

The ASEAN Way: Challenges, Issues, and Opportunities during the COVID-19 Pandemic

ASEAN Way: desafíos, problemas y oportunidades durante la COVID-19

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Abstract: The COVID-19 pandemic brought tremendous change to everyone's lifestyle as well as the social, political, and economic landscape. This novel global health crisis has challenged every state's healthcare system regardless of being a highly developed, newly developed, or developing economies. The southeast Asian region has been one of the heavily hit regions in the world because of its proximity to China, where the virus originated and the vulnerability of their lesser developed healthcare systems. However, despite these challenges to public health governance, these South East Asian countries were able to come up with innovative, inclusive, and effective public health policies, programs, and strategies to address the pandemic. Using the Global Health Governance theory, the study looked into four (4) thematic areas: Actions of the Government, Actions of the Private Sector, Criticisms of the People, and the Effects on the Economy to further gauge on the landscape of the effects of the pandemic to the region. The researcher concluded from these responses to mitigate the effects of the pandemic and their continuing efforts to balance public health and socio-economic development agenda.

Keywords: ASEAN; COVID-19 Pandemic; Health Governance; Public Health Governance.

Resumen: La COVID-19 trajo cambios tremendos en el estilo de vida de todos, así como en el panorama social, político y económico. Esta nueva crisis de salud global ha desafiado el sistema de salud de todos los estados, independientemente de que sean economías altamente desarrolladas, recientemente desarrolladas o en desarrollo. La región del sudeste asiático ha sido una de las regiones más afectadas del mundo debido a su proximidad a China, donde se originó el virus y la vulnerabilidad de sus sistemas de salud menos desarrollados. Sin embargo, a pesar de estos desafíos para la gobernanza de la salud pública, estos países del sudeste asiático pudieron idear políticas, programas y estrategias de salud pública innovadores, inclusivos y efectivos para abordar la pandemia. Usando la teoría de la Gobernanza de la Salud Global, el estudio analizó cuatro (4) áreas temáticas: Acciones del Gobierno, Acciones del Sector Privado, Críticas de la Gente y los Efectos en la Economía para evaluar aún más el panorama de los efectos de la pandemia a la región. Se concluyó que desde países en desarrollo hasta países avanzados, no se puede negar que COVID-19 ha afectado a personas de todo el mundo de una forma u otra. Dejó (y sigue dejando) impactos en los sectores de un país, desde su economía hasta los ajustes educativos.

Palabras clave: TASEAN; COVID-19; Gobernanza en Salud; Gobernanza de la Salud Pública.

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1. Introduction

The Association of Southeast Asian Nations or ASEAN has been a performing regional organization in the world in terms of development. However, with the onslaught of the COVID-19 virus, this region with over six hundred twenty-two million (622,000,000,000) population has also been challenged both economic and public health status. The challenge brought about by this worldwide public health emergency was for governments to act immediately and with a sense of urgency to stop the spread of the virus and plan programs that are targeted at economic recovery. At the end of 2019, there was a report of an “unknown” virus from Wuhan, China and on the 7th of January 2020, Chinese authorities declared that there was SARS (Severe Acute Respiratory Syndrome)-like coronavirus rapidly spreading.

Since 11th March 2020, when the World Health Organization (WHO) defined the new coronavirus (COVID-19) as a global pandemic, the virus has infected 127,285,692 million people and killed 2,785,365 across the globe. In Southeast Asia, on March 30, 2021, ASEAN member countries have confirmed at least 2,812,946 cases and 58,405 recorded fatalities (Center for Strategic and International Studies, 2021), although this figure is undoubtedly considerably higher due to a large number of unreported or undiagnosed cases, especially in developing countries with fragile medical systems. As of August 2020, Indonesia has the highest infection ratio with 5, 601 cases per million population, while Laos has the lowest infection ratio with only 7 recorded infections per million population.

