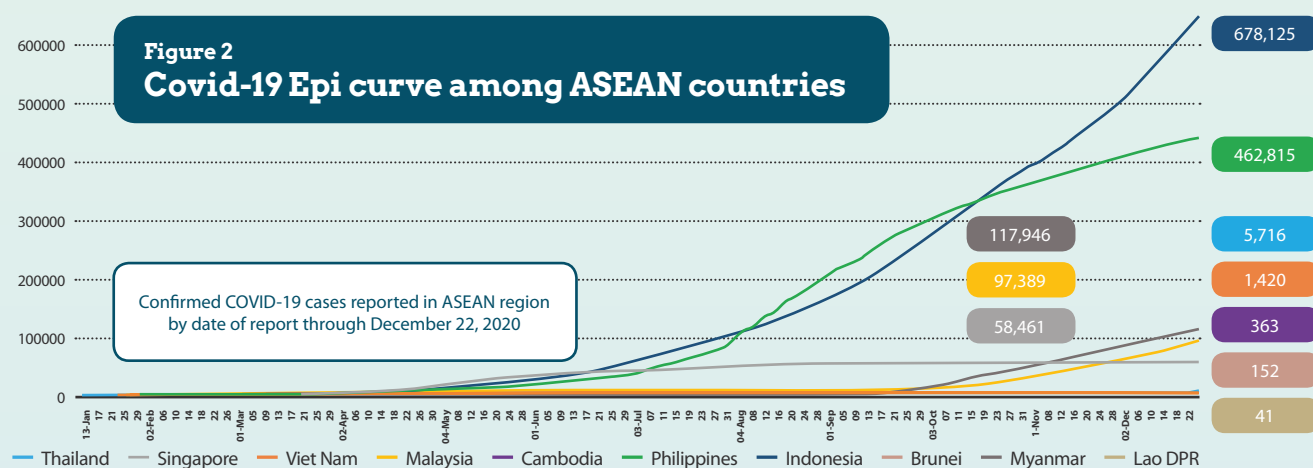
As of 23 December 2020, based on the *Risk Assessment for International Dissemination of COVID-19 to the ASEAN Region* consolidated by the ASEAN Biodiaspora Virtual Centre (ABVC), the ASEAN region has over 1,422,400 confirmed cases of COVID-19 and at least 32,300 deaths. The table above indicates that all ASEAN Member States have reported cases either through local or imported transmission within the month of December.

As of this writing, globally, there are more than 78,400,000 confirmed cases, including more than 1,722,000 deaths, and the case fatality rate (CFR) is 2.20. The ASEAN region's total confirmed cases make up just two per cent of the global figures, the impact of COVID-19

on the region has made its health systems and socio-economic conditions more fragile.

The epidemic curve from the latest risk assessment report indicates that there are a few ASEAN Member States that are still experiencing increased COVID-19 transmission. The majority are reporting slower rates of transmission with a cluster of cases in local communities being reported.

With this development, some Member States are transitioning from lockdown measures to gradually opening up their communities and economic activities while sustaining public health and social measures applicable for local and international movements of population. However, there is still a need to strike a balance between continued efforts to suppress and stop the transmission of the virus, and mitigation of the pandemic's economic and social impacts.



The ASEAN Health Sector, through existing mechanisms and platforms, has sustained the interventions launched since the first week of January 2020 through cooperation within ASEAN and with other external partners. The ASEAN Health Sector continues to have technical updates and information exchanges, sharing of good practices, production of risk assessment reports, and enhanced cooperation and coordination in preparedness, prevention, detection and response among health and non-health stakeholders.

The sustained implementation of these activities is leveraged with the strength of the:

- ASEAN Emergency Operation Centre Network for Public Health Emergencies;
- ASEAN BioDiaspora Virtual Centre which manages the programme for big data analytics and visualization;
- ASEAN Risk Assessment and Risk Communication Centre training on risk communication;
- Existing ASEAN Health Plus one or Plus Three mechanisms of cooperation with Dialogue Partners such as China, Japan, Republic of Korea (ROK);
- ASEAN Plus Three Field Epidemiology Training Network; and
- Regional Public Health Laboratory Network

These platforms enabled ASEAN Health Sector to continue to:

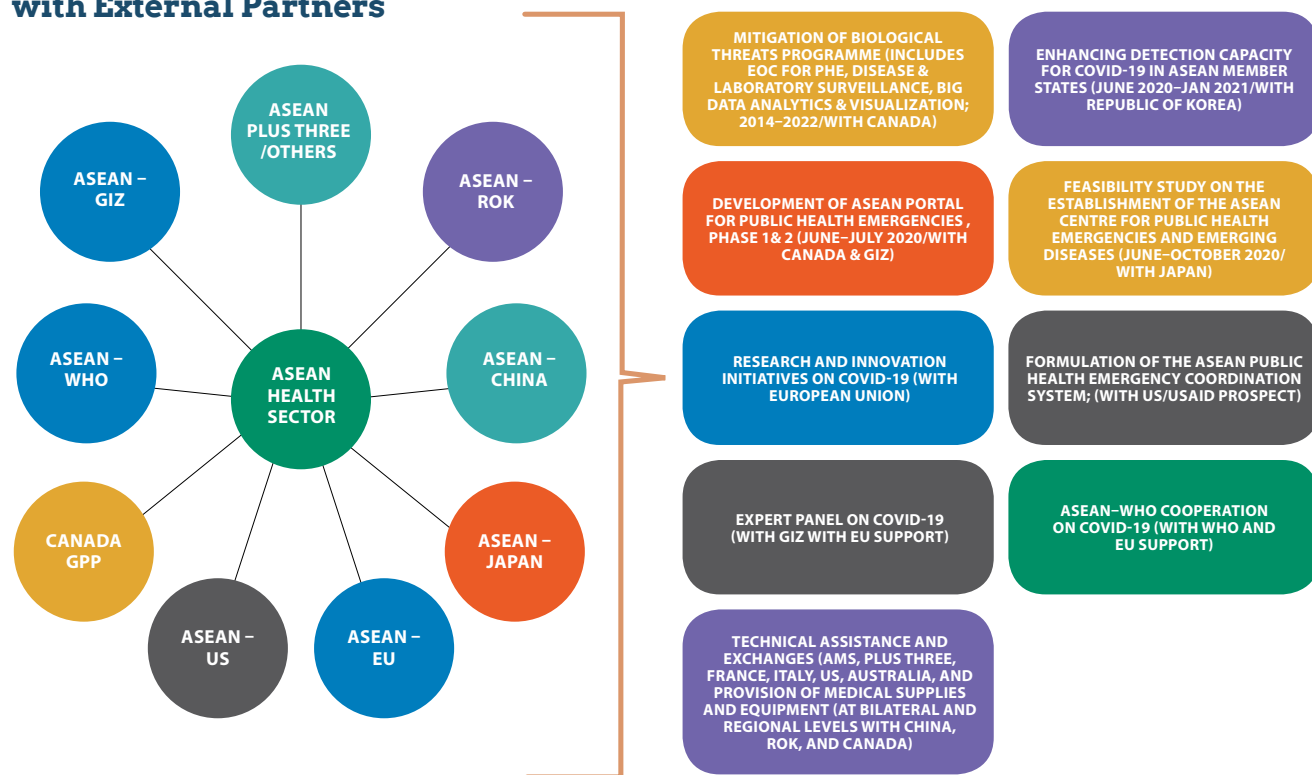
- Share situational updates and response information; technical exchanges; real-time critical information and operational referrals via mobile instant messaging;
- Share preparedness and response strategies, good practices and lessons, as well as operational challenges, gaps and needs, through video conferences and webinars. We have conducted these activities within ASEAN and with Plus Three, Italy, United States, and during the period with health experts from Australia and from France;
- Produce thrice-weekly reports on the Risk Assessment for International Dissemination of COVID-19 ASEAN Region;
- Carry out exchanges on disease surveillance and laboratory readiness and response actions, including risk communications, and technical and material support.

Collaboration and solidarity are critical in this extraordinary, unprecedented global health crisis, and it requires enhanced

cooperation of the international community. The cooperation with Dialogue and Development Partners has been harnessed and enhanced through the ASEAN Health Sector cooperation. These resulted in ongoing and new initiatives that aim to enhance the current response and ensure future preparedness. These initiatives include as follows:

- The *Enhancing the Detection Capacity for COVID-19 in ASEAN Member States with the Republic of Korea*, which was launched in June, has progressed to procurement of kits and equipment, and soon to delivery and conduct of in-country trainings.
- The *Development of an ASEAN Portal for Public Health Emergencies* with Canada has moved forward with the production of a beta website; its further development will be supported through GIZ.
- The *Feasibility Study on the Establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases with Japan* has also advanced substantially through the engagement of experts and resource persons from ASEAN Member States, Japan, Canada, United States and international institutions such as WHO, Asian Development Bank, among others. This feasibility study was concluded in October 2020 with the final report and its recommendations elevated to the ASEAN Summit.
- The *Expert Panel on COVID-19, as supported by GIZ through EU funding*, conducted its first webinar series in December 2020. The next webinars in the series are scheduled in January 2021. The outcome of these webinar series with expert panel members will be the policy briefs for consideration by the ASEAN Health Sector in strengthening response to COVID-19 and moving towards recovery.
- The *ASEAN WHO Cooperation on COVID-19 Response* will likewise be implemented with the support of EU funds to enhance existing mechanisms on public health emergencies and support capacity building of Member States for sustaining COVID-19 response.
- There will also be the continuation of relevant programmes for COVID-19 through the Mitigation of Biological Threats Programme supported by Canada.
- Research and innovation initiatives on COVID-19 with the European Commission have been conducted among relevant research and academic institutions of the ASEAN and EU regions.
- Technical assistance and exchanges, and provision of medical supplies and equipment at bilateral and regional levels with China, ROK, and Canada.

Figure 3
Enhanced Engagement
with External Partners



Noteworthy in our sustained response is the enhanced coordination and cooperation with external partners which have resulted in expanded or new initiatives.

Figure 3 provides a summary of these ongoing cooperation with external partners.

In an effort to address the mounting challenges from this unprecedented crisis, the ASEAN Health Sector has been further engaged with a number of proposed initiatives that emerged in response to different aspects of the pandemic including fortifying the region's security to future public health threats. These initiatives have been proposed by the Health Sector, non-health sectors as well as partners.

For this reason, the senior health officials of the region collectively engaged in synergising and scaling-up COVID-19 responses involving the ASEAN Health Sector. This was done to map existing and proposed initiatives relevant to health; determine and avoid redundancies or duplication of efforts; and synergise initiatives and enhance complementarity of health-related response measures to COVID-19 and future pandemics or outbreaks. They hope that greater cooperation can be realised with ASEAN's partners since there is still the need to:

- Access regular and vital COVID -19 data and information;
- Access to resources for essential medical supplies, including vaccine;
- Develop regional framework for cross sectoral coordination in response and recovery;
- Further align with regional and global movements through the

GAVI COVAX Facility, IHR, SDG, and the ASEAN Health Development Agenda for 2021-2025;

- Closely collaborate and coordinate with ASEAN Sectoral Bodies and Development and Dialogue partners.

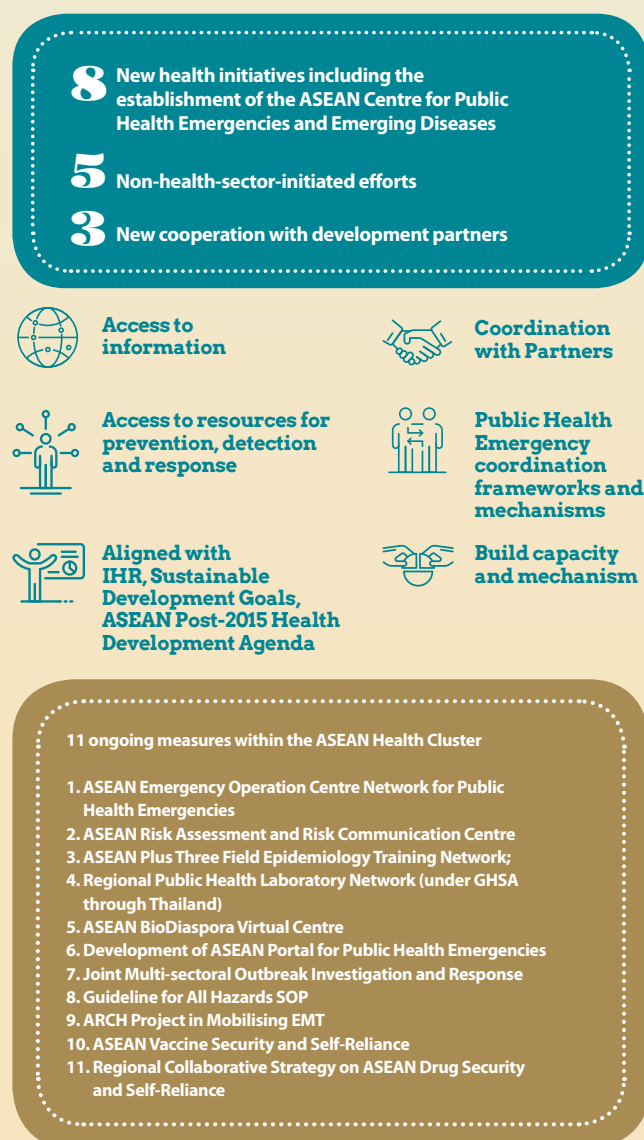
Figure 4 maps out 27 health-related various interventions to address health and health system issues and support the regional prevention, detection and response measures. These include:

- 11 operationalised mechanisms and platforms within the ASEAN Post-2015 Health Development Agenda including the implementation of the *ASEAN Vaccine and Drug Security and Self-reliance*;
- 8 new health initiatives including the *Establishment of ASEAN Centre for Public Health Emergencies and Emerging Diseases*
- 5 non-health sector-initiated regional programmes endorsed initially by the *ASEAN Coordinating Council Working Group on Public Health Emergencies (ACC WG PHE)* that require SOMHD contribution, which include the implementation of the *ASEAN Regional Reserve of Medical Supplies*, *ASEAN Comprehensive Recovery Framework and COVID-19 ASEAN Response Fund*; and, the *ASEAN Strategic Framework on PHE*
- 3 new areas of cooperation with Development Partners to support the ASEAN Health Sector's efforts involving the initiatives on the *ASEAN-WHO Collaboration on Responding to COVID 19* funded by an EU grant; the *ASEAN-GIZ Support COVID-19: Strengthening ASEAN's Capacity on Crisis and Health-Related Communication*, which will support the further enhancement of the ongoing project supported by Canada on the Development of the ASEAN Portal on Public

Health Emergencies; and the conduct of a series of sessions of Expert Panel on COVID-19 Response which will result in the development of relevant policy briefs on selected cross-cutting themes/concerns; and, the first phase of the implementation of the *ASEAN Vaccine Security and Self-Reliance (AVSSR)*, which will focus on the timely and equitable access to affordable and quality-assured COVID-19 vaccine/s under the *AVSSR Regional Strategic and Action Plan for 2021-2025*.

With all of these ongoing and upcoming cooperation, greater engagement with other stakeholders are encouraged to further enhance the whole of society and the whole of government approach to responding to health threats. ■

Figure 4
ASEAN Health Sector COVID-19 Response:
Continue to Synergise and Scale-up



ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED)



FERDINAL M. FERNANDO, MD
HEAD, HEALTH DIVISION
ASEAN SOCIO-CULTURAL COMMUNITY DEPARTMENT

On 12 November 2020, the ASEAN Leaders during the 37th Summit under the Chairmanship of the Socialist Republic of Viet Nam announced the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED).

ACPHEED will serve as a centre of excellence and regional hub to strengthen ASEAN's regional capabilities to prepare for, prevent, detect and respond to public health emergencies and emerging diseases.

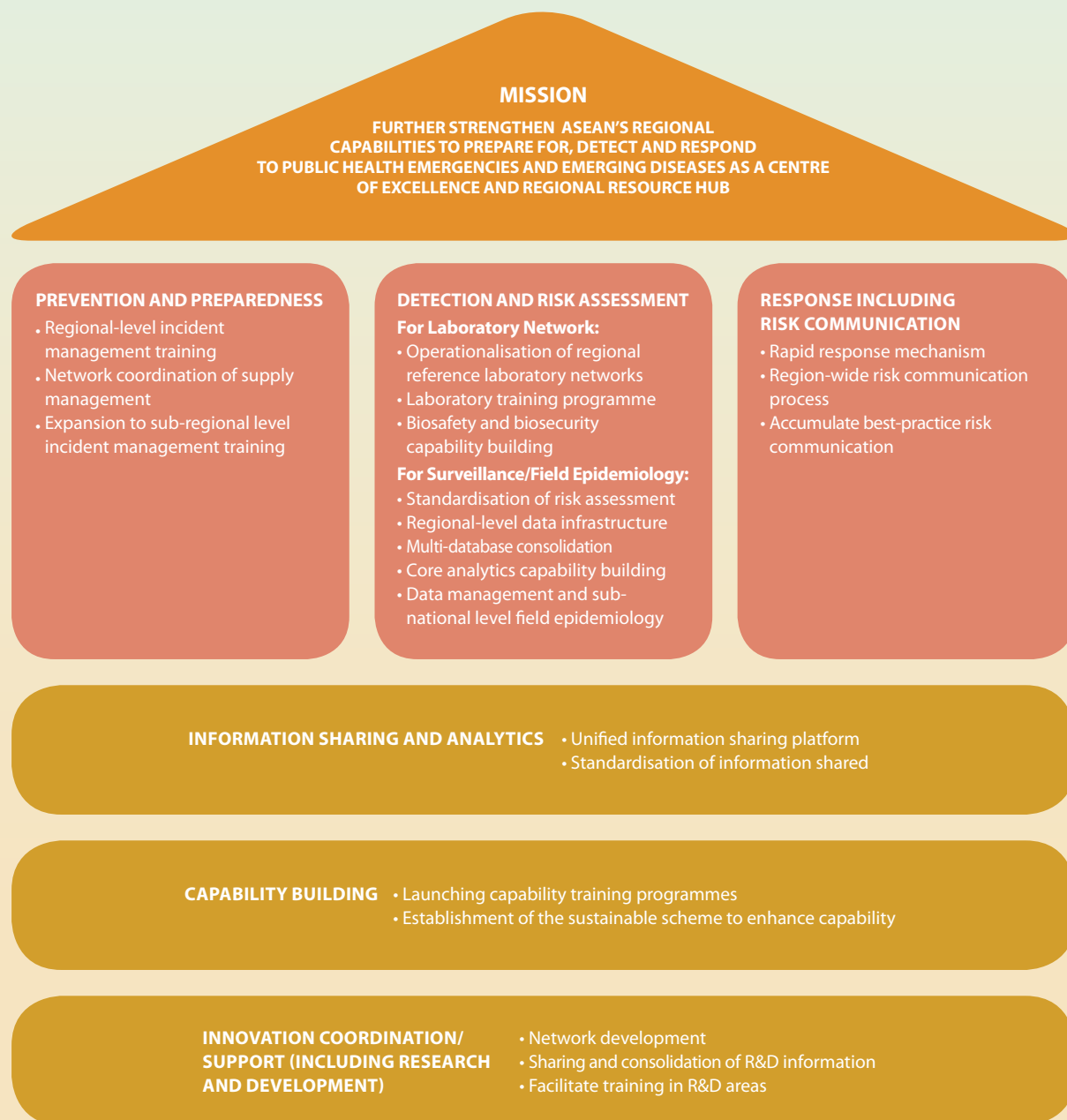
The Chairman's Statement of the 37th ASEAN Summit also emphasised that the ACPHEED will complement the national health sector, national centres for disease control (CDCs), and other regional platforms relevant to ensuring public health and safety.

The proposal to establish the ACPHEED resulted from the Feasibility Study on the Establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases that was supported by the Government of Japan. It was conducted by the implementing agency, McKinsey and Company-Japan, from June to October 2020.

Further support from the Government of Japan amounting to 50 million US dollars will be committed to the operationalisation of ACPHEED in 2021 once a host country among the ASEAN Member States is chosen. Other Dialogue Partners have pledged similar assistance. Australia, for example, announced a commitment of 21 million Australian dollars to support the ACPHEED.

The ACPHEED has undergone numerous consultations among various key experts from Member States; regional and international

Strategic focus pillars and overarching themes



organisations such as Centres for Disease Prevention and Control; WHO regional offices; academia; and other subject matter experts. The Feasibility Study and its results came from an objective consultative process as shown in this multi-stakeholder structure of the Feasibility Study.

Based on the results and recommendations of the final report of the study, the ASEAN Health Sector through the ASEAN Health Ministers endorsed the establishment of the ACPHEED;

noted the final report of the Feasibility Study; the agreed scope of work of the ACPHEED which includes the mission, strategic focus pillars, overarching themes, and priority minimum and intermediate capabilities; and the agreed critical criteria of host country selection. The establishment of the ACPHEED and relevant recommendations have been reported to the ASEAN Leaders as well as Japan's Leader around the time of the 37th ASEAN Summit and its Related Meetings on 11-15 November 2020. ■

Viewpoint:

CHIBA AKIRA

AMBASSADOR, MISSION OF JAPAN TO ASEAN



First of all, I would like to congratulate the ASEAN Secretariat upon the launching of *The ASEAN* magazine. It is my honour to join in this issue with this interview on a most pressing and important subject of healthcare systems.

Can you share with us the strengths of Japan's health system, which enabled your country to effectively manage the COVID-19 pandemic? What lessons can ASEAN and other countries derive from Japan's experiences in providing quality and affordable health care?

Ambassador Chiba: At the initial stage, Japan realised that COVID-19 is a disease that spreads along with a relatively small number of expansive transmission chains.

Thus, viral infections can be controlled by containing or preventing such a chain. Japan adopted two methods called "retrospective tracing" and the avoidance of "Three Cs."

"Retrospective tracing" is a contact tracking technique which, unlike standard methods of tracking the behavior of those infected, identifies the location of clusters and infection sources by identifying patients' behavior and their interactions with people before

infections, then expands it by mapping and cross-referencing.

"Three Cs" stand for closed spaces, crowded places, and close-contact settings. This concept serves as a guideline for avoiding situations with high risks of infection. The cluster-based approach, in particular, the avoidance of "Three Cs" is employed as a core measure to suppress transmissions of the virus while enabling the resumption of social and economic activities. Additionally, it works as a core measure to cope with the low winter temperature and to prevent the rapid increase of re-infections.

At the same time, the active cooperation of Japanese citizens plays a pivotal role in preventing the spread of infections. The Government of Japan calls on citizens



to help reduce the risk of infections by categorising “five cases” to be avoided, namely social gatherings consuming alcohol, lengthy feasts in large groups, conversations without wearing masks, lodging together in a small limited space, and roaming about, as they increase infection risks. Citizen cooperation is so far achieved not through coercive measures but through request and encouragement.

Globally, half of the world’s population still do not have access to basic health services, and the situation is worsening due to the COVID-19 pandemic, which poses a threat to human security. Hence, in order to respond to the global spread of COVID-19, it is crucial to focus on achieving universal health care (UHC) under the premise of “no one is left behind.”

From this perspective, Japan is advancing efforts to promote UHC in Southeast Asia. For example, under the Japan-Thailand Partnership Programme (JTTP), South-South cooperation is vigorously being pursued with Thailand, leading to the establishment of UHC in Thailand earlier

than any other ASEAN country. Under this programme, efforts have been made to share knowledge and experience on the management and administration of Japan’s medical insurance system with ASEAN countries in order to respond to the increase in public expenditure on medical expenses as a challenge in realising UHC. In addition, the “Project for Strengthening the ASEAN Regional Capacity on Disaster Health Management (ARCH Project)” is implemented in Thailand in cooperation with the ASEAN Secretariat and emergency medical institutions in ASEAN countries. This project supports the creation of a mechanism for information-sharing among ASEAN countries in response to COVID-19.

Japan has been a staunch supporter of ASEAN’s initiative to establish the ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED). Why do you think it is important to set this up? And how can Japan support this center?

