PCAsia

PARLIAMENTARY CENTRE OF ASIA

Strengthening Parliamentary Capacity

HEALTH AND GOVERNANCE IN THE COVID AND POST-COVID REGIONAL CONTEXT

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INTRODUCTION

The ASEAN region is confronted with a multitude of health challenges in the evolving geo-political context. To effectively prepare for the risks and respond to the impacts faced by their citizens, decision-makers need reliable and up-to-date information, as demonstrated during the COVID-19 pandemic.

In particular, the successful pandemic responses in the ASEAN region have highlighted the added value of a 'whole of society approach' to improve the quality of information available during the formulation and implementation of solutions to our shared challenges. Using this approach, policy makers work to synergise inputs from a variety of stakeholders, from international agencies like the United Nations and WHO, to regional bodies such as ASEAN and AIPA, to national governments and parliaments, businesses, civil society groups and individual citizens.

In normal times, Parliaments play an indispensable representative role dialoguing with constituents, gathering information in order to address their diverse needs and leave nobody behind. Parliamentarians next pass legislation and budgets that help prepare for and respond to current challenges as well as future crises, within the context of legal frameworks and the established constitutional balance of power. These functions are crucial, though there is often a temptation for the executive branch to use constitutional provisions allowing them to expedite the enactment of policies during times of emergency. And while it is governments that implement the policies, it is parliaments' role to perform the necessary oversight by engaging with citizens and officials to scrutinise how laws and funds are being applied. This can be particularly important during crises, when policies can be formulated without safeguards such as citizen engagement, parliamentary research and budgetary analysis, which tends to increase the risks of inefficiency and corruption.

Of special importance in cases of regional and global issues such as the COVID-19 pandemic, legislative bodies support the executive branch through the exchange of information and experiences between nations, addressing issues through coordinated action using the tools of parliamentary diplomacy. One such tool is AIPA Resolution Res 43GA/2022/Org/11, adopted by AIPA Member Parliaments on 23 November 2022 during AIPA's 43rd General Assembly, on Creation of Annual Consultative Working Group co-facilitated By AIPA and PCAsia to Promote Transparent Data and Knowledge Sharing in Health Emergency Preparedness and Responses.

The Parliamentary Centre of Asia (PCAsia), with support from the AIPA Secretariat, stands ready to support AIPA Member Parliaments in these efforts, including through the release of this compendium on "Health and governance in the COVID and post-COVID regional context". Following a civic-parliamentary partnership approach, this volume presents for readers' consideration facts and insights from a variety of stakeholders, with the aim of contributing towards inclusive and informed decision-making in the region.

Prasnar YI
Executive Director
Parliamentary Centre of Asia

1. COVID-19 IN ASEAN

THE HEALTH IMPACTS OF COVID-19 IN ASEAN

INTRODUCTION

The first case of COVID-19 was detected in December 2019 in Wuhan, China [1]. This represented the third outbreak of a human coronavirus, following SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) [2]. The virus spread quickly to 123 countries worldwide, with the first death from the infection reported on 9 January 2020. By August 2023, there were 693,204,395 cases reported worldwide and the number of deaths reached 6,907,547, of which 368,879 were in Southeast Asia [3]. The number of total deaths could be higher if it includes deaths that were undetected, a result of limited testing capacities [4]. Since its outbreak, COVID-19 has caused catastrophic damage to public health, and disruption of social and economic development [2]. In response, countries across the world undertook different approaches including lockdowns, social distancing, mass testing, and other policy interventions. [5, 6]. Vaccination has been the core intervention to reduce transmission and severity, and to ease the pressure on healthcare systems in the region from being overwhelmed [7].

Using the latest available data/statistics, this article looks specifically into the current situation of the COVID-19 pandemic in the Southeast Asian context related to (1) Cumulative confirmed cases, (2) Number of deaths and recovery, and (3) Vaccination Status by country. With available literature and published research documents, the impact of the pandemic on public health is documented followed by a brief review of policy responses undertaken by different ASEAN countries.

CURRENT SITUATION OF COVID-19 IN ASEAN

Cumulative confirmed cases

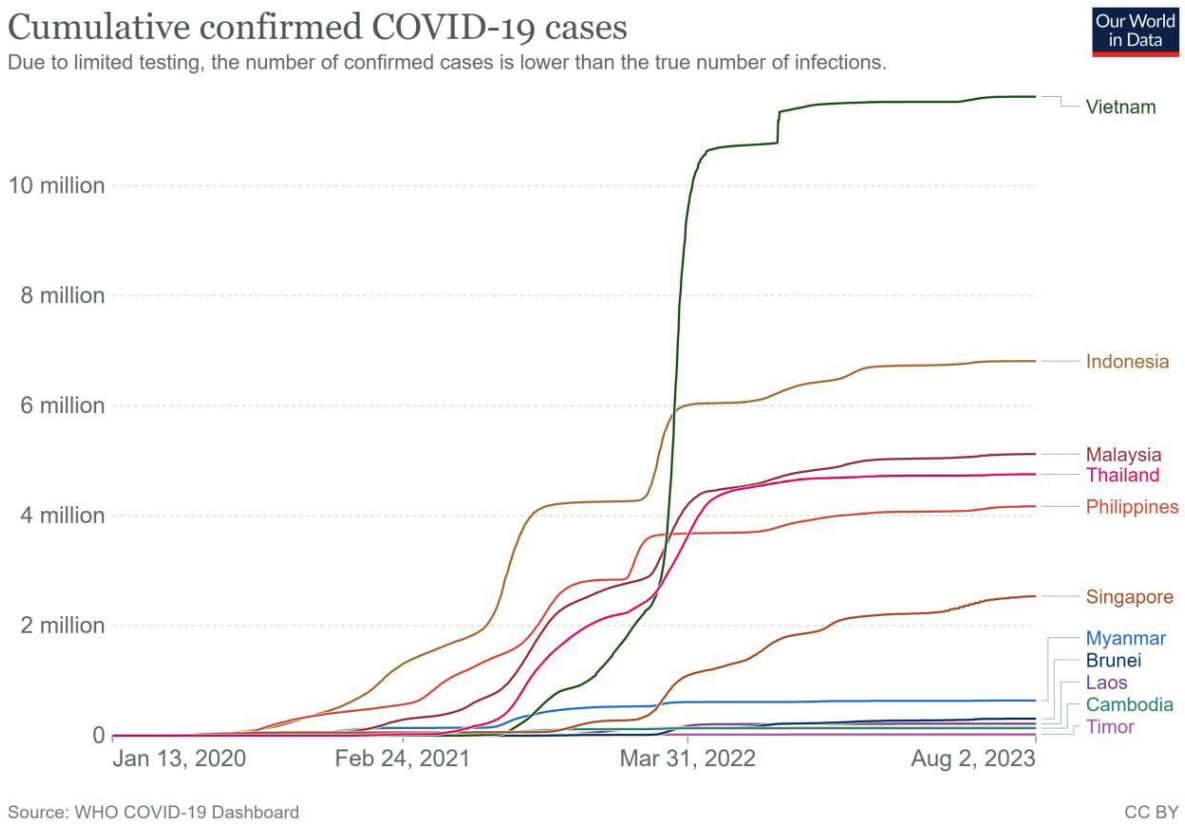
COVID-19 reached Southeast Asia in January 2020, when Thailand identified its first positive case, then the Philippines, Singapore, Cambodia, Vietnam, and Malaysia. At the time of writing, the total cumulative cases for the whole region was 35,910,444 with 95,885 active cases [3]. There are four common variants found: (1) Alpha, (2) Beta and (3) Delta, and later (4) Omicron [8].

The region was hit by three waves of infections. The first wave was in January 2020 with an average 15,000 daily transmission cases. In mid-2021, the spread of the Delta variant triggered the second wave of virus infections with an estimated 100,000 cases per day. The third wave occurred in February 2022 with infections largely caused by cases of the Omicron variant. The daily Omicron cases almost doubled that of previous strains, nonetheless the fatality rate was four to six times lower. This is mainly because of the high vaccination rate achieved by each country [9].

The cumulative confirmed cases of COVID-19 by country through August 2023 is shown in Figure 1. Vietnam recorded a total of 11,622,204 cases, the highest in the region, followed by Indonesia with 6,813,095. These two countries experience a surge in the number of cases during the third wave. Cases in Thailand and Malaysia were each around 5 million which is slightly more than the Philippines and the 2.53 million cases in Singapore. Cambodia found 138,937 cases, double those reported in Lao. Brunei and Timor-Leste recorded 310,105 and 23,460 cases respectively. From the same data set, the ratio of cases per million population

in Singapore was almost 450 thousand, followed by Brunei with approximately 700 thousand. Cases per million are between 25 to 35 thousand for the Philippines, Lao and Indonesia. The lowest ratio was around 8,000/1M in Cambodia.

Figure 1. Cumulative confirmed COVID-19 cases



Source: https://ourworldindata.org/covid-vaccinations

TOTAL DEATHS AND RECOVERY

In 2023, the COVID-19 case fatality rate (CFR) in the region was 1.1%, dropping from 3.3% in 2021. This is significantly lower compared to the global CFR at 2.1%. Table 1 provides the data indicating the status of COVID-19 deaths, fatality rate and recovery in Southeast Asia.

Frontline health workers in Thailand (Photo: UN Women/ Pathumporn Thongking)

Table 1: Status of COVID-19 deaths, fatality rate and recovery

Country	Total Deaths	Case fatality rate	Total recovered	Deaths/1M pop	Population
Myanmar	19,494	3.0%	619,908	353	55,227,143
Indonesia	161,916	2.4%	6,646,293	580	279,134,505
Cambodia	3,056	2.2%	135,882	178	17,168,639
Philippines	66,643	1.6%	4,103,828	592	112,508,994
Malaysia	37,165	0.7%	5,070,750	1,120	33,181,072
Thailand	34,437	0.7%	4,692,636	491	70,078,203
Timor-Leste	138	0.6%	23,102	101	1,369,429
Vietnam	43,206	0.4%	10,640,372	437	98,953,541
Laos	758	0.3%	N/A	101	7,481,023
Singapore	1,841	0.1%	2,149,583	310	5,943,546
Brunei	225	0.1%	243,601	505	445,431

Source: World Health Organization (2020), https://ourworldindata.org/covid-cases

For all countries, a sharp increase in number of deaths occurred between February 2021 and the first few months of 2022. As of August 2023, Indonesia has recorded a total of 161,916 deaths (CFR 2.4%), the highest in the region, compared to the Philippines which suffered 66,643 deaths (CFR 1.6%) and Vietnam, with 43,206 deaths (CFR 0.4%). The decision to lift lockdown to reduce economic distress likely contributed to an increased number of deaths [9]. Higher mortality rates also related to regional disparities in each country's health system plus limited mass testing [10]. This accounts for the situation in Myanmar where CFR stood at 3%. Total deaths in Cambodia were 3,056 (CFR 2.2%). Malaysia and Thailand share the same CFR value of 0.7% with 34,437 and 37,165 deaths, respectively. Singapore and Brunei have the lowest CFR (0.1), followed by Laos (0.3). In many cases, countries with a low CFR tended to robustly implement policy measure including mass testing, quarantine, contact tracing, lockdowns, and information sharing, among others. [10].