Country	Cases	Cases Last 24hr	Deaths	Tests	Recovered	Cases per Million
+ World	127,285,692	441,323	2,785,365	-	72,200,063	16,319
+ China	101,676	12	4,841	-	96,478	71
+ USA	30,262,717	43,397	549,335	388,603,313	-	91,427
+ Indonesia	1,501,093	5,008	40,581	8,357,821	1,336,818	5,601
+ Philippines	731,894	10,002	13,186	10,087,813	603,213	6,977
+ Vietnam	2,594	3	35	1,469,955	2,308	27
+ Thailand	28,773	39	94	1,663,330	26,873	415
+ Myanmar	142,385	8	3,206	1,683,744	131,789	2,668
+ Malaysia	342,885	941	1,260	7,372,592	327,406	10,990
+ Cambodia	2,233	0	10	539,218	1,166	139
+ Laos	49	0	0	129,999	45	7
+ Singapore	60,321	21	30	8,307,697	60,122	10,749
+ Timor Leste	512	32	0	40,432	170	388
+ Brunei	207	1	3	113,722	191	483

Figure 1. Southeast Asia COVID-19 Tracker as of March 30, 2021. Source: Center for Strategic and International Studies (2021).

This paper seeks to put out a relative report regarding the condition of Asian countries at some point of the disaster added approximately by the COVID-19 pandemic, focusing on member countries of the ASEAN. This research targets to discuss not just the condition of the nation during the pandemic and its effect on the economy, however as well as determine the actions and the precau-

tionary measures being applied via way of means of the government and the private area in the particular timeline. From these findings, the researcher will be recommending viable actions as a way to be translated to one-of-a-kind policies, programs, and response strategies.

1.1. Objectives of the study

The research aims to answer and provide analysis to the following statements:

1. Enumerate the impact of the COVID-19 Pandemic in terms of governance within the ASEAN Region.
2. Explain how the different practices of ASEAN Countries were able to address, mitigate, or challenge the outcome of the containment of the pandemic to the public and private sector.

Provide the necessary alternative and innovative practices that were done by ASEAN Countries to cope up with their limited resources and facilities during the COVID-19 Pandemic

2. Methodology

With the limitations of the pandemic in terms of data gathering and methodology, the researchers were able to gather data from different available online policies, online interviews, and secondary sources which will back up the raw data gathered. The study was done for a period of five (5) months, from January 2021 to May 2021. This means that any succeeding developments after the month of May in terms of the practices in mitigating and adjusting to the COVID-19 Pandemic are not included anymore. Results were presented on a country-to-country basis to ensure consistency and uniform analysis of data.

3. Results and Discussion

3.1. Nation of Brunei, the Abode of Peace

The prevailing COVID-19 pandemic is shifting the world's economy to a slump. This situation is observed in the reduced domestic consumption, declined tourism and business travel, disrupted global supply chains, and the increased healthcare spending to ease the demands of the crisis (ASEAN, 2020). In contrast to first-world countries, Brunei has shown commendable preparation against COVID-19. However, the country wasn't spared from the effects of the pandemic. Brunei is expected to face a budget deficit amounting to \$1.469-\$1.81 billion due to the weak global oil demand and prices (Abu Bakar and Han, 2020). Even though Brunei has anticipated the decrease due to the shift of many developed countries from nonrenewable to renewable energy, Brunei was blind-sighted for a bigger decrease in the budget caused by the COVID-19 pandemic (Abu Bakar and Han, 2020). Moreover, since oil and gas sectors account for 80% of the government's total revenue and is that unlike other countries with varying sources of revenue such as income tax, the nation's economic position will undoubtedly be affected (ASEAN, 2020).

On March 15, citizens and foreign residents were barred from leaving the country. Starting March 24, the Ministry of Foreign Affairs issued a travel ban on the entry of all foreigners for containment measures. On March 22, the Sultan informed the public of their efforts to expand the country's COVID-19 testing capacity through establishing a new virology laboratory. Aside from this, the ministry performed contact tracing for those who tested positive and gave free random tests for migrant workers. Brunei has spent US\$1,970,000 on testing 1,500 people since January.

As the pandemic progressed, closing places of worship, and restricting public gatherings including weddings became necessary. On April 6, the Ministry of Home Affairs announced that Ramadan Bazaars typically held in different locations in the country would not push through this year. People

were asked to work from home while the government guaranteed that there has been no shortage of essential goods. Moreover, social distancing was implemented to avoid community transmission. The Temburong Bridge has opened ahead of schedule on March 17, 2020, to serve as an alternative route for people residing in the remote district of Temburong. This ensures easier transportation for people and essential goods delivered to and from the capital city, Bandar Seri Begawan, and Temburong. Agreements between government and banks allowed the deferral of loan payments for six months in sectors such as hospitality and events management, tourism, and food and beverage. This has been extended to importers of food and medical supplies to assist the higher cash flow requirements due to the increase in demand. Since the government is aware that the private sector would be greatly affected, they allowed workers in private sectors to take paid sick leave.

