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ASSESSING ASEAN'S INSTITUTIONAL ROLE THROUGH HEALTH DIPLOMACY DURING THE COVID-19 CRISIS: THE ASEAN WAY IN INTRA- AND INTER-REGIONAL RESPONSES

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ABSTRACT

COVID-19 has posed a significant threat to ASEAN countries since the end of 2019. During the early stages of the pandemic, ASEAN member states faced various challenges in mitigating its impact, including inadequate preparedness, limited financial resources, and insufficient regional health mechanisms. Against this backdrop, this article investigates ASEAN's health diplomacy through the implementation of the ASEAN Way in both intra- and inter-regional responses to the COVID-19 crisis. This research aims to analyze how ASEAN implemented health diplomacy by employing the ASEAN Way to strengthen regional cooperation during the pandemic. Adopting a qualitative case study approach, this research utilizes primary data from interviews and secondary data, including books, official documents, international journal articles, annual reports, ASEAN publications, policy papers, and previous theses. Drawing on the theory of Global Health Diplomacy (GHD), the concept of institutional role, and the ASEAN Way, this study contributes to the literature by providing a novel analysis of ASEAN's institutional role in advancing health diplomacy during the pandemic, an area that has received limited scholarly attention. The findings indicate that ASEAN strengthened both its intra- and inter-regional health diplomacy by expanding strategic negotiations and cooperation with the ASEAN Plus Three countries—Japan, China, and South Korea—to support member states in mitigating the pandemic. Overall, the study demonstrates that ASEAN successfully implemented health diplomacy through a holistic regional governance approach involving both its member states and external partners, thereby strengthening the region's collective response to the COVID-19 pandemic.

Keywords: Health diplomacy, ASEAN Way, regional cooperation, COVID-19, pandemic responses.

INTRODUCTION

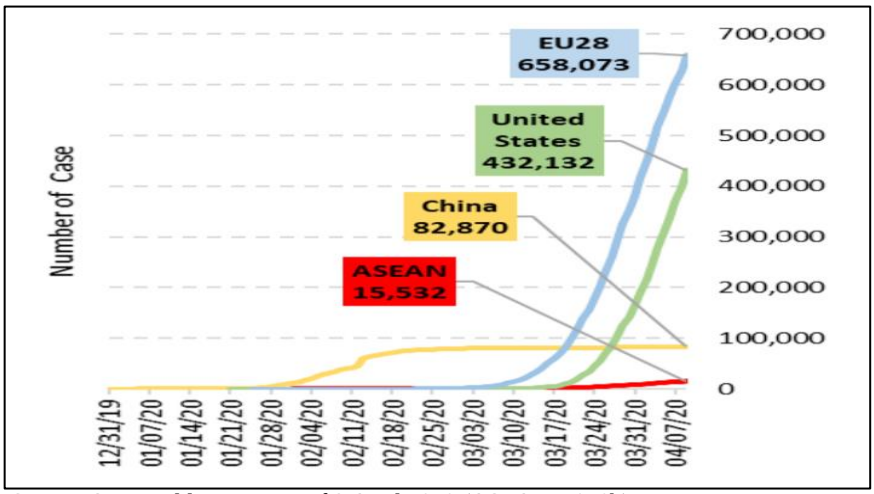
Following the Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS), COVID-19 is the third major outbreak of human coronavirus disease in the Southeast Asian region. Southeast Asia is among the regions where the number of COVID-19 infections increased considerably. Data presented in Figure 1 demonstrate that there had been more than 15 thousand confirmed cases in ASEAN since COVID-19 was declared a pandemic in early 2020, with more than 529 deaths reported by 9 April 2020. By 17 September 2021, the number of confirmed cases in Southeast Asia had exceeded 11 million, with nearly 250 thousand deaths recorded (ASEAN, 2020b).

The pandemic has affected various sectors, including retail, travel and tourism, employment, livelihoods, services, and the socio-economic conditions of citizens in ASEAN countries, in addition to straining healthcare systems (Dewi et al., 2020). The COVID-19 outbreak also diminished prospects for economic recovery from the broad global slowdown that had begun before 2020. Specifically, lockdown measures, community-based quarantines, school closures, social protection for vulnerable groups, support for essential small and medium-sized enterprises, and disruptions affecting other businesses were among the widespread consequences of the pandemic (Gill, 2020; Sawicka et al., 2022).

Meanwhile, research on health-related issues has become increasingly important in the field of diplomacy. Diplomacy and health have increasingly been examined as an integrated subject within the study of international relations. The discourse and collaborative initiatives between governments providing and receiving health assistance have represented the first steps in the complex relationship between health and diplomacy. To achieve political, social, economic, and other objectives, health issues are frequently used as a starting point for dialogue, negotiations, agreements, and various strategic initiatives (Ooms et al., 2014; Smith & Irwin, 2016).

Figure 1

Confirmed Cases of the COVID-19 Pandemic



Source. Our World in Data, as of 9 April 2020 (ASEAN, 2020b).

For most of the 20th century, public health in the industrialized world was managed by national or regional institutions that administered vaccination programmes or by municipal governments that implemented immunization and quarantine measures. Public health was generally regarded as a low political issue. During infectious disease epidemics, international efforts focused on regulatory

mechanisms to prevent outbreaks from spreading beyond national borders, such as quarantine regulations and the management of air and sea transportation (Youde, 2016). Over time, however, some scholars have argued that the imperative for states to prioritize the well-being of their populations has transformed global health from a low to a high political issue in the field of international relations (Stoeva, 2016).

Furthermore, public health is broadly defined as a collection of organized measures aimed at reducing disease, increasing life expectancy, and preserving the health of society as a whole (Caron et al., 2024). Over a decade, however, the relationship between foreign policy and global health has become increasingly complex, with significant implications for health governance. Global health has become a key priority on the foreign policy agendas of many countries, particularly in relation to security, socio-economic development, human rights, social justice, and global crisis management. Compared with other high-level political issues, health is a relatively recent area of focus in the study of international relations. In recent years, health-related issues have increasingly been discussed at major bilateral, regional, and international summits (Kickbusch & Holzscheiter, 2021; Taghizade et al., 2021).

Subsequently, from the perspective of Health Diplomacy (HD), state actors require the involvement of non-state actors, including regional and multilateral institutions, to strengthen the health sector. HD illustrates how governments and non-state actors coordinate and align global policy responses to improve global health (Mahani et al., 2018). Therefore, the COVID-19 outbreak provided an important opportunity to strengthen multilateral collaborations by prioritizing people, proactively pursuing the necessary transformations, and leveraging international resources and expertise to support recovery efforts (Lal et al., 2022).

Previous studies have examined how HD has been implemented bilaterally between governments, commonly referred to as the government-to-government (G-to-G) approach. However, only a limited number of studies have investigated the role of regional institutions in HD. This is evident in the foreign policies adopted by several countries, which primarily pursue bilateral diplomacy engagement. Previous literature has also focused largely on HD initiatives undertaken by developed countries seeking to strengthen ties with ASEAN member states by promoting vaccines as the most appropriate strategy for mitigating the impact of COVID-19 (Dagovetz et al., 2025). Major powers have actively engaged with countries receiving health assistance as part of broader geopolitical competition (Moore, 2022). India, for example, has tended to strengthen its relationship with Myanmar, while China has intensified its bilateral partnerships with several ASEAN countries, including Indonesia, the Philippines, and Cambodia. Meanwhile, the United States has ranked as the second-largest bilateral provider of vaccines to the Philippines, Malaysia, and Thailand. Similarly, in recent years, India has sought to expand its influence in Myanmar during the COVID-19 outbreak (TransnationalInstitute, 2021).

