Disaster governance is a key element to building a resilient ASEAN community. Vulnerability to natural hazards has led to their prioritisation in disaster governance in the regional bloc. With the set of regional frameworks, bodies and facilities established over the past two decades, ASEAN has become a leading regional actor for dealing with natural hazards. In comparison, during the COVID-19 outbreak, ASEAN’s role has largely been limited to facilitating information-sharing and coordination. The challenges in national COVID-19 responses and the humanitarian needs induced by the pandemic remind us that public health emergencies deserve equal attention as natural hazards in regional disaster governance. Moreover, the risk of concurrent pandemics and natural hazards points to the need for an integrated approach. This NTS Insight argues that a holistic approach to disaster governance is necessary for ASEAN’s community building, which appreciates the linkages between different disasters and integrates regional mechanisms. As the 2004 Indian Ocean tsunami accelerated improvement in ASEAN’s management of natural hazards, COVID-19 should be the catalyst for integrated disaster governance in the region.
Introduction

The outbreak of COVID-19 in 2020 caused multifaceted challenges globally. Apart from a public health crisis and economic recession, the pandemic has induced extensive humanitarian needs in many communities worldwide. In the early phase of the outbreak, many countries were ill prepared for a pandemic of this scale and faced a severe shortage of critical medical supplies, which threatened the security of healthcare workers as well as the success of pandemic response.1 In addition, the COVID-19 pandemic has aggregated the pressure on countries and regions that are dealing with pre-existing humanitarian needs. According to the third update of the Global Humanitarian Response Plan in July 2020, the United Nations called for US$10.3 billion of funding for the global response.2

Southeast Asia was the earliest to bear the brunt of the ravages of COVID-19 due to its geographic proximity and close economic relations with China. Thailand reported the world’s first COVID-19 case outside China on 13 January 2020, after the disease was detected in Wuhan in December 2019.3 So far, national pandemic responses have achieved mixed results across the region, with some countries reporting thousands of new cases a day.4 In view of the intimate socio-economic ties between ASEAN member states, the risk of additional waves of infection across the region remains. ASEAN was expected to play a central role in containing the spread of COVID-19 in Southeast Asia, given its vision to build a resilient regional community and the existing regional mechanisms for health cooperation. However, some ASEAN observers argue that the regional organisation did not provide enough leadership in mounting a collective pandemic response in the region and should have done more to help its member states address challenges in national responses, particularly in the early phase of the outbreak.5

While fighting the pandemic, several Southeast Asian countries have had to deal with natural hazards. The Philippines has been affected by at least three major typhoons this year, Vongfong in May, Goni in October, and Vamco in November.6 Cambodia and Vietnam were hit by successive tropical storms in October, which caused deadly floods.7 Although a vaccine has become available in some countries, it will only be widely available in 2021 at best, with governments warning that ‘normal’

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life will take longer to return. As such, dealing with concurrent disasters is a real challenge for Southeast Asia.

Against this background, this NTS Insight explores how ASEAN is placed to govern the humanitarian consequences caused by simultaneous disasters. Given that the region is highly prone to natural hazards and faces an on-going pandemic, we discuss how the existing regional disaster management system which prioritises natural hazards should adapt to dealing with pandemics and concurrent disasters, with the aim to inform lessons and practices more broadly. This NTS Insight proceeds in four parts. Section one examines how the high exposure to natural hazards has influenced the evolution of regional disaster governance in Southeast Asia. Section two discusses the ramifications of COVID-19 in Southeast Asia from the perspective of disaster governance. Section three reviews how ASEAN has responded to the pandemic and discusses the strengths and weaknesses in the response. Section four considers how the regional structures for disaster governance may evolve in light of the risks facing the region. We argue that ASEAN needs a more holistic approach to disaster governance to build a resilient regional community, which appreciates the linkages between different types of disasters and integrates ASEAN’s diverse mechanisms. COVID-19 provides the catalyst to create change in how the region governs disasters.