3.2. Kingdom of Cambodia

In Cambodia, the first case of the coronavirus, as stated by Khan (2020), was declared by the Cambodian Ministry of Health and was supposed to be situated in the territory of Preah Sihanouk and was said to originate from a male individual from a Chinese family that flew from Wuhan, China and into Sihanoukville. The family is said to have shown up on the 23rd of January and the casualty named Jia Jinhua is said to have displayed side effects of the infection. What's more, from that point on, the infection has kept on spreading everywhere in the nation. After a short measure of time, residents of Cambodia began to likewise get infected. What's more, the main instance of the COVID-19 case that infected a Cambodian was one of the four Cambodians who were under isolation at Siem Reap Provincial Referral Hospital who were said to have immediate contact with a Japanese resident. Along these lines, others measuring up to 40 were additionally confined under clinical watch for the explanation of aberrant contact with the said Japanese man (Chhengpor, 2020). It is likewise expressed that, as ahead of schedule as the principal case on a Cambodian was recognized, the administration has promptly made a move in preventing the current cases from rising.

The Cambodian government promptly trained to close schools in the commonplace capital for a period of two fourteen days and drop all get-togethers planned for the following month. Regardless of knowing Cambodia as the nation with a powerless medical services framework and claims just restricted assets, Cambodia is relatively steady in handling the disease, having zero instances of death from the COVID-19 from the period of January until the finish of May. By April 12, notwithstanding having 122 instances of COVID-19, every one of them is said to have recuperated and have no report of new cases five weeks after (Heng, 2020). It is also stated by Nortajuddin (2020) that they have appropriately dealt with the flare-up of the said infection. It is expressed that out of the 195 nations, Cambodia is said to take the 89th spot concerning the readiness of the COVID-19 episode.

3.3. Republic of Indonesia

Indonesia's first instance of COVID-19 has been affirmed in the long stretch of February wherein a lady and her mom were contaminated by a Japanese resident. The Health Ministry of Indonesia made a prompt move and along with the mother and lady, 48 others who were said to have associated with them were then confined and were tested to distinguish their cases (Nirmala & Asmar, 2020). Notwithstanding this, Indonesia is supposed to be set up in confronting the infection for their medical care was up to worldwide norms and they likewise have enough spending plan in achieving items required for the planning of tests. Yet, one issue to consider is that Indonesia has a major chance of being extraordinarily influenced by the flare-up since their nation possesses 10 global air terminals that have non-stop departure from Wuhan, China, which is the place the infection has begun. As a result of this numerous cases at that point began to be accounted for and have kept on spreading the nation over. According to (Fachriansyah, 2020), notwithstanding the developing cases, President Joko Widodo guaranteed that contrasted with different nations, their nation

has stayed leveled out. He additionally expressed that the pace of recuperation as of the long stretch of August has stayed high and a lower rate on the level of dynamic cases in their nation.

3.4. Lao People's Democratic Republic

As soon as the first positive case of COVID-19 was confirmed in Laos, the government quickly took action. As early as February 3, the government was able to establish the National Taskforce Committee for COVID-19 Prevention & Control Committee to help in the implementation of measures. Other than the establishment of the committee, the government of Laos implemented measures that were almost the same as what other countries adopted such as the closing of borders, limiting the number of people who could gather together at once, and making civil servants and government employees stay home and work from home if possible. They also required workers who were coming back from Thailand to quarantine for 14 days as standard protocol & built 7 quarantine centers where these workers could stay before going home to their families. The citizens were on residential lockdown but were allowed to go out if what they needed to do was essential such as buying food and going to the hospital or the bank. They were able to also impose price control on essential items such as masks, food, and soap to avoid sudden increases in prices.

IMF declaration of recession The International Monetary Fund (IMF) has declared on March 27, 2020, that the global economy has entered a recession due to the COVID-19 crisis. The IMF chief Kristalina Georgieva (2020) said that this slowdown could be “as bad as or worse than in 2009” but recovery in 2021 is plausible if the virus is contained. What is a global recession? Recession as defined by the National Bureau of Economic Research (NBER) is a “significant decline in economic activity spread across the economy, lasting more than a few months.” This decline is brought by an immense decrease in the following economic indicators: retail sales, manufacturing, income, employment, and the real gross domestic product (GDP) (Amadeo, 2020). How does a global recession affect the lives of the people? The danger of money not circulating is that it can cause unemployment on a massive scale. Thus, central banks or other institutions responsible for the financial aid of countries strive to ease these damages by implementing policies such as the lowering of taxes and controlling the prices of goods and products.

