ASEAN and the EU in handling the COVID-19 outbreak: A comparative study between supranational organizations

Henny S. D. Nugrahani¹, Akbar Azmi¹, Graha Christi¹, Yovita Yiwananda¹ and Rizky A Zulkarnain¹

¹European Studies, School of Strategic and Global Studies, Universitas Indonesia, Central Jakarta, 10430, Indonesia

*henny.saputra@ui.ac.id

Abstract. This research is a comparative study between ASEAN and the EU in handling the COVID-19 outbreak. It aims to answer why the idea of cooperation in ASEAN does not appear in the narrative of the Indonesian government's steps and actions in dealing with COVID-19. Simultaneously, the EU has collectively succeeded in mitigating casualties during the outbreak, and the cooperation can be seen clearly through specific programs for this global pandemic situation. This research utilizes contemporary transformative mixed methods design. The theory employed in this research is the Survival Theory. It is concluded that ASEAN's multilateralism is most ineffective within the health sector, causing a wide discrepancy of medical service and death tolls among ASEAN countries. This is mainly due to ASEAN's non-interference policy. However, though ineffective in the health sector, ASEAN has given economic incentives to revitalize its nations' economy during and after the outbreak.

1. Introduction
The coronavirus's ongoing spread has caused panic in countries and prompted them to cooperate among countries in dealing with this global pandemic. ASEAN, an integrated international organization, consisting of 10 countries, starts to take steps to create specific programs and actions to deal with the impact of COVID-19 in their region. On April 14, 2020, ASEAN held a Summit, the APT Summit (ASEAN Plus Three), and the ASEAN Summit on June 26, 2020, specifically to discuss cooperation in handling COVID-19. Many critics claim that ASEAN has been slow in taking steps after one month after the WHO declared COVID-19 a global pandemic.

The results of the APT Summit and the ASEAN Summit include seven points. First, strengthening cooperation among ASEAN member countries in the fields of information, best practice, research development, epidemiology, and clinical care. Second, protect citizens and ASEAN nations. Third, strengthen public communication and fight stigmatization and discrimination. Fourth, commitment to coordinated measures and policies for mitigating economic and social impacts. Fifth, prioritizing a comprehensive approach that involves all stakeholders. Sixth, ensuring supply chain connectivity in the trading area. Finally, support the relocation of the Trust Fund ASEAN for handling COVID-19 [1].

1.1. Problem formulation
As previously described in the background, therefore, the researcher concludes that the problem formulation is why did the idea of cooperation in ASEAN do not appear in the narrative of the Indonesian government's steps and actions in dealing with COVID-19?

1.2. Research objectives
This research aims to find out how ASEAN, as a regional organization with its member countries, faces the global pandemic of COVID-19. Also, researchers will further explore the commitment of member countries to face the pandemic jointly. Directly, the researchers compared ASEAN with the European Union as other regional organizations. Another objective is to describe the dispute settlement or steps taken by ASEAN in the pandemic issue.

2. Method
This research uses mixed methods by combining qualitative and quantitative approaches. There are two types of data collection techniques. First, the qualitative with document studies, literature studies, and official institutional reports review referring to government reports. Second, the quantitative with data management and quantification of data groups. There are two types of data analysis, namely through textual narrative and numerical data analysis. The conclusions drawn are in the form of objective and subjective interpretations.

2.1. Qualitative
The basic pattern of state behavior is based on how the state survives in an anarchic order. Therefore, Barry Buzan sees this because of security factors. This micro/macro methodology is something that, while infinitely complex, is also of the utmost importance in order to be able to get a better idea of how to deal with what Buzan calls the "National Security Problem".

Based on Figure 1 above, it can be seen that the threat concept is relatively easy to apply by individuals, which is a way of looking at state behavior in implementing a policy based on individual threats occurring in a country. COVID-19 is considered a threat because it endangers the lives, health, status, wealth, and freedom of the citizens in a country [2].

