



ASEAN Socio-Cultural Community POLICY BRIEF

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EXECUTIVE SUMMARY

- As a type of Public Health Emergency, in the past two years, the COVID-19 pandemic has added vulnerability indices of the ASEAN Member States (AMS), which means people have become more vulnerable to cope with the impact of multiple hazards.
- Moreover, Public Health Emergency has also pushed ASEAN's disaster managers to re- think ways of conducting emergency operations, such as mobilisation of relief items and personnel, while reducing the risk of infection through the imposition of travel restrictions.
- At the height of the COVID-19 pandemic throughout 2020 to 2021, the AMS have grappled with the management of COVID-19 transmission and its cascading effects, as well as co-occurrence with disasters triggered by natural hazards.
- The ASEAN region was exposed to 1,690 disaster occurrences during this period, where ASEAN contributed 5% of the global cumulative cases and 6% of the global cumulative deaths.
- The COVID-19 pandemic's co-existence with disasters shows gaps and areas for improvement in the disaster management sector to support the region in responding to Public Health Emergencies. However, the current ASEAN Work Programme 2021-2025 is limited in terms of providing programmatic approaches to addressing these gaps.
- This policy brief aims to look at ASEAN's disaster management efforts through the lens of public health emergencies.

POLICY RECOMMENDATIONS

Considering the challenges and issues that ASEAN has faced during COVID-19 alongside the natural hazards that have occurred, these recommendations are designed to improve disaster risk efforts by strengthening disaster governance amid the Public Health Emergency.

1. To champion the implementation of the global Health Emergency and Disaster Risk Management Framework in the context of ASEAN to break silos between the health and disaster management sectors.
2. Integrating strategies among health sectors, National Disaster Management Office, and AHA Centre to improve risk assessment and monitoring.
3. Escalating Public Health Emergency based on experiences during COVID-19 and HE- DRM framework into disaster risk governance.
4. Reviewing the readiness of ASEAN Standby in Public Health Emergency settings.

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ASEAN's Disaster Management Support to Enhance Preparedness Against the Next Public Health Emergencies

Mizan B. F. Bisri

Introduction: The need for better integration of disaster management and public health emergency

The emergence of COVID-19 has provided an opportunity to strengthen disaster risk governance in alignment with public health efforts, particularly in terms of risk monitoring, preparedness and response. Considering the co-existence of disaster risk and pandemics, a more integrated framework that links public health emergency (PHE) and disaster risk management is needed. The Health Emergency and Disaster Risk Management (HE-DRM) Framework was introduced to reduce the risk and vulnerabilities of the affected people. Similar to the concept of Disaster Risk Management (DRM), this framework aims to focus on preventive measures rather than reactive,

Dr Mizan B. F. Bisri is from Resilience Development Initiative and he is a post-doctoral research fellow at the Institute for Future Initiatives, University of Tokyo and the Institute for the Advanced Study of Sustainability, United Nations University, Japan.