Moreover, the BRICS member countries have also demonstrated leadership in formulating a clear global health agenda, particularly by defining international norms related to healthcare access, data dissemination, and health-related intellectual property. The BRICS countries have promoted the integration of social health considerations into a framework for examining and addressing the challenges faced by developing countries (Moore, 2022). Nevertheless, these developed countries have not fully demonstrated the most effective strategies for enabling ASEAN member states to combat COVID-19 in ways that align with ASEAN's institutional capacities (Rajah & Bland, 2022).

Within Southeast Asia, several ASEAN member states placed greater emphasis on mitigating the impact of the COVID-19 pandemic. One such country was Malaysia, which demonstrated its leadership

through the ASEAN Emergency Operations Centre Network (ASEAN EOC Network) for public health emergencies. Since the official outbreak of COVID-19 in China, the ASEAN EOC has proactively provided regular situational updates on the spread and evolution of the disease. Coordinated by Malaysia's Ministry of Health, the network has served as a publicly accessible platform for ASEAN member states to exchange information (Bisri, 2024; Caballero-Anthony, 2020). Moreover, ASEAN established the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) as the primary regional institution to strengthen the regional health system (RHS). ACPHEED focuses on several key priorities, including setting clear targets and benchmarks to enhance health system resilience, strengthening emergency response capacity, and promoting cooperation in RHS development through strategic stakeholder engagement (ASEAN, 2022; Nathan et al., 2021).

Furthermore, ASEAN established inter-regional partnerships with the ASEAN Plus Three countries (China, Japan and South Korea) to create a pandemic response fund aimed at mitigating the impact of the pandemic and safeguarding the well-being of ASEAN citizens (ASEAN, 2024). ASEAN and the ASEAN Plus Three countries also convened the ASEAN Plus Three Senior Officials Meeting for Health Development (APT SOMHD) to facilitate the provision of medical assistance and vaccines (ASEAN, 2022; Djalante et al., 2020).

Therefore, this article elaborates on the implementation of HD by ASEAN as a regional institution in Southeast Asia in responding to the COVID-19 pandemic to strengthen regional health resilience. As a key regional entity, ASEAN should foster stronger regional integration to promote both health and prosperity. Another important aspect of regional HD is the integration of expertise to address shared challenges. More broadly, effective regional communication should serve as a catalyst for information sharing and international dialogues.

This research addresses the following research question: "How is ASEAN's health diplomacy (HD) implemented through the ASEAN Way in intra- and inter-regional responses during the COVID-19 crisis?" The research objective is to examine the implementation of ASEAN's HD by highlighting the ASEAN Way in shaping intra- and inter-regional responses to the pandemic. Specifically, this study analyzes ASEAN's HD by examining interactions among its member states and its partnerships with external parties, including the ASEAN Plus Three countries.

METHODOLOGY
QUALITATIVE APPROACH

This research employs a qualitative approach, one of the most commonly used methodologies in the social sciences. It typically involves the analysis of data in the form of words, images, or objects. The primary focus of qualitative research is on textual rather than numerical data. Accordingly, data are generated from appropriate primary and secondary sources, such as documents and social phenomena (Neuman, 2014). Scholars have frequently identified the potential for bias in qualitative research because the researcher serves as the primary instrument for examining the research material. Therefore, researchers should remain objective throughout the research process, including the stages of planning, problem identification, methodology, data analysis, discussion, findings, and conclusions. The primary objective of this research is to analyze the implementation of HD by ASEAN in responding to the COVID-19 pandemic by examining its partnerships with ASEAN member states and the ASEAN Plus Three (APT) countries. A comprehensive analysis of the collected data is conducted to determine its relevance to the research objectives, adopting an interpretivist epistemological perspective (Hammarberg et al., 2016).

Case Study

A case study investigates a particular situation within the context of a specific organization or setting. This approach allows for an in-depth examination of an emerging phenomenon in its natural environment (Williams, 2007). A single case study is a research methodology commonly used in management studies that focuses extensively on a specific phenomenon from the perspective of a single case, such as an individual, organization, event, or behaviour. A detailed examination of a single case enables researchers to gain a deeper understanding of the underlying concepts and reasons behind the phenomenon under investigation (Lucas et al., 2018).

This research is categorized as a case study because it examines ASEAN as a regional institution and non-state actor in implementing HD during the COVID-19 outbreak. This case provides a valuable opportunity for research, as it has received limited attention in the existing literature. Previous studies have primarily analyzed HD from the perspective of vaccine-producing countries rather than vaccine-receiving countries. This study applies the GHD theory, with a particular focus on the domain of multi-stakeholder GHD. The analysis examines ASEAN's HD strategies though its intra- and inter-regional approaches to combating the COVID-19 pandemic, with the aim of advancing the health sector in Southeast Asia. As part of ASEAN's dialogue partnerships, the ASEAN Plus Three countries—China, Japan, and South Korea—are examined as inter-regional partners in HD initiatives, while greater emphasis is placed on ASEAN's intra-regional initiatives.

Selection Criteria for Sources

The selection of sources refers to the identification of information required for the research, which can be obtained from both primary and secondary sources. More importantly, it should explain the rationale for including certain sources and excluding others. In this research, the researchers collected both primary and secondary data. Primary data refer to information generated directly by the researchers through interviews conducted specifically for this study. Primary sources are generally considered more reliable, authentic, and less susceptible to bias because they have not been previously published (Creswell, 2009). The researchers conducted interviews with selected informants, including diplomats, representatives from the Indonesian Ministry of Health, and academics with expertise in ASEAN studies.

In contrast, secondary sources provide analyses or interpretations of primary sources. Secondary data refer to information that has previously been collected by government agencies, organizations, or other researchers (Lamont, 2015). In this study, secondary data were obtained from official government documents of ASEAN member states, official documents and annual reports of the ASEAN Secretariat, opinion articles published by international organizations, World Health Organization (WHO) resolutions, previous studies by practitioners and academics, printed and online articles, theses, and newspapers.

Researcher's Role

The researchers' roles in this study include preparing the research design, developing the theoretical framework, understanding the data through identification, collection, analysis, and interpretation, and writing the research paper. More specifically, the researchers should develop a comprehensive understanding of the perspectives of the research participants. They are also responsible for ensuring the confidentiality of participants by encrypting their data and using the information solely for the purpose of addressing the research problem (Sutton & Austin, 2015).

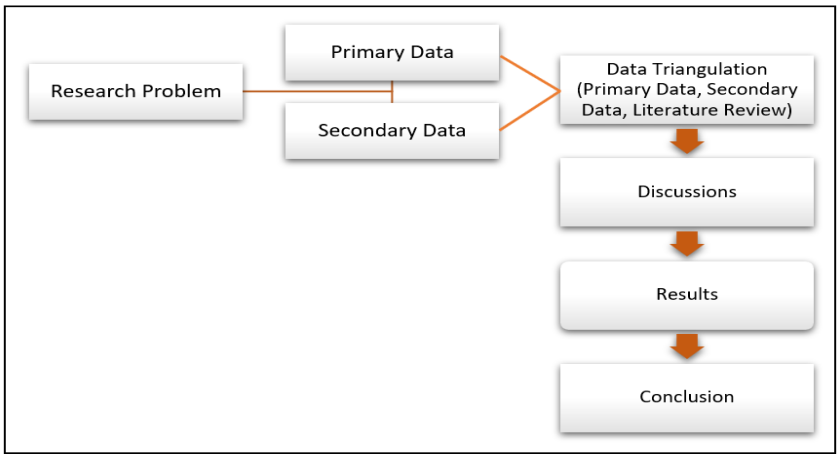
Limitations

The limitations of this research are categorized into scope and time. In terms of scope, the study focuses on the implementation of ASEAN's HD in responding to the COVID-19 pandemic. It does not examine bilateral interactions between individual ASEAN member states. In terms of time, the study is limited to ASEAN's diplomatic processes from 2019 to 2023, as this five-year period is considered sufficient to examine ASEAN's HD and its institutional role.