2.2. Quantitative
This research uses mixed methods, the contemporary transformative design. This type of research is guided by a theoretical perspective and uses an advocacy lens, for example, feminist perspective or critical theory. This type allows the collection of quantitative and qualitative data to be done together, with the possibility of an unbalanced priority index. This type of design also provides room for the fusion of qualitative and quantitative methods, followed by separate data analysis. As part of the process, analysis can be carried out during interpretation. If there is a transformation process, the analysis can also be carried out parallel with the data processing process. This type of contemporary transformative design is generally used to provide alternative thoughts, advocacy, or a new understanding of a phenomenon [3].

3. Results and discussion

3.1. Qualitative
This section will answer the research question from the qualitative point of view. In the COVID-19 pandemic or the coronavirus that occurred in each ASEAN member country, the cooperation was not carried out. This humanitarian crisis condition causes every member of ASEAN to be more self-interest.

Table 1. Number of Corona Cases in ASEAN Countries

| No | Country          | Number of Cases |
|----|------------------|-----------------|
| 1  | Brunei Darussalam| 135             |
| 2  | Cambodia         | 124             |
| 3  | Indonesia        | 35,295          |
| 4  | Laos             | 19              |
| 5  | Malaysia         | 8,369           |
| 6  | Myanmar          | 244             |
| 7  | Philippines      | 24.175          |
| 8  | Singapore        | 39.387          |
| 9  | Thailand         | 3,125           |
| 10 | Vietnam          | 332             |

Data were above taken from the ASEAN Brief 2020 in June; it can be seen that the number of victims infected due to coronavirus in each member country has various numbers. However, between ASEAN member countries, there are significant imbalances. For example, Indonesia has 35,295 cases, while Laos has only 19 cases [4].

The cooperation carried out by ASEAN has not surfaced because each country is more focused on its domestic policies to save their respective communities or residents. This is also meant in each
country’s effectiveness and success to reduce the spread rate and death rate due to the humanitarian crisis (COVID-19 pandemic). Another thing is how countries can still survive in the context of health and other contexts such as economics.

The COVID-19 pandemic focuses on two things: the economic and health sectors. The principle of non-interference is one crucial factor that indirectly affects the management prevention of COVID-19 in ASEAN members [5]. In the health sector, ASEAN has not been able to produce tools and proper equipment to prevent increased victims of coronavirus. That is why ASEAN needs Big Countries or ASEAN Plus, such as China, Australia, or Korea, in handling COVID-19 in the health sector. In this case, to produce vaccines and also ventilators as examples of such handling. Therefore, the narrative that is shown appears to be bilateral, instead of regional. In this case, among others, between Indonesia and the United States in discussing or cooperating to bring ventilators or vaccine aid. Indonesia also gets support from China.

The absence of dispute settlement in ASEAN for each member country is another reason why the ASEAN narrative to cooperate against the COVID-19 pandemic does not emerge in Indonesia or other countries. ASEAN is different from regional organizations such as the European Union on resolving conflicts if there are significant issues such as a pandemic happening in all member countries. Therefore, the commitments made will be different from the European Union.

3.2. Quantitative

There shall be a process of transforming qualitative to quantitative data as part of this research. This method is named concurrent transformative design. The type of projection applied in this study is the preferable type which indicates the value of judgment so that the projection submitted is the one that tends to be expected to occur. In this context, the issue is the commitment to ASEAN cooperation.

With the nature of preference, this research first looks at the experience of commitment to cooperation between regions that is quite comprehensive in handling COVID-19. Because this is a new issue and the standard for regional cooperation in handling COVID-19 did not previously exist, the research took a sample of one of the regional organizations that also commit to cooperate in handling COVID-19, namely the European Union. One of the factors behind taking the European Union as a comparison sample is that on 20th March 2020, ASEAN held a video conference with the European Union to handle this pandemic effectively. This means that there is an assumption that the European Union's mechanism is one of ASEAN’s references in developing commitments in its region.

However, this pairing should be accompanied by the knowledge that there are differences in background and nature between ASEAN and the European Union as organizations between regions. ASEAN and the European Union are both intergovernmental organizations which are based solely on regional activities. ASEAN remains an intergovernmental organization while the European Union is at another level, namely a supranational entity. The European Union is highly institutionalized when compared to ASEAN, which lacks a compliance mechanism [6]. The ASEAN Secretariat has a limited role in providing logistical and information support. ASEAN has its way of doing things with informality and consensus to avoid binding agreements and regulatory frameworks. All of that is also based on the principle of national sovereignty and the principle of non-intervention between countries.