Ambassador Chiba: The global spread of coronavirus infections proves how

infectious diseases easily sweep across national borders, and it is now clear once again that international cooperation is crucial to respond to such situations.

During the Special ASEAN Plus Three Summit on Coronavirus Disease in April 2020, Japan announced to fully support the establishment of the ASEAN Centre for Public Health Emergency and Emerging Diseases (ACPHEED). A Feasibility Study was carried out in June 2020, followed by the inauguration event held at the 23rd ASEAN-Japan Summit in November 2020. We would like to express our appreciation for ASEAN’s positive acceptance and our respect for the efforts made by all relevant parties in ASEAN Member States.

We understand that the Centre will be responsible for the dissemination and analyses of infectious disease-related data, human resources development, as well as research and development programmes. Through such efforts, ACPHEED will develop as a core centre to tackle infectious diseases and public health emergencies in the region, and will become an institute that contributes to the prevention of future outbreaks of infectious diseases and the preparation of effective responses in public health emergencies.

Japan has contributed approximately 50 million US dollars to the Japan-ASEAN Integration Fund (JAIF), which has become a major tool through which we support ASEAN Outlook on the Indo-Pacific for the establishment of ACPHEED. Based upon the results of the Feasibility Study, Japan will support the construction of the Centre, the maintenance of relevant goods and equipment, as well as human resources development, including experts at the Centre. In addition to the contributions to JAIF, Japan will prepare training and the dispatch of experts through the Japan International Cooperation Agency (JICA). With such efforts, Japan will continue to provide maximum knowledge and expertise, as well as to provide continuous and full support to ACPHEED. ■

Viewpoint:

TEDROS ADHANOM GHEBREYESUS, PHD

DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

Director-General Tedros Adhanom Ghebreyesus shares with *The ASEAN*, WHO's ongoing initiatives to ensure the fair and equitable access of countries to safe vaccines, and continuing cooperation with ASEAN to control COVID-19 and prevent future pandemics. He also discusses securing global health and better emergency preparedness through sweeping institutional changes at WHO and stronger national health systems.

It has been nine months since the WHO declared COVID-19 a public health emergency of international concern. To what extent have initiatives, partnerships, or strategies changed to ensure that WHO remains relevant to the Member States needing guidance and support?

Dr. Ghebreyesus: After I took office in 2017, we embarked on the most extensive transformation in WHO's history, to make the organisation much more focused on delivering measurable impacts and outcomes in countries and supporting the strengthening of community-level health systems. We've already made major changes to the way we work, our structures, business processes, culture, and approach to partnerships.

As part of our transformation, we created a dedicated pillar of work focused on emergency preparedness and response. This has expanded and streamlined our systems for helping keep people safe from emergencies around the world. In addition, we established the independent Global Preparedness Monitoring Board to identify gaps in emergency preparedness globally.

WHO's transformation has made important changes in many other areas. We have created our first department for digital health and innovation to ensure that WHO is on the cutting edge of technology when it comes to health. We appointed the first-ever chief scientist to drive research and development on emerging diseases and established the WHO Academy, which is now training five million medical personnel for emergencies.

The WHO Foundation is a new addition to mobilise additional resources—not a matter of money, but quality money. The foundation will also help ensure independence for WHO



by increasing the potential to receive more flexible sources of funding to support the delivery of health services.

And to build the evidence base for the economic benefits of investing in health, we are establishing a new Council on the Economics of Health for All, which will elucidate the links between health and sustainable, inclusive and innovation-led economic growth.

All this has been done with the aim to strengthen WHO's ability to meet the needs of our Member States in achieving our shared goals of serving the vulnerable, keeping the world safe from emergencies, and promoting health.

What do you think are the core essentials in maintaining a resilient health system?

Dr. Ghebreyesus: Ensuring national health systems are well prepared and resilient all starts by recognising health as a fundamental human right, which means a commitment to health for all. This is achieved through investment in and advancement, of universal health coverage, with primary health care as the strong foundation. I am impressed with the commitment of many ASEAN Members in promoting universal health coverage.

Political commitment for universal health coverage at the highest level is essential for this to succeed, with the support of parliaments to translate that commitment into law, backed by a whole of government approach that addresses the commercial, economic, environmental, and social determinants of health.

Universal health coverage underpins all our work and is our top priority. Ensuring everyone can access quality health services without facing financial hardship is essential for building strong economies and global health security.

Primary health care is fundamental for achieving universal health coverage by delivering the health services people

need, when and where they need them—especially services to promote health and prevent disease.

Strong primary health care services are the eyes and ears of the health system in communities. Primary health care can help detect and respond to an outbreak early, which is vital for stopping it before it becomes widespread.

“Health is a political choice. But it's a choice we see more and more countries making. This must lead to action, especially in investment in systems to prevent disease and promote health, equitably provide services, and prepare societies to prevent and respond to emergencies.”

At last year's United Nations General Assembly, world leaders agreed on a historic way forward for advancing universal health coverage. At the recent G20 summit, heads of major developed nations again demonstrated their commitment to promoting action on health, this time in response to COVID-19 and ensuring equitable access to vaccines.

Health is a political choice. But it's a choice we see more and more countries making. This must lead to action, especially in investment in systems to prevent disease and promote health, equitably provide services, and prepare societies to prevent and respond to emergencies.

From your perspective and given WHO's pool of information about the COVID-19 situation in countries around the world, what would you say are the key elements to a successful response? Why is there an upsurge of COVID-19 cases in countries that seemed to have initially controlled the virus?

Dr. Ghebreyesus: Emergency preparedness has been the critical ingredient for a successful

response to the COVID-19 pandemic. We saw that countries that have experienced large-scale outbreaks in the past, invested in emergency preparedness, strengthened their health systems to cope, and adhered to science-based measures perform better than others.

While we continue to receive encouraging news about COVID-19 vaccines and remain cautiously optimistic about the potential for new tools to start to be available for at-risk people around the world in the coming months, we are extremely concerned by the surge in cases we see in some countries. Particularly in Europe and the Americas, health workers and health systems are being pushed to the breaking point.

In many countries during the first wave of the virus, measures were taken to break transmission chains and reduce cases. However, some countries did not take

the opportunity to strengthen their public health systems enough. Even before widespread transmission beyond China was recorded, WHO advised countries to use the window of opportunity to strengthen their public health capacities, including testing, tracing, and isolating and treating cases, as well as clearly advising their citizens not to lower their guard. Even when countries experience increased numbers of cases, we need to keep strengthening our public health systems and increase public engagement to respond.

But we saw how communities in many parts of the world relaxed and returned too quickly to normalcy after experiencing their first wave. The response to the pandemic is everyone's business. This is a dangerous virus, which can attack every system in the body. Those countries that are letting the virus run unchecked are playing with fire.

As countries take extreme measures to curb the rapid spread of COVID-19, now is the time to invest in the systems that will prevent further waves of the virus.

Can you tell us about the Access to COVID-19 Tools Accelerator (ACT-Accelerator) that was launched by the World Health Organization (WHO) together with partners with the vision of creating a global solution to end the COVID-19 pandemic?

Dr. Ghebreyesus: Since the start of the emergency, WHO has been focused on harnessing scientific knowledge on the virus and how to treat COVID-19. As part of this, from the very beginning, we have been thinking about the end game—the provision of safe vaccines equitably globally, starting with health workers, older people, and other at-risk groups. This is why we launched in April the **Access to COVID-19 Tools (ACT) Accelerator** with the Presidents of France and the European Commission, and the Bill & Melinda Gates Foundation. This historic initiative is today supported by 189 countries, plus the world's leading scientists and health partners. These include the Bill & Melinda Gates Foundation, CEPI, FIND, Gavi, The Global Fund, Unitaid, Wellcome, the WHO, and the World Bank.

The ACT Accelerator is a unique global collaboration that supports the development and equitable distribution of the tests, treatments, and vaccines the world needs to fight COVID-19.

Since April, the ACT Accelerator partnership has supported the fastest, most coordinated, and successful global effort in history to develop tools to fight disease. With significant advances in research and development by academia, the private sector, and government initiatives, the ACT Accelerator is on the cusp of securing a way to end the acute phase of the pandemic.

This historic initiative has created hope for us all, and today we see that 189 countries have signed up for it. The collaboration we had from the start with many leaders encouraged me and made me feel confident of achieving something truly monumental for the health and well-being of the world.

The COVAX facility is one of the pillars of ACT-Accelerator and is led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI), and WHO to accelerate the development and manufacture

of COVID-19 vaccines and to guarantee fair and equitable access for every country in the world. Can you please share:

What are the key principles that underlie COVAX and the mechanisms in place to ensure that all countries have access to quality and safe vaccines?

Dr. Ghebreyesus: COVAX is the world's largest, most diverse portfolio of vaccines with 11 candidates under evaluation, nine in clinical trials. With countries spending trillions to prop up economies, COVAX represents the best possible deal as it will mean a quicker recovery for all and an end to stimulus.

The central principle of COVAX is equity. We must protect, with vaccines, the highest risk populations everywhere, rather than the entire populations of just some countries. Sharing finite supplies strategically and globally is actually in each country's national interest. No one is safe until everyone is safe.

If and when we have an effective COVID-19 vaccine, we must use it effectively. Vaccine nationalism will prolong the pandemic, not shorten it.

From your perspective, how can the robust cooperation between WHO and the ASEAN Health Sector make a difference in the regional and global response to COVID-19 and future outbreaks?

Dr. Ghebreyesus: WHO values highly the close and effective collaboration we enjoy with ASEAN countries on many health fronts, from promoting healthy lifestyles to ensuring food safety, and COVID-19 has been no exception.

I have had the honour of working closely with heads of state and government from the ASEAN region, participating in the

ASEAN Plus Three Special Summit on COVID-19 in April, and the plenary of the 37th ASEAN Summit in November. I have been greatly inspired and informed by their national experiences, and their commitment to working together to secure a shared future.

As a result of the experiences that ASEAN members had, for example, with SARS and avian influenza, these countries have put in place measures and systems that are now helping them to detect and respond to COVID-19. These serve as examples for the rest of the world to follow.

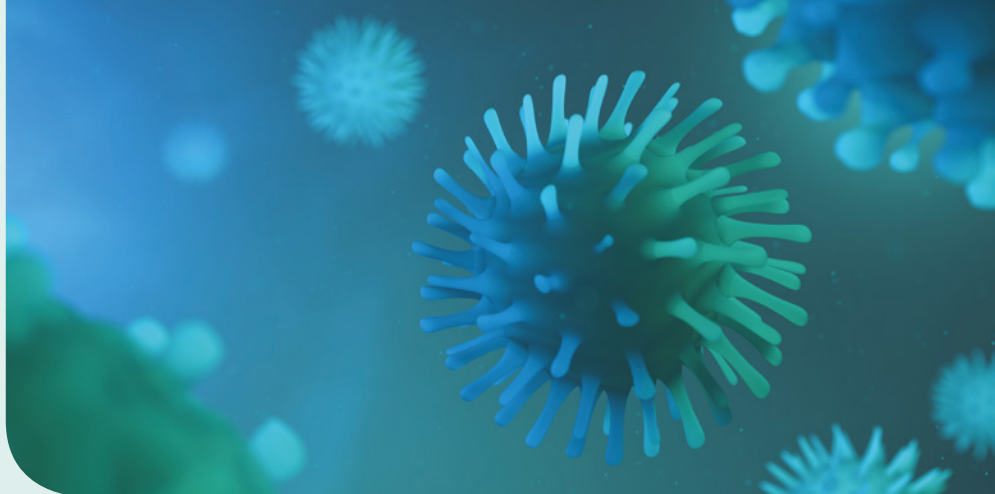
How can ASEAN as a regional entity become more prepared to address future outbreaks or pandemics?

Dr. Ghebreyesus: As a group, ASEAN countries have performed very well in response to the pandemic, and we expect that the lessons they have learned during this crisis will help them even further in their preparations for future events.

All countries of the world must continuously upgrade and strengthen their health and emergency preparedness systems, with the aim to promote and protect the health and well-being of their citizens.

ASEAN members have a long history of doing just this, and I am confident, based on the experiences they have had and the systems and readiness they have built, that they are well placed to respond to the next threat that may emerge.

Key ingredients are needed in this regard—national unity, willingness to support global solidarity, adherence to science, and investing in health systems strengthening. ASEAN members have repeatedly demonstrated their commitment and expertise on these fronts. ■



Viewpoint:

NGOZI OKONJO-IWEALA, PHD

BOARD CHAIR

GAVI, THE VACCINE ALLIANCE

Dr. Ngozi Okonjo-Iweala talks to *The ASEAN* about COVAX, one of three pillars of the Access to COVID-19 Tools (ACT) Accelerator, which focuses on ensuring the equitable distribution of COVID-19 vaccines to both higher-income and lower-income countries. She also shares her insights on the ongoing competition and prospects for cooperation in vaccine development and distribution.

What specific mechanisms are in place to ensure equitable access to the vaccines, particularly in less-developed or developing countries? What factors will determine which countries will get the approved vaccines first?

Dr. Okonjo-Iweala: The Gavi COVAX Advance Market Commitment (AMC) is a unique funding mechanism aimed at providing vaccine doses for 92 lower-income countries. It operates on the principle of equitable distribution, meaning that doses of safe and effective vaccines, once prequalified, are allocated at the same time to all participants, including self-financing economies that also participate in the COVAX initiative.

Regarding lower-income countries, in particular, Gavi is currently fundraising to finance the costs of at least 1 billion COVID-19 vaccine doses through the Gavi COVAX AMC. These fully subsidised donor-funded doses will jumpstart new COVID-19 vaccine introductions in AMC-eligible economies. Whilst mindful of uncertainties on vaccine pricing, resource availability, and manufacturing supply, Gavi aspires to be able to cover 20 per cent of the population of AMC-eligible economies with these donor-funded doses. This roughly translates to health and social care workers, the elderly, and those with underlying health conditions—thereby making a very real impact towards ending the acute phase of the pandemic by the end 2021.





Diversity of vaccine candidates is absolutely essential because we know that no single producer will be able to provide enough doses to vaccinate the entire world, and different vaccines are better-adapted to different circumstances.

Through a cost-sharing approach, countries will have an opportunity to complement and build on the essential foundation built by these early, donor-funded doses if they wish to achieve a higher population coverage.

With over 200 vaccines in development, with a few reporting high success rates in their trials, what are the advantages and disadvantages of the ongoing race in the COVID-19 vaccine development and distribution?

Dr. Okonjo-Iweala: The world has now seen three promising candidates that target product profile for COVID-19 vaccines. The race to develop a vaccine that is safe and efficacious has led to unprecedented innovation. At the same time, diversity of vaccine candidates is absolutely essential because we know

that no single producer will be able to provide enough doses to vaccinate the entire world, and different vaccines are better-adapted to different circumstances.

With accelerated testing and trials, how are scientists addressing possible research on other strains or mutations of the coronavirus?

Dr. Okonjo-Iweala: Newly circulating strains of the virus are very closely monitored to track the evolution of the SARS-CoV-2 virus over time so that we have an early warning system of any emerging viral strains that could impact the effectiveness of medical countermeasures, including vaccines. This includes a task force set up by the Coalition for Epidemic Preparedness Innovations or CEPI which is monitoring emerging viral strains and mutations around the

world and evaluating whether these circulating strains may impact COVID-19 vaccine development.

The pooling of resources and expertise from 189 countries through COVAX and the Access to COVID-19 Tools (ACT) Accelerator is unprecedented. How will this cooperation change the development and distribution of vaccines in the future and improve global preparedness for the next pandemic?

Dr. Okonjo-Iweala: Ultimately, COVAX is about providing equitable global access to COVID-19 vaccines, but it is also more than that: it is a model for international cooperation that shows governments can put aside national interests in the pursuit of a goal greater than any one of them could achieve on their own. We believe that the spirit of COVAX, the lessons we will learn, and the infrastructure and expertise we are building will help us be better prepared to respond to pandemics and other global emergencies in the future. In this respect, we hope that the framework we have now built with the ACT Accelerator will be triggered when the next pandemic appears, rather starting from scratch. It is vitally important that we build resilience to future pandemics. ■

National Vaccine Security and Self-Reliance on the Pandemic Influenza Preparedness in Thailand (PIP Action Plan)



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Thailand has suffered severe economic losses and social disturbance due to the global outbreak of diseases or pandemics. In January 2004, the highly pathogenic avian influenza (HPAI) virus of the H5N1 subtype was first confirmed in poultry and humans in Thailand.

In the following year, when the epidemic was ongoing, more than 62 million birds were either killed by HPAI viruses or culled. H5N1 virus from poultry caused 17 human cases and 12 deaths in Thailand, while a number of domestic cats, captive tigers, and leopards also died of the H5N1 virus (Thanawat Tiensin, 2005). At the global level, the World Health Organization (WHO) reported that there were at least 224 human cases with 127 deaths within 10 countries, i.e., Viet Nam, Thailand, Cambodia, Indonesia, China, Turkey, Iraq, Azerbaijan, Egypt, and Djibouti (Prasonk Witayathawornwong, 2006).

In response to the H5N1 pandemic, the WHO established a Global Action Plan for Influenza Vaccines in 2006 to strengthen global pandemic preparedness by increasing access to influenza vaccines through three different mechanisms, namely, i) to increase seasonal influenza vaccine usage, ii) to increase influenza vaccine production capacity, and iii) to support for research and development of influenza/avian influenza vaccines. The WHO intended to support the transfer of influenza vaccine development technology to countries that were willing to work with the WHO to assess the country's readiness and sustainability of pandemic response. Those countries were Indonesia, Mexico, South Africa, Vietnam, Brazil, Morocco, and Thailand.

Thailand then moved on to collaborate with the WHO and other partners to both the country's pandemic preparedness and self-reliance at the same time. In 2005, the

Thai government had already formed a multi-ministerial, multi-sectoral committee to guide the comprehensive national Avian Influenza response based upon the "One Health" approach, which considers an integrative view of human, animal, and environmental aspects of health. The committee is composed of, to name a few, the Ministry of Public Health (MOPH), Ministry of Agriculture and Cooperatives, Ministry of Interior, and Ministry of Foreign Affairs, private and trade sector, etc. A national strategic plan to prepare, prevent, and respond to influenza pandemic was first launched in 2005 by the committee and has been consecutively developed through the years into the current Thailand's National Strategic Plan for Emerging Infectious Disease (2017-2021). Collaboration with the WHO and other relevant development partners has been included in all Thailand's national strategic plans.

In 2007, the cabinet approved a project to establish an industrial-level influenza/avian influenza vaccine factory in accordance with the WHO standards (WHO-GMP), and assigned the Government Pharmaceutical Organization (GPO) to be in charge. Unfortunately, the project then suffered a long delay due to the political and administration turbulence in Thailand. However, in 2017 after the long postponement, the project was revived by the Minister of Public Health, leading to the completion of factory construction and installation of plant machinery. The project would produce a seasonal influenza vaccine

for regular use and improve the factory's potential to be prepared by 2020 to produce Pandemic Influenza vaccines in response to the next influenza pandemic. Therefore, access to and self-sufficient, sustainable supply of seasonal influenza vaccine for the country would be ensured. At present the imported seasonal influenza vaccines could cover only one-third of the total target groups, estimated at 3.1-3.5 million people.

We could say that this project, aiming for an industrial-level influenza/avian influenza vaccine factory, is just an example among many other sustainable solutions to our need to strengthen the preparedness, prevention, and response to influenza pandemics in the country.

Finally, in a broader national context, the National Vaccine Institute, Thailand, under the guidance of the National Vaccine Committee, works together with units under the MOPH such as the Department of Disease Control, the Department of Medical Sciences, the Food and Drug Administration, as well as other concerned public organisations such as the National Health Security Office and the GPO, in the regular assessments of the country's readiness and sustainability of pandemic response. As mentioned earlier, the *Pandemic Influenza Preparedness (PIP)' Plans for Thailand* have been prepared and developed by multi-stakeholders in the country. Development of such plans always has a few guiding principles, namely, the "One Health" integrative concept, the emerging infectious diseases dynamic potentials, and the health system approach, which includes service delivery, human resources, pharmaceutical products, vaccine and technology, information, financing, leadership, and governance. The vaccine key value chain and essential vaccine-preventable diseases in normal times and emergencies are reviewed continuously and taken into consideration in such PIP plan development to best address the pandemic preparedness and effective response of our country. ■











ASEAN VACCINE BASELINE SURVEY

KEY FINDINGS

The ASEAN Vaccine Baseline Survey (AVBS) was conducted by the National Vaccine Institute, Thailand (NVI) as part of Thailand's commitment to ASEAN as the assigned lead country and focal point for the ASEAN Vaccine Security and Self-Reliance

(AVSSR). The survey describes "the most current capacity, gap and/or challenges in relation to the whole vaccine value chain, i.e. research and development, production, regulation and immunisation, at regional and country levels within ASEAN."

Type of Vaccines Currently In Use and in the Pipeline for National Immunisation Programme Introduction by Member State

Types of Routine Expanded Programme on Immunisation (EPI) Vaccines	 Brunei Darussalam	 Cambodia	 Indonesia	 Lao DPR	 Malaysia	 Myanmar	 Philippines	 Singapore	 Thailand	 Viet Nam
WHO recommendations for all immunisation programmes										
BCG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hepatitis B	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Polio (OPV/IPV)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
DTP containing vaccine	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Haemophilus influenzae type B	✓	✓	✓	✓	✓	✓	✓	✓	a	✓
Pneumococcal (conjugate)	•	✓	✓b	✓		✓	✓	✓		
Rotavirus									✓b	a
Measles	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rubella	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Human Papilloma Virus (HPV)	✓	✓b	✓b	✓	✓		✓		✓	✓
WHO recommendations for certain regions										
Japanese encephalitis		✓	✓b	✓	✓b	✓			✓	✓
WHO recommendations for some high-risk populations										
Typhoid					✓					✓
Cholera					✓					✓
Meningococcal					✓					
Dengue			a				✓			
WHO recommendations for immunisation programmes with certain characteristics										
Mumps	✓				✓		✓	✓	✓	
Seasonal influenza (inactivated tri- and quadrivalent)									✓	

a: Demonstration project is underway

b: National Immunisation Programme is planned



Challenges and Gaps

A. Vaccine research and development

1. Insufficient qualified staff, skilled personnel, experts and bioinformaticians for vaccine development
2. Budget constraints
3. Lack of essential facilities, machineries, equipment, etc. for vaccine development
4. Lack of know-how for vaccine development
5. Lack of clear political policy and commitment to support vaccine research and development

B. Vaccine production

1. Lack of infrastructure or facilities for manufacturing of potential vaccines
2. Lack of qualified staff, skilled personnel and experts for vaccine production
3. Need to improve vaccine quality to meet high international standards i.e. WHO-PQ for exportation
4. High competitive market between vaccine produced locally and imported vaccines from multifunctional companies
5. Lack of promotion in usage of vaccine produced domestically in the NIP/EPI
6. Lack of clear political policy in support of vaccine production for national security and self-reliance
7. Lack of firm support on vaccine production from the government
8. Survival of local vaccine manufacturers under limited budget allocation from the government
9. High turn-over rate of qualified staff and appropriate measurements for retention

C. National immunisation programmes

1. Reliance on supplies from international manufacturers; hence the high price of vaccines (cost per dose), uncontrolled logistics and timeline
2. In the process of an accelerated transitioning phase to graduate from Gavi support to full self-financing on vaccine procurement
3. Vaccine refusal at selected areas and countering vaccine-hesitant groups (negative campaign, religion issues)
4. Limited budget for vaccine purchasing needed for timely fund disbursement and clearance process
5. Cold chain control during transportation and storage, including infrastructure for expanded new cold chain equipments

6. Shortage of essential vaccines at national, regional, and global levels
7. Discrepancy of immunisation coverage rate and how to maintain a high coverage rate of immunisation
9. Data quality related to high drop-out rate
10. Discrepancy of vaccination schedule between public and private health sectors
11. Different geographical areas cause of difficulty to access vaccination services
12. Complexity of mechanisms for new vaccine introduction which leads to delayed introduction of essential vaccines in the EPI
13. High turn-over rate of qualified staff and need for continuing capacity building



Download the Report of the ASEAN Vaccine Baseline Survey: Current Situation and Gap Analysis from:

https://asean.org/storage/2017/02/AVBS_Final_23082019.pdf



REGIONAL COLLABORATIVE STRATEGY FOR ASEAN DRUG SECURITY AND SELF-RELIANCE



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Access to Life-saving Medicines

Countries in the ASEAN region persistently face crucial challenges to ensure continuous access to medicines for the population. These include disruptions in the availability of some essential medicines, including those needed to treat infectious diseases. These medicines are often claimed to be “non-commercially viable”; hence, they are not manufactured and made available to the public readily. When there is a disrupted supply of these essential medicines, ASEAN Member States will have to look for alternative sources. When this happens, states are compelled to pay higher prices and risk purchasing products of low quality.