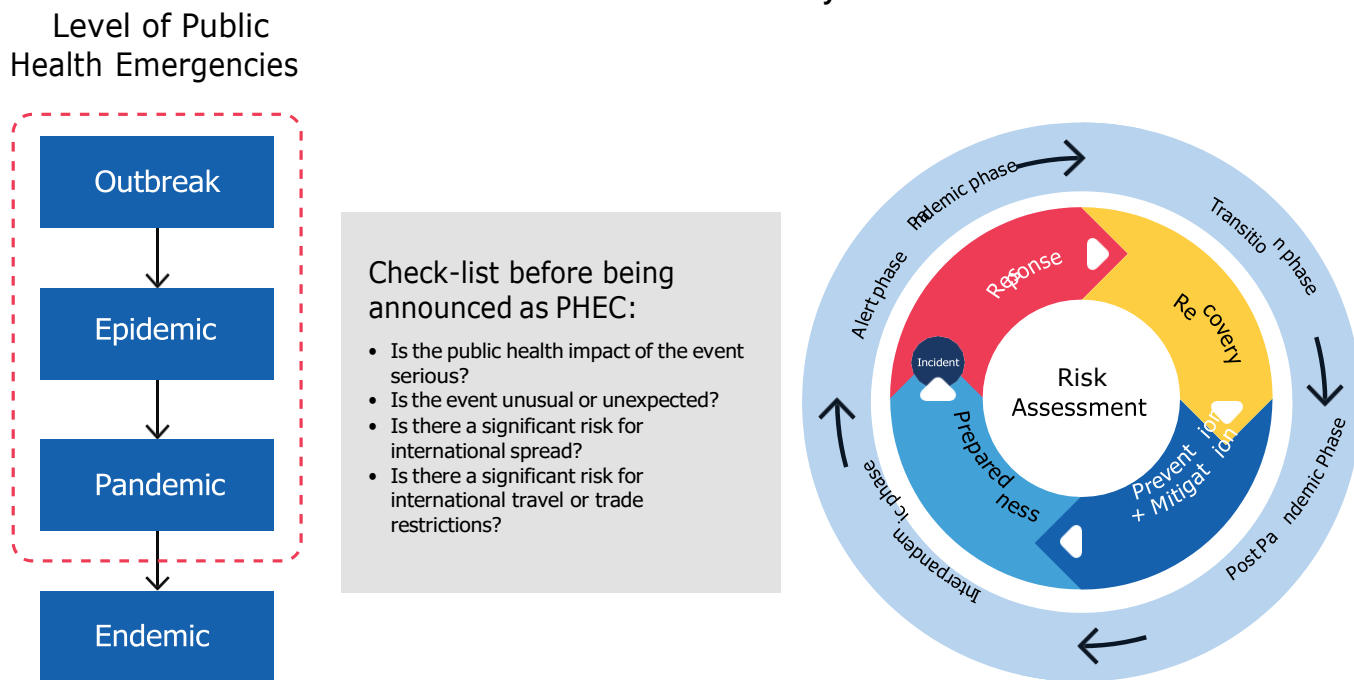
including the use of risk management approach (WHO, 2019). The rampant spread of COVID-19 coupled with global risks such as climate change, has profoundly affected all sectors of society, including far-reaching cascading consequences such as adverse economic repercussions stemming from the global pandemic. These interconnected challenges can escalate vulnerabilities. All in all, risks are becoming more systemic, and consequently are overwhelming disaster risk reduction efforts. There is a need need to urgently strengthen governance systems that address systemic risks (UNDRR, 2022).

In the context of ASEAN, the AADMER Work Programme (AWP) 2021-2025 affirmed that the COVID-19 pandemic and conflict situations perpetuated the complexity of riskscape of ASEAN, particularly in the case of co-occurrence with disasters that heightens negative exposure

to the society. It also adds a layer of challenges and threatens humanitarian access required for mobilising regional responses. Therefore, ASEAN has shifted towards a multi- hazard approach to anticipate impacts exacerbated by natural hazard disasters and PHE.

Not all disease threats worldwide are classified as Public Health Emergencies (PHE) with International Concern (PHEIC). There are several levels of public health emergencies before being declared as PHEIC by WHO based on International Health Regulations (IHR) - an instrument of an international law that is legally binding on 196 countries, including all WHO member states (WHO, 2005). The levels include outbreak, epidemic, pandemic, and endemic.

Figure 1. Illustration of Level of Public Health Emergencies Overlayed with Disaster Management Cycle and Similarities to Pandemic Cycle



Viewed as a cycle, there is a similarity between disaster risk management cycle and pandemic whereby both show that the process may not be linear, such that a disaster event or the peak of the pandemic can occur again even after the phase considered as post-disaster or post-pandemic. A pandemic often comes in several waves within a protracted period, and this will be recurring until an effective vaccine is developed or herd immunity is reached. As such, policies for pandemic crises and natural hazard-related disasters are different, even though the principles of prevention and mitigation and preparedness phases may be similar for both disaster management and PHE (Fakhrudin, Blanchard, and Ragupathy, 2020).