Disaster Governance in ASEAN

The Indian Ocean tsunami in December 2004 caused significant damage and losses to Southeast Asia. Indonesia was the hardest-hit (with a death toll of 166,670 and displacement of 811,409), followed by Thailand, Myanmar and Malaysia. The disaster therefore was a major catalyst of the development of ASEAN’s management of natural hazards. The ASEAN member states managed to complete the negotiation of the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) within half a year after the tsunami and signed the agreement in July 2005, which forms the legal basis of disaster management in the ASEAN region. It also demonstrates that when there is political will, ASEAN can respond to collective action problems. The AADMER defines a disaster as “a serious disruption of the functioning of a society causing widespread human, material, economic or environmental losses”.

How an organisation defines and categorises disasters reflects the focus of its work and influences the development of its approach and capacity. For instance, the International Federation of Red Cross and Red Crescent Societies (IFRC) defines natural hazards as naturally occurring physical phenomena caused either by rapid or slow onset events, which can be geological (earthquakes and tsunamis), hydrological (avalanches and floods), climatological (droughts and wildfires), meteorological (cyclones and storms) and biological (disease epidemics and insect plagues). According to this definition, epidemics and pandemics are in the same category as earthquakes, cyclones and tsunamis. Dealing with these disasters falls in the core areas of IFRC’s work, which include promoting humanitarian values, disaster response, disaster

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preparedness, and health and community care.\textsuperscript{12} It also provides an instructive case of how to better integrate regional governance of natural hazards and pandemics.

Unlike the IFRC definition, ASEAN differentiates pandemics from other natural hazards, although it is tasked to lead the response to humanitarian needs induced by different disasters. This is evident in the description of the mandate of the ASEAN Secretary-General as ASEAN Humanitarian Assistance Coordinator which “can be activated any time at the request of the affected ASEAN Member State in the event of a major disaster, whether it be a natural disaster or a pandemic.”\textsuperscript{13} The separation of pandemics from natural hazards has culminated in different systems with limited linkages in ASEAN for governing the two types of disasters. However, the broad mandate given to the ASEAN Secretary-General already provides the structural foundation for more integrated governance of pandemics and natural hazards.

ASEAN has prioritised natural hazards such as floods, drought, and typhoons over other disasters such as pandemics and industrial accidents in disaster management.\textsuperscript{14} This is understandable due to the high and frequent occurrence of natural hazards in the region. Statistics show that natural hazards caused the death of 362,000 people and affected 250 million in Southeast Asia between 2000 and 2016.\textsuperscript{15} The mortality rate increased substantially from 8 deaths per 100,000 between 1990 and 2003 to 61 deaths per 100,000 between 2004 and 2014.\textsuperscript{16} In terms of economic cost, the total losses from natural hazards between 2000 and 2014 amounted to USD 91 billion.\textsuperscript{17}

Consequently, the regional organisation has built relatively strong capacity and institutions for dealing with natural hazards over the past 15 years. ASEAN has developed work programmes on disaster management every five years since 2004, organised regular emergency simulation exercises since 2005, launched the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) in 2011, and established the Disaster Emergency Logistics System for ASEAN (DELSA) in 2012.\textsuperscript{18} These developments have enabled ASEAN to be the central actor for responding to natural hazards in the region. However, the prioritisation of natural hazards has led to uneven development in ASEAN’s governance of different disasters, with pandemic preparedness and response receiving relatively less support and thus progressing more slowly. The effects of this can be seen in ASEAN’s limited role in the early stage of the region’s COVID-19 response, which is discussed further in the next sections.

**Humanitarian Needs Induced by COVID-19**

With the disruptions that the COVID-19 pandemic has caused to socio-economic activities and the health and security of individuals in the region, the pandemic poses another challenge to ASEAN’s goal to build a disaster-resilient regional community. The importance of cooperation was realised early in the region’s pandemic response. In early April while attending a global teleconference, the Indonesian Foreign Minister called for cooperation to cope with the shortage