At the ASEAN level, the crisis in the global economy is badly affecting some countries more than their neighbors. SEA countries are among those that are experiencing major setbacks in their economic activities and their projected GDP growth for 2020 (Searight, 2020). Generally, the travel bans and lockdowns took a toll on the economy of these countries. The travel restrictions made the following countries: Thailand, the Philippines, and Cambodia the most susceptible to economic fluctuation due to them having their largest shares of their GDP, sales in export, and employment in tourism (ASEAN Policy Brief, 2020). The lockdown hindered several economic activities such as retail, business manufacturing, and others. Lastly, included in the countries badly affected by the pandemic in the United States of America and the People's Republic of China which are the top two trading partners of the Association of the Southeast Asian Nations or ASEAN. These hindrances caused several ASEAN countries to revise their GDP growth forecast for the year 2020 (ASEAN Policy Brief, 2020).

3.5. Malaysia

In Malaysia, the preparations and initial planning started in December 2019, diagnostic reagents procurement in January 2020, and several renovations of hospital facilities in February. Likewise, preparation in Thailand immediately began after the first confirmed case in China. Given that both countries are popular destinations, their respective governments already expected the virus to affect their country. Hence, even before the first suspected case, they were able to prepare the hospitals as well as stock up their supply of protective equipment (Bangrapa & Wipatayotin, 2020). In Malaysia, diagnostic capacity increased up to 43 laboratories. In the span of five months, the number

of hospitals ready to treat COVID-19 also increased from 26 to 40 (Rahman, 2020). Meanwhile, Thailand improved its facilities through technology and digitalization (Greater Mekong Subregion, 2020). Aside from the “DDC care” application (monitors PUIs) and the “Thai Chana” web application (for contact tracing between risk groups), Thailand also scheduled patients through self-registration kiosks (Hinjoy, et al., 2020). To reduce time spent at the hospital, patients were also able to check their laboratory results and e-medical certificates through this online application.

Malaysia was first to declare strict lockdown measures, even though the virus affected Thailand first. Upon the declaration of MCO, Malaysians reacted in panic and confusion. Panic buying and crowded public transportations, as people attempt to travel back to their hometowns, increased the risk of infection (Azlan et al., 2020). In Thailand’s defense, they decided to first impose a ‘partial lockdown’ to give citizens ample time to prepare for stricter measures. This strategy succeeded considering that panic buying was not as unbridled compared to Malaysia. Overall, these two countries did almost the same measures such as imposing strict quarantine policies coupled with a nationwide lockdown. However, what sets them apart are the unique ways in which they strengthened basic measures with their strategies. In Malaysia, they focused on the psychological health of the citizens by including mental health and psychosocial support services for patients and frontline (Elangoe, 2020). Thailand, meanwhile, provided financial aid to the citizens (ILO, 2020). For citizens not enrolled under the Social Security System (SSS), cash support of THB 5,000 for 3 months was given. Terminated employees under SSS will earn 50% of the previous wage. Additionally, a fiscal package worth approximately 400 billion baht, consisting of soft loans, an extension of debt payments, tax benefits, was unveiled to provide household assistance.

3.6. Republic of the Union of Myanmar

On the 31st of December 2019, the Wuhan Municipal Health Center reported a cluster of cases due to pneumonia in the Hubei Province in Wuhan, China. This day also marked the discovery of a novel coronavirus that hampered the world until today. The novel virus spread dramatically throughout the world in just a few weeks calling the international community led by the World Health Organization to establish a Strategic Preparedness Plan to protect those states with weaker health systems. Despite this, it took a few months for Myanmar to be susceptible to the disease reporting its first COVID-19 case in the month of March at the same time the disease was characterized as a pandemic (WHO, 2020).