The cost of life-saving medicines and orphan drugs can be extraordinarily high because they are so rare and unprofitable that manufacturing them would need government assistance. The prices vary widely among Member States due to the limited supply. The same could be said about new life-saving patented medicines, such as targeted cancer therapies that most health systems in ASEAN can ill-afford.

Fundamentally, ensuring access to essential medicines is a key objective of all health systems and an integral component of improving universal health coverage (UHC). Despite global and national efforts to improve access and affordability of medicines, millions of people, particularly those from low- and middle-income countries, remain without full access to quality, safe, and efficacious medicines at affordable prices.

In the past decade, several emerging infectious diseases were reported in the ASEAN region, such as avian influenza A H5N1, influenza A H1N1 (2009), severe acute respiratory syndrome (SARS), Nipah virus, leptospirosis, among others. During a public health emergency or pandemic, the sudden spike in demand for medicines such as antivirals could cause drug shortages in the region. Member States also face significant challenges in determining drug supplies and developing strategies to build an emergency drug stockpile effectively (R.J.Coker, et. al, Emerging Infectious Diseases in Southeast Asia: Regional Challenges to Control, Lancet, 2011).

ASEAN's Vision to Ensure Drug Security and Self-reliance

In line with the Sustainable Development Goals (SDGs), the ASEAN Post-2015 Health Development Agenda was initiated to achieve a healthy, caring, and sustainable ASEAN community through four health clusters. The health clusters highlight different health priority issues: promoting healthy lifestyles, responding to hazards and emerging threats, strengthening health systems, and access to care and ensuring food safety.

The ASEAN Health Cluster III (AHC3) Work Programme for 2016-2020 on Strengthening Health Systems and Access to Care focuses on strengthening the regional capabilities, capacities, and advocacy in health system development to increase access to safe, affordable, quality, and holistic health care. Under the work plan, the **ASEAN Drug Security and Self-Reliance (ADSSR)**

project was proposed, and Malaysia was given the mandate as the lead country and focal point for the project. The overall objective of the ADSSR is for all Member States to work together and improve access to medicines by enhancing drug security and self-reliance in the region. The scope of the ADSSR includes all medicines for therapeutic use, including essential drugs, orphan drugs, antidotes, high-cost medicines, biological products, and medicines for emerging infectious diseases, pandemics, and neglected tropical diseases (ASEAN Health Cluster 3 Work Programme). A similar effort to ensure vaccine security in the region, known as ASEAN Vaccine Security and Self-Reliance (AVSSR), was assigned to Thailand as the lead country.

From 2018 to 2020, four key activities were conducted: the preparation of the concept note, conduct of the Baseline Pharmaceutical Situational Analysis Survey, supplementary information search, and focus group discussion among the Member State-representatives. The survey and supplementary information search were carried out as situational analysis to examine the laws, regulations, and policies pertaining to production, regulatory, distribution, procurement, pricing, medicines use practices, and the gaps and challenges in the 10 Member States. In November 2019, the Technical Meeting on Regional Collaborative Strategy for the ADSSR was held in Putrajaya, Malaysia to examine the feasibility of regional collaboration and to develop the collaborative strategies for the project. The technical meeting produced the proposed framework and draft action plans for the regional collaborative strategy.

The proposed theoretical framework comprises four domains and five strategies. The domains are: (i) research and development (R&D) and manufacturing, (ii) medicine registration and other regulatory issues, (iii) supply and distribution of medicines, and (iv) medicine procurement and pricing.

Domain 1 addresses the growing demand in ASEAN's pharmaceutical markets.



It establishes regional collaboration among Member States in manufacturing and research and development. A good communication platform among the Member States is needed to share updates and promote the development of novel drugs especially for tropical diseases and non-commercially available medicines. This strategy is important to make ASEAN self-sufficient in drug manufacturing to fulfil the region's own needs and demands.

Under domain 2, regional collaboration in strengthening regulatory pathways is highlighted. The alignment of regulatory pathways in all Member States is crucial to expedite the marketing authorisation approval without compromising the quality, safety and efficacy of medicines during a public health emergency. This will ensure the availability of medications during public health emergencies. The initiatives in this domain are crucial in support of the ASEAN Public Health Emergency Operation Centre.

The key strategy in the third domain of the ADSSR is to ensure the uninterrupted and timely supply of medicines. Enhancing collaboration among the Member States and strengthening the procurement capability are needed to ensure that medicines are available and in continuous supply in both normal times and emergencies.

The fourth domain lays out strategies to encourage price transparency among the Member States and to strengthen

procurement management and accountability. Price information sharing is believed to be able to improve Member States' negotiating power to ensure more affordable medicine prices for the country. Under this domain, the feasibility of different levels of medicines pooled procurement will also be explored.

Across all domains and strategies, effective cross-country communication is most critical, therefore sophisticated data exchange among the Member States will be instituted in the ADSSR action plans.

Overall, the regional collaborative strategy for ADSSR aims to improve drug security and self-reliance within the region, as well as to complement relevant pharmaceutical systems in Member States. As most Member States share similar issues with the access to non-commercially viable medicines, orphan medicines and expensive patented medicines, they are willing to participate in regional collaborations. They expect more competitive medicine pricing and the improved availability of more medicines in their countries.

Several countries have also expressed interest in collaboratively developing a regional pooled procurement mechanism. With economies of scale, pooled procurement may improve the affordability of drug prices significantly. The main rationale for pooled procurement is to increase the availability of affordable, quality essential pharmaceutical products

in the market and the most desirable outcome is "value for money." Although the idea of regional pooled procurement is still at its embryonic stage, the proposed regional collaborative strategies will lay down some important ground works towards it. For example, regulatory harmonisation, sharing of supplier information, and medicine price sharing are essential foundations to build pooled procurement in the region. Further engagements among all Member States to find common grounds and pursue political commitment are necessary to establish a feasible model of cooperation.

The baseline analysis identified many challenges faced by the Member States in the production, regulation, supply and distribution, procurement, and pricing of pharmaceuticals. The ADSSR framework draws out some feasible mechanisms to improve ASEAN's self-reliance to ensure the availability of important medicines. As some ASEAN countries are pharmaceutical manufacturers and others are buyers, this creates the opportunities for collaboration in grouped-production or group-purchasing of non-commercially viable products from and for the ASEAN region, rather than sourcing from the other regions. It is also hoped that with ASEAN's improved capacity in the production and procurement of medicines and active pharmaceutical ingredients (API), the region can be self-sufficient, rather than continually relying on and sourcing from the other regions.

To date, the regional collaborative strategy for ADSSR is still undergoing a consultation process. Once the regional collaborative strategy framework is endorsed, the lead country or institution for each initiative or project under the strategy, the expected outputs, and indicators, timelines, and resource needs will be further deliberated.

This initiative is still at its beginning stage. Malaysia, as the lead country, wishes to call for the continuous commitment from all Member States to address all the challenges towards achieving the objective of ADSSR. It is with great hope that the proposed strategies could help the ASEAN nations improve access to medicines and achieve better health outcomes for the population. ■

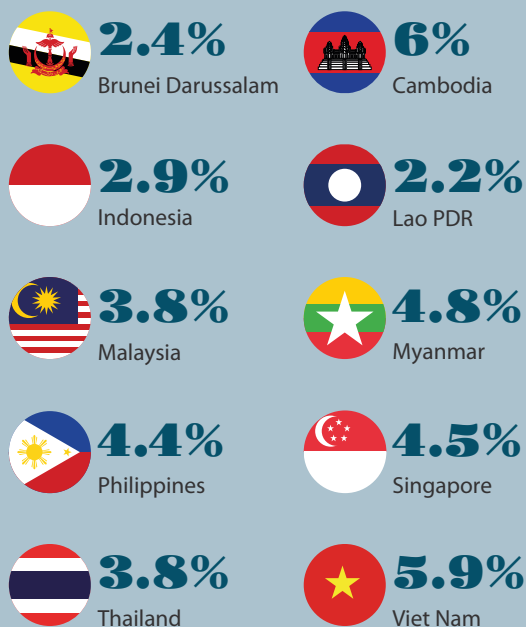
Regional Health Chart

National Health Systems

In ASEAN



**Current Health Expenditure
as a Percentage of GDP**
as of 2018



Source: WHO Global Health Expenditure Database



**UHC Index of Essential
Service Coverage**
as of 2017



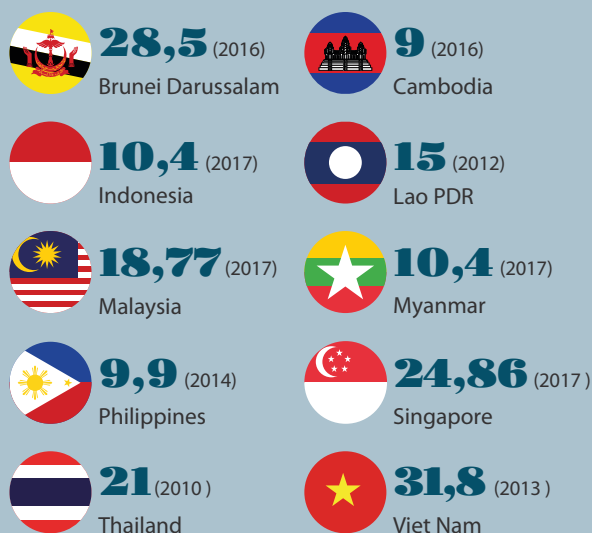
Note: The index combines 14 indicators in four broad categories of health services that must be part of universal health coverage: reproductive, maternal, newborn and child health; infectious diseases; non-communicable diseases; and service capacity and access. A higher index value means better service coverage. The index was developed to monitor SDG 3.8.1.

Source: WHO Global Health Observatory



Hospital Beds per 10,000 Population

Latest Year Available



Source: WHO Global Health Observatory,
UN Data

Medical Doctors per 10,000 Population

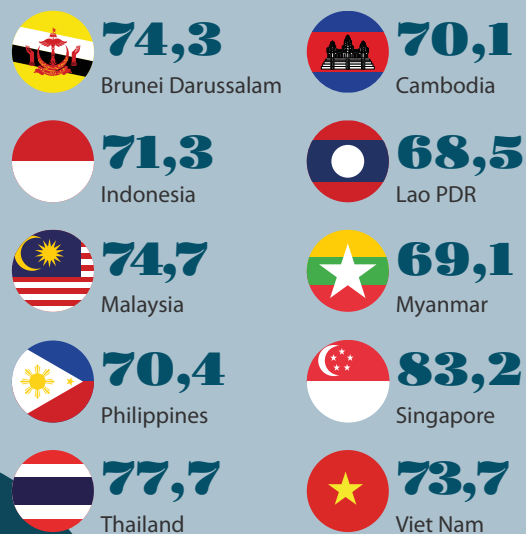
Latest Year Available



Source: WHO Global Health Observatory,
Singapore Department of Statistics, Brunei Ministry of Health

Life Expectancy at Birth (Years)

as of 2019



Source: WHO Global Health Observatory



Viewpoint:

UNIVERSAL AND GENDER-RESPONSIVE HEALTH CARE: LESSONS FROM CANADA

DIEDRAH KELLY

AMBASSADOR, MISSION OF CANADA TO ASEAN

It is with great pleasure that I welcome the opportunity to contribute insights from a Canadian perspective. This COVID-19 Special Issue on “Strengthening Health Systems in ASEAN” is timely to reflect on the challenges posed during this unrelenting global pandemic.



As our partners are aware, Canada continues to be a strong and vocal advocate at home and around the world for gender equality, the empowerment of women and girls, and the realisation of their human rights. Despite global progress, gender inequalities persist in all sectors of social and political life, in all countries, including in Canada and here in the ASEAN region.

Apart from its devastating economic impact, the pandemic has widened the gender and economic inequality in the world. Women across the ASEAN region have been disproportionately affected due to their overrepresentation in sectors hardest hit by the pandemic—manufacturing, textiles and garments, care services, hospitality, and tourism. Globally, women make up to 70 per cent of the health and social care workforce. Economic necessity forces many to continue working, despite the risk of infection for them and their families. The economic fallout and the health risk for women will intensify the gap, and without gender-responsive policies in place, the crisis can have regressive impacts and derail hard-won gains in gender equality and other inclusionary efforts.

The surge in COVID-19 cases is straining even the most advanced and best-resourced health systems. With resources diverted to fighting the pandemic and the cancellation of other essential health services, many women were left without adequate maternal and sexual and reproductive health services and rights. Despite the pandemic's strain on health systems, governments must ensure that essential health services continue with initiatives integrating gender mainstreaming to safeguard gender equality in its policies and programming to protect the sexual and reproductive health and rights of women and girls and their newborns.



Current health systems approaches do not adequately address the impact of COVID-19 on certain groups who are most severely impacted by the pandemic—in particular women. In Canada, while responding to COVID-19, the first focus was on descriptive statistics (number of cases), but there was no analysis on who was affected most. This kind of research should be done sooner to help design interventions. Initiatives to assess gender impacts and differential impacts on the poor and marginalised are also needed in other countries to share with decision-makers so that interventions are targeted and not too diluted.

Strengthening health information systems to improve sex-disaggregated data, and data disaggregated by other factors are extremely important to inform appropriate interventions. Closing the gender data and information gap requires: 1) collection of real-time COVID-19 data on incidence, hospitalisation, testing, and mortality; 2) greater support to national statistical systems, strengthening of gender data collection, and integration of a gender perspective in all statistical operations; and 3) investments in dissemination and use of gender data.

Improving access to gender-responsive health services for all women and all gender orientation requires initiatives that decentralise

“
Current health systems approaches do not adequately address the impact of COVID-19 on certain groups who are most severely impacted by the pandemic—in particular women.

health systems by strengthening the role of primary health care services to reach vulnerable groups and provide gender-responsive services, including ensuring that concerns, needs, and priorities of the poor and the marginalised are included in the service provision.

But, there is also the question of preventing, detecting, and responding to health threats. Canada's Weapons Threat Reduction Program (WTRP) deeply values its impactful collaboration with the ASEAN Health Sector through the **Mitigation of Biological Threats (MBT) Program**. This collaboration has meaningfully enhanced the capacity of ASEAN partners to prevent, detect, and respond to all manner of biological threats, whether natural, accidental, or deliberate in origin. Canada is particularly pleased that the capacity built has supported

the ASEAN response to the COVID-19 pandemic, including the ASEAN Emergency Operations Center Network (led by Malaysia) and the ASEAN BioDiaspora Virtual Centre (led by the Philippines, with support from Singapore). We are committed to furthering these successful partnerships and working with ASEAN to engage other partner nations and organisations with a shared commitment to strengthening health security. We see an opportunity to better engage with other members of the G7-led Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP), in close cooperation with the Philippines (the only ASEAN member of the GP). Similarly, the new ASEAN Centre for Public Health Emergencies, if properly structured, has the potential to serve as an important base for projects supported by Canada and other donors.



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The COVID-19 pandemic has shown Canada’s UHC strengths and weaknesses. Cost is not a barrier to accessing medically necessary hospital and physician services.”

Access to health care underpins the ability to respond. Universal and publicly funded health care is a core Canadian value. By ensuring reasonable access to health care services, Universal Health Coverage (UHC) enables a healthy and productive labour force, and inclusive and sustainable economic growth. Ensuring all people have access to health care services can help reduce the impact of inequities, including those based on gender, race, and disability status. Canada’s health-care system is designed to ensure that all eligible residents have reasonable access to medically necessary hospital and physician services on a prepaid basis, without charges related to the provision of insured health services.

In terms of lessons learned from Canada’s health system, we can underline a couple of key points. The system offers a competitive advantage for Canada in a competitive world. It is a driver of a more inclusive and productive economy, as businesses are not burdened with financing health insurance premiums for their employees. It enables employees to change jobs and move between regions without fear of losing their health care

coverage. Also, the system is flexible: while provinces and territories manage health care services tailored to the needs of the residents of each jurisdiction, the federal government ensures national standards for hospital and physician services are maintained through the *Canada Health Act*.

The COVID-19 pandemic has shown Canada’s UHC strengths and weaknesses. Cost is not a barrier to accessing medically necessary hospital and physician services. COVID-19 testing and virtual care services are available free of charge. Inequities have been reduced (e.g. testing is available for everybody, and there is a commitment that vaccines will be free for all). Provincial/territorial management of the health care system means that centralised management and reporting systems were already in place to deal with the pandemic, e.g. testing, tracking, and contact tracing of cases, supply and distribution of personal protective equipment, and supply of hospital intensive care resources.

However, COVID-19 exposed long-term care as a clear vulnerability in Canada—early data show two out of three deaths

from COVID-19 in Canada occurred in long-term care facilities, and the rate of death from COVID-19 among long-term care residents is higher than in many countries. These tragedies may be due, in part, to long-term care not being fully embedded in UHC in Canada and not benefitting from the same attention as other areas of health care, such as hospital safety and governance.

One fact is clear: to respond effectively to a global pandemic there needs to be a collective effort. The COVID-19 pandemic has underscored the need to reinforce and deliver on joint commitments by the international community to strengthen health-security systems and reinforce prevention, preparedness, detection, and response capabilities worldwide. The UN Secretary-General has flagged that the pandemic may increase bioterrorism and other international security threats. Canada is committed to working with partner countries and organizations to deliver concrete and impactful programming to mitigate all manner of biological threats, including in the ASEAN region.

One key lesson from the pandemic is that international security partners (e.g., Canada’s WTRP) have the ability to move quickly and decisively to deliver assistance during a crisis, which underscores the importance of further strengthening collaboration at the health-security interface. In addition, it will be important to encourage traditional partners to apply creative and innovative solutions for a range of pressing challenges, including real-time disease surveillance (using big data analytics, machine learning, and artificial intelligence, such as that offered by the BioDiaspora Virtual Centre) and the development of new types of sustainable biological laboratories and equipment. The pandemic has revealed the fragility of supply chains and the vulnerability that comes with concentrating critical industries in a few countries (whether vaccine production or PPE manufacturing)—key issues that will need to be considered if the international community is to be better prepared to prevent, detect, and respond to the next pandemic. ■

Strengthening Health Systems in ASEAN

Through Digital Technologies





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Healthcare is a significant cornerstone of every political system in the world. This is even more so in the post-pandemic world, where tectonic shifts in the way medicine is transacted have altered the dynamics between healthcare providers and patients.

The pandemic has exposed opportunities for the quality of healthcare delivery to be improved dramatically, propelled by digital innovations such as artificial intelligence (AI) and automation, and the acceptance of new modes of healthcare delivery.

Due to movement and travel restrictions during the pandemic, telemedicine has become the primary means through which people gain access to outpatient healthcare services. With the increasing penetration of smartphones to rural communities, isolated communities now have more teleconsultation services made available to them. This is only possible because of the increased demand for such services, which resulted in a corresponding improvement in the quality of such services and an increase in the number of such providers.

Teleconsultations open yet another avenue to automate healthcare delivery through the use of apps and chatbots. Mobile apps can provide services to users, much like online merchants but for healthcare services such as teleconsultations, medication refills, and health products delivery.

Apps also offer a portal through which future AI services such as teledermatology and teleophthalmology can be delivered. These novel technologies may completely disrupt the way high demand specialist screening services such as diabetic eye screening is delivered, reducing the long wait-time and high costs associated with them.

Some apps now offer preventative health services with attractive incentives to encourage users to adopt a healthier lifestyle. Through a combination of gamification and rewards, these apps encourage lifestyle modifications

to prevent the onset of chronic diseases, which is a major burden in both developing and developed countries. The same strategy is also employed to help patients who have been discharged from the hospital to manage their health at home, in the hope of bringing healthcare from the hospital to the community.

Given the accessibility to these digital applications, there are now as many as 325,000 health-related apps in the various app stores. This presents a dilemma to the consumer, as the reliability and ease of use of these apps are highly variable. Furthermore, these apps are not typically integrated with public healthcare systems due to high barriers of entry, internet separation, and complex health financing models. Healthcare apps would likely go through a period of consolidation before an integrated app that addresses these issues would emerge as the dominant solution.

A special class of mobile apps, termed chatbots, is set to transform healthcare delivery using familiar messaging interfaces. Present chatbots have limited functionality and are largely Q&A bots that are subsidiary to current websites or apps. However, as this technology matures,

more services or “skills” may be made available to users. For example, chatbots with AI conversational capabilities may replace most call centres and other service functions such as payments.

The messaging nature of chatbots is a familiar interface, given the popularity of messaging apps, and this facilitates access to multiple services without the need to navigate through menus. A well-designed AI conversational engine in a chatbot would allow healthcare institutions to scale-up their scope of services beyond institutional services to wellness coaching, patient education, and even patient counselling.

This level of service provision and integration requires healthcare institutions to invest in scalable IT architecture. For healthcare systems that have yet to migrate to electronic health record systems or are in the initial stages of doing so, it is vitally important to consider hosting such services on a hybrid cloud architecture. This would allow for both rapid scalability and cutting edge capabilities at the lowest possible cost.

The decision to adopt cloud-based infrastructure is a *revolutionary* step, especially for some countries in Southeast Asia, where the digital infrastructure is more developed than healthcare IT systems. It presents a once-in-a-lifetime opportunity to leapfrog from expensive incremental generations of technology by leveraging on ubiquitous cloud technologies that many can access. As an illustration of such a technological leap, Mongolia never built extensive

“The pandemic has exposed opportunities for the quality of healthcare delivery to be improved dramatically, propelled by digital innovations such as artificial intelligence (AI) and automation, and the acceptance of new modes of healthcare delivery.”



In the post-pandemic world, consumers would demand digital healthcare services that are more accessible, of better quality, and at a lower cost.

telephone landlines throughout its vast territory because they installed cell phone towers instead, which instantly provided widespread coverage to its largely nomadic population.

Similarly, when ASEAN countries contemplate improving their healthcare IT systems, they too can benefit immediately from adopting cloud-based technologies from the outset. This would save millions of dollars in the cost of implementing incremental IT technologies and open the door to AI technologies that can be easily integrated into cloud-based systems. It would also empower engineers to actively build AI tools that would improve medical services, benefit doctors, and patients.

Some barriers to adopting this infrastructure are the lack of appreciation of the capabilities of cloud-based systems and the lack of confidence in the security of these platforms. Commercial cloud platforms are inherently more secure than most on-premise datacentres as multiple sites throughout the world monitor them. They are also more reliable due to the large number of datacentres they run, which achieves economies of scale and translates to lower costs compared to on-premise datacentres. Most healthcare IT systems are running on a “hybrid cloud” architecture, combining on-premise cloud servers and commercial cloud systems. The on-premise cloud servers provide independence to run critical services

required by healthcare institutions, while the commercial cloud systems offer flexibility and lower costs.

Government leaders need to familiarise themselves with the benefits and risks of implementing hybrid cloud systems for healthcare and design policies that promote its use. More importantly, if these policies provide data privacy and personal data protection from the outset, it would go a long way to reducing the cost and friction of transacting healthcare services. It would also catalyse research and development of new AI technologies that require large amounts of data to achieve highly accurate models.

The future of medicine would be dominated by digital technologies that improve the delivery of healthcare to patients. In the post-pandemic world, consumers would demand digital healthcare services that are more accessible, of better quality, and at a lower cost. This could be achieved through policy changes that promote the adoption of AI technologies on cloud infrastructure to deliver better healthcare services on mobile devices. ■

Mental health

in a post-pandemic
ASEAN



**HARRY MINAS, MBBS**

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The COVID-19 pandemic has caused global change in most aspects of life, but the impact has been unevenly distributed as with any major change. Across ASEAN Member States, the experience of the pandemic has varied considerably.