HEALTH IMPACT OF COVID-19 AND RESPONSES

Impact on health systems

COVID-19 has had a devastating impact on national healthcare systems, even in countries with advanced medical facilities and capabilities [13]. Based on the Global Health Index (GHI), Thailand was classified as one of the most prepared countries in the region to respond to the pandemic. Countries that were classified as less prepared to appropriately react were Laos, Cambodia, Malaysia, Singapore, Indonesia, Myanmar and the Philippines [23]. Overall, Southeast Asia was not prepared enough to respond to this health emergency.

With the rapid transmission overwhelming healthcare systems with an influx of patients

and soaring demand for health facilities and equipment, the situation was more acute for many Southeast Asian nations where healthcare systems are comparatively weak, particularly Myanmar, Cambodia, Indonesia, Lao PDR, the Philippines and Timor-Leste [14]. There was a sharp increase in demand for personal protective equipment (PPE), the absence of which made healthcare workers more vulnerable to the virus [15]. In the same way, vaccination campaigns were frequently held back by a shortage of available vaccines and other medical resources [8].

Impacts on people

The pandemic has adversely impacted the nutritional status of people living in poverty, especially informal workers. Lower incomes forced people to reduce food expenditure and consumption, causing nutritional deficiency [14, 16]. The Food and Agriculture Organization of the United Nations (FAO) estimated that around 61 million people in Southeast Asia were malnourished and this number likely increased in the face of pandemic [17]. A survey by the Asian Development Bank Institute (ADBI) in 2021 in eight ASEAN countries confirmed that 80% of household with financial difficulties cut-down their consumption expenditure [1]. This contributed to malnutrition, which weakens the human immune system causing them to be at higher risk when contracting COVID-19 [16].

The pandemic made it more difficult for vulnerable groups to access proper health services or receive adequate social protection. Those groups have generally included (1) migrant workers, (2) refugees, (3) people living in poverty, (4) people with disabilities and (5) older persons. Non-nationals, especially unregistered migrant workers, can be at particular risk of exclusion from health services [19]. During the pandemic, morbidity and mortality among infants, young children, and pregnant women increased due to the interruption in essential health services. Similarly, the health crisis further marginalized disable people by stimulating more demand for essential healthcare services [20].

During the course of COVID-19, fewer women than men in the Philippines, for example, received proper information to help them handle the pandemic. Significant drops in savings and earnings were also reported especially among those women working in manufacturing, tourism, retail, the service industry and informal sectors. In contrast, there was a significant increase in unpaid care work among women due to the need to look after children and elderly parents. Economic difficulty and social stress also exacerbated incidents of domestic violence across the region [14].

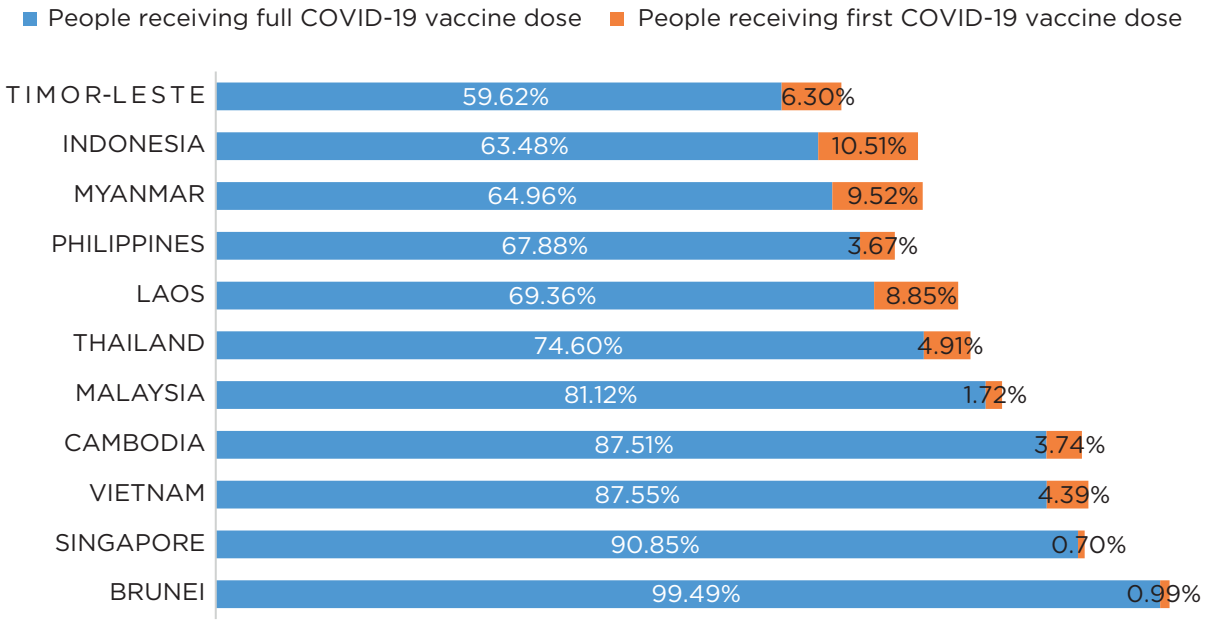
Policy Responses

Key responses to the COVID-19 pandemic have been made at both regional and national levels. Regional responses include: (1) a "Collective Response" to the outbreak of COVID-19; (2) joint statements on Cooperation against the outbreak, and (3) a series of ASEAN sectoral meetings to discuss regional cooperation in pandemic responses [2, 20, 21, 22]. At the national level, ASEAN countries applied different policies responses in accordance with their socioeconomic, security and political situations, which helps explain why the policy reactions were so varied between countries [23]. Malaysia, Singapore and the Philippines, for example, strictly implemented national lockdowns [22]. Thailand and Indonesia chose partial lockdown measures. Cambodia, Vietnam and Indonesia prioritised adherence to social distancing.

Vaccination status

Rates of vaccinations vary by countries (Figure 2) and have been driven by a number of factors: (1) shortage of vaccines and medical recources, (2) available funds and different costs of vaccines, (3) population size, (4) uneven distribution of vaccines, (5) supply chain constraints and (5) vaccine hesitancy [2, 8, 11]. Given the simultaneous demand for vaccines across the world, low and middle income countries including those in Southeast Asia were often last in the line to receive vaccines [8]. Given the shortage, countries prioritised frontline workers, followed by phased distribution by age. Vaccination campaigns kicked off in March 2021 in several ASEAN countries [2].

Figure 2: Total number of people who received full and first vaccine doses, divided by the total population of the country



Source: One World Data (2021), https://ourworldindata.org/covid-vaccinations

By August 2023, the total vaccination rate versus total population in Brunei exceeded 100%, reflecting their vaccine distribution to the foreigners/expats living in the country and their small population. Singapore fully vaccinated around 91% of people, among which just 0.7% received only the first dose. Vietnam is a third country that led the field with a total vaccination rate of up to 92%.

A country's economic development does not necessarily determine vaccination success, but rather government policy and timely interventions. This is reflected in the case of Cambodia, where the country successfully inoculated more than 90% of its population. Despite their much larger economies, people that received the full vaccination dose in Thailand and Malaysia are 74.6% and 81.12%, respectively, where political issues in both countries affected their response performance [2]. In Myanmar the country's full vaccination rate is a bit less than 65% amidst the humanitarian crisis driven by the military coup [12]. Indonesia and the Philippines have similar vaccination rates at around 70% followed by Timor-Leste at less than 65%. People's attitute toward vaccines

also impacts the rate of vaccination of a country. A study in five countries: Indonesia, Malaysia, Philippines, Singapore and Thailand found that 7 to 16% of the respondents would not seek vaccination mainly because they fear the potential side effects [11].

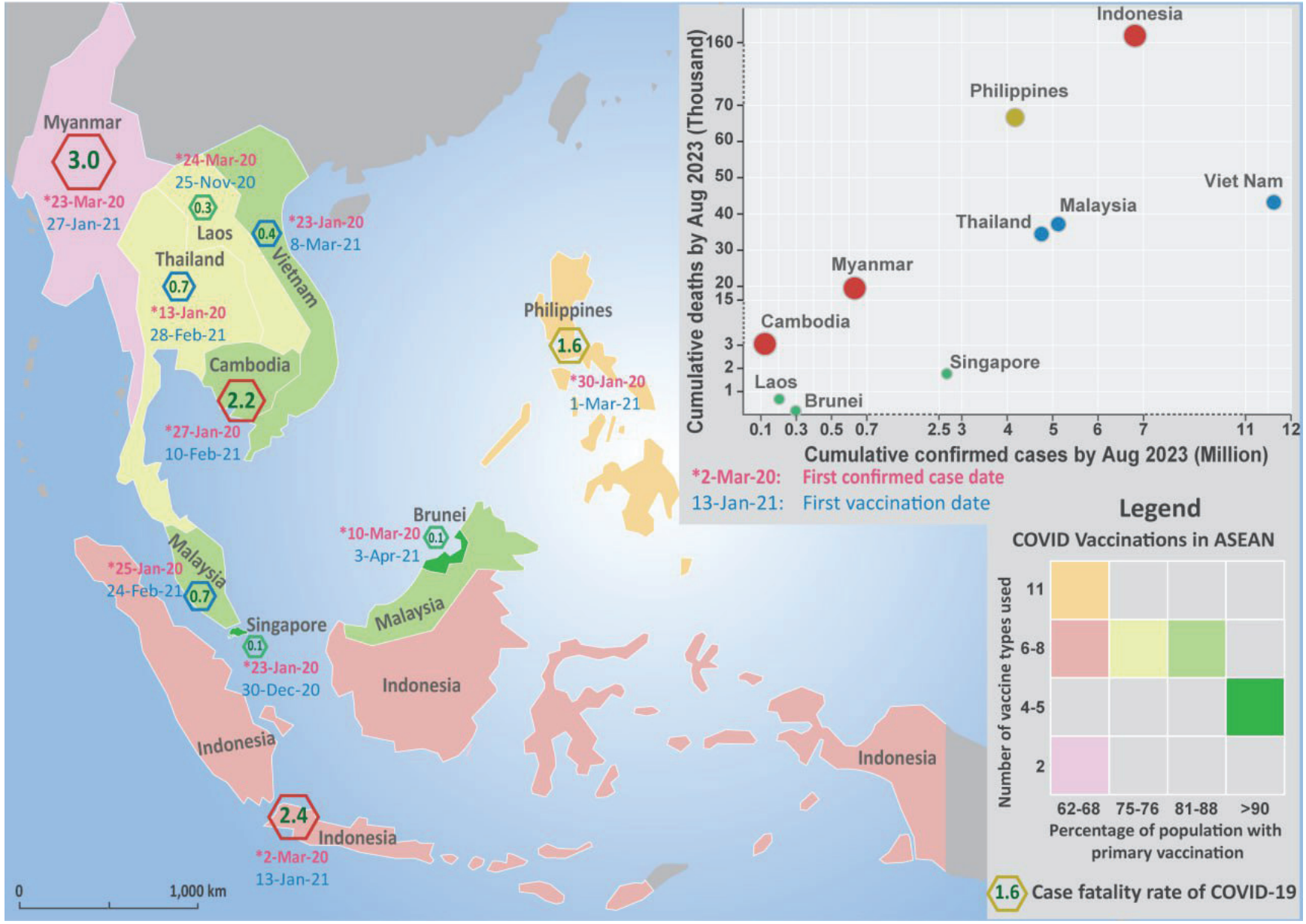
Southeast Asian countries obtained vaccines through various procurement chanels including multi or bilateral COVID-19 diplomacy, and own purchase [12]. This patchwork approach explains the wide variety of vaccines used in some countries (Table 2). Brunei and Singapore used the fewest type of vacines compared to others because most were purchased. A majority of ASEAN Member State also qualified under the COVAX arrangement. These countries were able to access a wider variety of vaccines including Pfizer/BioNTech, Moderna, Oxford/AstraZeneca, Jassen (Johnson & Johnson), Covishield, Sputnik V, Sinopharm (Beijing), and Sinovac, etc. Qualifying countries also obtained more vaccines through own purchase and donations [7, 8]. At the time of writing, Vietnam, Indonesia, and Thailand are currently developing vaccines to further safeguard their populations [8].