Analytical Framework

Figure 2

Analytical Framework



Source. Designed by the Researchers (2025).

The analysis begins by identifying the research problem concerning ASEAN's HD through its intra- and inter-regional approaches in responding to the COVID-19 crisis. Data are then collected from three main sources: (1) primary data obtained through interviews; (2) secondary data derived from official documents, journal articles, books, and reports; and (3) the relevant literature. The findings from primary and secondary data are subsequently triangulated to support the discussion and address the research problem. Finally, the researchers interpret the overall findings to draw conclusions on how ASEAN implemented HD through its intra- and inter-regional approaches as a strategic response to the COVID-19 pandemic.

Data Triangulation and Analysis

In social science research, data triangulation is defined as the process of investigating a social phenomenon by converging data from multiple sources or perspectives. In this study, all analyzed data are triangulated by integrating findings from the literature review, interviews, and document analysis as secondary data. The outcomes of this triangulation process ultimately inform the interpretation of the data, enabling the researchers to derive meaningful findings, address the research problem, and draw conclusions from the overall research process (Denzin & Lincoln, 2018).

LITERATURE REVIEW

Explaining Health Diplomacy as the Theoretical Framework

Health issues have received considerable attention in international policy discussions over the past two decades. They have been incorporated into the agendas of major economic powers, as well as into bilateral and multilateral forums, international negotiations, and the strategic frameworks of both domestic and international security (Fidler & Drager, 2006). The term HD refers to activities or initiatives undertaken at the national, regional, or international levels to address issues affecting global health (Kickbusch & Kökény, 2013). From a disciplinary perspective, HD encompasses multiple meanings depending on the context in which it is applied. It has been used to explain discussions on health, the implications of non-health-related agreements for health, and the role of foreign policy in advancing global health. Furthermore, HD has also been used to describe initiatives that seek to improve health while simultaneously advancing the broader objectives of the state (Divkolaye et al., 2016; Rosenbaum et al., 2025).

More widely, the term HD, also referred to as GHD, encompasses the multi-level and multi-actor negotiation processes that shape and influence the international health policy environment. As a mechanism for promoting representation, collaboration, conflict resolution, the strengthening of health systems, and the protection of the right to health of vulnerable populations, HD serves as an effective means of communication between public health and political stakeholders (Kickbusch & Told, 2013; Tinh & Thanh, 2022). GHD is therefore closely associated with negotiation processes aimed at achieving these objectives. Nevertheless, limited research has systematically examined and integrated the theoretical foundations of GHD in practice, particularly from the perspective of agenda-setting theory in political science and concepts in international relations (Mahani et al., 2018). In practice, GHD takes place in a variety of international forums, ranging from specialized platforms such as the annual World Health Assembly to broader multilateral forums, including the United Nations General Assembly and the Human Rights Council (Sachs et al., 2020).

Given the multilevel nature of GHD, the theory is commonly divided into three segments. These segments are classified according to the actors involved and the level of diplomacy, with each level corresponding to the roles and actions of the respective actors. Together, the three segments constitute the prevailing academic framework for understanding GHD and are illustrated in Figure 3 (Katz et al., 2011).

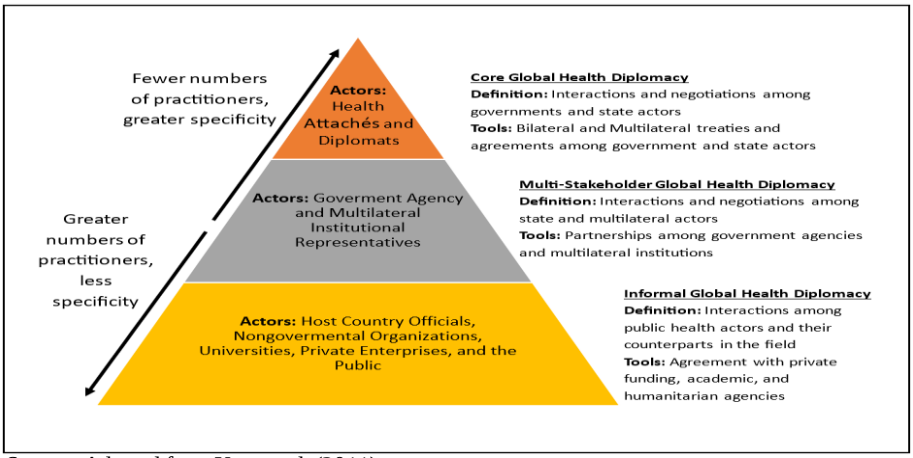
The pyramid illustrates how ASEAN can be classified as an institution within the second layer, namely multi-stakeholder diplomacy, which involves partnerships among states, governmental organizations, and other multilateral institutions to negotiate and implement HD. The involvement of non-state actors in employing various strategies, agreements, and approaches to achieve common objectives is one of the defining characteristics of HD. The presence of institutions is considered essential for strengthening broader and more effective cooperation among countries and other institutions. In addition, institutions represent the collective interests of their members, which are advanced through negotiation forums (Katz et al., 2011).

Katz et al. (2011) identified three levels of diplomacy, each involving different actors. In this paper, the researchers focus on examining HD undertaken by ASEAN at the second level, namely multi-stakeholder diplomacy. Multi-stakeholder GHD, which involves negotiation between states and non-state actors, brings together participants with diverse expertise and responsibilities to support

coordinated efforts across multiple levels. These multi-stakeholder actors, including government officials and representatives of multilateral institutions, possess the expertise and authority to represent the interests of a broader community of practitioners (Kickbusch et al., 2022).

Figure 3

The Pyramid of Global Health Diplomacy



Source. Adapted from Katz et al. (2011).

Multi-stakeholder diplomacy refers to collaboration among states, non-state actors, and regional or multilateral organizations to address shared challenges. Over the past two decades, as global health assistance has increased, the range of long-term collaborations between governments and institutions has also expanded to strengthen healthcare service delivery, capacity-building initiatives, and sustainable research (WHO, 2022). Multi-stakeholder diplomacy is essential for establishing norms and standards in the fields of environmental and human health. Although these standards are often developed through more informal and technical processes, their establishment and implementation require multilateral engagement that integrates expertise in both health and diplomacy (Brown et al., 2014).

ASEAN's Institutional Capacity in the Realization of Health Diplomacy

Regional organizations are often able to leverage health as a form of soft power to expand cooperation, strengthen trust and partnerships among member states, and promote regional stability. As health issues have attracted increasing attention from governments worldwide, HD has enabled regional organizations and their member states, particularly smaller countries, to strengthen their voices on the global stage. Moreover, regional organizations can leverage their collective expertise when negotiating health-related issues in international forums (Paul, 2020). Similarly, countries and regional institutions can draw upon shared experiences when negotiating health-related issues at the international level (Chattu, 2017).

The growing complexity of health issues requires political discussion and policy responses, often involving a wide range of stakeholders, as these issues can no longer be addressed solely at the technical level. HD encompasses multiple dimensions and plays a significant role at the national, bilateral, and regional levels. GHD focuses on health challenges that require cooperation among multiple countries to address issues of common concern (Shaikh et al., 2018).

Abimbola et al. (2017) argued that institutions play a crucial role in regulating the policymaking process by serving as the 'rules of the game.' Through their leadership roles, governance structures, and the

diverse interests they represent, institutions are key actors in the practice of GHD (Abimbola et al., 2017). More specifically, in the implementation of HD, institutional characteristics and the interests are represented through the participation of various GHD actors. Regional diplomacy has become an increasingly important component of multilevel GHD. Its primary objective is to strengthen national contributions to global health while balancing regional and international processes (Babaita et al., 2024).