Rates of SARS-COV-2 infection per million population have ranged from five in Lao PDR to 70,624 in Indonesia, and deaths attributed to COVID-19 from 0 in Cambodia to 18,653 in Indonesia. Community transmission continues in Indonesia and the Philippines, while there are currently no cases in Brunei and sporadic cases or clusters of cases in all other ASEAN Member States (WHO COVID-19 Dashboard).

The elderly and health workers have suffered the most direct health effects, while the negative social and economic impacts that have resulted from measures taken to control the spread of infection have been disproportionately felt by already disadvantaged, marginalised, and vulnerable populations.

In most societies, the pandemic has starkly revealed substantial pre-COVID social and economic inequities and the vulnerabilities associated with such inequities, including increased risk of mental disorder (Social Determinants of Mental Health, World Health Organization and Calouste Gulbenkian Foundation, 2014). Among the most vulnerable populations are the elderly, people with pre-existing physical illnesses, ethnic and cultural minorities, migrant workers, the poor, people with insecure employment, those reliant on the informal economy, women experiencing family violence, children, and young people.

The pandemic's social and economic disruption has resulted in a global and

possibly long-lasting increase in the social determinants that are known to contribute to the increased risk of mental disorder. These include isolation from family, friends, and co-workers; disrupted education; loss of employment; financial hardship and apprehension about the future; restricted movement; a sharp increase in family violence experienced by women and children; and restricted access to health and other essential services. The population mental health impact of the pandemic—including population-wide apprehension and distress, stress-related disorders, anxiety, and depression—has been severe and is likely to be prolonged.

The pandemic's social and economic disruption has resulted in a global and possibly long-lasting increase in the social determinants that are known to contribute to the increased risk of mental disorder.

According to the UN: "As a result of the 2008 economic crisis, a rise in 'deaths of despair' was recorded among working-age Americans. Suicide and substance-use related mortality accounted for most of these deaths, which were linked to loss of hope due to the lack of employment and rising inequality. As the economic burden of COVID-19 rises, a similar toll on people's mental health may be anticipated, with a major impact on individuals, families, and

the wider society." (United Nations Policy Brief: COVID-19 and the Need for Action on Mental Health, UN, 2020)

People with mental and substance use disorders have historically been among the most disadvantaged and marginalised groups in all societies. Persons with severe and persistent mental disorders, such as schizophrenia and bipolar disorder, almost always have multiple vulnerabilities, including undiagnosed and untreated general health problems, unemployment, poverty, insecure housing or homelessness, social isolation, limited social supports, stigma, discrimination, and human rights abuses. The pandemic has exacerbated these vulnerabilities.

At the same time, as the need for mental health services has increased, pandemic response measures have resulted in the closure or reduction of mental health services and psychosocial support programs in 93 per cent of countries worldwide (Pulse Survey on Continuity of Essential Health

Services during the COVID-19 Pandemic, World Health Organization, 2020). Interruption in drug supplies, closure of in-person psychological treatment services, and disruption of rehabilitation and psychosocial support programs are likely to have resulted in increasing rates of illness relapse, exacerbations of drug abuse and addiction, and an unknown number of

preventable suicides. Disruption of school-based and workplace mental health programs has meant that the vital work of mental health promotion and illness prevention has been reduced just when it is most needed.

Digital technologies have been important in disseminating information about all aspects of the pandemic, including issues relevant to mental health. In the context of closure of or reduction in access to in-person

mental health services, many countries have turned to digital technologies for service provision.

Many claims have been made concerning the extent to which digital technologies can enable increased mental health program reach and accessibility. However, very few have been adequately evaluated for safety and efficacy. This is an important area for research in ASEAN. An additional concern is that persons with mental and substance use disorders are more likely to be poor and lack access to digital devices and technologies. Effective implementation of digital mental health services will require programs that bridge the digital divide to ensure that inequities are not exacerbated.

Given the considerations outlined above how should countries respond to the mental health challenges posed by the pandemic?

The first and, in the long term, the most important response is to bring about an attitudinal shift among leaders and the broad community that recognises that mental health and physical health are of equal importance. Although such an attitude is encapsulated in the WHO slogan, "there is no health without mental health," this has not been turned into sufficient practical action. The post-pandemic period of recovery is an opportunity to make this change, which will enable the attention and investment required to adequately promote and protect the mental health of individuals, families, and populations.

The ASEAN Comprehensive Recovery Framework and Implementation Plan, adopted at the 37th ASEAN Summit, sets out the pathway to recovery, and the principles, objectives, strategies and priorities, that will guide the recovery. Three of the five broad strategies are particularly relevant to the task of mental health system development:

Enhancing Health Systems, Strengthening Human Security, and Accelerating Inclusive Digital Transformation.

In the short term, three priorities are essential.

The first is wide dissemination of information about mental health and illness: how to maintain mental health, recognise emerging mental health problems and get access to mental health support, treatment and care when this is required. Accurate, accessible public information about mental health and illness is as important as information on hand hygiene, social distancing, mask wearing, and testing.

The second is to ensure capacity for early identification of mental health problems and rapid and effective response. COVID-safe availability of mental health services and expanded service capacity are urgent priorities. Closed or restricted mental health services should be reopened as soon as it is safe to do so. Where the mental health impact of the pandemic has been severe, it will be necessary to substantially increase service provision capacity to meet increased population needs.

The third is that information and services, whether in-person or digital, should initially be targeted to population sub-groups that are at increased risk of significant mental health problems. Among these groups very high priority should be accorded to women and children experiencing family violence, women in the perinatal period, elderly people who are socially isolated, young people at risk of suicide, and people with severe mental or substance use disorders who may have had their treatment and care disrupted.

In the mid- to long-term, attention must turn to substantially strengthening mental health systems.

Mental health services in many ASEAN Member States were already inadequate prior to the pandemic (ASEAN Mental Health Systems, ASEAN Mental Health Taskforce, 2016; The Impact of COVID-19 on Mental, Neurological and Substance Use Services - Results of A Rapid Assessment, World Health Organization, 2020). They were beset with inadequate investment, insufficient and inequitably distributed human resources for mental

health, poorly developed mental health information systems, and little capacity to scale up mental health services quickly to respond to mental health emergencies.

The UN stated:

"Good mental health is critical to the functioning of society at the best of times. It must be front and centre of every country's response to and recovery from the COVID-19 pandemic. The mental health and wellbeing of whole societies have been severely impacted by this crisis and are a priority to be addressed urgently." (United Nations Policy Brief: COVID-19 and the Need for Action on Mental Health, UN, 2020)

In a constrained post-pandemic fiscal space, it is difficult to see how sustained and large-scale mental health system development can happen if there is no focused and sustained leadership at the highest levels of government. While substantial investment will be needed to develop effective mental health systems, it is important also to consider the social and economic costs of failing to make the necessary investment. An indication of the economic costs may be gained from the recent report of the Australian Productivity Commission (2020): "In total, mental illness, on a conservative basis, is costing Australia about \$200-220 billion per year. To put that in context, this is just over one-tenth of the size of Australia's entire economic production in 2019."

Attention to mental health must be understood as an essential component of the ASEAN economic recovery. To ensure the necessary mental health leadership and the extensive inter-ministerial and inter-sectoral collaborations and partnerships that will be required to build comprehensive and effective mental health systems, ASEAN Member States may wish to consider the whole-of-society benefits of creating the position of Minister for Mental Health.

Simply returning to pre-pandemic levels of mental health system capability would neglect what has been learned from the pandemic about the importance, and the current relative neglect, of population mental health and would constrain the post-pandemic social and economic recovery. ■

Conversations

The impact of COVID-19 has spared no one across our region.

Healthcare workers, survivors and a patient advocate

A teacher, small business owners, grounded pilots and fake news fighters

These are quarantine conversations on how people are coping with the crisis.

Conversation

Disa Edralyn, MD

Doctor. COVID-19 Survivor.

Months into the pandemic, Dr. Disa Edralyn understood that the risk of contracting the coronavirus is higher for medical workers in Indonesia.

The 27-year-old doctor, who is currently inactive to focus on her specialty study on anaesthesiology, was tested positive with COVID-19 in July. Earlier, her 61-year-old dentist mother was also infected by the virus.

"It's one of the risks of being a doctor. When I was diagnosed with COVID-19, I was not surprised but felt guilty instead because I was afraid of spreading it to others. Fortunately, those who had close contacts with me were fine. At that time, I treated many patients with COVID-19 symptoms during my shifts in an intensive care unit (ICU) at a private hospital in Jakarta. I felt unwell a few days after meeting a patient with COVID-19 symptoms, so I took a swab test, and it was positive.

"My symptoms were mild; I had a headache, sore throat, and a little shortness of breath, but no fever. I was put in isolation for a week in the hospital. I started to feel calmer during the isolation period, but then the loneliness and boredom crept in because this disease requires you to be all alone—no one could visit or accompany you. I filled my time with studying, calling my friends, and exercising in my room. But I spent most of the time resting and eating.

"After being tested negative, my pulmonologist discharged me but told me to do a recovery isolation at home for another week. I still maintained my distance with my parents and did not meet them for a week. I don't want my mom to get reinfected with COVID".



Dr. Disa encourages people to maintain safety protocols as the pandemic in Indonesia is far from over

"The pandemic has been a difficult period for medical workers; we are all tired physically and emotionally."

"My mother got COVID-19 in April, and her symptoms were mild too. She's a dentist at a community health centre in Jakarta. She was unwell, but her first rapid test result was negative, so I treated her by myself first at home. She didn't get any better after a week, so she took a second rapid test, and the result was reactive and was tested positive after taking a PCR test.

"At that time, there were only two COVID-19 referral hospitals in Jakarta: Sulianti Saroso Infectious Diseases Hospital and Persahabatan Hospital. Considering her emotional factor and her mild symptoms, my family and I decided to treat her at home. I always wore complete personal protective equipment every time I checked on my mother. My relative is also a doctor so we always had discussions about her treatment.

"She took another swab test, but the result was still positive. We were so confused as she no longer had the symptoms. Her third test finally showed that she no longer had the disease. It was very emotional for me treating my mother, but I kept it to myself.

"The pandemic has been a difficult period for medical workers; we are all tired physically and emotionally. In the early days of the pandemic, the visits to our hospital dropped significantly, maybe because people were afraid of going out. The number of patients coming to the hospital started to increase gradually, and many came with COVID-19 symptoms.

"The toughest period was I think in August or September when we had a lot of patients, but we didn't have enough beds in the ICU. Similar conditions also happened in many other hospitals. We also met some challenging patients,

like those who could not accept the fact that they or their family members got COVID-19, blaming the hospital and saying that we're part of a conspiracy.

"There was also a time when the pandemic broke me down so much; when I needed to choose which one to save, which one has a higher survival rate, since we only have one bed left in our ICU and it was also difficult to find an available bed in other hospitals. I kept asking myself, 'Do I really need to choose?'

"I became extra cautious, and thoughts like 'Do I carry the virus? Will it spread it to other people if I'm actually a carrier?' kept bothering my mind. With shorter days off, those times were emotionally draining for me. Sharing with friends and trying new hobbies have been helpful to get it off my mind. I tried baking and enjoy it so much now.

"This pandemic is far from over, but if the people don't care about it anymore, I'm afraid we will go back to the time when it's difficult to find available beds in hospitals. The front liners are not us, the medical workers, but it's people themselves who can control the pandemic.

"We still have a lot of work to do to improve our health system. The policymakers down to the people need to be more solid in responding to health emergencies in the future. It's also important to improve our information system, especially on health, so people won't be easily misled by fake news. We can also learn from the other ASEAN countries in responding to the health crises, and collaborate more to improve our health systems so that if we face another pandemic in the future, we all can have the same standards in responding to it." ■

Interviewed by Novia D. Rulistia. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Jonas Elmer Balneg

Registered Nurse

Jonas Elmer Balneg studied nursing because his mother was a nurse too. The Philippines is one of the major sources of nurses globally.

Many like Jonas take up nursing with hopes of landing an overseas job. His plan was to work in the country for two to three years and move abroad but Jonas has chosen to stay for now.

He has worked for almost a decade at one of the Philippines's largest public hospitals, where he says he is earning a comfortable living. Jonas talks about the health workers' fears when reports about a new coronavirus first broke, the uncertainty of handling patients, and the important role nurses play in a health emergency.

"When we received the first suspected patient in our unit, as the nurse in charge that day, I had to find a way to isolate the patient. I decided to be like a private nurse and stayed with the patient for the first 24 hours. Back then swab tests results took longer to process, so my colleague and I took turns watching over the patient for almost three straight days. When it later became a COVID-19 referral hospital, I volunteered to be part of the first team to handle the COVID-19 wards because I had some experience with taking care of a probable case. We took care of patients who were suspected of having COVID-19. Many of them tested positive and the team was quite shocked at how quickly the numbers rose.

"I acted like an assistant to the head nurse of a unit then. I had to establish protocols and guidelines to keep members of my team safe, while making sure the patient didn't infect others. On that week, I also experienced losing my first COVID-19 patient. I cried, maybe that was when it sank in that this pandemic was getting



Jonas says the nursing profession is now getting the respect it deserves

serious. Maybe I was crying too for the whole of humanity. There were thoughts like, 'Is this it? What about our future? Is COVID-19 the end for us?' I also wondered if it could have been prevented earlier and people didn't have to die. Those are the questions I ask every time I have a patient with COVID-19. What if this pandemic never ends?

"We had to limit our contact with the patients because we also had to think of our own safety.

We tried to reassure them as often as possible but we couldn't spend too much time in the room with them. Sometimes, it was a real struggle. Before we had the level four hazmat suits, of course there was the fear of getting infected but



Jonas and his colleagues lifted each other up through extended hospital shifts and quarantine periods

if we didn't do it, who else will? We had to conquer that fear and my colleagues and I had to support each other.

"During that time, we worked for one week and then went on a two-week quarantine. We couldn't go home. We were very thankful that hotels around the area offered us temporary accommodation while we were handling the COVID-19 unit. Some government officials arranged for the hotel accommodation and there was also free transportation to and from the hospital. It was a huge help.

"I kept in touch with friends through social media and messaging apps but after a while it became depressing. It was an unending cycle. I would often wonder, when will this end? There was a point sometime in June when I didn't want to go to work anymore. It felt endless and the number of cases just kept rising. There was a feeling of despair.

"Everywhere, there have been many nurses, health workers who have lost their lives. Whenever I read news about that, I really wonder if the epidemic could have been addressed before it became a pandemic. It's just sad.

"Our work and quarantine schedules have become more manageable. There was a point when there was outrage among the staff over



"Respect especially for nurses has increased. We have been called heroes in this pandemic. In our hospital, we have been given a voice, especially in determining the guidelines and protocols on staffing and how to handle patients."

that. We used to work 7-day weeks and go on quarantine. That has changed so I guess now there is a semblance of normalcy. I think it has helped with our mental health.

"They say maybe the vaccines will be available in 2021. I think governments and people are relying too much on vaccines. This will not go away soon. I've accepted that this is the new normal. We Filipinos are quite good at adjusting to things and situations.

"Respect especially for nurses has increased. We have been called heroes in this pandemic. In our hospital, we have been given a voice, especially in determining the guidelines and protocols, staffing and on how to handle patients. Now, it's recognised that nurses have a large contribution to the health team, so we can enhance health policies.

"I can understand complaints from the general public about the long lockdown. Limit your gatherings, if you can, because there was a time when hospitals were overwhelmed by

COVID-19 cases. When they eased quarantine measures, that's when the surge of cases happened. I know we miss our families and loved ones but let's limit those visits and don't risk infecting others especially the elderly.

"There are many lessons to be learned from this pandemic. I think governments have to listen more to healthcare workers. When I read the news, I get the impression that they are relying on vaccines to address the pandemic. That shouldn't be the case. Let's look at other countries that have been more successful in containing the disease. Let's listen to the experts." ■

Interviewed by Mary Kathleen Quiano-Castro. This conversation has been translated, edited, and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Paul Nyan Myint Soe

COVID-19 Survivor. Business Director.

For human resources consultant Paul Nyan Myint Soe, the COVID-19 pandemic means chaos and disaster.

The 43-year-old business director was diagnosed with COVID-19 in October, and from his quarantine room, he learned how the virus caused him and his family a great loss.

"When my mother fell ill in late September, we took her to a private hospital. The doctor suggested for me to either take my mother to a government hospital for a COVID-19 test or to return home and give her antibiotic injections every 12 hours. Due to my mother's condition of needing fulltime assistance, we took the second option. With there being no improvement to her condition, we decided to test her for COVID-19. She was found positive and taken to the Phaung Gyi COVID-19 Treatment Center, which is about 100 kilometres away from our home.

"As I was taking care of my mother day and night, I felt I may have contracted COVID-19 too. Adhering to my responsibilities, I immediately contacted the township medical officer to get further guidance. My family was quarantined at a hotel, and each of us stayed in different rooms. My 11-year-old daughter and 2-year-old son were able to stay with their nanny, which I was thankful for. We underwent testing and my household helper and I tested positive.

"While I had no serious symptoms, I couldn't sleep well because there were many things running through my mind. I was concerned about my children. Should my kids be affected, who would take care of them? Also if the kids were fine but all adults were positive, who was going to be with them? I also thought about my mother who was all alone, and also my position as the family breadwinner. These caused considerable stress.

"During the quarantine period, my family supported and encouraged one another through video calls. At night before going to bed, we usually had a video call to pray together. Thankfully, my kids, my



Despite the chaos the pandemic creates, Paul believes that positive changes have also emerged in society

wife, my father and the nanny were all negative so they could go home, but I continued my treatment at another COVID-19 treatment center.

"I also called my mother everyday since she arrived at Phaung Gyi on 4 October and my last contact with her was on 7 October. After that my mom was either asleep or unconscious each time I called. The medical officers informed us that her oxygen level was low, and her sugar level was high. My mother passed away on 17 October.

"My father and I drove as fast as we could to her quarantine center to see her for the last time before the cremation. We couldn't see her actually, as she was all wrapped up, but we managed to pay our last rites together with the Chaplain from Phaung Gyi COVID Treatment Centre and the pastors from our church.

"Throughout this whole ordeal, my family, relatives, the church community are my biggest sources of strength. My friends checked in on me, while my physician and my father told me to focus on myself. I ate healthy foods, took vitamins, and did light exercises to stay fit so I could go back to my family and work.

"My company, Sagawa Development Company, was also affected by the pandemic. We started to work from home in February. We shifted the consulting arm of our business to online platforms, but the other areas of business had to close. We turned our small in-house catering services into food delivery service for my clients. Some clients ordered the food and donated them to COVID-19 treatment centres in Yangon.

"If I can express COVID-19 in a formula, it's equal to chaos and disaster. We need to be careful, not only for ourselves but also for our loved ones.

"But COVID-19 is not all negative, I can see some positive changes. People are more aware of health and hygiene. With the increased rate of handwashing, there appears to be less regular coughs and colds. We also see the rise of e-commerce, digital shopping, e-banking and payment, which can be a positive trend for the future." ■

Interviewed by Novia D. Rulistia. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Kara Magsanoc-Alikpala

Advocate for Breast Cancer Literacy and Early Detection. Journalist.

For more than 20 years, the ICANSERVE Foundation has been on a mission to save lives by advocating for early breast cancer detection, and by linking breast cancer patients and survivors to vital information and resources that can set them on the path to healing and wellness.

ICANSERVE Foundation was founded by four cancer survivors who all know what it takes to overcome the disease. Kara Magsanoc-Alikpala, an accomplished Filipino broadcast journalist and documentary filmmaker, is one of the founders and served as its president. She now sits as a member of the board of trustees and chairman of the advocacy committee.

Since the onset of the COVID-19 pandemic, Kara and her team have been working tirelessly to continue ICANSERVE Foundation's advocacy work and at the same time, address the urgent needs of breast cancer patients, such as access to face masks, transportation, and funding.

"Without a doubt, breast cancer screening and treatment have been delayed because of the pandemic. Not only due to fear of getting COVID-19, but because many of the cancer patients went broke and can no longer afford treatment or screening. Many of them lost jobs. Or, a relative based abroad who helps with expenses also lost their job. One other big problem even for the middle class is the absence of public transportation during the lockdown. Even private vehicles needed special passes to ply the streets.

"Cancer units and cancer centres were closed during the lockdown beginning in March, when the hospital system was



Kara says one of ICANSERVE Foundation's early interventions was to raise funds for the manufacture of masks and shields for distribution to cancer patients

overwhelmed by the number of COVID-19 patients. Later, some cancer patients were allowed back in the health facilities or hospitals, but everything was only by appointment. When they rank in importance the cancer patients that need to be seen first, those in treatment, in need of immediate surgery, or radiation are the priority. Next would be cancer survivors who need regular monitoring. Last priority goes to women and men who never had cancer but need to go through early detection protocols.

"It was a little more complicated for the poor who don't have dedicated doctors. For the poor who go to public hospitals, they are assigned a doctor, usually a resident. And residents rotate a lot. So they hardly form a rapport with one doctor. This means they're not in contact with one particular doctor. This means they don't have a particular doctor on their speed dial; or, a doctor who could help them navigate through the new normal. A lot of poor cancer patients were also disconnected from the health system because all information shifted online. Most of the poor can't afford smartphones, nor do they have connectivity to access these kinds of information or tele-consults.

"The Philippine Society of Medical Oncologists, in an internal informal survey done among some of its members, showed that about 74 per cent of their cancer patients deteriorated due to delay in cancer treatments because of the pandemic. Most of them had to delay treatment by a week to a month because of all the barriers to care.

"ICANSERVE Foundation provided our staff and volunteers, breast cancer patients, and the healthcare frontliners we work with in local governments with shields and masks. Back in March, when we experienced a total lockdown, shields and masks were as rare as pink and yellow diamonds. We had to scramble to find some. On top of the usual surgical masks, we had to resort to small manufacturers and volunteers based at home who would create makeshift masks or shields. Some shields were so creative they came with messages of encouragement which made the recipients happy.

"Next, we had to make sure that those on cancer treatments didn't stop for too long. There were many barriers. Besides financial, the biggest obstacle for the poor was transportation. There were no public vehicles during the lockdown so we had to secure special passes for our volunteer drivers and patients so they could be driven to the hospitals to resume their cancer treatments. The ICANSERVE Foundation had in place before the pandemic, a free car program for breast cancer patients on chemotherapy. We expanded this service by partnering with the Cancer Coalition Philippines to provide free car service to all cancer patients.

"For now, our free clinics and in-person forums, trainings, in-person fund raising events and other activities are on hold. But we continued basic breast cancer awareness forums online. We continued fund raising online plus our online ICANSERVE shop stayed open. We've hosted several webinars to give our volunteers, patients, and the breast cancer community guidelines on how to go about regular checkups for those cancer patients in remission, and for those currently on cancer treatments.

"We only started to actively promote resuming visits to the hospital for women who can benefit from early detection about two to three months ago because most

ICANSERVE Foundation's breast cancer screening event in Pasay City, Philippines; photo taken before the pandemic

oncologists agreed hospitals and health facilities were safer. It's not easy to convince them and we don't force anyone.

"Since many women are afraid to go for a regular mammogram or breast ultrasound, we're strengthening the power of women to take care of their breast health on their own, and giving them the courage to see a doctor, a nurse, a midwife, a community health worker, if the need arises. We created a *Kamay Gabay* (translated as "guiding hand") Kit. It contains mini-brochures that have information on breast self exam, breast care, and breast cancer myths and facts. It also comes with what looks like a charm bracelet or a bag charm. This bracelet has several beads, and the size of each bead represents the size of breast lumps one can detect if one does a regular breast self exam, and if one doesn't.

"Breast cancer patients need help to pay for their medical bills and treatments and for good nutrition. Funds have dried up at government agencies that help poor cancer patients. As a result, most patients have no one to turn to. It's alarming and saddening. Cancer groups have banded together to help wherever we can. Together with the Cancer Coalition Philippines, the ICANSERVE Foundation has appealed to pharmaceuticals to donate whatever they can to our patients—cancer medicines, supportive care like pain medicines, and nutritional products.