In the process, for the use of contemporary transformative design, this simple study uses tools or instruments that help see ASEAN decisions, which indirectly shows commitment. In journals, this tool is used to see the government's commitment to dealing with nutrition issues. In this instrument, there are main components, each of which has dimensions. What is relevant in this study is the political
commitment component and the two dimensions we use, namely institutional commitment and budgetary commitment.

**Table 2.** Main Component of PCOM – RAT.

| No. | Dimension | Indicator                  | EU Description                                                                                     | ASEAN Description                                                                 |
|-----|-----------|----------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1   | Institutional Commitment | Regulations.Enable the escape clause to allow member countries to use fiscal assistance for health systems, citizens, and businesses | 1                                                                                   | There are no special regulations, and there is a commitment to keep the market open and an appeal to maintain extraordinary cooperation with ASEAN +3, also for food safety |
| 2   | Budgetary Commitment    | State aid.Apply the most flexible government assistance in EU history to keep companies and communities working | 1                                                                                   | There is no standard mechanism for state aid. There are calls for corporate stimulus in each country. |
| 3   | Institutional Commitment | Medical equipment.Ensure medical equipment can be distributed, ensure joint production and procurement processes run well, provide assistance to | 1                                                                                   | There is a commitment to work together to meet the medical needs of health workers and other medical aid equipment |

This study uses an instrument with ten indicator points where each indicator has a value of one if it has become part of the discussion or implementation in both the EU and ASEAN [7]. The ten indicators are taken from the core of the intervention that has been carried out by the European Union as a regional country that is also working together to deal with COVID-19 with other members.

**Table 3.** Instruments and Measurement of ASEAN and Union Comparative Commitments Europe.

| No. | Dimension | Indicator | EU | ASEAN | Point |
|-----|-----------|-----------|----|-------|-------|
| 1   | Institutional Commitment | Regulations | Enable the escape clause to allow member countries to use fiscal assistance for health systems, citizens, and businesses | There are no special regulations, and there is a commitment to keep the market open and an appeal to maintain extraordinary cooperation with ASEAN +3, also for food safety | 0 |
| 2   | Budgetary Commitment | State aid | Apply the most flexible government assistance in EU history to keep companies and communities working | There is no standard mechanism for state aid. There are calls for corporate stimulus in each country. | 0 |
| 3   | Institutional Commitment | Medical equipment | Ensure medical equipment can be distributed, ensure joint production and procurement processes run well, provide assistance to | There is a commitment to work together to meet the medical needs of health workers and other medical aid equipment | 1 |
member countries in need

4  Institutional Commitment  Guideline  Availability of shared guidelines used to stop the spread of the virus: medical guidance, identification of priorities, seeing gaps in health clinics, etc. There is also a joint guide for economic recovery, FDI screening. There are standard guidelines for border management.  1  A joint guideline for a new health emergency response is proposed to be developed. There are already ASEAN Guidelines on the Provision of Emergency Assistance by ASEAN Mission in Third Countries to Nationals of ASEAN Member Countries in Crisis Situations.

5  Institutional Commitment  Single market  Ensuring a line of goods and HR is available in the EU market  1  There is an appeal to ensure that goods and services remain distributed in ASEAN.

6  Budgetary Commitment  Budget availability  Provide a budget for the COVID-19 response initiative, liquidity through the European Investment Fund  1  There was a decision to reallocate the available budget for the COVID-19 response.

7  Institutional Commitment  Citizens Protection  There is a concerted effort to repatriate EU citizens  1  There are collaborative efforts to protect citizens in every ASEAN country or a third country.

8  Institutional Commitment  Information and Research Cooperation  The existence of collaborative support for vaccine research, diagnosis, and treatment of patients  1  There is a commitment to sharing information, best practices, R&D.

9  Budgetary Commitment  Recovery Budget and Plan  Ensuring the availability of budget for recovery plans in 2021-2027  1  There is no recovery budget yet. There are directions to start compiling a recovery plan.