Institutional leadership in addressing specific health concerns is a key factor in explaining why certain health issues receive greater attention in GHD or become priorities in foreign policy. The influence of bureaucracy and competing institutional interests is reflected in the widely accepted view that both actual and perceived stakeholder interests shape policy decisions and policy development (Almulla & Kazim, 2024). Regional HD has become an integral component of multilevel GHD by encouraging national contributions to broader global health initiatives. Nevertheless, its overall impact on global health has yet to be fully examined. The regional offices and bodies of the World Health Organization (WHO) provide an important platform for regional HD and are often supported by professional networks and regional civil society organizations working to strengthen global health cooperation (Amaya & De Lombaerde, 2019).

The Principle of the ASEAN Way in the Process of Regional Integration

The ASEAN Way is a framework that promotes good neighbourliness, cooperation, and communication in reaching agreements and addressing matters of common interest. While leaders reach important decisions through consensus *(mufakat)*, the principle of consultation *(musyawarah)* characterizes the deliberative decision-making process (Acharya, 2003). The Treaty of Amity and Cooperation (TAC), adopted in 1976, established the principles of governing interactions among ASEAN member states, including respect for sovereignty in intra-ASEAN cooperation, freedom from external interference, non-interference in domestic affairs, the peaceful settlement of disputes, and the renunciation of the use of force (Leviter, 2010).

Because of its distinctive approach to interstate relations and regional cooperation, ASEAN has assumed a significant role in managing regional affairs. This approach provides a practical and widely accepted framework for addressing both intra- and inter-regional issues, distinguishing ASEAN from other regional organizations. It also demonstrates the region's capacity to manage diverse challenges while fostering a strong regional identity within the international community. Consequently, Southeast Asia has evolved into a dynamic and generally peaceful region from both intra- and inter-regional perspectives (Acharya, 2012).

Initially, ASEAN prioritized the promotion of peaceful regional relations, the containment of communism, and the establishment of mutually acceptable regional diplomatic structures. ASEAN has made significant progress in achieving these founding objectives. Over time, ASEAN has expanded both in membership and scope while developing widely recognized institutional policies. The ASEAN Way has also contributed to the region's integration process. In addition to fostering peace and stability in Southeast Asia, it has safeguarded ASEAN's independence and interests while balancing the influence of major powers outside the region (Pu, 2025). The ASEAN Way has therefore continued to fulfil its original strategic objective of promoting regional stability and peaceful diplomatic engagement. In recent years, ASEAN has also advocated greater regional integration in line with a vision that is increasingly responsive to regional and international political developments (Menon, 2021).

In relation to strategies for mitigating the impact of the pandemic and establishing a regional vaccine hub, five ASEAN member states—Indonesia, Malaysia, Thailand, Vietnam, and the Philippines—were

selected for comprehensive assessments of their vaccine manufacturing, research and development (R&D), and regulatory capacities. These countries were selected because of their potential to contribute to regional vaccine manufacturing based on specific criteria recommended by WHO, including: (i) assessing the relative strengths and weaknesses of each country's technical capacity and human resources to meet future vaccine manufacturing demands through the involvement of high-level stakeholders from the government, regulatory agencies, the private sector, academia, and civil society; and (ii) reviewing and evaluating economic, political, and environmental factors that could influence industrial capacity. Furthermore, by leveraging existing manufacturing capabilities and technology transfer agreements with strategic international partners, consultant teams benchmarked local manufacturing capacity to support vaccine development using advanced technological platforms, such as viral vector, messenger RNA (mRNA), and protein subunit technologies (Mutasa et al., 2023).

DISCUSSIONS

ASEAN'S HEALTH DIPLOMACY THROUGH INTER-REGIONAL APPROACHES: SUCCESS, CHALLENGES, AND LIMITATIONS

ASEAN countries have accumulated substantial experience in responding to tropical and infectious diseases, including avian influenza, swine influenza, dengue fever, malaria, Nipah virus (NiV), typhus, Severa Acute Respiratory Syndrome (SARS), and COVID-19. Compared with other regions, such as Africa and Central Asia, Southeast Asia has developed more extensive experience in vaccine-related initiatives and responses (Mutasa et al., 2023). Building trust in health authorities, public health advice, and official information was essential for encouraging behavioural change during the COVID-19 pandemic across ASEAN member states (Porat et al., 2020). Throughout the pandemic, ASEAN remained capable of preserving regional stability and unity, while collaboration and coordination among its member states and external partners were further strengthened (Adhikari, 2022).

Beyond its strong internal cooperation, ASEAN implemented HD as a key mechanism for advancing effective policies through international collaboration and successful negotiations to strengthen healthcare infrastructure, technological capacity, and disease surveillance in low- and middle-income countries (Taghizade et al., 2021). China supported several ASEAN member states by establishing infectious disease testing laboratories, deploying medical expert teams across the region, and supplying essential healthcare equipment (Pramudianto et al., 2022). Meanwhile, the United States contributed through capacity building, training, and technical expertise, including support delivered via organizations such as WHO and the US Centers for Disease Control and Prevention (CDC) (Parameswaran, 2020).

ASEAN demonstrated strong negotiation and coordination capacity with both internal and external partners in its efforts to respond to the COVID-19 pandemic. As part of its regional response, ASEAN introduced a range of initiatives, including the ASEAN Strategic Framework on Public Health Emergency (ASF-PHE), ASEAN Comprehensive Recovery Framework (ACRF), ASEAN Regional Reserve of Medical Supplies (RRMS), ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), ASEAN Emergency Operations Centre (EOC) Network, ASEAN Plus Three (APT) Pharmaceutical Industries Network, APT Task Force on Pandemic, ASEAN Portal for Public Health Emergencies, ASEAN Public Health Emergency Coordination System (APHECS), ASEAN Risk Assessment and Risk Communication Centre (ARARC), ASEAN Response Fund Regional Public Health Laboratories Network (RPHL), Standard Operating Procedure (SOP) for Public Health Emergencies, ASEAN BioDiaspora Virtual Center (ABVC), and the ASEAN Coordinating Centre for

Humanitarian Assistance on Disaster Management (ASEAN, 2020d; Fernando et al., 2020; Kheong, 2017; Kashyap & Bhattacharya, 2020).

The success of these regional initiative cannot be separated from the role of ASEAN member states in strengthening national responses and regional cooperation, thereby reinforcing ASEAN's position as a leading regional actor. In response to the pandemic, ASEAN member states adopted a wide range of policy measures, including business-as-usual approaches, rigorous contact tracing, lockdowns, and social distancing measures. These responses evolved over time and continued to be adjusted as countries across the region either recovered from major outbreaks or experienced subsequent waves of COVID-19 (Mphande-Nyasulu et al., 2024). Table 1 summarizes the national policy responses adopted by each ASEAN member state during the COVID-19 pandemic.

Table 1

Summary of Each ASEAN Country's Responses to the COVID-19 Pandemic

Country	Main regulations	Closing of border crossings	Quarantine (Lockdown)	Economic stimulus
Malaysia	Movement Control Order	The first border closure was on 16 March 2020.	Nationwide quarantine measures commenced on 18 March 2020.	Three economic stimulus packages were introduced to provide assistance to the public.
Indonesia	Health Emergency Law	Border closures were implemented, including the Papua–Timor-Leste border.	Large Scale Social Restrictions (PSBB) were imposed, covering domestic land, air, and sea transportation.	The third economic stimulus package was announced on 31 March 2020.
Singapore	COVID-19 Act	Border restrictions were implemented with Malaysia.	Quarantine measures for approximately 20,000 migrant workers commenced on 5 April 2020.	A third round of support measures was introduced on 6 April 2020.
Thailand	Emergency Decree	All borders were closed on 22 March 2020.	Nationwide restrictions commenced on 3 April 2020.	The Cabinet introduced the third stimulus package on 7 April 2020, while the country's six largest banks announced reductions in lending rates.
Brunei Darussalam	Ministry of Health regulations	Border restrictions were implemented with Malaysia.	Beginning on 6 April 2020, all citizens and visitors were required to undergo a one-week quarantine.	Special healthcare assistance was provided to individuals and workers infected by the outbreak.
The Philippines	The Bayanihan to Heal as One Act	No land border crossings with neighbouring countries.	Lockdown measures were implemented progressively, beginning with Luzon on 16 March 2020.	Financial assistance was allocated to local governments and social welfare initiatives.