"We need COVID-19-safe facilities and standalone cancer facilities so cancer patients don't share the same entrances, the same CT scan, the same operating room as COVID-19 patients. In the Philippines, it takes a long time to convert standalone facilities into, say, a dedicated chemotherapy infusion center. I wish the government would consider this urgent and find a way to cut the red tape. The virus will be with us for some time so we need to create safe spaces. We need to quickly restore patient confidence in the health system. It's also good to prepare for future pandemics or outbreaks and simply good practice to have multiple cancer-focused centers.



"The ICANSERVE foundation co-founded the Cancer Coalition Philippines that lobbied for the passage of the National Integrated Cancer Control Act. The Cancer Act was signed into law in February 2019 but it hasn't been implemented or funded. If even just bits of it were implemented last year, it would've helped the cancer community during this pandemic. It contains all the assistance and safeguards for the cancer community. We've been knocking on the doors of Congress and the Department of Health for this to happen. The law includes the creation of regional cancer centers, a cancer assistance fund, the expansion of cancer coverage of the national health insurance, mandatory cancer screening, etc. Every delay in the implementation of the Cancer Act can spell death and the break up and heartbreak of a family.

"The feeling of anxiety and depression is not unique to cancer patients. As a foundation, we check on our members and volunteers and stay connected online. The human connection can never be under estimated. It's best to admit when one is feeling anxious and for the other party to listen and acknowledge the other person's feelings. An honest conversation has healing powers.

"Families can do the same, to really be present to other family members. Many of those feeling stressed by loss of loved ones, long periods of isolation, financial insecurity, or fear of COVID-19 and the future, don't show it. Family members must be observant of the actions of their members and not simply rely on what they say. I find that it helps to create "special occasions" at home or online for people to look forward to—whether it's a special Sunday dinner at

home or just getting together on Zoom for someone's birthday. That helps heaps for people's mental and emotional health.

"I lost four friends to COVID-19 and six relatives and friends to non-COVID-19 disease during the pandemic. And yet, it's the same feeling, there is no closure because you don't get to mourn in person. You don't get to visit them in the hospital to say goodbye or to say thank you. You can't even leave your home to console the bereaved family. There must be a big effect on a society that doesn't have collective closure and a lot of pent-up grief.

"There are many reasons to worry but I choose to be grateful, grateful that I and my family are healthy and get to spend more time together at home. The pandemic made me rid myself of clutter and noise. It made me realise I didn't need a lot of trappings. It made me rediscover things that were essential.

"Our neighborhood grew closer. We were doing something old fashion which helped us survive as a community. We sent each other food and plants, offered to do chores for each other like buy food and medical supplies. We were each other's repairman. Doctors in the village would do home visits.

"I think the world will be a better place if we all took time to pause for introspection and gratitude. We will think before we leap and hopefully that means we can be kinder and smarter." ■

Interviewed by Joanne Agbisit. This conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Building Back Better:

Towards a Community-wide Recovery



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The ASEAN Health sector has carried out key COVID-19 response initiatives. The recently adopted ASEAN Comprehensive Recovery Framework and its Implementation Plan lay out wider strategies for ASEAN towards a swift and more robust recovery from the pandemic's socio-economic impacts.

In today's world, rapid changes are becoming the norm. Yet no one could have predicted how much the world would change in just a year. As 2020 comes to an end, there is much to reflect on the achievements and challenges in the COVID-19 pandemic and the plans ahead for recovery.

As of this writing, positive results have been reported on at least three vaccines in the advanced trial stage. The United Kingdom has become the first country to approve the use of one for the imminent rolling out of vaccination. The Russian Federation has likewise announced the plan to start mass vaccination in the country.

While these point to the long-awaited light at the end of the tunnel, the impact of COVID-19 will not be undone overnight. Some of the health impacts can be long-lasting. Additionally, some socio-economic costs may become permanent, from the weakening of human capital through a lost year of schooling or children dropping out of school, small firms going out of business, to foregone investment and jobs.

At the same time, this year also has its share of hopeful stories. We have witnessed the unprecedented pace of testing, diagnostic, vaccine, and treatment development; readiness

for the open sharing of information, tools, and best practices; and accelerated collaboration among governments, industry players, and communities in combating the pandemic.

Notwithstanding the challenges of vaccine distribution and delivery, all eyes are now on the recovery, including in ASEAN.

A Community-Wide Comprehensive Exit Strategy

The ASEAN Comprehensive Recovery Framework and its Implementation Plan were adopted by ASEAN Leaders at the 37th ASEAN Summit and officially released on 12 November 2020. The two documents serve as the region's exit strategy from the COVID-19 crisis. They do not replace national and sub-national efforts or global and multilateral cooperation. Instead, they identify directions and steps that the region can take and add value for a swift and robust recovery. Extensive stakeholder consultations were undertaken, both internal and external, in the course of their development.

Acknowledging the COVID-19 crisis' multidimensional impact, the Framework is comprehensive in scope; going beyond just health or economic recovery and



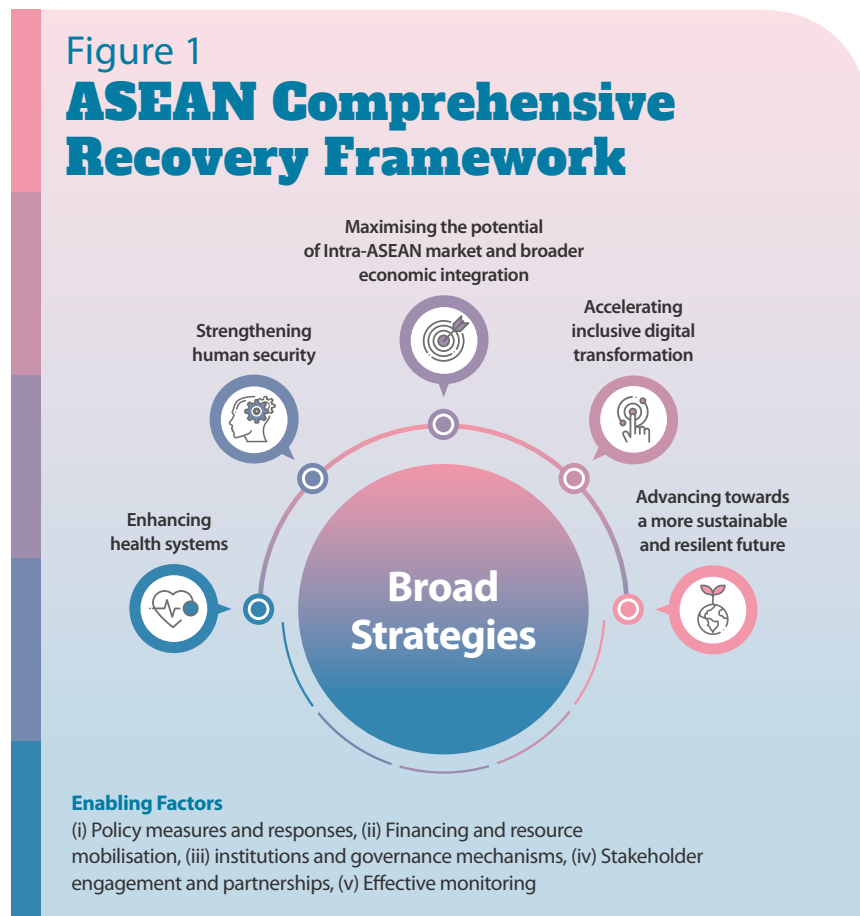
The ASEAN Comprehensive Recovery Framework and its Implementation Plan were adopted by ASEAN Leaders at the 37th ASEAN Summit and officially released on 12 November 2020.

encompassing community-wide recovery efforts. It focuses on strategies deemed critical for ASEAN through the recovery phases; starting from the safe reopening of economies and communities, to recovery of sectors to regain their pre-COVID potential, and striving for long-term resilience through better crisis preparedness and other actions.

The Framework communicates the objectives of the comprehensive recovery plan to internal and external stakeholders; mainly to support the identification, prioritisation, and alignment of efforts towards recovery and facilitate coordination and collaboration among relevant parties. It sets out the five broad strategies for ASEAN recovery, which look at the strengthening of the region's health systems; safeguarding the multidimensional aspects of human security, from social protection, food security to gender impact of COVID-19; maximising internal market potential and broader economic integration to support recovery; embracing the imperative of digital transformation in an inclusive manner; and striving for a more sustainable and resilient future (see Figure 1).

ASEAN's strategy for recovery, as detailed in the Framework, is operationalised by the Implementation Plan. The Plan identifies and consolidates existing, planned, and new initiatives and programmes to contribute to the Framework's five broad strategies. Each programme has its corresponding implementing agency or agencies to ensure follow up. The Implementation Plan is a living document as it was not possible to identify all possible initiatives within the short timeframe of its development. It remains open to further initiatives and contribution.

The effectiveness of the ASEAN Comprehensive Recovery Framework will depend on its implementation. Two key aspects to note are resources and monitoring. While existing and planned initiatives and programmes may have identified resources, it is still possible for external partners and other stakeholders to contribute to identified initiatives or propose initiatives that are aligned with the broad strategies. Of equal importance is having an effective monitoring mechanism in place. Such a mechanism will need to be able to monitor not only the progress of implementation



of initiatives under the Framework, but also the progress of recovery in ASEAN. The ASEAN Secretariat will provide the necessary support in this regard.

Beyond COVID-19 Recovery: Thriving as a Community

Although the Framework and its Implementation Plan do not cover everything that the ASEAN Community needs to do to thrive in the world of tomorrow, they help focus the region's efforts and resources to areas that matter most to recovery. At the same time, ASEAN must remain steadfast in pursuing its regional integration agenda as set out in the ASEAN Community Vision 2025 and its corresponding Community Blueprints. ASEAN recovery efforts coincide with and will play a key role at the start

of the second implementation phase of the ASEAN Community 2025. This second phase will take place in a post-COVID-19 world that is different and uncharted.

Indeed, global power dynamics will be more complex. Multilateralism and international rules-based order can no longer be taken for granted but must continue to be upheld. Despite the setback the region experienced from COVID-19, it will remain one of the few bright spots globally, as many major economies will be playing recovery catch up for some time. But there is no time for complacency. ASEAN must use the recovery momentum to address the vulnerabilities exposed by the pandemic, undertake the necessary reforms, and be ready to be a more active global player. ■



The ASEAN Comprehensive Recovery Framework Plan is available at:
<https://asean.org/asean-comprehensive-recovery-framework-implementation-plan/>

Understanding the COVID-19 effects on ASEAN livelihood



NOVIA D. RULISTIA
AND THE ASEAN EDITORIAL TEAM

The COVID-19 pandemic affects every segment of life, but its impact on the livelihood of the ASEAN people has yet to be understood entirely.

To support policymakers in understanding the impacts and developing inclusive policies for the people to resume their lives in the post-pandemic period, ASEAN recently launched the **ASEAN Rapid Assessment: The Impact of COVID-19 on Livelihoods across ASEAN**. The report reflects the ASEAN Member States' responses in the education, labour, and social welfare sectors. It identifies the challenges faced by the Member States and provides recommendations to move forward.

As the education, labour, and social protection sectors are deeply linked, addressing challenges in one sector is expected to address challenges in the other sectors. Therefore, the creation of resilient and forward-looking policies in these sectors is crucial in protecting the people from the worst of the crisis.

Labour

The pandemic has affected the labour sector in four ways as follows: (i) lockdowns have forced workers to either work remotely or not work at all; (ii) physical social distancing has affected contact-intensive works, such as restaurants, public transportations, and shopping centres; (iii) reduced purchasing power has led to less demand for goods and services, and hence downsizing or closure of companies; and (iv) supply chain has been disrupted due to border restrictions.

The report states that the pandemic's impact on workers in ASEAN countries is compounded by the high level of informal employment in affected sectors, like tourism, manufacture, and transportation. Many women in specific sectors will likely lose their jobs too, as many are expected to focus on their households.

The responses to the challenges can be grouped into five: income support for affected

workers; training support; re-employment programmes; job retention programmes; and occupational health and safety programmes.

The report recommends some of these strategic paths out of the pandemic:

- Support job retention, especially in micro-, small, and medium enterprises, through grants, tax cuts, credit guarantees, or other forms of financial support
- Register and provide social security coverage for informal workers and gig economy workers
- Provide training or retraining for workers who have lost their jobs and are in sectors that are not likely to recover soon
- Invest in digital infrastructure and close the digital gap
- Establish labour standards and legislation for telework and work-from-home arrangements

Social Welfare

According to the report, all population groups face different vulnerabilities because of the pandemic and its economic impacts. The poor will be the hardest hit and will take longer to recover. Through cash transfers, social assistance is the dominant instrument taken by the Member States to help people cover their basic needs. Some Member States adapted their social insurance programmes to respond to the pandemic, such as by waiving the mandatory contribution of insured workers or increasing medical benefits of insured workers infected by COVID-19.

The following are some recommendations to support the poor, new poor, and other vulnerable groups:

- Introduce and strengthen a large-scale, national safety net that can be scaled up in times of crisis for Member States with less-developed social protection systems
- Include migrant workers in the response

- Improve social care services for the elderly, people with disabilities, and children
- Use of digital solutions
- Expand social insurance to informal workers

Education

The study reveals major two-fold challenges in ASEAN's education sector during the pandemic. The pandemic, and the restrictions it caused, created challenges for schools in managing children's behaviour according to new parameters and social distancing regulations. Schools' closure and limited access to online learning and platforms for families also triggered a learning crisis.

The governments' responses focus on the following: (i) ensuring the health and safety of students by, among others, providing schools with infection guidelines and continuing school meal subsidies despite school closure; (ii) offering remote learning options for those with access, including developing guidelines on remote learning and teaching, free access to online platforms and resources, and teacher training on online teaching; (iii) assisting disadvantaged learners by providing access to computers and network.

The report recommends the following to improve the education system:

- Increase investments to support remote learning through improved network and communication infrastructure and enhance technological and network devices' subsidies
- Provide learning support for students (including out-of-school children) from vulnerable groups and marginalised communities
- Create greater alignment of curricula with the future of work

The report relies on publicly available data and analysis from various sources, including government documents and information, university databases, research from the United Nations, and media reports, collected until the first week of July 2020. It is jointly produced by the ASEAN Secretariat and The Asia Foundation and supported by The Rockefeller Foundation and the Australian Government's Department of Foreign Affairs and Trade. ■



The ASEAN Rapid Assessment is available at:
<https://asean.org/asean-launches-rapid-assessment-covid-19-impact-livelihoods-across-region/>

Conversation

Dy Sophorn

Primary School Teacher

Dy Sophorn teaches grade six students at the Kampong Chhnang Primary School in Cambodia. She says online learning has been challenging for her and her students.

Only about half of her 61 students have access to smartphones. Over the past eight months, Dy Sophorn taught her class trying out different social media platforms and messaging apps. In April, Dy Sophorn gave informal classes at her home for those unable to get online. That lasted over a month and she made sure the children practiced safe distancing and followed health protocols.

This dedicated teacher is a mother of two young boys, aged seven and three, who takes weekend online classes for her Master's degree in Education. Her workload has increased during the pandemic but Dy Sophorn still gives students extra online lessons.

"The big challenge for me is the closing of schools because I don't have a chance to be with my lovely students, with my friends at school and working from home.

"It's not easy because in primary school all the children are very small and many of them are new to technology. Many do not own smartphones. For example, in my class, I have 61 students but only about 30-40 per cent have smartphones; 50-60 per cent do not have smartphones and some of them live in rural areas.



So, some do not have internet, no electricity.

"I think that at first, they had a difficult time studying online with me. It was a new style of studying, a new style of teaching but I still tried to motivate them and explained that it's not only our country that is facing the pandemic. So, we need to change and adopt new styles of learning and depend on ICT because it is very useful in our lives. I always tell them that if there is anything that is not clear in the lessons, you can ask me, you can chat or call me.

"At first, they complained that they don't understand the lesson, there is no one around who can explain it to them at home. Sometimes, parents don't know anything

about the lessons, or the lessons are too hard. The students complain about paying, spending money to use their phones, and the internet is too slow. Some students who don't have phones borrow their parents' phones. Parents complain that their children have to use their phones. I tell them their children need to

study online because if they don't, they get nothing. It is better than nothing.

"During the pandemic, both teachers and students have gained knowledge about how we can use technology for teaching and studying.

"Students don't want to study online. They want to be in school with their lovely friends. Sometimes my observation is the students are not happy. For me, I just try to explain to them about the dangers of COVID-19. Studying is important but life is even more valuable. So, we study online to protect our lives.

"It affects their emotions too. They want to learn face to face with their teachers. They want

to practice the work by themselves too. They worry about the money they need so they can chat on their phones. Some of them are very poor so they don't have the money to study online. When we continued learning online, the internet service was so slow that they couldn't contact the study group. So, this year has been quite bad. They complain to me, 'teacher, when we go online, we don't study all the subjects.'

"The Ministry of Education gave all teachers in Cambodia teaching videos that we can show the students. They can study also by watching some TV channels.

"On 30 November, schools closed again and declared a long holiday for the students. I haven't stopped teaching. I spend two hours in the morning and teach them online, sending exercises and work to the parents and students. I worry for my students because this year, learning has stopped many times. A lot of my students are very clever but I still worry about them.

"For 2021, I hope that COVID-19 will disappear from our world. I hope that I can go to school to be with my lovely children, lovely teachers, my friends at school. I hope that there would be a little more peace in the world, and more development. I wish that I can use all the measures to teach all my students in class." ■

Interviewed by Mary Kathleen Quiano-Castro. This conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Peter Thipommajan

Non-profit Founder and Coordinator

Peter Thipommajan, a 23-year-old economics graduate from National University of Laos, began teaching English informally to children in 2019.

From Monday to Friday, he would rent the Saelao Restaurant in Ban Nathong, Vang Vieng, Vientiane Province and hold a free two-hour English class for interested children, aged 10 to 16. Peter thinks that it is important for Laotian children to learn English as it is essential for accessing information, communicating with different groups of people, and having a good career in the future.

Peter's fledgling project, located in a thriving tourist town, soon drew the interest of foreigners staying in the area who wanted to lend a hand. This led to the formation of Mittaphap (translated as "friendship") in 2020, a non-profit organisation whose goals have expanded to include not only free English language education, but also health and nutrition as well as environmental management.

Mittaphap established the Mittaphap Education Center, and registered this centre with the Ministry of Education of Laos PDR. Soon after, it moved its English classes to public school facilities. It rented the Saelao property as the base of its operations. It now houses the foreign volunteers and serves as the site of its health, nutrition and environmental projects. It also runs a small restaurant on the side to partly fund the projects of Mittaphap.

Mittaphap's operations were stymied by the COVID-19 pandemic. English classes, health and nutrition activities, and environmental projects were all suspended when the first COVID-19 cases started appearing in Laos.

"In March 2020, the Ministry of Education announced a pause for more than two months



Peter Thipommajan is keen to continue Mittaphap's projects despite setbacks caused by the COVID-19 pandemic

for all schools throughout the country to contain the spread of COVID-19. Mittaphap needed to close English classes, our main project activity. We totally stopped teaching on the site.

"Many foreigners who volunteered for our projects returned to their home countries since they were worried about the irregular flights. Our local project staff took a break and returned back to their homes.

"We have two income streams for our projects: one from the restaurant and another from volunteer contributions. Both were affected when everything shut down. We had to close the restaurant because we didn't have enough customers. Ninety per cent of our customers were tourists. With no income, we had to let go of staff.

"In June, when the situation was better, we wanted to resume the project, but Mittaphap was confronted by a shortage of foreign volunteers since our borders were still closed.

"During this time (lockdown), we spent our efforts in getting the approval of the Ministry of Education in Vientiane and

other officials for our new projects and developing ideas on post-COVID activities.

"In September, after gathering a team of a few foreign volunteers who were stuck in Laos, we began teaching again. We don't have much income but we just want to resume the English classes, whatever it takes. As I said, education is at the heart of Mittaphap and it is what we do best.

"But, we have to cut the number of classes since we don't have enough volunteers to teach. We currently have three English classes with 49 students. We conduct classes in only one facility nearby to save on transportation cost. Before the pandemic, we had four classes daily and about 300 students. The desire to learn English has not disappeared, but we cannot accommodate all of them.

"The pandemic has been the most challenging time for our project, affecting student participation, educational goals, building and motivating a team, and finding volunteers. Personally, I have had to work much longer hours and had to be ready to tackle all kinds of problems, including taking care of the needs of foreign and local volunteers, teaching English classes, and doing site maintenance. It made me worry about the present (situation) and the future of our project, and for my own physical and mental well-being.

"Post-pandemic, we would like to develop a study area and library where students can come to do their homework since many of them have nowhere to study at home; learn English and get information about jobs, vocational training, and careers; and practice good sanitary and social habits. We want the projects to eventually be financially self-sustaining. We hope to interest international NGOs, governments, and local companies in our project and obtain 'grassroots' financing. We want to create a model village and replicate this in other villages." ■

Interviewed by Joanne Agbisit. This conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Melvin Chew

Hawker Stall Owner

The hawker scene is an integral part of Singapore's culture. Locals and tourists throng hawker centres to enjoy local cuisine at affordable prices. But diners had to stop eating out when Singapore imposed circuit breaker measures in April to contain the spread of the coronavirus. The partial lockdown left hawker centres empty for months.

Melvin Chew, the second-generation owner of the Jin Ji Teochew Braised Duck and Kway Chap stall at Chinatown Complex Food Centre, decided to take action to survive the pandemic. He created the Hawkers United-Dabao 2020 Facebook group that allows hawkers to promote their food and services on the platform. The group saw 25,000 members sign in within the first 24 hours. Now, it has over 280,000 members.

"I grew up in a hawker centre, and this food stall has raised me and my siblings. My concern is if the pandemic causes all hawkers to end their business, then I think our hawker culture will end. So I think I have to play a part. The intention is to bring all hawkers into a platform, so people can know that they are still doing takeaway and delivery.

"Lots of our hawkers are about 60-80 years old. Even though we have delivery platforms, their commissions are a bit too high for them. They also don't know how to use the technology. One of the reasons I started this group is to tell them that they still can do the delivery by announcing it in the group. A lot of hawkers started to post their business on the group and got good feedback on the business. I encourage people to do group buys; if you're staying in certain areas, people can volunteer to buy food from the hawkers for the households there.

"But even before the circuit breaker, when we learned that the pandemic was going on in China and started spreading all over the world, our business had been slightly affected. My sales dropped about 70 per cent because my stall is in Chinatown, which is a commercial business district (CBD) area and a tourism spot. When we got no tourists and the whole CBD was closed, that affected a lot of hawker centres. The government subsidised rents and all the fees we need to pay for about five months, so it cut down our burdens a lot.



"The power of the united is important. We might not be able to get things done alone, but together we can defeat the pandemic," says Melvin

"I also see that a lot of taxi drivers and private-hired drivers got no job during that time. After the government agency gave green light that these drivers could do food delivery, I started Delivery United group so that hawkers can go inside this platform to use and do food delivery. At the same time, the drivers can also get income during this period of circuit breakers.

"We also faced supply problems during this period. Supplies of ingredients got delayed because quite a lot of ingredients were from China. There was also a short period of time when food containers were out of stock. When the demand is high and the supply is low, everything will be expensive. But as I had to maintain the food quality, although it's expensive, I still use the same ingredients. I maintain the selling price; I don't think it's wise to raise the selling price because everybody is suffering. As long as we can survive during the circuit breaker period, then it's good enough.

"On food safety, we got extremely strict hygiene safety in Singapore. During the pandemic, safety level is our top priority;

we always wash our hands and wear masks. Every now and then, there will be an inspector to go around the hawker centre, and if you do something that is not on their regulations, we can be fined up to 10,000 Singapore dollars and also get suspended.