Table 2: Access to Vaccines by Country

Country	Available Vaccines
Brunei	Oxford/AstraZeneca, Sinopharm/Beijing
Singapore	Moderna, Pfizer/BioNTech, Sinovac
Vietnam	Moderna, Oxford/AstraZeneca, Pfizer/BioNTech, Sinopharm/Beijing, Sputnik V
Cambodia	Johnson&Johnson, Oxford/AstraZeneca, Sinopharm/Beijing, Sinovac
Malaysia	CanSino, Oxford/AstraZeneca, Pfizer/BioNTech, Sinovac
Thailand	Oxford/AstraZeneca, Pfizer/BioNTech, Sinopharm/Beijing, Sinovac
Laos	Johnson&Johnson, Oxford/AstraZeneca, Pfizer/BioNTech, Sinopharm/Beijing, Sinovac, Sputnik V
Philippines	Johnson&Johnson, Moderna, Oxford/AstraZeneca, Pfizer/BioNTech, Sinovac, Sputnik V
Myanmar	Oxford/AstraZeneca, Sinopharm/Beijing,
Indonesia	Moderna, Oxford/AstraZeneca, Pfizer/BioNTech, Sinopharm/Beijing, Sinovac
Timor-Leste	Oxford/AstraZeneca, Sinovac

Source: Reconstructed from [8]

COVID-19 IN ASEAN



2. ANSWERS FROM ASEAN AND ITS MEMBER STATES

HEALTH IN A GLOBALISED WORLD: CHRONOLOGY OF INITIATIVES TAKEN IN ASEAN

From 1980 onwards: Regular meetings of health ministers in Southeast Asia, providing for cooperation on disease control and environmental health. Health is seen as an integral part of socio-economic development.

- CDC (US Center for Disease Control and Prevention) field epidemiology training programme with the Thai Ministry of Public Health initiates to train the next generation of public health officials in Thailand and the region.

2001: The WHO Southeast Asia office proposes a regional strategy advocating the idea that interventions in the environmental sector can help to improve health and that a holistic approach to health, environment and development issues is needed.

2004: The birth of the One Health concept, when the Wildlife Conservation Society (WCS) hosting a symposium in Manhattan entitled "One World, One Health: Building Interdisciplinary Bridges to Health in a Globalized World". The aim of the symposium is to focus on potential and existing disease transmission between humans, domestic animals, and wildlife. This takes place in the context of recent epidemics of zoonotic diseases such as West Nile virus, Ebola, monkey pox, mad cow disease, severe acute respiratory syndrome (SARS) and avian influenza, and others.

- First meeting of high-level representatives on environment and health involving East and Southeast Asian countries takes place in Manila, Philippines (WHO, UNEP, ADB).

2005: Regional Charter on Environment and Health, or "Bangkok Charter" affirms the need for binding legislation and the establishment of other legal instruments. This initiative, later called the East and Southeast Asia Regional Forum, will become the Asia-Pacific Regional Forum on Health and Environment.

The Bangkok Charter will be decisive in promoting health-related activities in the region, providing a lasting framework for the countries of Southeast Asia to take intersectoral action to respond to the risks associated with the spread of infectious diseases.

2008: Meeting in Manila of the health ministers of the ASEAN Member States and those of China, South Korea and Japan (ASEAN+3) aims to further improve the health situation in the larger region. Participants commit to adopting the One Health approach to the prevention and control of emerging infectious diseases.

2010: Having noted a lack of regional coordination in Southeast Asia and within ASEAN in the context of avian influenza due to the lack of management capacity and the economic and political disparity between Member States, the European Commission supports a programme to strengthen regional coordination on highly pathogenic infectious diseases with the ASEAN Secretariat. This programme, known as HPED (Highly Pathogenic and Emerging Diseases), initial aims for a global response to avian flu, but has since been enhanced by the One Health approach.

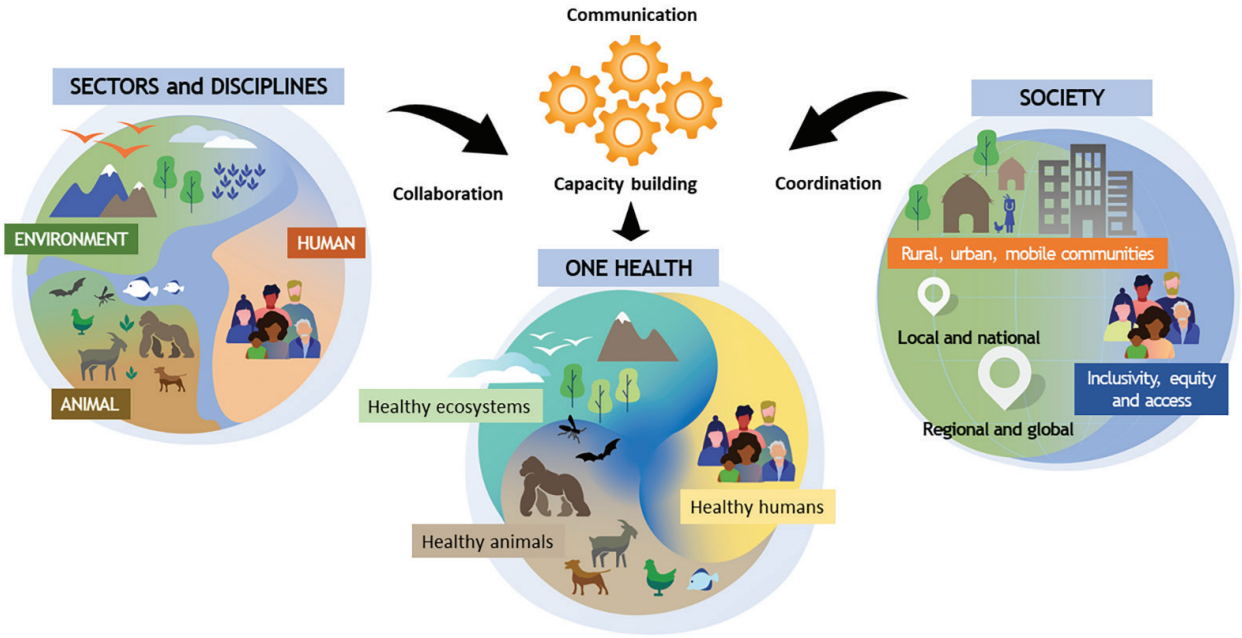
(European Union, 2010, Outcome and Impact Assessment of the Global Response to the Avian Influenza Crisis 2005-2010, Publications Office of the European Union)

2011: The Southeast Asian One Health Universities Network (SEAOHUN) is a regional organisation, headquartered in Chiang Mai, Thailand, which now brings together more than 95 universities in eight Southeast Asian countries - Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Thailand, and Vietnam - and six universities in Taiwan, an associate member. It aims to build the capacity of the One Health workforce and train the next generation of One Health professionals to equip them with skills and a systems approach to problem-solving that considers all aspects of the human-animal-ecosystem nexus.

2020: The ASEAN Heads of State and Government announce the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) in Bangkok. This is the result of a feasibility study funded by the Japanese government through the ASEAN-Japan Integration Fund (JAIF). The project contributes to the implementation of the 2025 Objectives of the ASEAN Socio-Cultural Community.

It aims to enable ASEAN to improve its capacity to respond to all types of health-related risks (Health Cluster) and emerging threats, as well as its capacity to prevent and respond to public health emergencies, and to promote a resilient health system in response to emerging infectious diseases (zoonotic diseases, neglected diseases, communicable diseases).

August 2022: opening ceremony in Bangkok.



Source: One Health High-Level Expert Panel (OHHLEP), Adisasmito WB, Almuhairi S, Behravesh CB, Bilivogui P, Bukachi SA, et al. (2022) One Health: A new definition for a sustainable and healthy future. PLoS Pathog 18(6): e1010537. https://doi.org/10.1371/journal.ppat.1010537

The One-Health Approach: Southeast Asia as a prime location for its implementation

> *The One Health approach has once again been highlighted during the COVID-19 pandemic, mostly notably by the One Health High-Level Experts Panel, created jointly by the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, the United Nations Environment Programme (UNEP), and the World Health Organization (WHO). These organisations decided to mainstream One Health so as to be better prepared for prevention, prediction, detection, and response to infectious diseases, all while considering interactions between humans, domestic animals, wildlife and ecosystems.*
>
> *The definition proposed by the High-Level Experts Panel was approved by the partners in December 2021: "One Health is an integrated, unifying approach that aims to sustainably balance and optimize the health of people, animals, and ecosystems. It recognizes the health of humans, domestic and wild animals, plants, and the wider environment (including ecosystems) are closely linked and interdependent. The approach mobilizes multiple sectors, disciplines, and communities at varying levels of society to work together to foster well-being and tackle threats to health and ecosystems, while addressing the collective need for healthy food, water, energy, and air, taking action on climate change and contributing to sustainable development".*
>
> *The authors of the statement looked at the history of the One Health approach, as defined in 2004. They went on to describe how Southeast Asia, a hotspot of the emergence of infectious diseases, has played a leading role in the international adoption of this approach. The panel highlighted how the region had established the forerunner and the favourable elements of One Health, while presenting the tools and mechanisms of its implementation in the region and the evolution of its practices since OHHLEP's creation.*

THE EFFECTIVE POLICIES OF CAMBODIA AND LAOS: THE WHOLE OF SOCIETY APPROACH

Table 1 statistics on the Cambodian and Lao responses to COVID-19 are notable with respect to high recovery and vaccination rates along with low rates of deaths relative to the overall confirmed cases as reported to the World Health Organization (WHO). Given their relatively limited respective public health infrastructures such performances exceeded general expectations from the international community [1 , 2].