(continued)

Country	Main regulations	Closing of border crossings	Quarantine (Lockdown)	Economic stimulus
Vietnam	National Steering Committee	Borders with Cambodia and Laos were closed from 31 March 2020.	Quarantine measures were fully implemented in several high-risk areas beginning in mid-February 2020.	Financial assistance was provided to those most affected by the pandemic in early April 2020.
Cambodia	State of Emergency Law	Borders with neighbouring countries closed.	From 8 April 2020, all travellers arriving in Cambodia were required to undergo a quarantine.	Healthcare assistance was limited to "legally registered and formally authenticated" enterprises, resulting in approximately 95% of enterprises being excluded.
Laos	Prime Minister's Order	The road border with China and Myanmar was closed on 30 March. Other borders were restricted by neighbouring countries, Vietnam and Thailand.	A nationwide stay-at-home order, including provincial border closures, was announced on 30 March 2020. Returning citizens were required to self-isolate for 14 days.	On 20 March 2020, a 13-part initial stimulus package was approved during the Cabinet's quarterly meeting.
Myanmar	COVID-19 Control and Emergency Response Committee	Land borders with China and India were closed, with exceptions for cargo and transport crew.	Yangon was placed under lockdown, while returning workers were required to undergo 14 days of quarantine.	A financial assistance program was introduced to support affected businesses and healthcare sector.

Source. Adapted from Djalante et al. (2021).

Even more importantly, ASEAN member states have greater potential to develop their own COVID-19 vaccines by strengthening several strategic domains, as outlined in Table 2.

Table 2

Regional Collaborative Strategies for COVID-19 Vaccine Production

Domain	Strategy
Domain 1: Manufacturing and Research and Development (R&D)	Strengthen regional collaboration in vaccine manufacturing and R&D.
Domain 2: Pharmaceuticals Approval	Enhancing regulatory processes for the approval of unregistered medicines during public health emergencies.
Domain 3: Provision and Distribution of Healthcare Products	Maintain a timely and continuous supply of medicines for routine use and emergency situations.
Domain 4: Medicines Procurement and Pricing	Promoting price transparency and strengthening procurement management and accountability.

Source. Adapted from Rulistia (2020).

For a safer post-pandemic future in the region, health ministries and health professionals should continue to prioritize health through effective GHD to strengthen trade, international collaboration, health systems, and economic stability across ASEAN (Pattanshetty et al., 2023). Despite the achievements discussed above, ASEAN also faced significant challenges of ASEAN in responding to the pandemic. The rapid spread of COVID-19 and its high mortality rate limited the preparedness of ASEAN member states, particularly during the early stages of the outbreak (Rampal et al., 2023). The pandemic also strengthened cooperation and diplomatic relations between ASEAN and external partners, particularly those in East Asia and the West. At the same time, ASEAN has had to manage, the strategic rivalry between the US and China. China has long been one of ASEAN's major trading partners. Moreover, the economic relationship between China and ASEAN is highly complementary, with ASEAN member states possessing abundant tropical agricultural products and mineral resources. Bilateral trade between ASEAN and China increased substantially, with the trade index rising from 56.9 in 2020 to 298 in 2021 (Zhang, 2023).

ASEAN's strategic geographic location presents both opportunities and challenges. The region's proximity to East Asian economies, which have vertically integrated manufacturing industries and substantial export capacity, poses significant competition for the development of ASEAN's domestic vaccine industry. Consequently, ASEAN member states must compete directly and indirectly in advancing vaccine development and manufacturing. Although ASEAN has considerable potential, particularly in research and development (R&D), it can continue to benefit from learning from neighbouring countries to strengthen regional integration within the vaccine manufacturing industry (Saputra & Larasati, 2023).

To respond effectively to the pandemic and achieve regional vaccine security through HD, ASEAN member states should actively participate in both collective regional strategies and their respective national responsibilities. Based on stakeholder consultations, a set of priority actions has been proposed for ASEAN governments and the ASEAN Secretariat. The successful implementation of HD is a shared responsibility among all ASEAN member states and should be carried out in accordance with each country's national capacities. These challenges have been attributed to insufficient emphasis on human security at the ASEAN level, as well as the limited accessibility, financial resources, and human resource capacity of existing institutions. Therefore, ASEAN should adopt a more holistic approach that recognizes human security and health as global public goods in order to respond more effectively to contemporary challenges.

RESULTS

Strengthening ASEAN's Internal Cooperations through ASEAN's Health Diplomacy

As one of the most devastating infectious diseases in modern history, COVID-19 compelled ASEAN to accelerate its community-building initiatives. Throughout its HD efforts, ASEAN prioritized regional unity. At the beginning of 2020, all ASEAN member states pledged to remain united and sought appropriate solutions to combat the COVID-19 pandemic (Sharon et al., 2021). Despite these efforts, ASEAN member states faced challenges in acting as global leaders through the implementation of sustainable collective diplomatic initiatives. ASEAN leaders tended to adopt a more inward-looking approach in implementing HD, while also drawing lessons from welfare states. Consequently, institutional transformation became increasingly important, although coordination challenges among governments, regional organizations, and other relevant stakeholders remained significant (Chandarith

& Sreysour, 2023). Furthermore, disparities in health services across ASEAN member states affected the region's preparedness to respond to regional health threats (Virgianita et al., 2018). Nevertheless, ASEAN generally adopted a more cautious approach by prioritizing HD centered on cooperation among its member states in responding to the health challenges posed by COVID-19 (Kliem, 2021).

ASEAN maintained its distinctive diplomatic approach, which emphasizes consultation, consensus-building, respect for differences, and gradual progress rather than abrupt institutional change. ASEAN member states focused on reducing challenges and strengthening cooperation to address regional and global health issues, including non-communicable diseases, health system modernization, human rights, and good governance in health-related sectors (Fidler, 2010). In practical terms, ASEAN strengthened community health initiatives to alleviate poverty and enhance cooperation in the provision of essential medical supplies and healthcare services. ASEAN member states' also successfully established the COVID-19 ASEAN Response Fund, with most of the resources allocated to the procurement of vaccines (Katsumata, 2022).

Despite the economic, political, and social challenges arising from the COVID-19 pandemic, ASEAN continued to strive for regional peace and stability by adopting several measures to mitigate its impact. These included: (1) the COVID-19 ASEAN Response Fund; (2) cooperation with the APT; (3) the ASEAN EOC Network; (4) the ASEAN Health Ministers Meeting (AHMM); and (5) TAC, among other initiatives (ASEAN, 2021). Together, these programs contributed to ASEAN's collective response to the pandemic and supported broader efforts to address the regional health crisis. A peaceful and stable region remained essential for accelerating the development of the ASEAN Community. Accordingly, ASEAN continued to pursue its vision of building a stronger and more resilient regional community. As reflected in the TAC, ASEAN sought to establish a framework of cooperative norms throughout the region by promoting mutually beneficial cooperation and strengthening strategic trust. In the post-COVID-19 period, ASEAN's institutional framework is expected to continue supporting a regional order in the Asia-Pacific that is acceptable to its member states while reinforcing the organization's regional influence (Katsumata, 2022).