Myanmar, formerly known as Burma, is the northernmost country located in Southeast Asia, bordering China, India, Laos, Bangladesh, and Thailand. According to a census collected by The World Bank in 2018, the country’s total population is at 53.71 million. A country that has a 2,227-kilometer border with China that is crossed by multiple workers and migrants every day is vulnerable to an outbreak (Steinberg, 2019). Travel history is one of the main reasons for the rapid transmission of the said virus. According to the World Health Organization (2020), droplets could land on surfaces and objects and people can become infected by having direct contact with contaminated areas, then touching their eyes, nose, and mouth. Due to the global pandemic, the economy of the country has significantly slowed down since early February. Moreover, the country’s GDP growth is significantly affected expecting it to decrease between 2 to 3 percent during the current fiscal year. Instead of this, the most likely to be greatly hit by this crisis are the poor and vulnerable households across the country (Lwin, 2020). Myanmar launched an economic stimulus plan to fight COVID-19 entitled COVID-19 Economic Relief Plan (CERP) that seeks to extenuate the economic impact caused by the global pandemic, Covid-19 virus, through implementing new measures and response plans ranging from its monetary reforms and increasing government disburse to strengthening the health-care system in the country (Myanmar Times, 2020).

On April 27, 2020, the comprehensive economic stimulus plan was issued by the Ministry of Planning, Finance, and Industry (MOPFI) emphasizing the 7 goals, 10 strategies, 46 action plans, and 76 actions where it scopes a range of monetary measures to emergency fiscal. The CERP focuses on the improvement of the macroeconomic environment through monetary stimulus; easing the negative impact on the private sector through improvements to the investment, trade, and banking sectors; providing assistance to laborers, workers, and households; promoting innovative platforms and products; strengthening the health-care system; and to increase the accessibility to COVID-19 response financing, including the contingency funds. This CERP contains measures mitigating the range of inevitable COVID-19 effects on its economy while ensuring a great probability of having strong economic growth as soon as possible the global pandemic ends.

In the CERP, the monetary stimulus serves as a cushion of COVID-19's impact on the economy to improve the macroeconomic environment. One of its strategies includes lowering banks' deposit and lending rate ceiling by 3% as well as their minimum reserve requirement (Lwin, 2020). In lessening the impact of COVID-19 on households, CERP comprises cash transfers to the most vulnerable and the most badly affected areas, including the internally displaced persons, by mobile financial-services transfers. In addition to this, the government also provides in-kind food transfers to vulnerable households and at-risk populations. They also announced in early April that electricity tariffs for all households will be waived (excluding embassies and international organizations) up to 150 units per month.

To lower the burden on laborers, there will be an implementation of labor-intensive community infrastructure projects to ensure employment for those who have been laid off, and for returning migrants. There will also be cash or lending support that will be provided to those smallholder farmers who have lost sales revenue or remittance income, a way of showing support input purchases in time for planting. Rural cash-for-work programs will also be established in compliance with the lifting of movement restrictions (Myanmar Times, 2020).

3.7. Republic of the Philippines

The Philippines has been considered as the 2nd country in Southeast Asia with the highest number of cases next to Indonesia, it also has the first death due to the virus that has been recorded outside of China (Duddu, 2020). While the government has been doing its best in terms of containing the virus, it still has its shortcomings when it comes to efficiency and the implementation of its policies to contain the spread of the virus.

The country has based its practices when it has dealt with previous pandemics by first conducting contact tracing and imposing a travel ban. The travel ban covers foreigners from China, Hong Kong, and Macau which reported its first cases and deaths because of the COVID-19 pandemic, in a few weeks, other countries such as South Korea and Taiwan have been included in the Travel Ban (CAB, 2020). It also implemented strict lockdown with the Enhanced Community Quarantine (ECQ) as the highest form of lockdown.

Testing was also done as part of its critical efforts in containing the spread of infection, in the early days of the pandemic, the Philippines only had one (1) testing institute which is the Research Institute for Tropical Medicine (RITM) which greatly affected the testing capacity of the country as the samples need to travel from its origin to the RITM (Nuevo et al., 2020).

Coordination also plays an important role in dealing with the pandemic, government officials are being criticized for not having been able to work proper coordination with different local government units that led to delays in testing and medical supplies like Personal Protective Equipment (PPE), medicines, and even improvements in healthcare facilities (Fornell, 2020).

These practices, however, are still subject to change depending on the situation of the pandemic as there are still variants of it raising from different countries, to which even the Philippines has a COVID-19 Variant (Haseltine, 2021). The Interagency Task Force for the Management of Emerging Infectious Diseases (IATF-IED) together with the Department of Health (DOH) has shifted its practices in accordance to weighing in the economy and the safety of the Filipinos.