An examination into factors explaining their successes can be beneficial in both showcasing good practices and allowing higher visibility into how external supports can be properly channelled into areas of needs to maximize the effectiveness of international support in future crises. This review will highlight the Whole-of-Society Approach, in which government authorities — working across related departments for common or complementary goals — engage with relevant stakeholders inclusive of individuals, families, communities, civil society, academia, media, associations, private sectors, and development partners (states and intergovernmental organisations) to work towards a broader shared objective of social or national significance — in this case combating COVID-19 [3].

CAMBODIA

Apart from the health crisis, COVID-19 also brought to Cambodia socio-economic challenges due to logistic restrictions, business closures, and lower economic demand. The consequences were multi-directional, including decreasing household incomes, higher unemployment, limited access to essential goods and social services, and education challenges including child labour amidst distanced learning. More alarmingly, vulnerable groups of considerable size had their day-to-day livelihood fall short in terms of basic resources—food security and essential health standards [4].

Such a health crisis, with socio-economic consequences impacting diverse groups of the population, could only be effectively combatted through a multi-pronged approach from the whole of society. Fortunately, this was delivered through the Cambodian government's effort and participation from a comprehensive range of the stakeholders across all social sectors — individuals (locals and foreigners), private actors, and civil society—and the international community in both health and non-pharmaceutical areas. The health aspect included strong epidemiological surveillance mechanisms, field training, real-time databases, risk assessment mechanisms, emergency response teams, national public health laboratory capacity, and risk communication platforms [5]. The non-health area involved interventions in and from various sectors—educational, manufacturing, tourism, and media, etc.

Government Policies

The whole-of-society approach normally stems from a strong whole-of-government approach, which can then be expanded beyond public sectors to other spheres. It takes an initiative of the government to kickstart, through ensuring policy coherence and implementation across relevant ministries/departments and state agencies, and the actions taken by the Cambodian government illustrate that. Particularly, at the governmental level, the national COVID-19 committee and the inter-ministerial committee were established, respectively led by the Prime Minister and the Health Minister. As part of the whole of government approach, sub-committees were also replicated at the sub-national level and led by provincial governors [6].

In complement, the government introduced a variety of fiscal, monetary, and macro-financial policies. On the fiscal side, social assistance schemes included those laid out in the National Social Protection Policy Framework and were dedicated to poor and vulnerable households, who benefited from several phases of cash transfers. Meanwhile, stimulus packages were launched in the form of wage subsidies and skills training programmes for suspended workers or employees in the country's critical and adversely affected industries — garment-making and tourism. Business sectors also received credit guarantees through the Business Recovery Guarantee Scheme, which provides packages for Small and Medium Enterprises (SMEs) in the manufacturing and agricultural sectors, and tax exemptions for the tourism and aviation sectors [7].

In addition, monetary and macro-financial policies were spearheaded by the National Bank of Cambodia (NBC) through measures to reduce interest rates in general, lower the required reserves for banks and financial institutions, and allow loan restructuring for financially vulnerable borrowers in priority sectors — tourism, garment-making, construction, transportation and logistics [7].

Parliament and Society

Complementing actions taken by the Executive branch, the Cambodian Parliament played a critical legislative role to complete the whole-of-government approach in response to the crisis. For example, in late 2020, the National Assembly of Cambodia adopted the Law on Financial Management for 2021 to maintain macro-economic balance, ensure reserves for essential expenditure, and promote the post-COVID-19 economic recovery. Less than one month later, the law was reviewed and approved by the Senate [8].

Additionally, in early 2021, a state of emergency law — The Law on Preventive Measures Against the Spread of COVID-19 and other Severe and Dangerous Contagious Diseases — was promulgated after adoption by the National Assembly of Cambodia and approval by the Senate. The Law, consisting of six Chapters and eighteen Articles, has served as a legal instrument in combating COVID-19 with precise purpose and scope, involving health measures, imposition of penalties, and liability of competent authorities [9]. This effectively enforced the implementation of a series of public health policies and measures undertaken by the government during the onset of community outbreak, including surveillance and contact tracing, extensive health screening at border checkpoints, obligatory mask wearing, social distancing, mandatory self-isolation and quarantine, and restrictions on travel, gathering, and business operations, among others.

This parliamentary intervention strongly solidified the whole-of-government approach, which was met with widespread support and cooperation from the Cambodian public. Observably, there was a notable trend among Cambodians to abide by public health protocols, including testing after direct and indirect contacts or suspicion of infection, mask-wearing, and self-quarantine. The private sector also adhered strictly to the government recommendations and mandates, while being creative and responsive to deliver essential services in compliance with health standards to supply basic goods and services during the lockdown.

Meanwhile, professionals in various sectors — whose duties could be performed from distance — maximized their efforts to access and familiarise themselves with technology, which allowed to them to sustain key functions of society. Those involved in public awareness and education campaigns

— traditional and social media as well as non-governmental organisations and civil society associations — also played a crucial two-pronged role, including combating the pandemic by raising awareness of disease transmission and preventive and responsive measures to amplify the government's official briefings while helping to share data and fact-based information to minimize social panic.

Remarkably, considerable financial and material donations—from the public, civil servants, and local business leaders — were channelled to the government's COVID-19 response efforts, which practically supported frontliners and the most vulnerable, assisted vaccination campaigns, and reflected whole-of-society unity amidst the crisis.

Engagement with the International Community

The efforts of the Cambodian government were significantly enhanced by the international community through their sharing of resources, technical expertise, and advisory support aiming to ensure effective emergency responses. Contributions included medical supplies and equipment, assistance with case detection/management and preparedness, capacity building, and training. Development partners, including from Australia, China, Japan, the Republic of Korea, the United Kingdom, and the United States, played key roles in the distribution of vaccines both bilaterally and through the COVAX facility [10].

In the meantime, technical organisations, including the WHO, the U.S. Centre for Disease Control and Prevention (US-CDC), and the United Nations International Children's Emergency Fund (UNICEF), worked closely with the Cambodian Ministry of Health (MOH) in strengthening Cambodian government capacity to combat COVID-19 through their active engagement and in briefings and guidance on policy implementation. Such crucial assistance contributed to the MOH's update of Cambodia's existing pandemic response strategy in the National Action Plan: Preparing for and Responding to Novel Coronavirus (COVID-19) in the Kingdom of Cambodia [5].

In addition, the Cambodian government secured a full commitment by the entire United Nations (UN) System in Cambodia—coordinated by the WHO—in COVID-19 preparedness and response through the UN Framework for the Immediate Socio-economic Response to COVID-19, while the broader UN system worked on the plan to handle the secondary impacts of the pandemic [11].

LAOS

Despite securing one of the lowest recorded infected case numbers in the region, Laos still suffered the impact of COVID-19 in the socio-economic sphere due to the collapse of domestic and regional supply chains, on which Lao household incomes and therefore consumer demand highly depend. Particularly, the hard-earned development growth over the last decade and the progress towards the Sustainable Development Goals (SDGs) was at high risk, with pre-existing inequalities widening, food insecurity becoming more critical, and education access highly restricted. These challenges, however, were responded to through the adoption of a holistic policy approach emphasising the principle that no one should be left behind, with priority placed on reaching those furthest behind [12].

Such a policy focus lies within the framework of a whole-of-society approach, consisting of and beginning with a whole-of-Lao government approach from national and sub-national levels in implementing measures that involved collaboration from various segments of Lao society—high

to medium to low-income households, vulnerable businesses, and citizens and foreigners in general. Indispensable to such a holistic approach was the considerable support from the international community.

Government Policies

Just as how the government was adept in guiding the whole-of society approach in combating COVID-19 in Cambodia, the same can be said of the role of the Lao government. An immediate response by the government was the establishment of the National Taskforce Committee for COVID-19 Prevention and Control, aiming to provide timely dissemination of reliable information to the public through, for example, the notification on COVID-19 Outbreak Prevention, Control and Response Measures. The scope was mainly within the country's capital of Vientiane, inclusive of government officials, enterprises, international organisations, citizens, and foreigners [13]. In addition, the Prime Minister Order (Order No.06/PM) was issued to establish a series of lockdown measures, including public travel restrictions, border closures, quarantines, and prohibitions on the increase of prices for essential products [14].

In the meantime, the government also introduced fiscal, monetary, and macro-financial policies to alleviate the burdens associated with the implementation of those health and non-health restriction measures, especially those impacting informal and low-income sectors. Fiscal policies include measures to ensure household's affordability resilience against COVID-19, such as the reduction of electricity and water consumption bills, exemptions for tax payments for those with monthly incomes below 5 million KIP (USD 570), exemptions from tariffs and related fees for imported items essential in preventing and combating COVID-19, and extension of general tax payments (land and roads, etc.). Vulnerable businesses, especially microenterprises, also received support covering extension of loan and tax payments [15].

Similar to Cambodia's case, the Bank of Laos PDR intervened through a range of looser monetary and macro-financial policies to reduce interest rates in general, decrease reserve requirements on foreign exchange, postpone debt payment on consumer loans, and allow loan restructuring for borrowers. Both commercial banks and non-bank financial institutions — microfinance institutions, savings and credit unions, leasing companies, and pawnshops — benefited from these policies. In addition, local banks and financial institutions received emergency financial support, which enabled them to sustain loan provisions [7].

Parliament and Society

Alongside the executive, the legislative branch has also played a substantive role, further complementing the whole-of -government and the whole-of-society synergy. Responding to the onset of the COVID-19 crisis, the Lao National Assembly's eighth legislature in 2020 put the economic recovery as the main agenda item of its three-week 10th ordinary session. Convening high-level government officials, including the President, Prime Minister, and cabinet members of Laos PDR, the session considered and approved reports on the socio-economic development plan and budget and currency plans in the crisis context [16]. Moreover, after intensive discussion with concerned parties and experts through late 2022, the National Assembly adopted the Law on Prevention and Control of Infectious Diseases (No. 28/NA) to complement the existing government measures through its legal effects [17].

Adding to the government-led measures and parliamentary initiatives, the magnitude of public participation from the Lao people and civil society was considerable in combating COVID-19. From all walks of life — formal and informal sectors, vulnerable

households and businesses, and private and public workers — the Lao people were in high synergy with pandemic responses through their adherence to the health and non-health measures and dedication to their professional roles in sustaining the country's economy and key social functions. That was further amplified by support from the Civil Society Organizations (CSOs) as exemplified by a 12-month project coordinated though the Lao Civil Society Coordination Network bringing together numerous CSOs in the country to assist in responding to COVID-19. The assistance included supplying handwashing stations, supporting vaccination plans, increasing access to fact-based information, and providing prevention support to key venues — schools, health centres, and markets [18].