\textsuperscript{14} ASEAN, “AADMER Work Programme 2016-2020” (ASEAN Secretariat, 2014): 32.
\textsuperscript{17} Gnanasagaran, “Mitigating Natural Disasters.”
of critical medical supplies.\textsuperscript{19} The outbreak of the initially unknown infectious disease led to a need for unconventional humanitarian aid, such as N95 masks, personal protective equipment, sanitising products and test kits, particularly in the early days of the outbreak. In Indonesia, the lack of medical equipment posed a big challenge to its national pandemic response, causing many deaths in the country’s health workforce.\textsuperscript{20}

As major donors struggled with their own domestic outbreaks and were unable to provide timely help, ASEAN member states cooperated among themselves and with partners that were able to assist. During the ASEAN Summit on COVID-19 in April this year, President Duterte specifically noted the shortage of vital medicines and medical equipment in the Philippines and called for intra-ASEAN cooperation in meeting the challenge.\textsuperscript{21} ASEAN adopted the “ASEAN Declaration on One ASEAN One Response” in Vientiane on September 2016, which represents the region’s commitment to collective responses to disasters in Southeast Asia and beyond.\textsuperscript{22} Many people thus expected the regional organisation to play a more active role in assisting its member states in dealing with various humanitarian needs arising from the pandemic.\textsuperscript{23} However, ASEAN member states largely tackled their humanitarian challenges through bilateral solutions and limited adaptation of regional disaster management infrastructure, as is discussed further in the next section. This shows that the regional bloc still has much to improve in its disaster governance, particularly in the face of public health emergencies to achieve “One ASEAN One Response”.

As COVID-19 vaccines became available in late 2020, securing a steady and affordable supply of the vaccine has become a key to long-term success in the combat against the pandemic.\textsuperscript{24} However, due to the vast demands and limited production capacity, countries are likely to compete for COVID-19 vaccines in what some describe as ‘vaccine nationalism’, which places developing countries in a disadvantaged position in the competition.\textsuperscript{25} In an effort to prevent such an occurrence in the region, Singapore Prime Minister, Mr Lee Hsien Loong, stressed the importance of “vaccine multilateralism” as part of the efforts to mitigate the pandemic’s long-term impact in the region during the 37\textsuperscript{th} ASEAN Summit in November 2020. After the Summit, ASEAN also issued a Chairman’s Statement that mentioned “vaccine security and self-reliance” as a priority of ASEAN Post-2015 Health Development Agenda, which was in line with the Declaration on ASEAN Vaccine Security and Self-Reliance (AVSSR) adopted in Bangkok on 2 November 2019.\textsuperscript{26} Framing vaccine as a security issue, ASEAN is likely to take a more active approach to regional cooperation on COVID-19 vaccines, given its importance for post-pandemic recovery.

\begin{itemize}
  \item \textsuperscript{23} Hoang, “Covid-19 Challenges Asean to Act as One.”
  \item \textsuperscript{26} ASEAN, “Chairman’s Statement of the 37\textsuperscript{th} ASEAN Summit: Cohesive and Responsive,” Hanoi, 12 November 2020, https://asean.org/storage/43-Chairmans-Statement-of-37th-ASEAN-Summit-FINAL.pdf.
\end{itemize}
ASEAN’s Response to COVID-19

Once it became clear that COVID-19 was going to become a significant problem for the region, Vietnam (as ASEAN Chair) issued the Chairman’s Statement on ASEAN’s Collective Response to the Outbreak of Coronavirus Disease 2019 on 15th February, demonstrating ASEAN’s commitment to a regional response. Shortly after this release, a Special ASEAN Coordinating Council (ACC) on COVID-19 was convened. In order to ensure an efficient and coordinated regional response, they established the ACC Working Group on Public Health Emergencies (APCCWG – PHE), consisting of representatives of the Sectoral Bodies from all of ASEAN’s Community Pillars.