10 Institutional Commitment  Disinformation Management  The EU has disinformation management and guidance: through strategic communication and public diplomacy  1  There is guidance for disinformation management through the ASEAN information department.

Total value  10  7 70%

From the ten indicators above, if transferred on a commitment scale using ordinal level data in five classifications, ASEAN has a total commitment of 70%. In other words, ASEAN is entirely committed to handling the COVID-19 pandemic.
Table 4. Scale (Ordinal Level Data).

| Scale       | Percentage |
|-------------|------------|
| Very low    | 0% - 20%   |
| Low         | 21% - 40%  |
| Moderate    | 41% - 60%  |
| Nearly high | 61% - 80%  |
| High        | 81% - 100% |

The instrument above can demonstrate ASEAN's projected commitment, also in line with the April 14 Summit. Suppose the instrument is used to see the commitment gap between the European Union and ASEAN. In that case, there is a gap of three points worth 0 that can increase ASEAN commitment or cooperation in dealing with this COVID-19 pandemic. The three parts are: (1) Availability of regulations for budget cooperation or travel advice between ASEAN countries during a pandemic; (2) State Aid, this commitment projection for ASEAN may be a way for future economic stimulus between countries and (3) Recovery Budget and Plan.

Of the three sections above, numbers one and two are based on differences between the European Union and ASEAN like the organization itself. ASEAN's non-intervention nature and prioritizes sovereignty is the basis for ASEAN decision making and concerning the handling of COVID-19. ASEAN does not have an economic integration mechanism as robust as the European Union, so state aid cannot be part of regional organization policies that can rapidly stimulate member countries' economies. However, there is an opportunity to increase the third part's commitment, namely having a joint budget plan and allocation to support its member countries.

4. Conclusion
Unlike other regional organizations such as the European Union, the implementation of cooperation in ASEAN is less visible as an integrated international organization that accentuates the action in dealing with the COVID-19 pandemic or the coronavirus in each country. Several factors are causing this to happen in this region, including ASEAN member countries' busyness in regulating and adjusting their respective domestic policies. ASEAN does not have a significant conflict or problem resolution mechanism. Especially in addressing an issue that will occur, in this case, a global pandemic. ASEAN's current action is how to help member countries in the economic sector. Regarding other handling policies to reduce the level of risk of spreading and adding to the number of coronavirus victims, it is returned to each country's internals.

The projection of commitment to ASEAN cooperation is relatively high when referring to the results of measurement indicators. In the future, the instrument shows three main points that ASEAN can improve in the context of cooperation, but only one point is not against the principle of ASEAN non-intervention. Namely, there are joint rules and a firm agreement to plan for recovery and integrated budget allocation. However, the nature of ASEAN and the European Union is indeed different. Compared to the European Union mechanism, ASEAN does not have a direct mechanism to respond both in terms of economic assistance to its countries and binding regulations.

References
[1] ASEAN Secretariat 2020. Joint Statement of the Special ASEAN Plus Three Summit on Coronavirus Disease 2019. Available from: https://asean.org/joint-statement-special-asean-plus-three-summit-coronavirus-disease-2019-covid-19/
[2] Stone M 2009 Security according to Buzan: A comprehensive security analysis. Security Discuss Pap Ser 432–3
[3] Hanson W E, Plano C V L, Petska K S, Creswell J W, Creswell J D 2005 Mixed methods research designs in counseling psychology J Couns Psychol 52 224–35
[4] Dezan S. & Associates. The Coronavirus in Asia and ASEAN – Live Updates by Country. ASEAN Brief. 2020;1–13. Available from: https://www.aseanbriefing.com/news/coronavirus-asia-asean-live-updates-by-country/

[5] Jones L 2010 ASEAN’s unchanged melody? The theory and practice of “non-interference” in Southeast Asia. *Pacific Rev.* 23 479–502

[6] Camroux D 2008 The European Union and ASEAN: Two to Tango. Notre Europe

[7] Fox A M, Balarajan Y, Cheng C, Reich M R 2015 Measuring political commitment and opportunities to advance food and nutrition security: Piloting a rapid assessment tool. *Health Policy Plan* 30 566–78