Another linkage between disaster management and PHE sectors is that infectious disease outbreaks exist because of cascading events after natural hazard disasters. Several contributing factors for transmissions/outbreaks include: cities with extreme population density, insufficient health care services, close proximity of people with animals carrying zoonotic diseases, people's movement within the country and the region, and potential influence of climate change on vector-borne and zoonotic diseases (EU CBRN, 2022).

This policy brief aims to enhance ASEAN's disaster management efforts by complementing it with the lens of PHE, as a lesson learned out of COVID-19. It then provides recommendations to enhance ASEAN's disaster management efforts in future public health emergency settings. The recommendations are crafted in a manner that will break the silo between disaster managers and health workers, improve early and rapid actions from respective sectors, and support local leadership in managing disaster response amid PHE.

Learning from Disaster Management and Public Health Interface During COVID-19 Pandemic and Relevance on ASEAN's Disaster Risk Score and Emergency Response Operations

The interface between disaster management and the public health sector at AMS and regional level showcase that several gaps need to be addressed. In the bid to be better prepared against future public health emergencies and their co-existence with other disaster risks, a more integrated risk assessment and monitoring and preparedness for effective and coherent response are crucial. Hence, this section focuses on these two phases within the DRM cycle:

1. COVID-19 Pandemic and the Changes in the Risk Score of ASEAN Member States

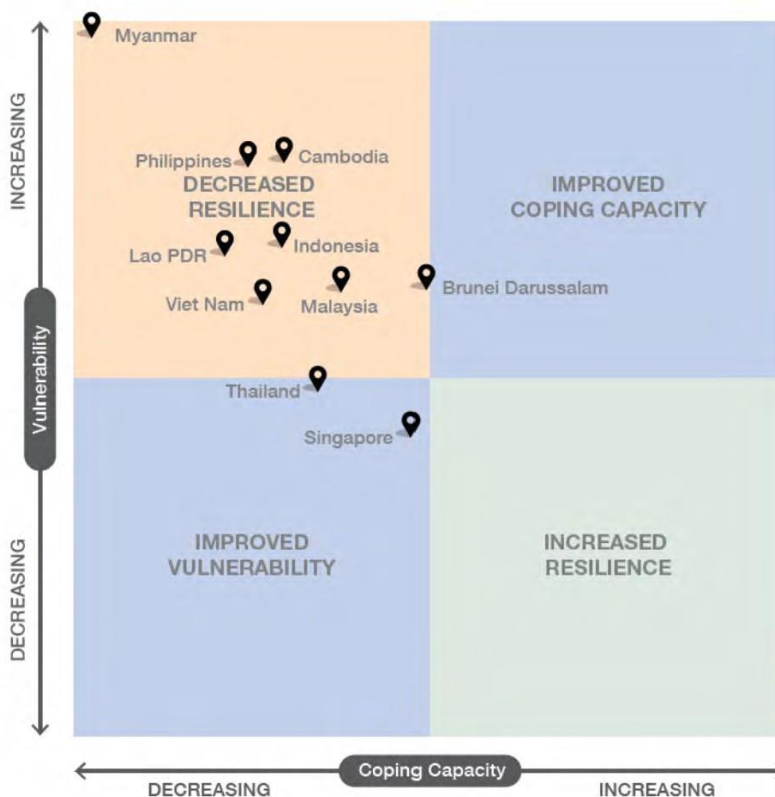
In comparison to the 2019 edition, the 2022 edition of ASEAN Risk Monitor and Disaster Management Review (ARMOR) outlined significant changes in the vulnerability score of AMS during the COVID-19 pandemic. This was attempted through the creation of ASEAN's Risk Information for Situational Knowledge (ASEAN RISK), which combined the Joint Research Centre (JRC) INFORM-Index and the AHA Centre and Pacific Disaster Centre (PDC)'s National Baseline Preparedness Assessment (NDBPA), Risk and Vulnerability Assessment (RVA) and All-hazard Impact Model 3.0 (AIM 3.0). The current ASEAN risk methodology has considered COVID-19 exposure as part of a multi-hazard component by incorporating total cases, deaths, average daily cases, average daily deaths, and unvaccinated population.'