Engagement with the International Community

Complementary to these efforts from government, parliament and the public, the international community also played a crucial role in providing material as well as advisory and technical support to concretise the policy implementation and to enhance synergy between stakeholders. Material support included, but are not limited to, the USD 18 million package from the World Bank for the Lao PDR COVID-19 Response Project for preparedness and emergency response activities [19]; health supplies worth over USD 1 million to the Lao Ministry of Health from the United Nations International Children's Emergency Fund (UNICEF) Lao PDR through funding from the European Union, Ireland, and Japan [20]; USD 5.6 million from the United States Agency for International Development (USAID) to address the economic and education impacts of COVID-19, with respective emphasis on women-owned Micro, Small, and Medium Enterprises (MSMEs) and early childhood and primary education [21]; food and nutrition assistance by United Nations World Food Programme (WFP) to an estimated 360,000 returning migrants in COVID-19 quarantine centres, which were placed in strategic locations passed through by a large number of returnees and played a vital role in controlling the spread of infection in the country [22]; and hundreds of thousands of doses of vaccines through the COVAX facility [23].

One remarkable example of technical and advisory support was delivered through the UN Socio-Economic Response Plan (SERP) by the United Nations Country Team in Lao PDR, in strong partnership with the Lao government, other development partners, the country's civil society, and its private sector. The SERP has outlined key strategic response plans to realise the ultimate end of 'leaving no one behind'. They include the macroeconomic response and multilateral collaboration tailored to immediate needs and the country's long-term trajectory; protection of health services during the crisis and preparing the health systems and the public for future outbreaks; extension of the UN commitment to work alongside the diverse populations of Laos PDR, civil society and local authorities using a people-centred approach with a social-cohesive and gender-responsive focus on priority issues such as education, food security, social protection, psychosocial wellbeing and gender-based violence (GBV) prevention [12].

CONCLUSION:

The campaigns to combat COVID-19 in Cambodia and Laos PDR are two success stories that share certain commonalities. First, the two countries exceeded the general expectations, which were set relatively low due to their limited health infrastructure and low (though improving) development index ratings, while their performances can be considered outstanding as demonstrated by relatively low severe health consequences — low deaths, high recovery, and high

vaccination rates — along with high socio-economic resilience to the associated economic and social impacts.

Second, their successes were directly linked to the implementation of a whole-of-society approach, involving a strong bond and synergy among the government, parliament, society, and the international community. The Cambodian and Lao efforts were highly holistic in policy design, incorporating collaboration with and considering solutions benefiting various segments of society, who in turn were highly supportive of the government's policy responses. In the process, both countries exercised an active collaborative spirit and efficiency in their openness to and engagement with the international community to access the necessary material, financial, technical, and advisory assistance strategically tailored to meet the emergency needs while contextualized to their internal social and political environments.

Public service announcement promoting personal hygiene in Siem Reap, Cambodia during the COVID-19 pandemic (Photo: withGod, 08 April 2020)

3. VIEWS FROM CIVIL SOCIETY

VIETNAM - DIFFICULTIES AND BARRIERS IN ACCESSING SOCIAL SUPPORT POLICIES FOR POOR MIGRANT WORKERS IN HO CHI MINH CITY DURING THE COVID-19 PANDEMIC

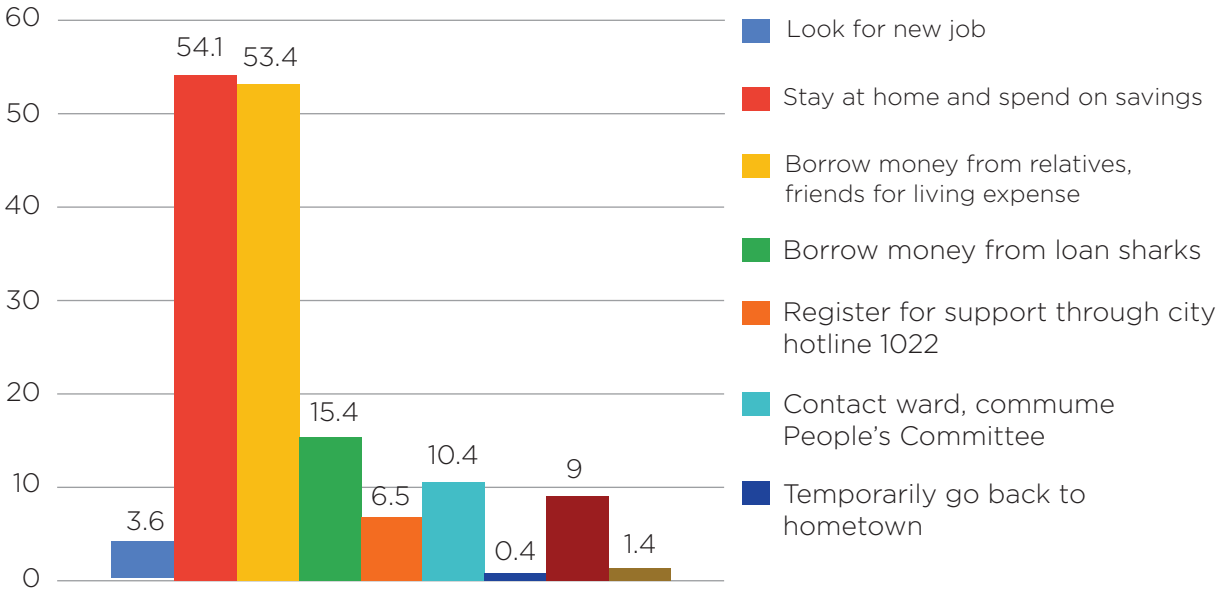
The Center for Supporting Community Development Initiatives (SCDI) studied the access of poor migrants in Ho Chi Minh City to official social assistance from state agencies during the pandemic to identify any barriers to such assistance and the causes of these barriers.

The study targeted the five districts of the city with the highest numbers of informal workers (who earn their livelihoods by selling lottery tickets, collecting bottles, working in construction or at restaurants), particularly those who do not have temporary residential registration. From September to December 2022, SCDI surveyed 279 poor migrants working in the informal sector and conducted 23 in-depth interviews. More than two-thirds (69.5 percent) of those surveyed were women and 70.2 percent had lived in the city for five years or longer [B]. Many respondents did not have the residence registration cards or personal identity documents that make it easier to obtain government benefits [C].

Informal workers in Ho Chi Minh City

Photo by: The Centre for Supporting Community Development Initiatives (SCDI)

Figure 3: Pandemic coping measures reported by participants



The pandemic had a significant impact on the target population. About two-thirds (66.7 percent) of participants said they lost their jobs and income completely during the pandemic and 30.8 percent said their income decreased. The most common occupation of participants was working as a servant, noted by 29 percent before 2021 and 23.6 percent during the study, followed by domestic helper, as reported by 17.2 percent during both periods. The virus itself also had a significant health impact, as 62.4 percent said that at least one member of their family was infected during the peak of the pandemic from May to December 2021.

COPING MECHANISMS

The top coping measures were relying on savings (reported by 54.1 percent) and borrowing money from relatives and friends (53.4 percent). Borrowing money from the black market or loan sharks (15.4 percent) was a more common response than contacting ward or commune People's Committees (10.4 percent).

ACCESS TO INFORMATION

Although 18.6 percent of those surveyed did not receive any information at all about COVID-19 support packages, a full 62.4 percent received such information from local officials. In densely populated urban areas where it is often difficult to obtain information from government sources, 19.4 percent got their information from neighbours. Mass communication channels played a smaller role, with 17.9 percent receiving this information from TV or radio and 15.8 percent from public loudspeakers.

When SCDI asked respondents whom they contacted for help, a full 39.8 percent said they did not contact anyone at all. SCDI interpreted this finding as a sign of one-way communication about the pandemic. Another 28 percent asked their landlord or neighbours. Of those who did contact government authorities, 68.7 percent said that the local government provided a clear answer.

GOVERNMENT PANDEMIC SUPPORT

The vast majority of respondents received government support, with 90.3 percent receiving food, 87.8 percent receiving cash and 19 percent receiving a medicine package. Nonetheless, fewer than half (41.9 percent) said they had detailed information about the cash payments.

Lack of information about the cash payments was mentioned in the in-depth interviews as well.

> ***'Everything I knew is through the landlord, who called me to register to receive the support and did not specify what the package was. Nobody asked me about my situation or how I was living. I don't even know the name or face of the ward leader.'***
>
> *In-depth interview #1, citizen*
>
> ***'I knew nothing, they also came and gave support to us twice without knowing my name.'***
>
> *In-depth interview #3, citizen*

This lack of information contributed to confusion about eligibility. A full 39.8 percent said that sometimes they thought they were eligible for support but they did not receive it, or they did not receive adequate support. Only 29 percent said that they received the right level of support. Up to one-quarter of the respondents did not seek answers to their questions about support, and of those who did seek answers, 27.9 percent reported that either did not get an answer or the answer was not satisfactory.

In-depth interviews showed different perspectives on the hesitancy to ask local officials about the support available.

> ***'Many people received the (cash) support two or three times - I didn't even ask why I only received this much. Some people told me to meet Mr P, but I told them that I once received 1 million VND, so meeting him would not solve anything.'***
>
> *In-depth interview #1, citizen*

SCDI observed that many respondents are poor labourers who rent their housing and that they do not have local connections. SCDI theorised that self-stigma also made it more likely for this group to accept and endure the situation, noting once again that respondents had limited access to official information and relied on word of mouth.

OPINIONS ABOUT IMPLEMENTATION OF SUPPORT PROGRAMMES

When SCDI asked respondents whether they agreed that support was delivered equitably and with transparency, and with clear and adequate information, more than half agreed or strongly agreed. However, a significant number (from 37.6 to 39.1 percent) disagreed. Some in-depth interviews shed light on the reasons for this dissatisfaction.

> ***'...the higher level officials should have visited and asked us directly about what we don't have. Because the local officials are the ones who implement the support, if that person hates you, they will say that your family does not need anything. And if they care for you, they will say what they lack.'***
>
> *In-depth interview #7, citizen*

> ***'(They) called people (to receive support) all the time except me. They said he forgot to put my name on the list, but the next time, he continued to forget.'***
>
> *In-depth interview #6, citizen*

KEY ROLE OF LOCAL OFFICIALS

The study highlighted the important role of local officials in providing information and government services. For example, respondents who got their information from officials or government sources had the highest levels of satisfaction. Those who got information from TV, radio or their neighbours had the lowest satisfaction score.

The research report notes that the study was carried out at a time when corruption and other violations of policies to prevent or control COVID-19 were being investigated, which contributed to the sensitivity of the topic and made it more difficult to discuss with officials. However, the study showed how the leaders of neighbourhoods, local policy officials and military personnel effectively served as a bridge between people and local authorities by carrying out a range of tasks from making lists of recipients to linking people with help and delivering food.

Officials told interviewers that they did their best to share information with beneficiaries, while also documenting their assistance to share with their superiors.