"Now, hawkers are doing quite well, but hawkers in the CBD area are still doing quite badly because most office workers have not resumed work, or still work from home. There are no tourists, and lots of workers who used to work in the CBD area had lost their jobs. Business is slightly better than during the circuit breaker, but it's not what we expected. We're just holding on and hopefully after the pandemic and the whole world opens up, tourists and workers can start coming in again. In the meantime, we're just enjoying this period and helping each other out." ■

Interviewed by Novia D. Rulistia. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation**Samak Kosem****Artist and Researcher**

Samak Kosem has been researching on Muslim culture in Southern Thailand for many years. The PhD candidate at the Faculty of Social Sciences in Chiang Mai University communicates his findings through photography, mixed media, and videos, among others, to reach a wider audience.

His recent research focuses on homosexuality in Muslim society to understand the limitations of gender perspectives in the society. When the pandemic hit, Samak, who has exhibited his works at the Bangkok Art Biennale and in galleries from Chiang Mai to Hong Kong, needed to adjust his plans for his arts and research projects.

"The pandemic has greatly affected the art communities. A lot of art events have been postponed, while some others moved online. I quite disagree with online art events because the audience will lose opportunities to interact with the artworks and the artists. The way you experience art is important because unlike online shopping, people don't just go to the event to buy artworks, but also to experience them.

"I was planning to have an exhibition this year for my paintings of portraits painted on the other side of a carpet. But my co-artist who lives in Australia and I decided to postpone it. If we kept on going, we couldn't set up the exhibition like what we had been planning. Setting up is important; we have to be there to decide things, and to make the details work. We are trying to retain the artwork's aesthetic aspects so people can come and experience our works.

"Artists, especially the new ones, have been struggling during the pandemic since galleries were closed and art events were cancelled. When the condition had gradually returned to normal, some galleries set up exhibitions that feature collaborations between new and established artists, something that we didn't see before as they usually held events for famous and international artists. The Bangkok Art Biennale is also ongoing now, although the visitors are mostly local people. In terms of the market, many collectors are from outside Thailand and now it's still difficult for them to travel and come to art events here.

"Academically, the pandemic period has been quite difficult for me, my classmates and professors. Our PhD class is small, and my



With all the changes that follow the pandemic, Samak says that 2020 is an important period to learn

professor was not used to teaching online because he is old and prefers personal interaction in the class. But we adapt and slowly become professional in working online. My art projects come together with my research, and the travel restrictions have affected my field research a lot and I need to think of back-up plans to complete it. The pandemic also affected foreign students who study here; they can't go back to their countries, or they can't come back here. On the bright side, I wrote a lot during this period and I could finish all my pending articles for some publications.

"The stay-home period affected my health too, because I worked a lot, I slept late, and ate late. I coughed often, and at that time, I felt like everybody was suspicious of me, questioning why I coughed a lot. After several rounds of examinations, it was found that I got GERD due to my eating problems.

"From what I've been observing, the COVID-19 pandemic has brought changes in the society. In the education sector, the learning platforms have evolved and it created new possibilities to reconnect. While in the art sector, I see how art communities continue

to work to find ways to deal with these restrictions. They are forced to think about how to engage the audience through different ways; how we must go through all the visuals in digital form to reconnect with the audience. Art fair organisers also need to think a lot on how to expose the artworks. It's interesting to see how arts will be shaped by all this in the future.

"Regionally, I think the pandemic has cut the way we do things in ASEAN, as if we go back to living in a box. Before, I loved how people in ASEAN connected through travelling, education, trading, etc, but now we go back to the box. This year becomes an important period to learn because the social system has changed." ■

Interviewed by Novia D. Rulistia. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Ain Bandial

Editor and Co-Founder of The Scoop

With a focused passion to uphold the integrity and quality of journalism, Ain Bandial and three colleagues made the brave move of starting Brunei Darussalam's first digital only media company in September 2017.

Eyebrows may have been raised as such a venture had yet to be undertaken. Three years on, the Scoop now has a monthly readership of 80,000 viewers, with 70,000 social media followers.

"Our company is founded and run by journalists who see this as an essential public service, and our values are to put our readers and newsroom first. This can be difficult as we are particular to the types of advertising or investments that we can take. We have intentionally kept our structure and team small to maintain our independence and agility.

"Reporting in Brunei tends to be very top-heavy, and doesn't necessarily reflect the experience of ordinary Bruneians. We want to see stories about ordinary citizens reflected in the media we consume. This platform allows us to engage in a longer form of journalism, providing more analysis and context into issues being experienced by this community.

"During COVID-19, accurate and timely news reporting became even more important. Public panic contributed to misinformation, which spread quickly through social media and messaging services. The velocity with which fake news could spread did prompt a greater degree of transparency from the government, with the health ministry chairing press conferences every day, which helped combat misinformation by keeping people up to date with the latest developments.

"The Scoop started a live blog when COVID-19 first hit Brunei, so we could update our



Ain shares that many readers reached out through the various social media platforms out of desperation

readers on the latest developments throughout the day. We found it better to centralise information in a live document so people could access all relevant information in a single location. This way our readers could learn about new restrictions being introduced and how it would impact people's lives. We saw that as our role. The live blog was a break away from our usual feature of posting articles during the work week. With COVID-19, we now work seven days a week.

"We took a human interest angle to see how COVID-19 has impacted people, not just from a health perspective. We looked at how COVID-19 impacted different sectors of the community, in particular small businesses. Lots of people lost their jobs, especially those in the private and informal sectors, but this isn't necessarily reflected in government data. The impact of COVID-19 restrictions on the mental

well-being of groups who faced particular social isolation – such as children learning from home, the elderly, or people with disabilities – also hasn't been properly examined. Consistently listening to these stories of hardship was at times difficult and emotional, but it is our responsibility to report on what is happening on the ground accurately, despite the upbeat assessments of other parties.

"A lot of people reached out to us on social media out of desperation. Through the daily press conferences, they saw us as having a direct line of appeal to cabinet ministers. Many people who reached out had been let go or furloughed by their employers, others had paid leave deducted from their contract even when they were under mandatory self-isolation. There were lots of issues regarding how COVID-19 restrictions had affected employment and labour rights that we tried to raise during the press conferences.

"Continuing to work and keep our own staff paid during the pandemic has also not been easy. From mid-March to July, we worked for 110 days without a day off. At the beginning of the domestic outbreak, our reporters faced heightened risk by reporting in the field or at health facilities. We lost over 90 percent of advertising revenue between March and July. All these factors have taken a significant toll on our company and staff. But we wouldn't do it if we didn't believe in our mission to serve and inform our community. ■

Interviewed by Kiran Sagoo, PhD. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Nguyen Qui Duc

Business Owner. Arts Advocate. Writer.

Hanoi is home to many iconic sites, and Tadioto—the edgy bar and art space located in Hoan Kiem district—has quickly become one of them.

Tadioto is owned by Nguyen Qui Duc, a well-published Vietnamese-American writer who decided to return to Viet Nam after years of living in the US. Duc opened Tadioto in 2007, and after several iterations, it has become the favorite haunt of artists, writers, and literati in Viet Nam. They come to mingle, toss ideas, and soak up the bar's creative vibe while partaking of good food, drinks, and music. Over the years, Tadioto has also become a place to showcase the work of established and budding musicians, performers, visual artists, and poets—local and foreign alike.

Tadioto is one of the many businesses in Hanoi that has been upended by COVID-19 control measures. Duc had to adjust his operations to stay afloat and retain his staff. Through these challenging times, he kept Tadioto open as a space not only for artistic expression, but also as an outlet for patrons to ponder and process the impact of the pandemic and other social malaise.

"Tadioto was started as an alternative art space that had a gallery in its first incarnation—we had five floors so ran lots of



Duc says that the pandemic has led people to step back and reexamine their lives and choices

programs from screenings of films to workshops for artists, to exhibitions and concerts with local and visiting artists. The bar was popular too. We evolved into other spaces as we lost lease after lease, but all in all we've had many venues where we've been able to promote experimental music, poetry from Sri Lanka to Spain, to jazz and punk rock concerts. We were lucky people found us, like architects from Hong Kong and Switzerland who worked with us in recycling things, or building simple structures with local materials that encourage architects and designers to think of waste and environmental damages.

"We currently have a restaurant and no space for exhibits but we have been able to attract diverse musicians, writers and poets, and designers who use our stage to promote jazz, blues, international music, or ideas that appeal to a younger generation. We are also screening films: like our music programs—we focus on talents in Asia, or in the Southern hemisphere.

"We closed down for over a month after the first wave of COVID-19 and suffered financially because of it. Our sister venue in Hoi An, Central Viet Nam, which was also hosting a gallery and music

venue, has been closed since March. We're lucky to have been able to reopen and to retain all the staff. I had to borrow some money personally to keep the cash flow going, but the silver lining was in the fact that we now have weekly music programs, talks and screening that bring people in.

"We are now operating on slightly shorter hours every day. I personally take on other projects to ensure a certain financial stability. We have less clients than ever before and don't foresee a vast improvement for a year or so. We can't rely on foreign tourists and the local expats seem less willing to spend. We're fortunate to keep the staff employed without reducing their salaries.

"We're pleased that we have a loyal clientele that comes for our music events and lectures; it's a small crowd but they are serious. We're happy we're not simply having background music as people come to drink and eat. Artists are happy with us. Although it's a small stage, it's focused, and people pay attention to the music. We translate lyrics and poems; we print program notes and give background stories. It's a lot of work but we think it means a lot to people. We do have some diplomats and foreign journalists who enjoy our venue.

"Because of the COVID-19 situation, we've become more focused on events: cultural, political, musical and artistic. We're helping to curate music shows, and planning site-specific dances and theatre. We've had discussion groups on the political situation in the

“I hope the arts and artists will rise out of this crisis with renewed and more thoughtful energy. I hope there’s more faith in the arts as a means of expression and its importance for a society under threat.”

US and Europe. Our music programs often turn into a chance to talk about racism, anti-immigration policies, history, etc., and we’re thankful to be able to do this.

“Vietnamese and other artists seemed too depressed for many months after the first wave of COVID-19 and confinement. But in recent months, it seems there’s a lot of exhibitions, art events, and public gatherings (public art projects, concerts, architectural projects) now that we are safer. For the long term, I think we all will suffer financially, but the resilience of the artists and local people have been astounding.

“Many factors contribute to the ‘success’ of Viet Nam. The Vietnamese have been known for their ability to act as a united community when confronted by a common threat. A relaxed attitude in normal time can quickly turn into communal civic actions. There is also an acceptance of authorities from Confucian traditions, and from nearly a century under Communism.

“Early on, those who came from abroad and were thought to have been the conduit for the spread of the virus were vilified in the news, on social media, and by extension others became much more careful. I am astonished to see how people accept quarantine, recognising the danger and playing a willing part in



Special events at Tadioto featuring artists and performers

submitting themselves to measures deemed necessary for the common good.

“With Confucianism there is a strong tradition for harmony, for community, and also a strong sense of shame that prevents individual thoughts and actions. I’d feel ashamed going to the supermarket without a mask when everyone around me is wearing one. The Vietnamese don’t insist on a sense of entitlement. People are close to their families, and elders still maintain lots of control or influence.

“The tourist industry, communication channels, health care facilities, schools, etc., remain largely controlled by the state; the government can easily direct airlines, hospitals and state-owned enterprises to accept strict measures to control the spread of the virus.

“I feel lucky living in a country quite safe from the COVID-19 threat. To compare our situation here to the loss of life, the inability and unwillingness to take care of people, etc., in many countries in the West is to come to a baffling—

shocking—moment, and I grieve for nations whose leaders are incompetent, careless, or callous.

“As a business owner, I feel bad for those who have invested a lot more and suffer worse losses. I feel fortunate I am still functioning and have no debts. I know plenty in the tourist, hospitality, or food and beverage industries, who have gone bust.

“On the other hand, I also feel that this crisis has led us all to rethink our adoption of unchecked capitalism, of development without long-term plans, and the desire for quick monetary gains. My friends, colleagues, etc., are all thinking of slowing down. The big conglomerates and super rich aren’t, but the average person seems to be rethinking their lifestyles, their business choices, etc.

“I hope the arts and artists will rise out of this crisis with renewed and more thoughtful energy. I hope there’s more faith in the arts as a means of expression and its importance for a society under threat.

“Of course, the arts—from music to theater to visual activities—become crucial in alleviating our psychological wounds in these difficult times. All of it becomes a galvanising force, allowing us to come together in a time that can be isolating.” ■

Interviewed by Joanne Agbisit. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

Conversation

Nadira Ramli and Syed Abdul Rahman

Pilots. Entrepreneurs.

Flying the skies to nurturing the earth sums up Captain Nadira and Captain Abdul Rahman's journey over the past few months.

Many employees in the aviation industry are still facing turbulent times caused by the COVID-19 pandemic. While boarding gates remain shut, this inspiring husband-wife team share their passion for flying and how they navigate life away from the cockpit.

Nadira: My dad is a retired pilot, and while growing up, I loved his work-life balance. When he was away for flights, it would take him sometimes a week or two before he came home, but when he was home, he could be fully present with the family. Though I considered other career options, such as becoming a veterinarian, as my family loves animals my heart was set on becoming a pilot. While my father did initially caution that flying could be too dangerous as the weather could be unpredictable, he soon changed his mind when he saw how determined I was, and both my parents then sent me to flying school.

“For me, farming chillies goes beyond making a profit. I would like to help small restaurants and neighbours, by selling fresh chillies straight from the farm at a reasonable price. We are also looking to grow other plants once we are more familiar with the agriculture industry.”



Abdul Rahman (left) and Nadira (right) share a love of flying and look forward to being up in the clear blue skies on a regular basis once again.

Abdul Rahman: For me, my dad had an interest in flying but was unable to become a pilot. He spoke a lot about it which planted the idea in me of becoming a pilot. As a young boy, I have always wanted to fly jet planes. I feel happy that I am able to do it and find it highly fulfilling to

be able to fly the passengers back to their hometowns, bringing families to their holiday destinations, also as a way to contribute to work-life balance.

Due to COVID-19, we now only fly one or two domestic flights per month and to be honest, it

has affected us physically and mentally. Due to this pandemic, for the company to stay afloat, we have both been affected by the pay cut. To cope, we had considered what we needed to survive. This was narrowed down to food, medicine and shelter, and we realised that most of our needs can be fulfilled by natural resources.

This made me consider going back to nature. So together with my colleagues, I started farming. We now grow chillies on Ladang Kita, on our farm based in Semenyih. We will be harvesting in two or three months and hopefully will see positive results. For me, farming chillies goes beyond making a profit. I would like to help small restaurants and neighbours, by selling fresh chillies straight from the farm at a reasonable price. We are also looking to grow other crops once we are more familiar with the agriculture industry.

COVID-19 has given us the time to explore other ventures. Both of us realise that flying is not everything and we are open to exploring other opportunities.

Nadira: We had been flying for for more than 12 years, being too focused and busy with our

job, we never did explore other opportunities. Now that we have time to spare, I explored a direct selling venture dealing with environmental friendly cleaning products, saving the environment one cloth at a time. While this does provide an income, my interest is more into helping transform homes into safe havens by creating effective, safe and sustainable cleaning and personal care products that reduce the use of harmful chemicals. Through this venture, I have learnt that it is possible to effectively clean a home with just a high quality microfiber cloth and water. Engaging in this venture has enabled me to develop a new skill set in terms of marketing. It has also given me the confidence in approaching a new business, no matter how small.

We plan on continuing with our current ventures even when we go back to flying, as something like this can happen again. We want to be more prepared should we find ourselves in a similar position in the future. While I really love the farming business, I have not got myself into it yet. Our present situation of both of us working in the same field has put us in this present challenging position. We are both looking for different ways to expand.

Abdul Rahman: We are all affected by this pandemic. Something that I have learnt is that you have to start something new, rather than sitting at home and hoping. Talk to your parents, families, friends and neighbours. They can provide ideas that could inspire you. You have to get involved with people and your community, and consider what is actually necessary. It is not



Nadira and Syed at their chilly farm. The couple looks forward to a successful harvest

“It’s a challenge to get investors at this time, and many of our colleagues are in the same position as us. However, it is important to try something new, and hopefully it works out. If you have the means to help, remember to help those less fortunate.”

easy to venture into a new field, and I needed to do a lot of research before getting into farming. Some of our colleagues are also involved in farming, while others got into the food business.

Nadira: It’s a challenge to get investors at this time, and many of our colleagues are in the same situation as us. However, it is important to try something new, and hopefully it works out. If you have the means to help, remember to help those less fortunate.

I do miss flying and love being up in the air, with clear views. I

enjoy having the space of having no distractions and being able to concentrate fully on the flight.

It is heartening to see that flying had become more accessible to many. People are much more educated. When you say bad weather, they understand. I recall a challenging flight I did during the monsoon season from Kuala Lumpur to Terengganu where we had absolutely no vision throughout the whole flight. I have noticed changing weather patterns over the past few years, where even in April, we face heavy rains like in December.

Abdul Rahman: I miss everything about flying. I miss the routine of getting ready to go to work, talking to colleagues, meeting new people, and most of all, the fulfillment that comes from successfully dealing with challenges that may arise on a flight. My most challenging flight was from Melbourne to Kuala Lumpur, but we needed to divert landing to Penang instead due to bad weather. The aircraft shook the whole time during the passage from Kuala Lumpur to Penang. Passengers naturally started to panic and we needed to speak and explain the situation to them. Passengers certainly looked relieved when we landed.

I am happy that we are doing domestic flights now, but in the future, I hope that we can fly everyone everywhere, once again. The airline industry has stepped up on all precautionary measures on the ground and in the air to ensure the safety and wellbeing of everyone involved. Besides deep cleansing the aircraft, and hospital grade air filtration systems, the airline has prepared contactless technology to give our guests peace of mind when travelling. Whereas on board, our crew are well trained to assist with any medical situation in flight which has always been a standard procedure, including identification and isolation of anyone onboard who may feel unwell. Everyone is doing their part in making sure that flying is safe. ■

Interviewed by Kiran Sagoo, PhD. The conversation has been edited and condensed for clarity. The views and opinions expressed in the text belong solely to the interviewee and do not reflect the official policy or position of ASEAN.

ASEAN PLANS TO BOOST TRAVEL AMID A PANDEMIC. HERE'S HOW.



JOANNE B. AGBISIT
AND THE ASEAN EDITORIAL TEAM

Changi Airport, Southeast Asia's busiest airport with hundreds of thousands of passengers on a typical day, sat near empty for months. The sprawling Angkor Wat complex, normally bustling with tourists in the peak months of January to April, fell silent.

These scenes, which look straight out of a dystopian movie, paint a dynamic region on pause.

As COVID-19 cases began surfacing in various parts of the globe, ASEAN governments imposed increasingly stricter policies to limit people's movement and contain the virus. From a temporary entry ban on foreigners travelling from COVID-19-affected countries in January and February, governments started implementing more drastic measures by mid-March. They closed national borders, suspended visa issuance, prohibited the entry and transit of foreign nationals, and even banned outbound travel.

Travel Industry in the Doldrums

Although draconian measures were necessary, they dealt a devastating blow to the travel and tourism industry in the region. The United Nations World Tourism Organization reports that Southeast Asia

recorded a 64 per cent decline in visitor arrivals during the first half of 2020 over the same period last year. This translates to billions of dollars of lost revenue for Southeast Asian economies. Data from the *ASEAN Policy Brief* indicate that Cambodia, Thailand, and the Philippines are likely to be the hardest hit, with their travel and tourism industries accounting for a large portion of their GDP, export revenues, and employment. Not far behind are Malaysia, Lao PDR, and Singapore.

In the travel and tourism value chain, the aviation industry is floundering the most. Several airlines in the region, from national carriers like Singapore Airlines and Thai Airways to low-cost carriers such as AirAsia and Cebu Pacific, have had to furlough or retrench staff, or cut working hours and staff salaries to staunch financial bleeding. *Straits Times*, for example, reported that Singapore Airlines reduced the salaries of its pilots by as much as 60 per cent, and will be eliminating 4,300 positions in the coming weeks.

The hotel and restaurant sector is not spared. Stay-at-home orders, restrictions against indoor gatherings, and booking cancellations have forced hotels and restaurants to close—some temporarily; others, for good. A hotel and restaurant association in Indonesia reported that some 550,000 hotel employees and one million registered restaurant workers have been either furloughed or laid off since the start of the pandemic. In Thailand, the number of laid off hotel employees has reached one million, a local hotel association estimated.

The pandemic's ripple effects have also been felt by tour operators, bus and car rental companies, souvenir shops, and a host of other tourism-dependent micro-

small and medium enterprises, displacing millions more workers.

A Shift to Domestic Tourism

In recent months, ASEAN governments have begun relaxing their lockdown measures and domestic travel restrictions as health protocols were put in place and as COVID-19 cases became more manageable.

National tourism authorities took this opportunity to shift their focus on the domestic market to resuscitate their countries' battered travel and tourism industry. Viet Nam was among the first to do so after successfully controlling the spread of the coronavirus. In early June, it introduced the "Vietnamese People Travel in Viet Nam" programme which encourages citizens to patronise local tourist destinations. Thailand followed suit, launching its "We Travel Together" campaign in July, which offers Thai nationals discounted rates for airline tickets, hotel bookings, and visits to tourist attractions.

Dr. Puvaneswaran Kunasekaran, Honorary Treasurer of the ASEAN Tourism Researchers Association and Associate Director of the Centre for Research and Innovation in Tourism of Taylor's University, Malaysia, said industry players have no choice but to turn to domestic tourism with international borders still closed. At the same time, demand is returning as local tourists are eager to travel. "For example, when the Malaysian government lifted the inter-state travel ban in June, we saw the number of domestic tourists

A secluded spot in Kalanggaman island, Leyte, Philippines

increase. You couldn't get a room in top tourist destinations for the weekend," Kunasekaran said.

Reviving International Travel through Travel Bubbles

Southeast Asian countries that came out relatively unscathed have started opening up their borders to other countries that were similarly successful in containing COVID-19. This exclusive arrangement, called travel bubble or corridor, allows people to move freely within the corridor sans the usual burdensome travel requirements, such as mandatory two-week quarantine upon arrival. Singapore, for example, has started setting up reciprocal green lanes for essential short-term business and official travel with a number of countries in the region, including Malaysia, Brunei, and Indonesia.

The regional bloc is hoping to build on these initiatives and establish a region-wide travel bubble. On 12 November, the ASEAN Leaders took a decisive first step by issuing the **ASEAN Declaration on an ASEAN Travel Corridor Arrangement Framework**, which tasks the ASEAN Coordinating Council, with support from the ASEAN Coordinating Council Working Group on Public Health Emergencies, to take the lead in developing a regional framework that includes a common set of pre-departure and post-arrival health and safety measures to protect ASEAN citizens.

While the travel corridor is initially intended for business travellers, Kunasekaran views this as a good starting point that will pave the way for ASEAN to harness the full potential of intraregional travel, which has been lagging even before the pandemic hit the region. "We have 622 million people in ASEAN, but I can tell you that intra-ASEAN travel—meaning visitors from Singapore to Malaysia, Indonesia to Thailand, etc—was only about 51 million in 2019. It was about 35 million 10 years ago," he said. In contrast, he said, Europe's intraregional tourist flow is about 250 million, a third of its 740 million population.

Kunasekaran said that one strategy that governments can do is steer tourists to hidden gems or off-the-beaten-path travel destinations that are far less crowded and therefore much safer. "Let's say in Indonesia, international tourists

“THE PANDEMIC HAS GIVEN THE INDUSTRY AN EXTRA NUDGE TO RAMP UP DIGITALISATION NOT ONLY TO IMPROVE THE EFFICIENCY OF SERVICE PROVIDERS, BUT ALSO TO ENHANCE THE TRAVEL EXPERIENCE OF CONSUMERS.”

would want to go to Bali, but rather than sending them there, industry players can send them to unknown, unpolished locations," he said. This will be appreciated by a new generation of travellers who want an authentic tourism experience in lesser known, but "instagrammable" destinations, Kunasekaran added.

Another strategy is to strengthen road connectivity and travel between landlocked countries in ASEAN. "Not everyone can afford air travel. In Europe, half of the 250 million travellers travel by car, by land since road mobility is good," Kunasekaran said. This strategy requires the cooperation of countries to develop road networks, travel routes and itineraries, and special passes.