Furthermore, from the perspective of regionalism, regional institutions are established to advance the shared interests of countries within a particular region by fostering interdependence and facilitating collective action, especially in addressing common regional concerns. The COVID-19 pandemic has further strengthened regional cohesion in Southeast Asia. ASEAN member states have become increasingly interdependent in responding to shared regional vulnerabilities, encouraging policymakers to develop more effective regional governance structures to address a wide range of transnational challenges, including public health crisis (Omar & Zengeni, 2023).

Within the health sector, ASEAN has incorporated health into the agenda of the ASEAN Socio-Cultural Community (ASCC). This agenda promotes human rights advocacy, disaster relief aid, risk management for environmental and cross-border health issues, public health improvement, health system strengthening, health security, universal health coverage, and public health education on infectious diseases (ASEAN, 2016).

Several years after the establishment of the three pillars of the ASEAN Community, ASEAN member states were confronted with the global outbreak of COVID-19 at the end of 2019 and the beginning of 2020. They responded to the pandemic at the national, regional, and international levels. Although some governments responded earlier than others, the speed and scale of these responses were unprecedented (Li-Lian, 2020).

Referring to the GHD framework, ASEAN's HD can be classified within the second layer of GHD, which involves interactions between state actors (government agencies) and representatives of multilateral institutions. The interactions and negotiations among states and multilateral actors at this level are commonly described as multi-stakeholder diplomacy. Practitioners play an important role in this process because their extensive networks and expertise complement the efforts of states in addressing specific health challenges (Katz et al., 2011). As a regional institution operating within the second layer of the GHD framework, ASEAN prioritized inclusive regionalism as the foundation for negotiating coordinated regional measures and mobilizing shared resources and capacities to address common challenges (Tay et al., 2019).

> "ASEAN, as a regional institution, supported all member countries in mitigating the impact of the outbreak. We sought the most effective strategies to overcome the pandemic. ASEAN member states demonstrated solidarity by assisting one another in the distribution of medical supplies and other forms of assistance."
> (Representative of Ministry of Indonesia, Interview, 2024).

ASEAN's early responses to the pandemic were timely and focused mainly on information sharing and multisectoral communication. Virtual discussions on the pandemic response began when the Health Division of the ASEAN Secretariat communicated with senior health officials from ASEAN member states four days after China officially notified WHO of the novel coronavirus on 31st December 2019 (Amul et al., 2022).

ASEAN regularly convened meetings and established various working groups to strengthen regional efforts to curb the spread of COVID-19. In doing so, ASEAN emphasized the ASEAN Way of consultation and consensus as the principal approach to fostering cooperation among its member states in responding to the pandemic. Indonesia as one of the ASEAN member states most significantly affected by COVID-19, recorded more than 4 million confirmed cases in 2021, and was entrusted to chair the ASEAN Health Ministers Meeting (AHMM) from 2020 to 2021. Through this leadership role, Indonesia coordinated and expanded ASEAN health mechanisms and platforms to strengthen the region's preparedness for and response to future public health emergencies in a more cohesive ASEAN framework (Martinus, 2023).

> "ASEAN still needs adaptive leadership that can be reflected in both individual and institutional leadership."
> (Representative of ASEAN Studies Center Universitas Gadjah Mada, Interview, 2025)

However, the development gap in the health sector still persisted nine years after the declaration was adopted. Therefore, Southeast Asian countries should continue to share experiences and best practices that can be translated into a stronger framework of ASEAN cooperation and solidarity. Over time, ASEAN cooperation has become increasingly responsive, cooperative, integrated, and forward-looking by upholding the principles of solidarity, cohesion, and effective cooperation (Anwar, 2012). Accordingly, the rapid establishment of multiple regional initiatives by ASEAN member states—including innovative regional policy frameworks, a dedicated funding mechanism, ministerial-level cooperation, and specialized working groups—was a logical response to the pandemic. These initiatives not only activated existing public health mechanisms but also contributed to the establishment of new regional governance structures for public health emergencies. Nevertheless, regional collaboration has remained fragmented and uneven across these areas (Omar & Zengeni, 2023). For example, Indonesia and Malaysia primarily focused on economic stimulus packages for lower- and middle-income groups

by using fiscal resources to strengthen domestic demand, whereas several other ASEAN member states placed greater emphasis on supporting the supply sector (Ikhsan et al., 2024).

According to a survey conducted by the ISEAS – Yusof Ishak Institute and the ASEAN Studies Centre, several factors contribute to the successful implementation of HD. These include improving public health systems, strengthening awareness of health threats among political leaders and stakeholders, investing in early warning systems, enhancing R&D for virus detection and vaccine development, increasing funding for health-related research, promoting greater participation by healthcare professionals, researchers, and scientists in public policy discussions, and providing targeted financial assistance (Sharon et al., 2021).

> "Indonesia and ASEAN member states need adequate transformation in knowledge and technology transfer to strengthen the capacity of the pharmaceutical industry, based on the principles that ensure greater equality between developed and developing countries."
> (Diplomat Ministry of Foreign Affairs Indonesia, 2024)

Based on ASEAN's fundamental values, the ASEAN Way promotes regionalism while preserving the importance of the nation-state. Despite the health crisis, ASEAN remained steadfast in its commitment to soft institutionalism. As an intergovernmental organization (IGO), ASEAN responded flexibly to the pandemic by activating intra-regional health mechanisms, particularly the COVID-19 ASEAN Response Fund. ASEAN's response to the pandemic demonstrated the adaptability of its institutional framework. Consistent with the ASEAN Way, its fundamental objective was to address common challenges through consensus, cooperation and quiet diplomacy rather than through highly publicized actions (He & Ramasamy, 2020). ASEAN leaders prioritized the mobilization of shared financial resources to address COVID-19, which further strengthened negotiations and cooperation within the ASEAN community. This intra-regional approach illustrates how ASEAN member states proactively cooperated and sought collective solutions to mitigate the adverse effects of the COVID-19 pandemic (Spandler et al., 2024).

Controlling the COVID-19 pandemic was a challenge that no country could effectively address alone. Therefore, information and resources needed to be shared among countries to successfully contain a pandemic that affected individuals, families, and communities alike (Rampal et al., 2020). Building resilient and healthy populations capable of responding to diverse health threats require a comprehensive approach that integrates all relevant sectors and population groups. Strong governmental commitment and broad societal engagement in the health sector are essential because cross-sectoral collaboration enables more effective responses to public health emergencies such as COVID-19 (Albreht, 2023).

Enhancing Inter-Regional Collaborations with ASEAN Plus Three Countries

In addition to coordinating with its member states, ASEAN actively pursued partnerships with external counterparts, including WHO, and ASEAN Plus Three (APT) countries. Strong collaboration between ASEAN and the APT countries was prioritized to facilitate the exchange of accurate information and data on prevention, detection, control, response measures, and financial commitments to support COVID-19 mitigation efforts (Li-Lian, 2020).

Prior to the COVID-19 outbreak, ASEAN had already strengthened cooperation on emerging infectious diseases through the APT framework. From 2010 onwards, ASEAN addressed emerging diseases more systematically within the APT mechanism. In 2016, ASEAN established a network to facilitate information sharing among the Public Health Emergency Operations Centers of its member states (Spandler et al., 2024). Increasing recognition of public health as a non-traditional security (NTS) concern has further strengthened cooperation within both ASEAN and the APT framework, particularly in the areas of health governance, infectious disease management, risk communication, surveillance, and capacity building (Amaya et al., 2015; Caballero-Anthony, 2020). Moreover, this inter-regional cooperation has provided an important platform for policy exchange, mutual learning, and regional reflection in addressing health issues as NTS threats (Kliem, 2021).