> ***'During the pandemic, only the leader and deputy leader (of the residential unit) can go out, others don't dare to go. It is our duty, now even without being asked, we still have to do it.'***
>
> *In-depth interview #2, neighbourhood leader*
>
> ***'In the morning, I took the notebook to go around to families and asked what people wanted to buy, after that, I gave the list to the official in the People's Committee to do the shopping and when he brought the goods back, I went to distribute the goods to the families... I did everything I could to keep people to stay inside their houses. If I hide, I don't care about people, how can I keep order? That period was extremely difficult, everyone was staying indoors, but I was running around on the street all day and night because people are starving, if I didn't do so, no one takes care of them, and if they are too hungry, they have to go out to find food, we could not keep them to stay home anymore.'***
>
> *In-depth interview #6, police officer*

RECOMMENDATIONS

Based on the report's findings, SCDI made recommendations for improvements in the following areas:

- Reducing the vulnerability of poor migrant workers by expanding personal access to identity documents, residence registration, microfinance and health insurance.
- Improving resilience by increasing access to information about social security policies and improving access to smartphones.
- Building government capacity on social work, social security and public health among leaders and officials of ward/commune mass organisations, population groups and regional police.
- Strengthening supervision of social security programmes and contact with vulnerable populations.
- Ensuring that policy makers at the provincial/city and central levels do not overlook vulnerable groups such as poor migrant workers when developing and implementing policies

THAILAND - EFFICIENCY AND FAIRNESS IN THE GOVERNMENT'S MANAGEMENT OF COVID-19

The study from the Gender and Development Research Institute (GDRI) , "Review: Efficiency and Fairness in the Government's Management of COVID-19," looked at the effectiveness and transparency of the government's COVID-19 relief efforts, including the risk of corruption, with a focus on youth, women, indigenous and ethnic minority groups, people with disabilities, the elderly, survivors of gender-based violence, informal and migrant workers, and other disadvantaged groups often left outside of the political process.

Along with a literature review, GDRI conducted five focus group discussions (FGDs) with 31 respondents [D] from specific target groups and three in-depth interviews with health experts [E] to collect primary data from August to October 2022. The draft study was finalised by incorporating feedback from MPs, representatives from political parties, policymakers, government officials, think tanks, and CSOs in a policy dialogue on October 27, 2022.

KEY FINDINGS FROM FOCUS GROUPS

The findings were clustered and measured against the PLANET framework, including Participation, Link to human rights obligations, Accountability, Non discrimination and equality, Empowerment and capacity development, and Transparency.

In general, respondents criticised the government's highly centralised, military-style administration and lack of participation of and consultations with the private sector, media, local communities, and governments and citizens' groups as an underlying cause of the suboptimal and sometimes inequitable government management of COVID-19. They

said that the government employed several legal tools that resulted in a shrinking of the public space, particularly of street demonstrators and other exercises of the rights of freedom of assembly and expression, citing public health or sanitation laws.

On the positive side, around 1 million frontline community health volunteers from every village were trained by the Ministry of Public Health to play supporting roles, ranging from screening patients, assisting in hospitals, helping those in quarantine, and monitoring and supporting vulnerable people. CSOs working with children, informal and formal workers, and humanitarians (including research participants) rushed to help hard-to-reach vulnerable groups such as pregnant women, the elderly, people with disabilities (the blind and deaf in particular), ethnic minorities, migrant workers, and the undocumented population.

Policy dialogue participants on 27 October, from left to right: Usa Lerdsrisuntad (Moderator, APSW); Dr Wayo Assawarungruang MP, Move Forward Party; Ms Rosana Tositrakul, Director, Thai Health Foundation; Dr Suwadee Phanpanic, Executive Committee Member, Thai Sang Thai Party; Ms Radawan Wongsriwong, Party Leader, Equality Party; Dr Surawit Khonsomboon, MP, Pheu Thai Party; Dr Jet Siratharanon, Senator.

Participants said that a limited adherence to some fundamental international human rights standards was a core barrier to accessing services. For example, the study found instances of discrimination against people without Thai identification documents that were needed to verify entitlement to services, including health services access and urgent government assistance.

Participants also identified poor information and public communication as a primary problem, stemming from inaccurate statistics on infected people and the death toll, causing chaos in hospital bed management and imbalance in cash flows, disbursements, and compensation of health funds. Consequently, several insurance companies could not compensate insured people.

Systems to maintain peace and order malfunctioned, with the corruption of some officials playing a role. This contributed to a widespread outbreak among migrant workers and entertainment areas in Bangkok.

Respondents criticised bureaucratic and medical management, especially the government's failure to join COVAX, together with the delay in importing anti-virus medicine due to the monopoly of Thailand's Government Pharmaceutical Organization.

The government prioritised services for older adults with chronic conditions, or the so-called '608' groups, meaning the elderly over age 60 and people with chronic diseases such as diabetes, hypertension, cancer, kidney failure, heart disease, etc. This approach was limited, however, due to the lack of an equity and gender lens that led to treatment without specific regard to the needs of vulnerable groups, such as pregnant women, people with disabilities, the elderly, sex workers, as well as LGBT+ people, who may require special services/channels for assistance. Others without connections to powerful authorities or politicians sometimes also faced unfair treatment.

Language, technology, and digital illiteracy were significant barriers preventing many vulnerable groups' full access to information, predominantly the elderly, the blind, the deaf population, the poor, and those living in remote areas.

Policy dialogue participants on 27 October, from left to right: Usa Lerdsrisuntad (Moderator, APSW); Dr Wayo Assawarungruang MP, Move Forward Party; Ms Rosana Tositrakul, Director, Thai Health Foundation; Dr Suwadee Phanpanic, Executive Committee Member, Thai Sang Thai Party; Ms Radawan Wongsriwong, Party Leader, Equality Party; Dr Surawit Khonsomboon, MP, Pheu Thai Party; Dr Jet Siratharanon, Senator.

RECOMMENDATIONS FOR IMPROVEMENT

Participation

All participating informants, experts, and political guest speakers at the October 27 2022 policy dialogue recommended that the Thai government adopt a single-command approach to curbing the pandemic with local government, community, and citizen, mainstream media and social media empowerment. They are noted that composition of the decision-making Centre for COVID-19 Situation Administration (CCSA) should have included diverse professionals and representatives from citizen organisations with a focus on health rights, private health services such as private hospitals, and CSOs providing assistance to vulnerable groups.

The Ministry of Public Health can consider enhancing the roles and increasing the capacity of around 1 million frontline community health volunteers to help prepare for future health crises. This would also entail supporting CSOs working with children, informal and formal workers, and humanitarians to help hard-to-reach vulnerable groups.

A village data map with a safety net plan showing where and who is most vulnerable in crisis can be created to inform community leaders and community health volunteers. The map will be most effective if shared with the central government to enable it to analyse COVID-19 data with this information so that all authorities can effectively enhance future delivery of emergency responses and implementation of government economic stimulus packages.

Link to human rights obligations and non-discrimination

The government is obliged to respect human dignity, equal rights to access state health services, and equal treatment without discrimination; all services should be provided without preference in delivering emergency rations, survival bags, or access to medical and vaccine services, regardless of nationality, identification paper or ID card, documentation, race, ethnicity, domestic or migrant worker status, gender, and age.

There are also benefits of gender and diverse points of view being recognised, beginning at the early stages. Similarly, the priority for the '608' groups can be expanded to cover other vulnerable groups, which may well have reduced the death rate of pregnant women and newborn babies during the COVID-19 pandemic. The government should also reconsider the need to impose massive closures, lockdowns, and the suspension of

all businesses, schools, and childcare centres, as these significantly impact low-income families, informal workers, and parents who lose their jobs as a result.

Open, real-time and reliable public communication on health emergency responses, treatment manuals, and aid programmes should inform and educate in different languages, and include sign language and audio for sensory-impaired people, use of local dialects, and increased access to digital platforms.

Accountability and transparency

The government can consider setting up a lessons-learnt task force to review past performance and share experimental findings with other ASEAN countries. At as priority, the task force should assess the costs of not participating in COVAX.

The national health strategy plan could contain a particular budget, roles, and division of labour at each level to tackle health crises. It can utilise telemedicine services and locally and domestically produced medicine and protective equipment while leveraging Thailand's local wisdom, such as the famous Fah Thalai Jone Herb. It could also review social welfare, social security, and social protection schemes.

The government can consider ways to increase democratic accountability, benefiting from citizens' freedom of speech, assembly and association, and by listening to the opinions of diverse political parties, especially opposition parties. The government could work closely with existing complaint-receiving agencies, namely the National Human Rights Commission of Thailand (NHRCT), and citizen monitoring and oversight organisations, to perform investigations, formulate feasible solutions, and conduct two-way communication with those who file complaints. The NHRCT can receive due diligence reports on spending to curb the pandemic and determine whether the disbursement of loans may have deviated from objectives.

There is also an urgent need to examine the impacts of online study during school closures. The review can help to measure education quality and students' resilience capacity, which can be complimented by an investigative study of corruption and administration failure as well, including the benefits from successful anti-corruption measures. Every school can be empowered to collect information on student vulnerabilities to be ready to provide proportional assistance, such as scholarships for orphans and students from families facing the most difficulties due to health emergencies. Smartphones, internet access, and other audio-visual equipment needed for online learning can be provided for the poor and families with many children.

Any future large-scale closure of schools and universities must also consider the sizable economic burden on parents.

COMMENTS FROM THE POLICY DIALOGUE

To provide feedback on the study, thirty-nine participants attended GDRI's half-day hybrid policy dialogue forum in person, including MPs, senators, theirassistants, representatives of political parties, government officials, policymakers, researchers, and CSOs working to protect vulnerable groups. The dialogue session was broadcast-live via the GDRI-hosted FB Page Gender Talk (see https://fb.watch/ioCVus1e--/).

Panellists shared the following reflections, comments, and recommendations on the draft study.

- Senator Dr Jet Siratharanon, a former medical doctor, agreed with the study, although he disagreed with specific findings. He argued that because the COVID pandemic was a new global phenomenon, no government should be

blamed, but instead they should learn from each other. He said that during the first wave, Thailand did a good job but responded too slowly. The government miscalculation of the severity of the outbreak led to the most incredible health service crisis ever, especially the shortage of hospital beds in Bangkok before the transfer of patients to provinces began.

- MP Dr Surawit Khonsomboon, a former physician and member of the Pheu Thai Party, said that Thailand has a relatively good public health structure with capable health personnel at every level, with several sizes of hospitals in provinces, districts and sub-districts, as well as community health volunteers deployed nationwide. He said that one of the Government's mistakes was declining to participate in the COVAX project, while the 190 participating countries joined and got their people vaccinated in a timely manner.

- Thanitphol Chaiyanan, an advisor to the Ministry of Public Health of the Democrat Party, said that the critical thing to do was to use the media to reach the public by explaining various problems, such as bed shortages, and measures to address these problems. The government should have reached out to different political parties and multiple sectors to find common conclusions. He agreed with the study that the government prioritised care, medical treatment, and vaccination only for people with 608 categories and that failing to recognise other vulnerable groups heavily impacted by the outbreak, as mentioned in the study, had been a mistake.

- Radawan Wongsriwong, a former minister and the leader of the newly formed Equality Party, agreed with the findings in the study and criticised the government's unpreparedness for handling communication and building trust with the public in times of crisis. She concluded that the government was weak due to lack of unity, unsystematic practices and inefficiencies. These problems stemmed from the lack of participation by local governments, communities, and citizens. The government can turn the pandemic crisis into an economic opportunity to generate income by promoting traditional medicine using rich herbal elements in the country's land and proven formulas for preventive medicine. She proposed a new Ministry of Traditional Medicine and Thai Herbs.