ASEAN’s COVID-19 response is an amalgamation of both pre-existing Health Sector mechanisms as well as newly created ad-hoc mechanisms. The four main mechanisms involved in ASEAN’s response to COVID-19 are the ASEAN Emergency Operations Centre Network (ASEAN EOC Network) which has been sharing daily situational updates; ASEAN BioDiaspora Virtual Centre which uses big data analytics to produce reports on Risk Assessment for International Dissemination of COVID-19 across ASEAN Region; Regional Public Health Laboratories Network (RPHL), which facilitates exchanges on laboratory readiness, technical and material support, as well as laboratory surveillance; and the ASEAN Risk Assessment and Risk Communication Centre which disseminates preventive and control measures. In order to deal with the specific situations of COVID-19, ASEAN also created several ad-hoc agencies including the ASEAN-China Ad-Hoc Health Ministers Joint Task Force and held ad-hoc meetings including the ASEAN Special Summit on COVID-19 to inform and coordinate their COVID-19 response.

As the outbreak in the region worsened between March and May, ASEAN began to deliver assistance to member states, with the AHA Centre providing a supporting role to the COVID-19 response. During the Special ASEAN Summit on Coronavirus Disease 2019 on 14th April, there was a renewed push for increasing the mandate of the AHA Centre to cover public health emergencies. In the summit declaration, the ASEAN member states resolved to “[b]olster national and regional epidemic preparedness and response, including through…strengthening the capacity of existing ASEAN’s emergencies response network namely the … ASEAN Centre for Humanitarian Assistance on disaster management (AHA Centre) for future public health emergencies”.

The AHA Centre also opened its DELSA warehouses for the utilisation of its relief stockpiles by ASEAN member states. Items such as mobile storage units, hygiene kits and prefabricated offices are available to the member states during the pandemic through the request of their National Disaster Management Organisations as an interim measure to fill any operational gaps in national responses. However, these efforts were not able to significantly alleviate the severe shortage in medical supplies in the region, as conventional stocks of humanitarian aid do not meet the specific needs in this outbreak due to the special characteristics of COVID-19.

28 Ibid.
From Fragmented to Cohesive Response

A key lesson learned from SARS is the importance of communication, a lesson which ASEAN has seemingly taken to heart as seen in the current response. Only with robust communication, countries will be able to muster their own national responses – their significant first line of defence – in a timely and effective manner.\(^{32}\) When the ASEAN Secretariat first received reports of clusters of unexplained pneumonia from the China on 3 January, the Health Division in the ASEAN Secretariat sent an early warning of a potential public health emergency to the SOMHD, activating existing regional mechanisms in early January. One such mechanism activated was the ASEAN EOC Network which started issuing daily updates and technical exchanges regarding the pandemic to the ASEAN member states and their partners.\(^{33}\) ASEAN member states also established a communication hotline to share information on COVID-19 that “could be initiated when necessary”.\(^{34}\) However, access to information and communication remains limited, with significant disparity between countries in information management, surveillance and monitoring related to COVID-19.

ASEAN solidarity was seen in Singapore and Vietnam’s aid response to its fellow ASEAN member states in sending financial aid and medical supplies including personal protective equipment, hand sanitiser, diagnostic kits and PCR machines to several ASEAN countries including the Philippines and Indonesia.\(^{35}\) Importantly, with healthcare infrastructure and capacity differing across Southeast Asia, cooperation is necessary to compensate for the weaknesses of each country’s health system, thus enabling an effective response.\(^{36}\)

A weakness in the response of ASEAN health sector is its fragmented nature. SARS and the various influenza crises that affected the region has highlighted the importance of instituting deeper regional cooperation – not only among the national health officials but also across different sectors and agencies of governments. While there had been some regional measures such as the Health Division of the ASEAN Secretariat sending an early warning of a potential public health emergency to the SOMHD and the activation of existing regional mechanisms in early January and meetings in February, there was little joint action by the organisation until March when the APCCWG – PHE held their first meeting, agreeing to cooperate in consolidating a collective response to the outbreak.\(^{37}\)

Moreover, while examples of ASEAN solidarity were many, most assistance aimed at filling policy and resource ‘gaps’ in the national responses of the hardest-hit ASEAN countries have been bilateral, rather than through ASEAN. Countries such as China, the US, Singapore and Vietnam have been providing aid to the ASEAN countries directly. Acknowledging these limitations, ASEAN leaders have created a ‘COVID-19 ASEAN Response Fund’. First proposed during the Special Summit on COVID-19 on 14 April, the establishment of this fund was announced during the 36th ASEAN Summit on 26 June as

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part of the “whole-of-ASEAN Community” approach towards COVID-19. Countries such as Japan, South Korea and China have already pledged donations to this fund in the form of medical supplies, loans and research grants. Nevertheless, ASEAN has yet to develop the necessary capacity, institutions and facilities to allow it to go beyond coordination, assume the role as an provider of humanitarian assistance, and draw on its own financial resources from the public and private sectors in the face of a pandemic, as it has been doing during natural hazards.