Opportunities for Digital Solutions

In many ways, the travel and tourism industry is among the early adopters of digital solutions for business processes and consumer services. Consider, for example, online airline booking and ticketing, online lodging platforms such as Airbnb and Vrbo, and travel planner apps such as TripIt, which have become ubiquitous over the years.

The pandemic has given the industry an extra nudge to ramp up digitalisation not only to improve the efficiency of service providers, but also to enhance the travel experience of consumers. With safety concerns foremost on the minds of travellers, there is a huge gap to fill in terms of developing "contactless" or "touchless" technology solutions.

Some countries have already started. In Singapore, a number of hotels are now using an AI-enabled digital concierge that can handle guests' item requests, take room service orders, book facilities, and answer queries on a 24/7 basis. In the Philippines, the tourism department ensured that accredited tourism establishments and restaurants have free access to locally-developed apps

for regulating foot traffic and contact-tracing, and for digital restaurant ordering and cashless payment.

The regional bloc recognises the vast potential of digital solutions for revitalising the travel and tourism sector in the midst of the current crisis. ASEAN Leaders seek to send a strong signal of support by issuing the **ASEAN Declaration on Digital Tourism**, which encourages Member States to cooperate on developing new digital platforms, database systems, and value chain connections; create a favorable environment to facilitate adoption of digital technologies by MSMEs and tourism institutions; improve the digital competence of the tourism workforce; and use digital solutions to promote safe and seamless travel experience during and after the current COVID-19 pandemic.

Light at the End of the Tunnel

Even with the impending vaccine roll-out, the travel and tourism industry is not likely to bounce back anytime soon. "According to various authorities, it will take three years for the industry to reach the level it achieved in 2019," Kunasekaran said. "It still depends on how good the vaccine mobilisation will be."

In the meantime, domestic tourism, digital tourism, and intraregional travel are offering the industry a way out of the slump and to gradually recoup its losses while waiting for the vaccines to work and for pre-COVID normalcy to return. ■

Read the ASEAN declarations at the following links:



<https://asean.org/asean-declaration-digital-tourism/>



<https://asean.org/asean-declaration-asean-travel-corridor-arrangement-framework/>



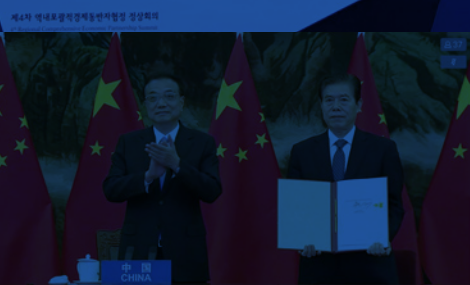
60 Special Edition

37th

SUMMIT AND OTHER RELATED MEETINGS



th ASEAN-UN Summit



A LANDMARK SUMMIT

TO MARK AN EXTRAORDINARY YEAR



SARA ABDULLAH

ASSISTANT DIRECTOR, POLITICAL COOPERATION DIVISION 1,
ASEAN POLITICAL-SECURITY COMMUNITY DEPARTMENT

The 37th ASEAN Summit was concluded in early November. It was part of a series of other Summits and activities with ASEAN's partners, held from 12th to 15th November 2020.

The difficulties posed by the pandemic made clear that ASEAN's strength lies in its power to convene discussions at the highest levels and to affect discussions on issues of global scale amongst all relevant parties. Given this, it became evident that as ASEAN Chair, Viet Nam had to quickly find ways to pivot the regular modalities of ASEAN meetings and find new ways to exercise ASEAN's convening powers on the global stage, whilst ensuring that its Chairmanship objectives and ASEAN's Community-building goals continue to be accomplished this year.

Set against this backdrop, the 37th ASEAN Summit, was a culmination of ASEAN's efforts throughout the year, shepherded by Viet Nam as Chair. The spectre of the impact of COVID-19 loomed large over the discussions among the ASEAN Leaders. All ASEAN Member States acknowledged the devastation caused by the pandemic on many various aspects of life. To that end, the Leaders acknowledged the cross-pillar and comprehensive responses of ASEAN to the pandemic, including the establishment of the COVID-19 ASEAN Response Fund, the ASEAN Regional Reserves of Medical Supplies, and the ASEAN Comprehensive Recovery Framework among others. While the COVID-19 ASEAN Response Fund would function as a funding facility for ASEAN's initiatives in response to COVID-19, the ASEAN Leaders also reminded of the need to encourage partnership in responding to the impact of the pandemic through collaboration in initiatives such as the COVID-19 ASEAN Response Fund.



Plenary session of the 37th ASEAN Summit

The series of Summits conducted virtually was not the first of its kind this year. A succession of meetings of this scale, coordinated and conducted online was largely unprecedented. Indeed, credit is due to Viet Nam for being a pioneer in the face of the challenges of 2020.

The ASEAN Regional Reserve of Medical Supplies was officially launched at the sidelines of the 37th ASEAN Summit. The proposed ASEAN Centre for Public Health Emergencies and Emerging Diseases, which was also announced at the sidelines of the series of Summits, and the ASEAN Standard Operating Procedures for Public Health Emergencies underscore the importance of cooperation and coordination among the ASEAN Member States and their partners, in responding resolutely to this pandemic and future public health emergencies.

The ASEAN Leaders also announced the official release of the ASEAN Comprehensive Recovery Framework (ACRF) and its implementation plan. A comprehensive plan that engages most sectors in responding to the impact of COVID-19 to build back better for the region, the ACRF and its implementation plan will be complemented by other ASEAN initiatives in response to COVID-19, including the ASEAN Travel Corridor Framework. The ASEAN Travel Corridor Framework is part of the various steps ASEAN is taking to jumpstart our flagging economies by encouraging the resumption of business travel in a coordinated and controlled system that safeguards the public health gains attained by the region in combating COVID-19.

At the 37th ASEAN Summit, the Leaders also lauded the achievements of Viet Nam as Chair in pushing through timely initiatives, which has kept ASEAN on



track in pursuing the ASEAN Community Vision 2025 despite the challenges of the pandemic. Some of the critical deliverables of 2020 highlighted by the Leaders include the Mid-Term Reviews of the ASEAN Community Blueprints 2025 and the Masterplan on ASEAN Connectivity 2025, kickstarting the process of drafting an ASEAN Post-2025 Vision, and promoting ASEAN awareness and identity.

Most noteworthy in this respect was the signing of the Regional Comprehensive Economic Partnership (RCEP). The ASEAN Economic Ministers, alongside Australia, China, Japan, Republic of Korea, and New Zealand, signed the RCEP Agreement, witnessed by their respective Leaders, at a virtual ceremony on 15 November. The RCEP Agreement aims to establish a modern,

Opening ceremony of the 37th ASEAN Summit and related Summits

comprehensive, high-quality, and mutually beneficial economic partnership that will facilitate the expansion of regional trade and investment while contributing to global economic integration, growth, and development. Once it enters into force, it would be one of the biggest, if not the world's biggest free trade agreements.

The ASEAN Summit is an occasion for ASEAN Leaders to come together to not only take stock of how far ASEAN has come and reflect on the achievements of the year, but in coming together, ASEAN Leaders are also reaffirming bonds of solidarity and community—especially significant when considering the many regional and international issues which ASEAN contends with. Convening the ASEAN Summit, in the face of an ongoing pandemic, signals to the global audience that ASEAN is not only undaunted by the challenges of COVID-19, but that it is stronger in coming together and more resolute in its shared values and purpose as a Community. This has undoubtedly been an extraordinary year, with ASEAN achieving even more accomplishments. Against the remarkable backdrop of all the newly launched initiatives this year, the region's future is clear and holds promise for even greater achievements. ■

CONVENING THE ASEAN SUMMIT, IN THE FACE OF AN ONGOING PANDEMIC, SIGNALS TO THE GLOBAL AUDIENCE THAT ASEAN IS NOT ONLY UNDAUNTED BY THE CHALLENGES OF COVID-19, BUT THAT IT IS STRONGER IN COMING TOGETHER AND MORE RESOLUTE IN ITS SHARED VALUES AND PURPOSE AS A COMMUNITY.

AMIDST THE PANDEMIC, ASEAN CONTINUES TO STRENGTHEN EXTERNAL ENGAGEMENTS



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The successful convening of the 37th ASEAN Summit and related summits, albeit conducted virtually on 12-15 November 2020, has been essential for ASEAN to realise its 2020 key deliverables and map out future cooperation.

As part of the summit series, the ASEAN Leaders met with their counterparts from Australia, China, India, Japan, New Zealand and the Republic of Korea. There were also Summits with the U.S. and the UN. In addition, the **23rd ASEAN Plus Three Summit (APT)** and the **15th East Asia Summit (EAS)** were also convened on the margins of the 37th ASEAN Summit. A special feature of the series was the convening of the ASEAN-New Zealand Leaders' Commemorative Summit to mark the 45th anniversary of the dialogue partnership.

Against the backdrop of unprecedented challenges posed by the pandemic and global uncertainties, the ASEAN Leaders reaffirmed their commitment to upholding multilateralism and rules-based international order in maintaining peace and stability. In the same vein, ASEAN's Dialogue Partners reaffirmed their

support for *ASEAN Centrality* and shared the importance of the principles set out in the ASEAN Outlook on the Indo-Pacific. They also looked forward to cooperating with ASEAN in the four key areas outlined in the Outlook through existing ASEAN-led mechanisms.

This year's series of Summits welcomed successor plans of action for 2021-2025 between ASEAN and its Dialogue Partners, namely, Canada, China, India, the Republic of Korea, New Zealand, and the U.S. as well as with the UN. The ASEAN Leaders also issued several joint statements with Dialogue Partners to highlight key milestones as well as to mark the breadth and depth of the respective partnerships. In addition, ASEAN and Australia agreed to convene annual ASEAN-Australia Summits starting in 2021, to mark a new chapter of ASEAN-Australia Strategic Partnership.



WHAT IS ASEAN CENTRALITY?

ASEAN centrality is a dynamic process which envisages ASEAN as the central and progressive force in promoting and maintaining a peaceful, productive, prosperous, and inclusive Southeast Asia. This is achieved, among others, by ASEAN becoming a leading player and a respected partner in the global community that advances regional interests and shapes dialogue on important global issues and trends that impact on the future well-being of the peoples of ASEAN.

Nine months into the COVID-19 crisis, ASEAN and its key partners shared the importance of strengthening joint efforts towards regional recovery, maintaining supply chain connectivity, building resilience for public health emergencies, as well as ensuring the affordability and accessibility of COVID-19 vaccine as a



global public good. In this spirit, the ASEAN Leaders welcomed Dialogue Partners' support for ASEAN's key initiatives on this front, such as the COVID-19 ASEAN Response Fund, the ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies, and the ASEAN Comprehensive Recovery Framework and its Implementation Plan. The Dialogue Partners' support for ASEAN's undertakings, including for the ASEAN Centre for Public Health Emergencies and Emerging Diseases was also appreciated.

The historic signing of the **Regional Comprehensive Economic Partnership (RCEP) Agreement**, the largest trade deal in the world, on the margins of the 37th ASEAN Summit, signifies the importance of free and open trade and investment for post-pandemic recovery, regional integration, as well as economic

Top
11th ASEAN-UN Summit

Bottom
Signing ceremony of the Regional Comprehensive Economic Partnership

development across the region. Together, these RCEP participating countries account for about 30 per cent of the global GDP and one-third of the world's population.

The Leaders also discussed the future direction of the relations between ASEAN and its Dialogue Partners. They shared the importance of pursuing partnerships that are "adaptive and responsive" to the current situation. In this vein, they agreed to reprioritise relevant strategies on key issues, such as human security, climate change, disaster management, transnational crime, violent

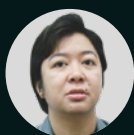
extremism and terrorism, cybersecurity, and women empowerment. The Leaders also underscored the importance of digital technology and transformation to expedite socio-economic recovery and to prepare for the fourth industrial revolution. Several Dialogue Partners rolled out new initiatives to support ASEAN's priorities, including scholarships and training, cyber and critical technology capabilities, as well as infrastructure initiatives including smart cities partnerships.

At the 23rd APT Summit, the Leaders underlined the role of the APT as a main platform to promote practical cooperation in East Asia, and to respond to emerging challenges, including the pandemic. Towards this end, they issued a joint statement on strengthening APT cooperation for financial and economic resilience in response to emerging challenges. At the 15th EAS, the Leaders adopted the Ha Noi Declaration on the 15th Anniversary of the EAS, which reaffirms their commitment to strengthening the EAS process as the Leader-led forum for dialogue and cooperation on the region's strategic, political, and economic issues. The EAS countries also agreed on the need to further promote practical cooperation in areas of common interest through the current EAS Plan of Action, as well as to respond to emerging issues and challenges. In addition, the Leaders adopted a number of statements to enhance EAS collaboration, including on promoting marine sustainability; epidemics prevention and response; women, peace and security; and steady growth of regional economy.

The convening of virtual summits with Dialogue Partners amidst the pandemic and despite the different time zones speaks to the value and relevance of ASEAN's convening power as well as its leadership in facilitating regional cooperation and discourse. The constructive discussions during the summits contributed significantly to the strengthening of ASEAN centrality, reinforcement of rules-based regional architecture, and most importantly, enhancement of collective efforts in the fight against the pandemic as well as in the pursuits of peace, stability, and prosperity in the region and beyond. ■

ASEAN LEADS THE WAY

THE REGIONAL COMPREHENSIVE ECONOMIC PARTNERSHIP



ANNE ROBENIOL

DIRECTOR, MARKET INTEGRATION DIRECTORATE
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A historic ASEAN-led free trade agreement is set to create new opportunities, raise living standards, and improve the general welfare of the peoples in the region.

The Regional Comprehensive Economic Partnership (RCEP) Agreement was finally signed after eight long years of intensive negotiations. On 15 November 2020, Leaders from 15 RCEP participating countries—the 10 ASEAN Member States, Australia, China, Japan, Korea, and New Zealand—witnessed their Ministers sign the landmark RCEP Agreement. It is touted to create the largest free trade area in the world.



The signing of the RCEP Agreement comes at a time when the world is facing the COVID-19 pandemic, a global crisis like no other. In a statement released after the 4th RCEP Summit, the Leaders said, "the signing of the RCEP Agreement demonstrates our strong commitment to supporting economic recovery, inclusive development, job creation and strengthening regional supply chains as well as our support for an open, inclusive, rules-based trade and investment arrangement." They also acknowledged the role that RCEP could play in building the region's resilience as countries go about their post-COVID-19 economic recovery process.

What is the RCEP?

RCEP is a mega-regional trade arrangement negotiated by a diverse mix of economies in the region in terms of their level of economic development, i.e., developed countries (Australia, Japan, and New Zealand) to least-developed ones (Cambodia, Lao PDR, and Myanmar) and, in between, developing countries with varying levels of development.

The RCEP is a modern, comprehensive, high-quality, and mutually beneficial economic partnership that aims to create the world's biggest free trade area and facilitate the expansion of regional trade and investment. The agreement could open up opportunities not only for businesses but also for peoples in the region. Once realised, the RCEP will create the biggest free trade agreement (FTA) in the world as it currently accounts for a third of the world's population and global GDP.

How significant is RCEP?

While the significance of RCEP to the region and the world cannot be overemphasised, it would be noteworthy to mention a few, as follows:

- RCEP demonstrates the capability of ASEAN to lead and drive negotiations for a mega-trade deal.
- RCEP goes beyond the consolidation of the ASEAN Plus 1 FTAs. It forges a trade deal between RCEP participating countries that did not have prior FTAs between them, i.e., Japan-Korea, Japan-China.
- RCEP changes the character of the ASEAN FTAs which include elements that were not covered in most of ASEAN's

earlier FTAs, e.g., intellectual property, electronic commerce, competition, and government procurement.

- RCEP streamlines the rules so that only a single set of rules and procedures will be applied for exporters to enjoy tariff preferences.
- RCEP will make the region an attractive investment destination, and could translate into more employment and market opportunities.
- RCEP could serve as a platform where members could engage in dialogue on trade and economic issues relevant to the region.

What are the key benefits of the RCEP?

The RCEP Agreement comprises 20 Chapters, 17 Annexes, and 54 Market

Access Schedules wherein rights and obligations could be classified into three broad categories: market access, rules and disciplines, and economic and technical cooperation. In general, the RCEP Agreement will: (i) improve market access for trade in goods, services, and investment; (ii) streamline rules and procedures for accessing markets within the region; (iii) establish new rules for electronic commerce, intellectual property, competition, MSMEs, and government procurement; and (iv) provide a platform for economic and technical cooperation, which will provide the development dimension of the RCEP Agreement. Some of the key benefits from RCEP are as follows:



KEY BENEFITS FROM RCEP



DUTY-FREE TARIFFS ON A SIGNIFICANT PERCENTAGE OF GOODS TRADED IN THE REGION; SELF-DECLARATION FOR AUTHORIZED EXPORTERS; GREATER TRANSPARENCY ON NON-TARIFF MEASURES



ENHANCED TRADE FACILITATION MEASURES, ESPECIALLY FOR AUTHORIZED OPERATORS; ADVANCED RULING ON TARIFF CLASSIFICATION, RULES OF ORIGIN AND CUSTOMS VALUATION



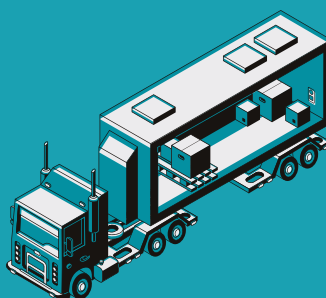
ELIMINATION OF RESTRICTIVE AND DISCRIMINATORY MEASURES ON AT LEAST 100 SERVICES SECTORS IN ALL MODES OF SUPPLY; TEMPORARY ENTRY/STAY OF NATURAL PERSONS TO BE FACILITATED



NON-DISCRIMINATION (MFN TREATMENT); PROVISIONS FOR THE PROTECTION, LIBERALISATION, FACILITATION AND PROMOTION OF INVESTMENTS; STANDSTILL AND RATCHET COMMITMENTS



BALANCED AND INCLUSIVE APPROACH TO THE PROTECTION AND ENFORCEMENT OF INTELLECTUAL PROPERTY (IP) RIGHTS; STREAMLINED PROCEDURES FOR ESTABLISHING CERTAIN IP RIGHTS



CREATING AN ENVIRONMENT CONDUCIVE FOR THE DEVELOPMENT OF E-COMMERCE IN THE REGION; PROTECTION OF PERSONAL INFORMATION FOR E-COMMERCE USERS, INCLUDING CONSUMERS



PROVISION OF TECHNICAL ASSISTANCE AND CAPACITY-BUILDING TO ENSURE THAT ALL ITS MEMBERS ESPECIALLY THE LDCs ARE GIVEN EQUAL OPPORTUNITIES TO BENEFIT FROM RCEP

Where is India?

At the 3rd RCEP Summit in November 2019, Prime Minister Narendra Modi announced that India was pulling out of the RCEP. It was an unfortunate development because India was part of the RCEP when it commenced negotiations in 2012. Notwithstanding, India is an original RCEP participating country that could play a strategic and vital role in regional value chains. For this reason, the remaining RCEP participating countries agreed to give India a special status in RCEP. In the Ministers' Declaration on India's Participation in the Regional Comprehensive Economic Partnership, the Ministers affirmed that India could accede to the RCEP Agreement any time after the Agreement enters into force.

What next?

The signatory states to the RCEP Agreement would have to work on the Agreement's ratification and entry into force. The RCEP Agreement will enter into force 60 days after at least six ASEAN Member States and three non-ASEAN signatory states have deposited their instrument of ratification with the Secretary-General of ASEAN who serves as the depositary for the RCEP Agreement. ■

WORKING TOGETHER FOR A STRONGER ASCC



KIRAN SAGOO, PhD
AND THE ASEAN EDITORIAL TEAM

ASEAN Community, submitted by the ASEAN Ministerial Meeting on Social Welfare and Development (AMMSWD), and the **ASEAN Declaration on the Strengthening of Adaptation to Drought**, submitted by the ASEAN Ministerial Meeting on Disaster Management (AMMDM).

The ASCC Council also endorsed the **Narrative of ASEAN Identity**, which was submitted by the ASEAN Ministers Responsible for Culture and Arts (AMCA). This narrative, which sets down the basis for ASEAN Identity, embraces a bottom up implementation process that engages ASEAN citizens, particularly those at the grassroots level. It seeks to include them shape the narratives of what it means to be ASEAN and make it more relevant their lives

Other documents endorsed by the 24th ASCC Council include the **ASEAN Roadmap on the Elimination of the Worst Forms of Child Labour by 2025**. The roadmap lays out strategies to prevent the exploitation of children, especially those living in remote rural areas, who work in the informal sector. Adopted at the **26th ASEAN Labour Ministers Meeting (ALMM)**, this initiative involved five ASEAN sectoral bodies, two commissions, and one inspectorate. Three guidelines to improve labor conditions in the region were also endorsed by the ASCC Council.

The Roadmap of the ASEAN Declaration on Human Resources Development for the Changing World of Work, translates commitments in the said declaration into concrete actions. This includes developing human resources through closer cooperation in education and lifelong learning and science and technology. Thirteen bodies consisting of ASEAN sectoral bodies, committees, and networks, are cooperating on this initiative. Two ASCC sectoral bodies, the ALMM and ASEAN Education Ministers Meeting (ASEM), adopted this document at



The ASEAN Socio-Cultural Community's (ASCC) strong cohesiveness among its 15 sectors enables the pillar to respond to the region's needs.

Cross-sectoral collaboration in health, labor and civil service, education, youth and sports, environment, disaster management and humanitarian assistance, culture, and information has resulted in the development of concrete documents that address the region's socio-cultural needs.

*Heads of Civil Service Meeting
for the 20th ACCSM*

The range of documents endorsed by the **24th ASEAN Socio-Cultural Community (ASCC) Council Meeting** for elevation to the 37th ASEAN Summit, clearly reflects the rich sectoral diversity within the ASCC. These documents include declarations, a narrative, statements, roadmaps and guidelines. Close collaboration has been key in the successful development of some of these documents, and will be key in their implementation.

Declarations endorsed include the **Hanoi Declaration on Strengthening Social Work Towards Cohesive and Responsive**

the **ASEAN High-Level Conference on Human Resources Development for the Changing World of Work**

hosted virtually by Viet Nam in September 2020. The ASEAN Technical and Vocational Education and Training (TVET) Council was also formally launched at the conference.

In addition, the ASCC Council endorsed the **Joint Statement of ASEAN Youth Ministers on Enhancing Youth Cooperation for a Cohesive and Responsive ASEAN Community**, and the **Joint Statement of the ASEAN Ministers Responsible for Information (AMRI) to Minimise the Negative Effects of COVID-19**. The ASCC Council also endorsed a guideline to transform its public systems and the **ASCC Mid-Term Review Report**.

The impact of COVID-19 on the region remained high on the agenda at the various ministerial-level meetings held by the ASCC over the past three months. The 24th ASCC Council Meeting recognised the need for a whole-of-ASEAN approach to prepare and drive regional efforts in the recovery from the pandemic.

The **9th ASEAN Ministerial Meeting on Culture** noted that the closure of recreation and entertainment centres, including museums, cinemas, exhibition halls, and theatres, has impacted the livelihoods of creative workers and entrepreneurs.

The **11th ASEAN Education Ministers Meeting** acknowledged the severe effects of the COVID-19 pandemic on the education sector.

The **11th ALMM** and **11th ALMM+3** acknowledged the adverse impact COVID-19 has had on workers' employment and workers' well-being in the region.

The civil service role in addressing the COVID-19 pandemic was discussed at the **Heads of the Civil Service Meeting for the 20th ASEAN Cooperation on Civil Service Matters (ACCSM) and ACCSM Plus Three**.

The **8th ASEAN Ministerial Meeting on Disaster Management (AMMDM)**



SIEM REAP HAS BEEN DESIGNATED AS THE ASEAN CITY OF CULTURE FOR 2020-2022.