The result shows that AMS have experienced worsening vulnerabilities exacerbated by public health emergencies in the past two years. This

study observed that the performance of Myanmar, Cambodia, and the Philippines in the Human Development Index (HDI) have declined. Of these countries, Myanmar and Cambodia demonstrated a trend of becoming more lenient toward official development assistance. Myanmar is a different case due to the additive risk posed by the ongoing political turmoil, which increases the number and exposure of vulnerable groups. Meanwhile, there is a slight decrease in the vulnerability score of Thailand and Singapore due to improved human development, health, and other economic-related variables.

On coping capacity scores, scores for all AMS have slightly declined since the ARMOR's first edition in 2019. Myanmar stands out with the most notable disparity, primarily due to lack of immunisation coverage and challenges related to government effectiveness. Contrast is observed in Lao PDR, attributable to its government effectiveness score, despite notable improvements in the country's infrastructure. Singapore and Brunei Darussalam remain as the countries with the highest coping capacity score. None of the AMS have shown progress in the overall resilience quadrant as shown in the figure below, which shows the status of AMS within the ASEAN's Risk Information for Situational Knowledge (RISK) quadrant.

Figure 2. Classification of AMS within the ASEAN Risk Information for Situational Knowledge (ASEAN RISK) Based on RISK Score in 2019 and 2021 (AHA Centre, 2022)



The following figure is the result of ASEAN RISK 2021, indicating the disaster risk profile of AMS exacerbated by the combination of natural hazards and COVID-19 exposure (Dimailing et al., 2022). Notably, Indonesia, Myanmar, and the Philippines remain the three most-at-risk AMS to disasters as reported in the ASEAN Risk Monitor and Disaster Management Reviews in 2019 and

2020. Despite being exacerbated by PHE, Brunei Darussalam, Malaysia, and Singapore remain the least-at-risk AMS. Even though there is already a risk study available to support ASEAN’s efforts in preparedness and response, there has yet to be any empirical evidence on how the annual ASEAN RISK is used to support ASEAN’s robust preparedness and response strategies.

Figure 3. ASEAN RISK Scores and Ranking for 2021 (Source: ARMOR, 2022)

Member States	Risk	Risk Rank	Resilience	Resilience Rank	Coping Capacity	Coping Capacity Rank	Vulnerability	Vulnerability Rank	Exposure	Exposure Rank
Brunei Darussalam	0.240	9	0.743	2	0.654	2	0.169	9	0.236	10
Cambodia	0.455	5	0.415	9	0.337	9	0.506	4	0.339	9
Indonesia	0.530	3	0.545	6	0.480	6	0.390	5	0.694	2
Lao PDR	0.489	4	0.455	8	0.345	8	0.437	4	0.409	6
Malaysia	0.374	8	0.452	3	0.622	3	0.318	6	0.434	5
Myanmar	0.640	1	0.321	10	0.254	10	0.612	1	0.575	3
Philippines	0.580	2	0.471	7	0.472	7	0.531	2	0.720	1
Singapore	0.178	10	0.871	1	0.837	1	0.095	10	0.365	8
Thailand	0.448	4	0.590	5	0.507	5	0.312	7	0.575	4
Viet Nam	0.342	7	0.609	4	0.513	4	0.296	8	0.387	7

2. ASEAN’s Emergency Response Operations During and for the COVID-19 Pandemic

In this section, the policy brief provides an overview of ASEAN’s the emergency response operations to several disasters that were affected by various facets of the COVID-19 pandemic. Additionally, it outlines the scope of the disaster management sector and the contributions of its stakeholders to the broader COVID-19 pandemic response.

During the COVID-19 pandemic, most of the disaster events were coincidentally within local disaster response capacities (Dimailing et al., 2022). However, at least three disasters required a national level of response, which also triggered regional coordination: the Central Viet Nam flooding in October 2020, Typhoon Odette in the Philippines in November 2020, and Super Typhoon Goni in December 2021. As a result, disaster response operations, procedures, and protocols of the NDMOs and the AHA Centre adjusted to the varying degrees of restrictions