- Dr Suwadee Phanpanich, a member of the Thai Sang Thai Party and administrator of several hospitals, pointed out that the government management was far from successful in various aspects, ranging from the ambiguity of policies, delayed reimbursement and treatment, to unreliable information about the impact of the pandemic. Centralised management and the absence of cooperation between the state, the private sector, and civil society sector contributed to the sub-optimal performance of the government.

- Rosana Tositrakul, a Director of the Thai Health Foundation and former Senator, criticised the government's overly-centralised management and its failure to bring in civil society and community sectors to participate in the design and implementation of the COVID-19 administration as the underlying cause of incompetent administration in tackling the pandemic. She said the government spent too much on management but was uneasy about budget monitoring and accountability. A vocal champion of Thai traditional medicine, she said that the government was narrow-minded in declining to use traditional Thai herbs and local wisdom treatments to supplement mainstream modern medicine when this could also have helped generate income for herbal producers and stimulate the domestic economy.

High School students in Kuala Lumpur, Malaysia wear face masks on the first day of school reopening following COVID restrictions (Photo: Naufal Zaquan, 24 June 2020)

- MP Dr Wayo Assawarungruang, a young member of the Move Forward Party who is also a doctor, lawyer, actor, and singer, agreed with Dr Jet that the quality of Thailand's public health service has attained a top rank globally. However, he said that if people had been vaccinated more quickly, the loss of life would have been reduced. He also agreed that local wisdom and Thai herbs should be taken seriously to raise the acceptance of Thai traditional medicine internationally. He pointed out the budget for health spending does not have clear result indicators. He said that although a single centralised command was necessary, he did not support the extreme centralisation of the government administration of COVID-19, notably the government's attempt to inhibit citizens' rights to assembly, citizens' voices and two-way communication, and the freedom of expression.

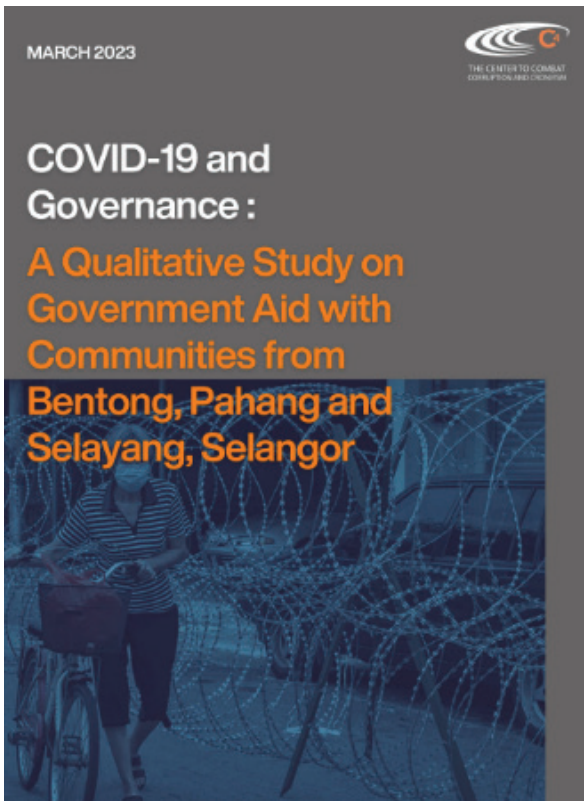
MALAYSIA - COVID-19 AND GOVERNANCE: A QUALITATIVE STUDY ON GOVERNMENT AID WITH COMMUNITIES FROM BENTONG, PAHANG AND SELAYANG, SELANGOR

The Center to Combat Corruption & Cronyism (C4) conducted qualitative research on the insights of local communities – particularly those with low incomes, women and children – with different forms of COVID-19 aid. C4 conducted a desk review and listed all the forms of government aid provided to individuals or businesses. C4 organized two focus group discussions (FGDs) in different locations, one with the All-Party Parliamentary Group on the Sustainable Development Goals and one with the assistance of a CSO focusing on community development. At least half of all respondents were women and many were racial minorities, low-income or both.

KEY FINDINGS OF DESK REVIEW

During the pandemic, the government placed special focus on the lowest 40% of all income earners in Malaysia – known as the B40 community – as they were most affected by limitation on business operations. The poverty rate increase from 5.6% in 2019 to 8.4% in 2020 due to the pandemic.

Women were particularly vulnerable during the pandemic, due to an increase in domestic violence and a greater number of challenges for female entrepreneurs compared to their male counterparts. Women were also subject to more restrictions confining them to their homes.



Children and teenagers faced many challenges in adapting to online learning, with inconsistent internet connections and a lack of proper devices.

KEY FINDINGS OF FOCUS GROUPS

Access to information

- Limited access to information was a recurring issue cited as a reason that many were prevented from receiving more aid.
- Many people were unsure how get information about aid, including on eligibility and the application process.
- Others got information from MPs or members of the state assembly.
- In one town, information on cash payments was shared only by word of mouth.
- Applying for financial aid was challenging, due to the need for documentation, internet literacy or travel requirements.
- Some did not know how to comply with the requirement to prove their level of income, as they did not have pay slips because they were self-employed.
- Respondents did not know how to check the approval status of their applications nor the basis for any rejections.
- Oral complaints were not considered.

Allegations of corruption or impropriety (not verified)

- Respondents in Selayang reported suspicions of nepotism in aid disbursement, favoring families of government workers or those with ties to political parties – or based on constituencies of elected officials.
- One village leader was suspected of hoarding the aid.
- A local official was allegedly seen handing out cash, while requesting no photos be taken.

- The Indian community in Selayang allegedly received far less aid compared to other communities.
- Although the Movement Control Order was enforced inconsistently, it was enforced strictly in Bentong – with fines – at a time when many were financially strained.

Efficiency of aid delivery

- Delivery of smartphones for students and oximeters (used to estimate the oxygen saturation of the blood) were delayed, in part due to a challenging application process and lack of government responses.
- Participants said there was too much bureaucracy, causing delays.
- Centers providing aid were disorganized, leading to traffic congestion.
- One respondent's disabled son did not receive aid specifically targeted to disabled people.

Efficacy of aid

- Cash aid varied widely among respondents. Most respondents said that they had to resort to withdrawals from their provident funds (government-managed retirement savings) to make ends meet, including to cover rent and food costs.
- Some said that the loan repayment moratorium was helpful, but that cash payments were only helpful in the short term.
- Basic groceries and food aid were only provided once and used up very quickly. The food aid benefits failed to take into account the sizes of families, therefore they were less effective for large families.
- Housing loan payments increased for some respondents even though they were promised that repayments would be frozen.
- Households posting white flags to show their desperation for supplies and aid, in the Benderea Putih (white flag) campaign, received help from their communities, which was viewed as a reflection of shortcomings in government programs.

Involvement of local government or elected officials

- One MP and some village leaders received praise for personally delivering aid.
- Others reported negative perceptions due to the absence of these officials in distributing aid or providing information on the application processes.
- On the other hand, some respondents from the Pelangai district felt left behind, noting how their representative in the state assembly did not visit.

RECOMMENDATIONS

1. Ensure access to information for all individuals.
2. Strengthen and improve the social welfare system and national disaster management plans to improve service delivery.
3. Legislate vital good governance laws that ensure transparency and accountability in government institutions such as the Political Financing Act and Ombudsman Act.
4. Legislate a Procurement Act to regulate the process of government procurement and tenders as well as to provide guidance in managing emergency procurements during emergencies.
5. Investigate allegations of corruption and impropriety.

CHALLENGES

- C4 noted that Malaysia was in transition politically during the pandemic, as the

C4 staff and MPs discussing research findings and recommendations in March 2023

government collapsed in February 2020. Malaysia entered another transition with elections held in October and November 2022.

- Due to the diversity of Malaysian society, the focus groups needed to be conducted in multiple languages before they were translated into English.

PRESENTATION TO PARLIAMENT

In March 2023, C4 presented its research to a group of five MPs, including a former Minister of Health. Participants included Yang Berhormat Kelvin Yii, an MP who participated in the APCP workshop in Cambodia in 2022 and proposed introducing a resolution to explore parliamentary engagement with civil society in the ASEAN region.

The group meeting with C4 agreed that aid disbursements are sometimes politicized at different levels, and noted that this speaks to deeper issues of partisanship that pervades all institutions of the state.

The group noted that the amount of aid fell short in certain high-density areas due to inadequate planning, and that this may have increased suspicion that aid was being improperly diverted. Participants said that Malaysia's health system was prepared for COVID-19, after addressing a SARS outbreak years earlier, but acknowledged that other preparations, such as plans to address economic effects, were lacking.

In reviewing the recommendations for proposed legislation, the group noted that the Prime Minister's Office has already publicly acknowledged that reforms are necessary. They also noted that new laws on political finance and ombudsmen require further investigation and discussion. They agreed that the strengthening of social services and access to information can be welcome developments that can easily be brought to Parliament's attention.

The group also raised other options for addressing the research findings, noting that further exploration is necessary:

- Hosting a symposium in Parliament to present and discuss these research findings in detail
- Providing exchange vouchers for necessities, instead of cash, during a crisis
- Forming a Parliamentary Select Committee on Disaster Management to explore these issues

The group agreed that the desired outcome of these activities would be discussions on strengthening Malaysia's emergency responses in future crises to allow

policymakers to learn from this experience. This would narrow the gap between policy and implementation so that Malaysians will not bear the brunt of such shortcomings in the future.

INDONESIA - NATIONAL HEALTH SYSTEM RESEARCH - MEASURING HUMAN RIGHTS-BASED COVID-19 HANDLING

The Lokataru Foundation conducted a comprehensive study to evaluate Indonesia's response to the COVID-19 pandemic, with a particular focus on its compliance with human rights principles. Lokataru conducted a desk review and key informant interviews with leaders of the Lapor Covid and Kawal Covid coalitions to examine various aspects of the country's COVID-19 response, including the legal framework, healthcare services, and community engagement.

The study found that while the Indonesian government had taken significant steps to address the COVID-19 pandemic, there were shortcomings in the protection of human rights. The study identified several areas for improvement, including more effective and inclusive public health policies, increased investment in healthcare infrastructure and services, and greater community engagement and empowerment. Overall, the study faulted the approach for prioritising economic recovery over health and safety.

COMPARISON TO HUMAN RIGHTS STANDARDS

Lokataru noted that the right to health and the right to social security have great acceptance as human rights, as reflected in their inclusion in the Universal Declaration of Human Rights. They also noted that the United Nations released several guidelines related to handling the pandemic such as the COVID-19 Guidelines (OHCHR; 2020) which include human rights.

The UN's six key human rights are:

1. Protecting people's lives is the priority; protecting livelihoods helps us do it
2. The virus does not discriminate, but its impacts do
3. Involve everyone in your response
4. The threat is the virus, not the people
5. No country can beat this alone
6. When we recover, we must be better than we were before.