The first meeting of the ACCWG-PHE was held on 31 March 2020, followed by the Special ASEAN Summit on Coronavirus Disease (COVID-19) in April 2020. These high-level initiatives advocated several key actions, including strengthening public health coordination, safeguarding the supply and flow of essential goods, collectively mitigating the socio-economic impacts of the pandemic, and allocating the ASEAN Response Fund to support the procurement of medical supplies and research activities (Arundhati et al., 2022). ASEAN's major regional initiatives in response to the pandemic are summarized in Table 3. Furthermore, ASEAN-level meetings involving Southeast Asian ministers and stakeholders from the APT countries represented an important practice of HD, enhancing regional preparedness through greater coordination and the provision of emergency supplies for future outbreaks (Djalante et al., 2020).

Table 3

ASEAN's Regional Initiatives with the Involvement of External Counterparts

Initiative	Purpose	Implementation	Counterparts' Involvement
ASEAN Comprehensive Recovery Framework (ACRF)	To strengthen ASEAN's resilience during and after the COVID-19 pandemic.	Collaborating with ASEAN member states to strengthen health systems, reinforce human security, enhance intra-ASEAN markets and broader regional economic integration, accelerate inclusive digital transformation, and promote a more resilient and sustainable future.	China, Japan, and South Korea (the ASEAN Plus Three countries) reaffirmed their commitment to supporting regional preparedness and response initiatives under the ACRF.
ASEAN Regional Reserve of Medical Supplies (RRMS)	To strengthen ASEAN's capacity for detection, preparedness, prevention, and rapid response to public health emergencies (PHE) and pandemics.	Mobilizing affordable and accessible pharmaceutical products through a regional medical supply reserve.	The ASEAN Plus Three countries pledged to strengthen the interconnectivity of regional medical supply chains under the ASEAN Plus Three Cooperation Work Plan 2023-2027.
ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED)	To strengthen coordination among ASEAN member states, United Nations (UN) agencies, and international organizations.	Providing member states with relevant information and technical support on public health emergencies.	Supported by the Government of Japan through the Japan-ASEAN Integration Fund (JAIF).

(continued)

Initiative	Purpose	Implementation	Counterparts' Involvement
ASEAN Public Health Emergency Coordination System (APHECS)	To provide effective coordination mechanisms for public health emergencies.	Leveraging ACPHEED as a coordinating mechanism to strengthen preparedness and emergency response.	Financed by the Japan-ASEAN Integration Fund (JAIF) and the US Government through the United States Agency for International Development (USAID).
ASEAN Risk Assessment and Risk Communication Centre (ARARC)	To strengthen risk assessment and risk communication in managing public health emergencies.	Collaborating with ASEAN member states to provide media platforms that counter COVID-19 misinformation and disinformation while disseminating reliable public health information.	The ASEAN Plus Three countries reaffirmed their commitment through the ASEAN Plus Three Senior Officials Meeting on Health Development (APT SOMHD) to strengthen regional coordination in preventing the spread of future pandemics.

Source. Compiled by the researchers based on ASEAN (2020d) and Fernando et al. (2020).

During the APT meetings, ASEAN and its dialogue partners reaffirmed their commitment to strengthening cooperation in responding to the pandemic by establishing the COVID-19 ASEAN Response Fund. ASEAN member states required greater assistance to strengthen their capacities and expand financial support for pandemic response initiatives (Fonjungo et al., 2020). For example, Vietnam shared some of its resources with Cambodia and Laos, while China deployed medical experts and supplied personal protective equipment to the Philippines, in addition to obtaining diagnostic supplies from Singapore. Although the pandemic reinforced the importance of regional cooperation, it also exposed tensions in certain areas. For instance, despite the APT Summit in April 2020 reaffirming commitments to maintain open markets, both Vietnam and Cambodia imposed restrictions on rice exports because of food security concerns (Russell, 2020).

More specifically, ASEAN and one of its dialogue partners, Japan, jointly established the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). At the beginning of the pandemic, Japan pledged approximately USD 50 million to support the establishment of ACPHEED, focusing on three strategic priority pillars: (1) Response; (2) Detection and Risk Assessment; and (3) Prevention and Preparedness. During the 37th ASEAN Summit in November 2020, ASEAN officially announced the establishment of ACPHEED. However, at that stage, ASEAN had not yet determined which shortlisted member state would host the Centre's permanent headquarters. Indonesia, Thailand, and Vietnam were selected to host different functional components of ACPHEED, reflecting the Centre's distributed institutional structure. Japan's initial financial commitment concluded at the end of 2021. Meanwhile, the ACPHEED Preparatory Committee, established in November 2020, completed its work in May 2022 (Goh, 2024).

This Plan of Action acknowledges the Joint Statement of the Special APT Summit on Coronavirus Disease 2019 (COVID-19), issued on 14 April 2020. This Special APT Summit on COVID-19 was held via video conference, during which the participating leaders reaffirmed their commitment to strengthening APT cooperation in addressing infectious diseases through existing APT mechanisms and strategies. These Plus Three countries further strengthened their support for ASEAN's efforts to mitigate the impact of the pandemic. These initiatives included supporting the ASEAN Regional Reserve of Medical Supplies (RRMS) and contributing USD 1 million from the ASEAN Plus One Cooperation Fund to the COVID-19 ASEAN Response Fund (ASEAN, 2024).

The commitments were subsequently translated into practical measures. The Plan of Action aims to strengthen collaboration and coordination between ASEAN and the Plus Three countries within the APT cooperation framework to mitigate the economic impact of the COVID-19 pandemic, enhance preparedness for future public health emergencies, and support post-pandemic economic recovery (ASEAN, 2020c). The APT Plan of Action (POA) on Mitigating the Economic Impact of the COVID-19 pandemic was adopted during the 23rd ASEAN Economic Ministers (AEM) Plus Three Consultations on 28 August 2020. Subsequently, the APT Leaders' Statement on Strengthening APT Cooperation for Economic and Financial Resilience in the Face of Emerging Challenges was adopted at the 23rd APT Summit on 14 November 2020, reaffirming the commitment of the APT countries to work together in overcoming the challenges posed by pandemic (ASEAN, 2024).

Furthermore, ASEAN proposed establishing the COVID-19 ASEAN Response Fund to support public health emergencies, with resources initially reallocated from existing APT cooperation funds. Additional financial contributions from ASEAN's external partners were also expected. This summit marked an important step in recognizing the continuing role of ASEAN's dialogue partners in supporting regional response to COVID-19. Beyond their immediate contributions to combating the pandemic, the long-term success of the regional response would also depend on the effectiveness of ASEAN's engagement with its external partners through HD (Azmi et al., 2023; Gill, 2020).

ASEAN and the Plus Three countries have continued to strengthen their collaborative initiatives. They have undertaken immediate measures through various mechanisms, including promoting cooperation and consultation, sharing available resources and expertise, and mitigating both the health and economic impacts of the pandemic. Nevertheless, translating policy commitments into concrete actions requires substantial financial resources, making continued support from the Plus Three countries essential despite the domestic challenges they also faced. In complementing national responses, regional cooperation became more important than ever, particularly as global efforts alone proved insufficient to address the pandemic effectively (Menon, 2020).

The APT countries are recognized for their well-established and practical regional disease surveillance mechanisms. Building on these networks, ASEAN's policy responses to previous outbreaks led to the development of the Protocol for Communication and Information Sharing on Emerging Infectious Diseases, which encourages member states to promptly share information on disease outbreaks classified as Public Health Emergencies of International Concern (PHEIC) and through their Public Health Emergency Operations Centers (PHEOCs) to be disclosed by governments (Tsukayama et al., 2023).