3.8. Republic of Singapore

There are a lot of different things when we find some differences in how the Singapore and Philippines handled the pandemic. The response of Singapore to this crisis has been remarkable and different countries can learn from its different practices in containing the spread of the virus. Singapore has a few populations compared to other countries so it is much easy for them to handle the pandemic compared to its neighboring ASEAN states. Singapore had built over 900+ clinics for the possible COVID-19 positive patients, they had screenings to know if the said patient is positive or not, they did that when the news regarding the pandemic has been disseminated all over the world. It is important because when the virus has spread, people are confused because of its similarities to common flu, it has flu-like symptoms, and this belief led to the death of a few constituents so the government had to announce its guidelines and lockdowns which were done impressively.

Singapore studied the strategy of the People's Republic of China. One highlight of Singapore is that they always have dry runs for them to be able to get ready in the actual situations. This is a significant practice that is not that present compared to its other ASEAN neighbors. According to Earn (2020), Singapore's health care system includes health insurance such as MediShield, MediSave, and Medifund. These health insurance will help their citizens to lessen the burden of paying huge hospital bills, with that being said they can really manage to fund their people and can barely rely on other countries. Their actions to this pandemic are simply impressive and that most countries can copy and/or replicate how they handle the current situation and how they managed to just be responsible on how they can handle their people. Phoon (2020) said that the country had used its current tourism profit to help the country fund its fight against the COVID-19 Pandemic, which is a great alternative source of funds given that the tourism sector has an unused budget because of the lockdown and travel restrictions. Lastly, According to Dr. Lim Hui Ling, Singaporeans are helping to stop the spread of the virus by willingly wearing masks, social distancing, and using a contact tracing app (Turrel, 2021) which greatly promotes contact tracing efficiently and effectively.

3.9. Kingdom of Thailand

With the lack of national coordination between Thailand's authorities and its constituents, it would seem that Thailand was failing the initial containment of the pandemic (Bello, 2020). However, what it lacked in the leadership aspect was mended by the imminent stabilization of its public health sector. While Thailand had a relatively rough time in adapting to the new normal at the height of COVID-19, the extremely meticulous efforts of the health department tremendously mitigated the potential long-term economic damages that the virus could have brought.

To understand how Thailand coped with the global pandemic, we must first glance at its political structure and social norms. Like the Philippines, a vast militaristic approach was conducted by the conservative government (Bello, 2020). The conservative style of governance was popular among the grassroots as healthcare became more accessible over the years. The positive response toward the government led to increased compliance to public concerns. While there are reports concerning military violence, the government eventually ceded to public health authorities the authority to impose safety protocols amidst the pandemic. Furthermore, health norms became one of the major factors that allowed Thais to adjust to the unexpected global disaster. Influencing factors such as the norms of proper personal hygiene have greatly affected the state's fight against the virus. To illustrate, there are several practices of proper hygiene that Thais practice: 1) taking

showers at least two times a day; 2) regularly changing clothes, and 3) removal of shoes before entering any house.

The stability of Thailand's current public health sector was the effect of the years of organized campaigns led by the masses. The first campaign advocated for family planning which successfully decreased the population rate from 1970 to 2010 to 0.6 percent. The second campaign promoted the usage of condoms. The campaign was mainly targeted at sex workers to avoid contracting HIV/AIDS decreasing the cases to 2.5 percent. The third campaign was an anti-littering campaign that aimed to clean the public and private spaces of Thailand. Finally, the last campaign advocated for universal healthcare for Thais. The success of the campaign can be felt through the affordable healthcare coverage in the country regardless of class. Overall, the adherence to the public health authorities was not established during the quarantine; rather, the obedience was the fruit of a sequence of feats from the public health sectors that manifested the rights of the citizens to human rights. The success entails overwhelming public support for the policies promulgated by the public health authorities.

Despite a slow response due to low national coordination, the Thailand government eventually banned flights and land travels, and rigid contact tracing was vital in Thailand's containment of the virus. The Diplomat provided a checklist of how the state should be in times of global crisis, which Thailand eventually exemplified. The first one was Leadership. Thailand understood the severity of the virus if taken for granted, therefore, with cognizance, it let the public health authorities handle the decision-making process. It is important to note that efficient and decisive leadership should encompass the delegation of state powers and coordination with other sectors. The second was Government transparency. Like most countries, transparency presents itself as a hindrance to corrupt practices. In June 2020, an economic package was on its way to help the underprivileged citizens of the nation's cost at around 1.9 trillion baht. The approval of the bill by the parliament raised questions about the transparency of consecutive details regarding the procedures (Promchertchoo, 2020). The third was legitimacy. The overwhelmingly positive reception of the people to Thailand's public health authorities provides credence to the rules and regulations that they imposed. The basis for the high approval was the evolution of the public health sector of the country. Finally, Planning and Preparedness. Most leaders undermined the intensity of the virus, and the Thailand government was not exempted from this bubble. However, despite its complicated beginning, Thailand managed to rise to the occasion and contain the cases. Overall, it was the national cooperation, organized movements that aimed to better the healthcare system, and compliance with the law rather than the authoritarian approach to leadership that brought the country's victory against COVID-19.