IMPROVING LABOUR CONDITIONS

Improving labour conditions is a priority with the ASCC Pillar. The following guidelines were adopted by the 26th ALMM and notated by the 37th ASEAN Summit

- ASEAN Guidelines on Effective Return and Reintegration of Migrant Workers
- ASEAN Guideline on Gender Mainstreaming into Labour and Employment Policies towards Decent Work for All
- ASEAN Guidelines on Occupational Safety and Health Risk Management for Small and Medium Enterprises in the ASEAN Member States

TRANSFORMING PUBLIC SYSTEMS

ASCC continues to transform public systems into dynamic, professional, efficient, and effective providers of services. The ASEAN Public Service Delivery Guidelines were adopted by the 20th ACCSM and notated by the 37th ASEAN Summit

and the **9th Meeting of the Conference of the Parties (COP) to the AADMER**

noted the impact of COVID-19 on disaster management. Natural disasters that have occurred amid COVID-19 have strained the resources of national disaster management organisations. Furthermore, international travel restrictions have also made it challenging for international relief organisations to deliver aid.

The meetings provided an opportunity for ASEAN countries to share their experiences, emphasising best practices that could be adapted at the regional level to enhance cooperation further.

The Ministerial Meetings also reviewed their work plans for the 2016-2020 cycle and were satisfied with the progress made. Work plans for the 2021-2025 cycle were either adopted or discussed at the various meetings. Priorities for the ASCC include public sector reform and modernisation, good governance, youth entrepreneurship, human resources development, the future of work, accelerating digital transformation, and developing resiliency in times of disaster, among others. There was general agreement that COVID-19 has provided an opportunity for ASCC to build back better. ■

CULTURE AND IDENTITY

THE POWER OF STORYTELLING

IMPLEMENTING THE ASEAN COMMUNICATION MASTER PLAN 2018-2025

PETER SCHOOF, PhD

EXTRAORDINARY AND PLENIPOTENTIARY AMBASSADOR OF THE FEDERAL
REPUBLIC OF GERMANY TO INDONESIA, ASEAN AND TIMOR-LESTE

In September this year, the German government published its Policy Guidelines for the Indo-Pacific Region—a region that over the past years and decades has constantly become more important for Germany, Europe, and the world.



That is why we aim to strengthen our relations with this important region and expand our cooperation. While for us the term “Indo-Pacific” is not a question of geography or a clear definition of borders, it is obvious that ASEAN is and remains the centre of the Indo-Pacific region. That is why we are proud to work together with ASEAN for many years now, even before we became its first development partner in 2016.

Germany is a passionate supporter of multilateral structures and international cooperation. But we are also aware that the multilateral order is put under enormous stress currently. That is why it is all the more important for international organisations such as the EU and ASEAN to communicate their decisions, explain their policies, and share their vision with the citizens of their member states. An international organisation can only thrive as long as its citizens can identify with it and support its basic objectives. And in order to do so, they need to know and learn about the organisation’s development, its achievements, and way forward.

“An international organisation can only thrive as long as its citizens can identify with it and support its basic objectives.”

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NADINE ALEXANDRA (Actress and Environmentalist)
Borneo Orangutan Survival Foundation (BOSF)

Voice of the Voiceless

“All these images of orangutans being slaughtered, I’m going to talk about this issue because I don’t see anybody else talking about it.”

I was 19, inexperienced and knew so little but when I picked a battle that I wanted to be in, I became highly dedicated to it. When you are that young and yet have a very grown-up role to take on, you sort of have an idealised image in your head of what that role is ultimately going to be. I certainly had expectations regarding environmental activism, particularly as part of the fight for orangutans. It was and still is a pressing issue. I thought everyone was going to be on board and that a direct approach could be taken – the organisation was going to engage in some research while the government would act to tackle the issue. However, that didn’t prove to be the case at all. Finding that out as you go, with these raw and albeit hopeful expectations about how the process is supposed to be, was disheartening and frustrating. However, that only fuelled my passion. I wanted to fight for the voiceless, become a shield to protect the orangutans from the bad things coming their way.

Beginning of the Journey
There were a lot of news reports and articles about orangutans and how their habitats were being destroyed in Kalimantan and Sumatra. That was the start of my fight for orangutans. I wanted to ease their pain and halt the injustice. Orangutans, following their instincts, were looking for food and stumbled upon a palm oil plantation. Considered pests, they were shot at and many were found dead while still huddling their babies. The misery continued as these baby orangutans were traded on the black markets and would end up living their lives in cages as pets, never knowing their natural habitats.

Community Stories

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I am an Orangutan Warrior
I started to become vocal and speak as the voice of the orangutans through the BOS Foundation. It takes a village to raise a child, and so does fighting for the rights of orangutans. It takes collective power to bring these cases to light. From that beginning, the “orangutan warriors” were born and I became a part of them. We worked together as a team to spread the message and to create public awareness on orangutan conservation, what the struggles are and what we need from the public. It is an uphill battle but we are not here for ourselves. We are here to save our primate cousins. The orangutan is an “umbrella species”. When you save them, you save many other species that live within their habitats. So, we are here not only to save one species but are here to also save humanity and to help promote a more compassionate society.

What You Don’t Know, You Don’t Love
I live by this axiom. When people do not care about things, they are not inclined to change things that may benefit the environment. Up until now, I am still left in awe by the resilience that people on the ground show when fighting for the orangutans, and the reluctance of the general public to love orangutans and to care for the environment. Though daunting and tiring, I want to continue to create that awareness and live within people so that they will care. Nowadays, we live such hectic lives that we have no time and space to love other living things as our attention is elsewhere. However, we don’t have to tackle the environmental issue on an individual basis. Indeed, this issue can only be tackled collectively.

Love Above All Else
Countries in the Southeast Asian region belong to the same archipelago and have come together as part of ASEAN. I feel that we are one community that needs to work together in order to make significant changes that will lead to proper and robust evidence-based regulations and policies. Beyond all this though, we need to nurture the love for the environment. Fear is a good motivator but love is ultimately more sustainable.

An Environmental Problem Is Every Nation’s Problem
If we all realise that we are part of a larger community and that the borders between countries are invisible and transparent, we will be able to work better together as an entire community, and as part of ASEAN. For example, our environmental problems in Indonesia affect people in other countries. As ASEAN continues to build its community, we need to start joining hands to work together on this front. We are siblings with one common goal – to create a better world that is filled with love and compassion for the future generations. I am just a tool echoing this message, however, power ultimately lies in the hands of the people. I believe that we, as ASEAN community, can and will put a stop to this destruction if we are committed to working together, as brothers and sisters in arms.

“I don’t want us to look back in hindsight and to say that we should’ve done things differently. We need to look at each other as siblings and we need to work together, because protecting and conserving the environment is something that we will be presenting to future generations.”

The protection of our environment is everybody’s responsibility. Failure to prevent the destruction of our ecosystem leads to habitat loss, pollution and climate change. The ASEAN initiative on the Culture of Prevention aims to provide equitable access to a sustainable, clean and safe environment across the region. Yes, our planet is in a state of crisis, however, it is not too late to save it. Acting together as one community, let us join hands to accelerate efforts to protect our environment and humanity.

ASEAN: A Community of Opportunities for All



In 1948, the French author Antoine de Saint-Exupéry wrote: “Building a boat isn’t about weaving canvas, forging nails, or reading the sky. It’s about giving a shared taste for the sea, by the light of which you will see nothing contradictory but rather a community of love.” The builders, i.e. states and organisations, need to give their citizens a taste of what the community they are building will look like if they want them to engage with and support it.

This is precisely what the ASEAN Communication Master Plan 2018-2025 (ACMP II) aims to achieve. Its vision is to realise a people-oriented and people-

centred ASEAN Community, where the peoples of ASEAN enjoy the benefits of community-building, reinforcing a sense of togetherness and common identity.

Part of this endeavour is to showcase how ASEAN citizens concretely benefit from the opportunities offered by the ASEAN Community. No matter where one lives, be it in Thailand, the Philippines, or any other ASEAN country, each individual can profit from the shared, equitable opportunities for business, community, and personal growth that ASEAN offers. At the same time, all ASEAN citizens share a responsibility to uphold these values.

“ Together with our partners at the ASEAN Secretariat, Germany recognises that, in order to achieve this kind of paradigm shift, ASEAN’s approach will have to shift from telling people what ASEAN is and how it works to showing how ASEAN benefits and helps people.



These values are closely connected to the ASEAN Initiative on Culture of Prevention. This initiative promotes ASEAN’s shared values of tolerance, mutual understanding, and respect for life and diversity in a cross-sectoral way. It aims to initiate a paradigm shift, encouraging ASEAN to act together as one community and to accelerate ASEAN-wide efforts to protect our environment and humanity.

Together with our partners at the ASEAN Secretariat, Germany recognises that, in order to achieve this kind of paradigm shift, ASEAN’s approach will have to shift from telling people what ASEAN is and how it works to showing how ASEAN benefits and helps people. The ACMP II emphasises the importance of storytelling to demonstrate how the ASEAN Community is creating an impact on the lives of citizens through real life examples.

Storytelling, if done right, is powerful. In fact, the human brains is hardwired to process and store information in the form of stories. That is why stories engage like little else. They stimulate our senses,

involve us emotionally and intellectually, put a human face on an issue, and help us connect and empathise with others. Ultimately, stories build and strengthen our human connection.

This is especially relevant for ASEAN’s engagement with influencers and commentators of ASEAN. The ACMP II has defined influencers and commentators as “people who are writing about ASEAN and who are considered influential either because of their position, because of their employer, or because of the size of their online following.”

These influencers and commentators span across all audience groups. If ASEAN can tap well-known personalities admired and followed on social media by many ASEAN citizens, and make them agents of change for ASEAN core values through storytelling, it can really put the ACMP II objectives into practice.

Thus, the ASEAN-German Cooperation on the implementation of the ACMP II aims to fully leverage the power of storytelling

and the draw of influencers to engage citizens in a meaningful way. This effort has resulted in two key publications.

The ASEAN Champion podcast series features interesting stories of influencers across different ASEAN countries and their everyday experiences with ASEAN. The stories capture the values stated in the three community pillars of the ACMP II and target a younger audience. For instance, through podcast stories like “Environmentalism Without Borders” with Nadine Alexandra or “Lifting the Confidence of Women” with Yasmin Shahira, we showed ASEAN values and benefits at work.

The booklet, *In Conversations with ASEAN Citizens*, showcases human interest stories from all 10 ASEAN Member States. The stories educate and raise awareness about the ACMP II and promote the culture of prevention by showing how these high-level ASEAN-wide concepts influence the everyday life of citizens and inspire individuals. Beyond the stories, the booklet contains important content about ASEAN for the general audience: historical overview, the story behind the ASEAN logo and the motto of a “community of opportunities for all,” iconic landmarks in each Member State, the principles of Culture of Prevention, and the fundamental community pillars of ACMP II.

With these initiatives, we want to support ASEAN in its endeavour to become an ever closer community and a community of opportunities for all, to promote a collective sense of pride in ASEAN heritage and achievement. We also want to support cultivating this sense of pride by engaging with citizens to demonstrate the range of opportunities and benefits offered by the ASEAN Community. ■

BRINGING ASEAN TO THE PEOPLE, **ONE STORY AT A TIME**



JONATHAN TAN

HEAD, CULTURE AND INFORMATION DIVISION
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GLADYS RESPATI

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In today's digital age, compelling narratives can make a message stand out in a saturated media landscape. They can capture the imagination, build understanding, and forge emotional connections among people.

Storytelling or narrative making is an important facet of and essential tool for any organisation. It is doubly so for an inter-governmental organisation such as ASEAN whose work at the policy and regional level is often far detached from the everyday lives of ASEAN citizens, therefore, less understood and felt.

ASEAN is the third largest economy in Asia and the fifth largest in the world, boasting a combined GDP of 3 trillion US dollars. Impressive as these numbers sound, the public may not be aware of or fully understand the tireless work that ASEAN does to address challenges and capture opportunities to turn the region into the economically dynamic and vibrant force that it is today. The peace and stability that the region is experiencing as a result of countries' concerted efforts is also likely underappreciated by the public.

The **2018 ASEAN Awareness Poll**, commissioned by the ASEAN Secretariat and supported by the Government of Japan through the Japan-ASEAN Integration Fund (JAIF 2.0), reveals stark realities. While the overall public awareness of ASEAN is high at 96 per cent, fewer than one-third of respondents have extensive knowledge and understanding of ASEAN. Moreover, only half of the respondents perceive ASEAN to be communicating effectively, while a majority of businesses and civil society organisations found ASEAN lacking in terms of meeting their information needs.

Research shows that 45 per cent of a brand's image is not just influenced by the "what," but also by how a brand tells its story

(Digital Marketing Institute blog, n.d.). Meanwhile, 64 per cent of people cite shared values as the main reason they establish relationships with brands (Harvard Business Review website, 23 May 2012). Likewise, effective branding of an organisation requires creating compelling narratives that resonate with and engage people. It requires more than just content development and dissemination, but most importantly, how such content is pitched and amplified through its engagements with the people.

Cognisant of the importance of effective communications and storytelling, the ASEAN information sector has put in place the ASEAN Communication Masterplan II 2018-2025 which governs how ASEAN engages, informs, and interacts with its citizens.

The COVID-19 pandemic has accelerated digital adoption in multiple sectors, affecting various facets of our lives. Worldwide, more than 4.5 billion people now use the internet, and social media users have passed the 3.8 billion mark. In the region, social media users account for 63 per cent of our total population. Recent data show us that there is an increase in online and digital activities during COVID-19—from



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SORAVIT, MAYLIN and PANTACH (Students)
MyWaste Project

Winning Big through Small Steps

“We’re proud of ourselves for moving out of our comfort zone, having the courage to fight for change and addressing a cause that we feel strongly about.”

When you live within the bubble of a community, particularly one that you feel comfortably settled into, it’s easy to feel sheltered. These are words that people rarely associate with any negative undertones. Occasionally this sense of comfort and shelter may be extended to the point where it feels immobilising, as complacency has a knack of preventing you from having your say about the big wide world out there.

Speaking from experience, we can vouch for this claim first-hand and we certainly aren’t the only ones. To be fair, we were much younger back then. School was our entire ecosystem, or so we thought. However, you eventually grow up, your perspective widens and you suddenly realise that a lot of work needs to be done, not only for you and your community but also within the home that you’re inhabiting, specifically mother earth. However, the first victory that you can ever pull off is an effort to make the world a better place to simply to come out of your shell.

We saw Pantach Acharapong, Soravit Thummasatsearn and Maylin Wongvisetpan – students, citizens, members of society – and we felt they were right.

Setting Plans, Setting Goals

All change should begin with a plan. One is to rejuvenate and revolutionise the waste-recycling culture long dormant in our school. Inspired by business models that encourage users to collect points in exchange for rewards, we wanted to develop a digital application that would shake up the waste management system in our school. Unfortunately, our idea proved to be costly, so we had to spend a little and place a larger emphasis on our field operations.

We ultimately decided to call it the “MyWaste Project”. In essence, people turn their waste over to us and receive eco-friendly rewards.

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In return, these rewards come in many forms, such as sustainable bamboo straws. We enrolled the project in a competition called The Youth for Sustainable Development Goals. To be honest, we wanted to think and indeed become big from the get-go and to try to solve the waste problem for the whole of Thailand. However, we were mindful of our lack of resources, at least for the time being. Nevertheless, it is an article of faith for us that even the smallest steps matter. The problems in our society simply won’t disappear until people decide to walk hand-in-hand with the complete understanding that we all have to act, no matter how small our efforts are. Today, we can effect changes in our school. Tomorrow, we can effect changes in Thailand. In a couple of years, we can promote changes in the ASEAN region and maybe even the world.

The Need for a Wake-Up Call

Waste is a multidimensional issue. It is a psychological problem as much as it is an environmental problem. All waste stems from a lethal combination of unhealthy consumer behaviours and unsustainable lifestyles. What we must do to put an end to these habits is to promote a preventive mindset, because our waste problem will never be solved until we realise the value of waste production. Nevertheless, making people care is a tough challenge.

We suspect that people remain nonchalant toward the handling of waste as they are oblivious to the consequences that they are creating. Therefore, unless inconvenience is imminent, people would rather turn a blind eye, which further underlines the urgency in trying to come out of our shell to take a stand on this challenge.

In order to eliminate the waste problem, all of the interlocking elements of society require reform: governments, corporations and households. Thorough planning, as well as proper risk-and-benefit assessments, will be key to such an epochal shift. However, most of all, it is our duty as young people to never stop advocating for change. Find a good cause, do something and fight for it. The rest will follow. People will follow. Such was the case with our cause.

The Work of Ripples

At first, many were sceptical of our project. Indeed, we are but three young people trying to find a way to be a force for change. We persevered by remaining optimistic and confident with all the things that we’ve been doing. Going forward, we wish to inspire other schools throughout Thailand and eventually go beyond our schools. We want MyWaste to be a movement that awakens and normalises the virtue of waste-recycling. Maybe just maybe, it will finally start to see a significant shift in people’s behaviours.

“...everyone should change their habits and strive for an eco-friendly and sustainable lifestyle.”

Waste management is only a secondary solution that is not actually tackling environmental problems at their source. Being conscious regarding consumption and reducing waste is the mindset shift that we need to engage in and promote as a community. The ASEAN Culture of Prevention on supporting a culture of resilience and care for the environment will benefit future generations.



After all, environmentalism is the work of ripples: for other humans, for all living things, for future generations.

More than anything, we wish to inspire. MyWaste is a mindset that can be applied by everyone at every level of society and across all social institutions. We dream of, for example, sharing our story across the ASEAN community, because stories empower and ASEAN is a platform that can unify people across the region. In addition, the bigger the platform, the bigger the opportunity for everyone to be exposed to each other and other ideas. Look around, let the reality of your surroundings sink into your mind and heart, then march forward. Now is as good a time as any and it starts with the belief that in the bigger picture, anything that anybody does always has an effect.

A story on waste recycling is one of the inspiring stories featured in the publication *In Conversation with ASEAN Citizens*

exemplify the preventive mindset that we seek to embed in the DNA of our peoples, as stated in the **ASEAN Declaration on Culture of Prevention**.

A good case in point is a compelling story about a waste recycling movement in Thailand contained in the *In Conversations with ASEAN Citizens*. Young students from Thailand, who spearheaded this groundbreaking waste-recycling movement, relayed

watching and streaming movies and videos, listening to more podcasts, to spending longer time on social media.

These recent developments imply that we have access to platforms and a receptive audience. It is an opportune moment for us to position ourselves through storytelling to engage people in the region.

To this end, the ASEAN Secretariat and officials are actively developing new ways to amplify the benefits of our community building efforts. For example, we are pitching the use of human-interest stories by ordinary citizens to share their ideas about ASEAN Community building efforts and the ways in which the ASEAN Community has benefitted them personally as well as their communities.

Recently, as part of the ACMP, the ASEAN Secretariat launched the “ASEAN Champions” podcast series to better engage digital natives and youth. Also, we have published the inaugural *In Conversations with ASEAN Citizens* developed with support from the German Government through Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). In these podcasts

and publication, ordinary citizens from the 10 ASEAN Member States shared their rich experiences in bringing change to their communities, and in spreading messages of hope, unity, and most importantly, that ASEAN is a community of opportunities for all.

The pivot towards individual storytelling in the podcasts and publication is a deliberate attempt for us to humanise ASEAN. In doing so, we seek to translate the obscure aspects of ASEAN work into relatable conversations with ASEAN citizens and communities at large. These communication products are positive proof of the vibrancy and dynamism in ASEAN. They highlight the multitude challenges that ASEAN is tackling, and the range of opportunities that is available to the peoples if ASEAN citizens work collectively as one region and one community.

These human interest stories in the podcasts and publication further

the important message of the power of individuals to contribute to the prevention of natural and human induced disasters, and environmental degradation.

To catch the digital waves, the ASEAN Secretariat will be rolling out a new suite of communication products including topical podcasts that inform our people and focus on pertinent issues like climate change, efforts to combat fake news, and cultural pessimism. In the pipeline, we will also jazz up ASEAN storytelling through webtoons, animations, and 101 videos that will hopefully bring ASEAN closer to the hearts and minds of its citizens.

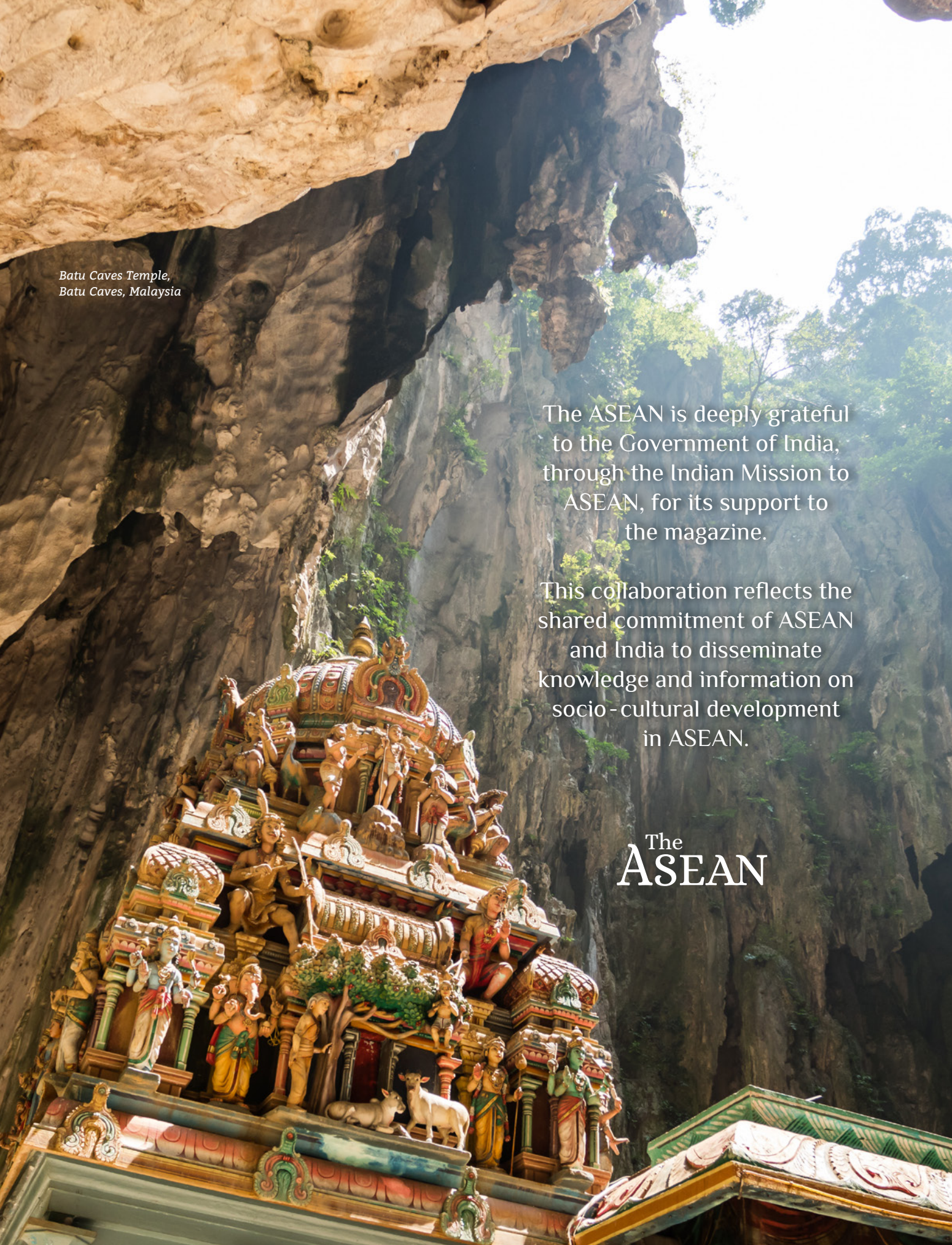
As we amplify ASEAN in name as in action, we will continue to intensify our communication outreach with more immersive and impactful storytelling so that we can create an inclusive climate of keen awareness and deep understanding of ASEAN, one story at a time. ■



Listen to the “ASEAN Champions” Podcasts at:
http://bit.ly/ASEANChampions_Pod



Read *In Conversations with ASEAN Citizens* at:
https://bit.ly/InConversations_ASEANCitizens



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