The ASEAN Health Sectoral Body encourages greater utilization of the existing trust funds established with the respective Plus Three countries, including the ASEAN-China Cooperation Fund (ACCF), ASEAN Korea Cooperation Fund (AKCF), and Japan-ASEAN Integration Fund (JAIF). It also advocates identifying and utilizing ASEAN's regional funding and resource mechanisms, including the COVID-19 ASEAN Response Fund, to support proactive recovery measures and strengthen preparedness for future public health emergencies. These efforts include the implementation of the ASEAN Comprehensive Recovery Framework (ACRF) and its Implementation Plan as well as initiatives such as the APT Field Epidemiology Training Network, the ASEAN EOC Network, and the APT Senior Officials Meeting on Health Development (APT SOMHD) (ASEAN, 2022).

ASEAN participated in various cooperative initiatives with external entities, commonly referred to as dialogue partners, within the broader framework of the international order. These mutually beneficial

collaborations encompassed engagements at the state, organizational, institutional, sub-regional, regional, and global levels. Local communities were also recognized as important stakeholders in achieving these objectives. Given the unprecedented challenges posed by the COVID-19 pandemic as well as ASEAN's authority and reputation as a regional organization, its institutional mechanisms and collaborative efforts needed to be optimized to effectively address the pandemic (Aini, 2022).

ASEAN sought to coordinate various institutional responses through standard procedures, including declarations, meetings, and agreements. In this context, COVID-19 became another test of ASEAN's unity and centrality. As a regional organization, ASEAN is expected to respond promptly and effectively to immediate threats affecting the region (Muhibat, 2020). ASEAN member states benefited from effective negotiations that promoted mutually beneficial outcomes and strengthened partnerships through the successful implementation of GHD initiatives. The pandemic further demonstrated that infectious diseases are not constrained by geographical boundaries or levels of development. Through effective cooperation, countries were able to emphasize their shared interests in global health while recognizing health security as a fundamental priority in both national policymaking and the advancement of international health cooperation (Javed & Chattu, 2020).

The ASEAN member states acted swiftly to formulate and implement decisive measures. As initial concerns over supply chain disruptions and travel restrictions emerged, monetary policy served as the primary safeguard against the impending pandemic by ensuring adequate liquidity in the economy. However, as the outbreak escalated into a global pandemic and its adverse effects became more severe, governments introduced more comprehensive fiscal stimulus packages and sector-specific measures to strengthen the capacity of the health sector and mitigate the broader economic impacts, particularly on vulnerable sectors such as tourism, micro, small, and medium-sized enterprises (MSMEs), and low-income households (ASEAN, 2020). To support these efforts, ASEAN established the Joint Task Force (JTF), comprising members who had previously participated in the SOMHD, to operationalize these objectives. The JTF also proposed a joint initiative between the SOHMD and the ASEAN Committee on Disaster Management (ACDM) to strengthen ASEAN's pandemic response (Takashi, 2022).

Throughout the COVID-19 response, all ASEAN member states adhered to the organization's guiding principles of unity, identity, and its shared vision of "One Vision, One Identity, One Community." During the initial phase of the outbreak, from January to February 2020, greater regional coordination and collective action were recognized as essential. Member states implemented a range of early preventive measures to contain the spread of the virus. ASEAN member states subsequently reconvened in March and April 2020 to leverage the existing regional health infrastructure in formulating a coordinated response to the impacts of COVID-19. Recognizing the importance of a cohesive and coordinated regional approach was a crucial step towards strengthening future collaboration. Ultimately, the post-pandemic recovery process should enable ASEAN to emerge as a stronger, more resilient, and sustainable regional community (Djalante et al., 2020).

The manifestation of Indonesia's HD was evident during the 2023 ASEAN Summit. On this occasion, Indonesia contributed to strengthening regional health security and supporting ASEAN's post-pandemic recovery. The researchers examined Indonesia's HD initiatives within the ASEAN community, focusing on the challenges encountered advancing health security and regional cooperation. The analysis also highlighted Indonesia's proactive role in regional collaboration to address disease outbreaks, as reflected in the Joint Statement on Defense Cooperation against Disease Outbreak. Indonesia advocated for addressing the gap between existing international finance mechanisms and global financing for pandemic preparedness, response, and prevention (PPR), while

also supporting ongoing discussions on developing a report detailing a potential regional financial facility (ASEAN, 2023).

Moreover, ASEAN was established as a mechanism for building trust and promoting communication and other forms of collaboration among Southeast Asian nations. Despite the increasing complexity of the global environment arising from the strategic rivalry between the United States and China, the ASEAN Way has continued to provide significant benefits for its member states. ASEAN has pursued several key strategies, including: (1) striving to re-establish its strategic relevance and ambition; (2) reviewing and refining its legal instruments and institutional structure; (3) strengthening institutionalization through the continued development of its bureaucratic structure; (4) enhancing domestic understanding and acceptance of ASEAN's role among its member states; and (5) increasing the contributions of think tanks and academic research centers to regional policymaking (Thompson & Chong, 2020).

CONCLUSION

ASEAN has demonstrated a strong commitment to addressing health issues by adhering to the 2005 International Health Regulations (IHR), incorporating health into the ASEAN Socio-Cultural Community (ASCC) agenda, and introducing the Healthy ASEAN 2020 initiative. It is undeniable that, as a regional institution in Southeast Asia, ASEAN has faced significant challenges in responding to the COVID-19 pandemic since its emergence at the end of 2019. However, drawing on its experience in addressing previous communicable disease outbreaks, ASEAN's institutional role became increasingly evident through deeper regional integration and more intensive HD among its member states via an intra-regional approach. COVID-19 also provided ASEAN with an important opportunity to demonstrate its commitment to mutual support and its aspiration to become a people-centered community. Through its intra-regional HD efforts, ASEAN further strengthened regional integration. Institutionally, ASEAN successfully established the COVID-19 ASEAN Response Fund to mobilize financial assistance, medical supplies, and other forms of support to help ASEAN member states respond to the pandemic.

COVID-19 has provided clear evidence that the ASEAN Way remains relevant in the implementation of ASEAN's HD, both in its internal and external engagements. Through the application of the GHD framework, this study demonstrates that ASEAN, as a regional institution and non-state actor, has strengthened cooperation through intra-regional initiatives while continuing to build robust inter-regional partnerships with major powers outside Southeast Asia, including the United States, China, Japan, and South Korea. Despite various challenges, ASEAN has enhanced regional health security and strengthened its preparedness for future health crises through collective action and strategic partnerships. Among its most significant collaborations was its HD with the ASEAN Plus Three countries—China, Japan, and South Korea—which contributed substantially to regional preparedness and strengthened ASEAN's institutional capacity through financial support and technical assistance for key regional initiatives, including the ASEAN Comprehensive Recovery Framework (ACRF), ASEAN Regional Reserve of Medical Supplies (RRMS), ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), ASEAN Public Health Emergency Coordination System (APHECS), and ASEAN Risk Assessment and Risk Communication Centre (ARARC). In addition, each Plus Three country supported ASEAN through dedicated cooperation mechanisms, namely the Japan-ASEAN Integration Fund (JAIF), ASEAN-China Cooperation Fund (ACCF), and ASEAN-Korea Cooperation Fund (AKCF).

Through purposeful negotiations and an effective health diplomacy, ASEAN successfully mobilized financial resources to support pandemic recovery, strengthen regional health crisis coordination, and accelerate vaccination efforts. Overall, ASEAN demonstrated its capacity to respond collectively and substantively throughout the COVID-19 pandemic. The findings of this study indicate that the ASEAN Way, as reflected in ASEAN's HD and regional health governance, together with the active participation of external partners and ASEAN member states, has played a significant role in strengthening the region's response to a major communicable disease crisis.

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