Towards a Resilient ASEAN

It is important to keep in mind that ASEAN is one of the most disaster-prone regions in the world. Even though vaccines for COVID-19 have been created, it is likely that the COVID-19 virus will not disappear completely and will instead become endemic in most countries for the next few years. As such, countries will thus need to adapt and learn to live with the virus as part of the ‘new normal’. The risk of concurrent disasters therefore is extremely likely – and indeed has been occurring in Southeast Asia throughout the COVID-19 outbreak. It is therefore imperative for the different components of disaster governance in ASEAN to cooperate and coordinate to effectively cope with such challenges.

While ASEAN’s response to COVID-19 has been relatively efficient and collaborative, there remains room for improvement, particularly in terms of implementation. The experience of SARS, H1N1, and HSN1 forced the region to recognise that public health emergencies, particularly in the form of infectious diseases, is an ever-present threat, leading ASEAN to embark on institutionalising a more coordinated and effective health response among its members states. Epidemics and pandemics were previously placed as hazards for inclusion in the long-term of the AADEMER Work Programme. COVID-19 however has forced the region to recognise the importance of advancing the institutionalisation of ASEAN pandemic preparedness and response further.

The establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases Centre is a good first step towards this direction. By creating such a body to manage potential public health emergencies – one similar to the AHA Centre – ASEAN will improve its ability to coordinate among the members as well as enhance their joint capacity to respond to medical emergencies and future epidemic threats. With ASEAN partners including Japan and Australia also pledging support and investment in this endeavour, international buy-in is also evident, further cementing ASEAN centrality.

However, the integration and support from financial sources within the regional bloc remains underutilised. ASEAN member states need to look from within for financial support for such endeavours. As the COVID-19 pandemic has shown, the ability of external donors to fund and support ASEAN efforts can be significantly limited in cases when donors are also struggling with their domestic issues.

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To further improve ASEAN’s disaster resilience, it is important to enhance cooperation and coordination between ASEAN’s mechanisms for different disasters, natural hazards and pandemics/epidemics in this case. For instance, in line with the “Joint Statement of the Special ASEAN Plus Three Summit on Coronavirus Disease 2019 (COVID-19)”, a reserve of essential medical supplies could be housed in the AHA DELSA stockpiles in the region. With emergency medical and relief equipment already stored in these satellite warehouses across Southeast Asia, storing vaccines and/or other needed medication needs sufficient storage areas for these supplies. There is the need for procedures and mechanisms to allow the regional bodies that are mandated to deal with different disasters to coordinate and cooperate in times of simultaneous disasters.

**Conclusion**

As a highly interactive and open region, travel and migration in ASEAN means that infectious diseases are likely to spread quickly across the region, becoming a transboundary threat. The challenge to deal with such transboundary threats can be compounded by the concurrence of other disasters. In view of ASEAN’s commitment to responding to disasters as one, coordination and integration of different components of regional disaster governance is essential for collective responses.

ASEAN’s experience with natural hazards is long and provides useful lessons for the development of ASEAN’s response to other disasters, such as pandemics. Moreover, the established facilities and logistic systems for dealing with natural hazards can be transformed for multiple purposes to allow ASEAN’s timely response to different disasters in the future. Other sectors in ASEAN including the health sector – which had its gaps exposed by COVID-19 – should draw lessons from the evolution of ASEAN’s disaster management in terms of policy-making, capacity and institution-building. As ASEAN is highly disaster-prone and the possibility of concurring disasters remains, an integrated approach to disaster governance is essential to build a resilient regional community.
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