3.10. Socialist Republic of Vietnam

Alerted by the pandemic early in the year, Vietnam, a developing Southeast Asian socialist country located near China with a population of 97 million, has a limited health care system. Since the state is nearby the epicenter of the outbreak, the country has only encountered 1,122 COVID-19 cases and 35 casualties. The Vietnamese government has responded quickly to the crisis, three days before the pandemic announcement of the World Health Organization on March 11, 2020, Vietnam has declared a war against COVID-19. Immediately, orders to tighten its border security regarding China, put hospitals and health departments on high alert for new incoming cases as well as delegating 22 locations for the affected patients, closed schools and universities, banning flights to and from mainland China as well as suspending tourist visas of Chinese citizens and other foreigners coming from China, all of which occurred in less than a month (Minh & Bich 2020). With this, they have conducted mass testing despite its limited resources. Vietnam opted for a more low-cost yet proactive, and admittedly, selective approaches, such as contact tracing, production of medical supplies and test kits, and stationed checkpoints (Nguyen, 2020). On that note, Vietnam has been the first Southeast Asian country to have an effective response to the pandemic.

The state is on constant duty monitoring its citizens utilizing mass surveillance. During the pandemic, The Ministry of Health implemented a strict surveillance system through effective modern technology to disseminate accurate information efficiently. It used innovative ways such as an on-line reporting system that identifies suspected or even confirmed cases. With these citizens would be able to enter information into one database which the Vietnamese government monitors (Nortajuddin, 2020). Patients affected by COVID-19 were mandated to install a mobile application that alerts the authorities whether they were 20-30 feet away from their designated lockdown areas. Of course, there would be complaints that arise from this somewhat invasive technology. Due to data privacy concerns, the government actively arrests people who submit and spread fake information that causes panic within their communities. On the 30th of March, the authorities have fined more or less 800 citizens due to these fake information charges.

With that being said, 62% of the Vietnamese population have approved and were satisfied with this approach as they have understood that this was for the sake of their health as well as their state (Nguyen, 2020). One criticism it faced was its transparency. It is important to note that Vietnam is a one-party socialist state, meaning that it has strict control over the media. The Vietnamese government has been known to pressure social media sites and companies to remove any 'anti-government propaganda' (Truong, 2020). On another note, the private business had to let the group to 1 million employees to save their establishment. To combat that, Vietnam introduced a \$2.7 billion relief fund to aid its unemployed citizens (VOA, 2020). As of April 23, 180,000 Vietnamese citizens have undergone mass testing and in. With that being said, Vietnam has the highest amount of completed tests in the world per confirmed cases with a ratio of 1 confirmed case to 400 tested citizens (Coleman, 2020). The city of Son Loi, with a population of 10,000, was placed in quarantine for 20 days. For tourists that already landed on the land of Vietnam, they were placed in mandatory screening and quarantine. The masses were also ordered to wear masks at all times so far as fining people amounting to up to 301,943 Vietnamese Dong who do not wear them (Nguyen, 2020). Proper protection was also provided for their medical frontlines. They have also greatly encouraged hygienic guidelines, such as hand-washing and sanitizing this was though remaking a Vietnamese song 'Jealous' with the theme of proper cleansing along with choreography, which went viral (Seymat, 2020).

Hence, social distancing was also a priority. The number of cases gradually increased, Prime Minister Nguyen Xuan Phuc ordered 15 days of isolation nationwide, implemented starting from April 1, as the authorities declared that there was an ongoing pandemic (Nguyen & Uyen, 2020). Until the 1st of May, around 200,000 people were quarantined. The government has also set out 'food plans' where citizens can line up following its social distancing guidelines and get a portion of rice as part of their pandemic plan. Flattening the curve is the main objective of the Vietnamese authorities, meaning that they advise the masses to be more vigilant. The government was hands-on with the battle against the pandemic, from informing the citizens of Vietnam as immediately as possible with the situation happening in China to providing the necessary equipment and protective measures. According to the Southeast Asia COVID-19 Tracker, as of the month of August, there have been 1,257,790 recorded testing. By comparing other public health care in Southeast Asia, Vietnam's path to recovery has been much more efficient than its neighbors as it is one of the first countries that reopen its economy with precautionary social distancing measures, even as far as allowing flights at the end of June since its suspension in March. Between April and June, its economy had grown 0.36% GDP while its government had a target goal of 5% at the end of 2020. The government has been planning to cut \$679 million in corporate income tax for small businesses to fight against the pandemic (Vietnam Briefing, 2020). But remember that it is not the same as their society pre-coronavirus but a gradual implementation of the new normal.

4. Conclusions and Recommendations

From developing nations to advanced countries, there is no denying that COVID-19 has affected people around the world in one way or another. It left (and is still leaving) impacts upon a country's sectors - from their economy to educational adjustments. When the pandemic blows over, it would take quite a long time to revert to how things were or possibly not return at all as it can leave long and lasting effects. COVID-19 does not discriminate based on race, social or economic status, or geographical boundaries. Though some long-term humanitarian impacts of the pandemic are already visible, it is impossible to predict how severe these will turn out to be (ICRC, 2020).

The ASEAN has been one of the most affected regions in the world hit by the COVID-19 Global Health Pandemic. There were several contributing factors as to why this region has been affected hard by the pandemic. This study has highlighted the fact that the ASEAN region is an economically dynamic region with numerous international companies and economic exchanges happening every day. Also, another factor is the vulnerability of the healthcare systems in the region since not all of the member countries have capable and highly efficient healthcare systems. Nonetheless, some countries stood up to the challenge and made best practices despite these limitations.

Vietnam and Thailand, despite being third-world countries with limited resources, have actively achieved more milestones than those of nations with higher statuses. As of the month of September, Vietnam has 1,144 confirmed cases, 1,046 recovered cases, and 35 deaths while Thailand has 3,709 confirmed cases, 3,495 recovered cases, and 59 deaths. Both countries, despite their different political regimes, have implemented effective and somewhat similar approaches that have gradually let their society adapt to the 'new normal' (Searight, 2020). With that being said, compared to other Southeast Asian countries, Thailand and Vietnam have decreased the number of daily cases throughout the pandemic. Seeing that both are developing countries, this marks that a country does not have to be affluent to resolve crises.

The Southeast Asian Region has one of the world's most impoverished healthcare systems but had until recently remained relatively unscathed by the coronavirus (AFP, 2020b). One of the first few initiatives of the government was imposing strict quarantine protocols but it seemed like acquiring the virus seemed to be the least of their worries as they would choose to prioritize their employment status more, which is a very valid take. While the virus may only infect the people themselves, it had also woven its way into people's lives.

With the introduction of the vaccines in early 2021, people are now optimistic about the way governments will handle and distribute these vaccines. The development of an effective, efficient, and equitable vaccination program is next for these countries. While scientists predict these positive effects, which include the strong possibility that the universally-recognized need for a coronavirus vaccine may increase people's appreciation for vaccines in general, resulting in improved vaccination uptake once the pandemic passes. Concerned stakeholders, such as governments and the World Health Organization (WHO), and the Association of Southeast Asian Nations (ASEAN), should seize this moment to effectively build on these positive impacts by planning renewed and revitalized post-COVID vaccination programs.

Even though these countries are in the developing stage, it is imperative to consider the mode of governance that is applied in each. Authoritarian countries are more easily able to contain the lockdown compared to democratic countries like the Philippines. Transparency is also considered an issue in terms of the actual number of cases that existed in every country. Scholars are suspicious in terms of the data provided from authoritarian countries but it did not hinder these countries to produce good results in containing the pandemic.

It is recommended that since the study is conducted in an ongoing pandemic, a post-pandemic study should be done to produce better results and consistent data. Although it will take time, it en-

sure a thorough evaluation and comparison between Southeast Asian countries in handling crises like a pandemic. More importantly, further studies about the geographical, governance, international interventions from organizations should also be a factor to take into consideration as it has been playing an important role within the implementation of containing the spread of the disease.

Competing interests

No competing interests were disclosed..

6. References

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