Lokataru Foundation sharing its research findings with the Pasundan Farmers Union Group in Ciamis, West Java.

ASEAN PARLIAMENTARY-CIVIC PARTNERSHIP

The ASEAN Parliamentary-Civic Partnership (APCP) is a collaborative project of the East-West Management Institute (EWMI), the Parliamentary Centre of Asia (PCAsia) and the United Nations Office on Drugs and Crime (UNODC).

The project includes supporting tools that ASEAN Inter-parliamentary Assembly (AIPA) Member Parliaments and members of civil society can use to cooperate to help improve health outcomes through a focus on good governance, inclusiveness, transparency and accountability. These tools comprise training on advanced methods of parliamentary budget analysis, training on improved information gathering and communication methods for Civil Society Organisations (CSOs) and media, consultative workshops, an online knowledge sharing platform (seasiadialogue.pcasia.org), and the development of enhanced methods for parliamentary-citizen engagement.

An unexpected result of the project came during the APCP workshop on "The Role of Parliaments in Promoting Inclusive and Sustainable Responses to Health Emergencies", where participating Members of Parliament took the proactive step of proposing the formation of a Parliamentary-CSO knowledge sharing working group, leading to the adoption in 2022 of AIPA Resolution Res 43GA/2022/Org/11 during the 43rd AIPA General Assembly. The project has since contributed to this cooperation with the "Budgetary Training to Assess National Corruption Risks during Health Emergency Responses" and the "Civic-Parliamentary Research Discussion Workshop", along with a subsequent publican entitled "Review of Countries' Emergency Responses during COVID-19".

To help further promote the instrumental role that trusted Parliaments play in facing key challenges to the benefit of their constituents, PCAsia and the Senate of Thailand next organised a workshop that provided a platform for discussing good governance practices, during which some parliamentarians requested support towards the sharing and drafting of Parliamentary Codes of Conduct.

Moving forward, the APCP project will continue to organise activities that aim to reinforce the role that parliaments play contributing towards corruption prevention in the ASEAN region, both in their engagement with civil society and in their internal processes.

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The right to health is recognised by the Indonesian Constitution in Article 28(H) and Law No. 39 of 1999 on Human Rights, Article 9 (1) which states 'Everyone has the right to live, maintain life and improve his standard of living, socially appropriately, by his physical and mental spiritual needs.' Law No. 36 of 2009 states that everyone has the same right to obtain access to resources in the health sector, obtain safe, quality, and affordable health services, and are free from discrimination. Presidential Regulation No. 72 of 2012 concerning the National Health System explains that 'the national health system is a health management organized by all components of the Indonesian nation in an integrated and mutually supportive manner to ensure the achievement of the highest degree of public health.' The Decree of the Minister of Health No. 374/MENKES/SK/2009 on the implementation of the national health system (NHS) is based on seven basic principles: human rights, synergy and dynamic partnerships, commitment and good governance, regulatory support, anticipatory and proactive, gender responsive and local wisdom.

Two of the key laws – the Health Quarantine Law and the Disaster Management Law - were used to address the pandemic aligned with the UN standards, at least on paper. However, the study found that in practice, these principles were not observed.

Although the Chairman of the Committee for Handling COVID-19 and National Economic Recovery lauded Indonesia for avoiding the risk of an economic recession, in the wake of the highest growth rate (7 percent) in 17 years, the study noted that a high case fatality rate of 3.32%, which nearly ranked in the top 10 highest death rates in the world.

The study analysed the provisions of various government policies, including those on restriction of movement and economic recovery, and found that they sometimes failed to protect lives and livelihoods, the first human rights goal. Noting that new laws provided immunity for policy makers, the study outlined criticism that these packages favoured industry and business sector at the expense of others.

CONFLICT OF INTEREST

An interview documented charges of conflict of interest in government procurement of drugs, medical devices and vaccines, as well as defamation charges filed against Lalola Easter Kaban (Indonesia Corruption Watch [ICW]) researchers who wrote a report on rent seeking and conflicts of interest [F].

> ***'Rent-seeking or the use of the authority of public officials to obtain personal benefits through the issuance of regulations, policy campaigns, is a distinctive pattern in the dynamics of handling COVID-19 in Indonesia. In a crisis like this, the bad thing is an opportunity for businessmen who double as officials to obtain personal interests. This is one of ICW's crisis records during the handling of the pandemic that until now has never received special attention from the government'***
>
> *Interview with Lalola Easter Kaban*

Earlier, ICW had reported on government officials improperly benefiting from a government programme to provide assistance during an economic crisis, by receiving tenders for training courses in companies they had created prior to joining government service.

MISAPPROPRIATION OF SOCIAL AID FUNDS

Despite the high-profile conviction of the Social Affairs Minister Juliari Batubara – and his 12-year prison sentence - for misappropriating social assistance funds, key informants alleged that law enforcement against budget mismanagement was very weak and half-hearted [3].

> ***'The Public Prosecutor did not consider the national emergency situation and the negative impact of Juliari's corruption actions, the evidence is from the maximum charge (20 years), the prosecutor only demanded 11 years' imprisonment along with a fine. Clearly this (ruling) does not show that acts of corruption during the disaster/health crisis are seen as serious crimes'***
> *Interview with Jakarta Legal Aid Institute (LBH Jakarta)*

This key informant said that situation was exacerbated by long-standing conflicts of interest within law enforcement. 'If we're going to refer to the situation of law enforcement agencies, yes, how about it. The pandemic, in addition to exposing poor public services, also showed how the results of the change in the KPK (Corruption Eradication Commission) leadership and the revision of its rules made it difficult to enforce the law on cases – cases also difficult to meet the public's sense of justice,' he said.

REPRESSION OF CITIZENS

The study documents several law enforcement incidents, noting that at least 944 people have been arrested for allegedly violating the main law on the pandemic – and some were arrested before the law took effect. One alleged wrongdoer was beaten three times by police and another was killed by a water cannon when authorities sought to enforce the law against gathering in public.

LACK OF PROTECTION FOR HEALTH WORKERS

As the number of cases rose, the number of health workers exposed to the virus also increased. A Kompas magazine report reported the existence of hospital clusters in Manado, Tomohon, Ambon, Semarang, Pontianak, Kudus, and Surabaya. In East Java, at least 175 medical personnel were infected with COVID-19, while in West Java until 26 June 2020, there were 191 cases. At the peak of the pandemic, on 30 August 2020, the Indonesian Doctors Association announced that 100 health workers had died from COVID-19.

Table 3: COVID Cases and Health Worker Deaths

MONTH	DECEASED HEALTH WORKERS	POSITIVE CASES OF COVID-19
MARCH	11	1.528
APRIL	14	10.118
MAY	4	26.473
JUNE	10	56.385
JULY	30	108.376
AUGUST	31	174.796

This was caused by several factors: the lack of personal protective equipment (PPE), which was not evenly distributed outside Java, the failure of hospitals to have a clear strategy, uneven distribution of medical personnel, excessive working hours for doctors and nurses and other factors. Health workers also faced discrimination and stigmatisation, while government incentives intended to

compensate them for their increased risk were reduced and delayed. [I] The study also noted a lack of data and transparency.

ACCESS TO VACCINATION AND SOCIALIZATION

The study documented gaps in vaccination rates among vulnerable people – only 10 percent of the elderly were vaccinated – while government campaigns prioritised messages to inspire younger people to get vaccinated. The study also faulted the 'coercive' regulation to sanction those who did note get vaccinated.

MINIMAL PROTECTION OF FARMERS

Research by the Consortium for Agrarian Reform (KPA) showed that farmers suffered not only from the pandemic but also from the fall in prices of agricultural products.

> ***'Our interviews with farmers in Cikawung, Sibowi and Sumbersari villages show the lack of government intervention on the fate of farmers. Already facing the problem of land grabbing, from the price of fertilizer that has risen almost four times, and the limited demand for production products, farmers have to fight extra hard to maintain their lives' Interview with KPA. [5]***

Farmers also faced increasing prices of basic goods due to the pandemic. Government cash assistance for household needs and production costs were insufficient, as farmers could not buy equipment at stable prices.

CONCLUSION AND RECOMMENDATIONS

Overall, the study provides valuable insights into the challenges facing Indonesia's healthcare system in responding to the COVID-19 pandemic while upholding human rights principles. Its recommendations can help policymakers and healthcare professionals in the country improve their response to the ongoing crisis as well as future crises, and ensure that the rights and wellbeing of all Indonesians are protected.

There are many challenges faced in building a strong and reliable health system, including lack of health workers, lack of coordination between institutions and inadequate financing of health services. A weak health system is especially dangerous when faced with abnormal conditions (disasters and health crises), though the government had a good minimum standard for handling disaster emergencies. The research findings suggest, however, that the government has shied away from aspects of its constitutional responsibility instead of strengthening a human rights approach that aims to build resilient conditions in the face of the pandemic.

- The handling of the pandemic and the application of the Corona Perppu (which has been changed to an Act) should be further examined with a particular emphasis on immunity provisions.

- The results of such an evaluation can provide a foothold for the government, legislature, law enforcement agencies, and all elements of civil society to openly formulate a national action plan to create a more stable national health system, as well as a mechanism for handling health emergencies that more consistently adheres to human rights principles.

MEDIA AND OUTREACH CAMPAIGN

Lokataru shared its findings in three meetings - two meetings with farmers (in two locations in West Java) and one with students in South Sulawesi. They also held a press conference in West Java at the meeting with farmers.

DISSEMINATION TO PARLIAMENT

Lokataru discussed its research with members of the Parliament of the Republic of Indonesia's DPR-PAN faction on Media MNC News. Lokataru presented its findings in the context of calls for a national right to health policy.

Lokataru also had a hearing with Senator Wakil Ketua II on October 11, 2022.

The study was conducted from August to October 2022.

Lokataru discussed its research with MPs on Media MNC News

CAMBODIA - THE EFFECTIVENESS AND TRANSPARENCY OF COVID-19 RELIEF SUPPORT AND THEIR IMPACT ON VULNERABLE YOUTH IN CAMBODIA

The Youth Council of Cambodia (YCC) conducted research to assess the risks to effectiveness and transparency of COVID-19 relief support for marginalised groups, with a special focus on young women.

Specifically, YCC conducted: 1) a survey of 201 youths; 2) three focus group discussions (FGDs) with youth, representatives of CSOs, and community volunteers in each of two target provinces; and 3) 50 key informant interviews (KIIs) with local officials, community representatives, and representatives of district departments. In practice, the FGDs and KIIs served to validate the survey findings.

The participant sample was selected based on the ID-Poor database from the Ministry of Planning in 2019. The survey targeted two provinces—Takeo and Strung Treng. A total of 201 youths were selected for the survey by applying stratified random sampling. Youth networks were then tapped to target households with youth members – particularly young women – for the survey interviews. FGDs and KIIs were

conducted with volunteer groups, Community Accountability Facilitators (CAFs), [6] YCC provincial staff, local officials and community representatives. YCC developed the survey questions and methods in consultation with stakeholders through a virtual workshop.

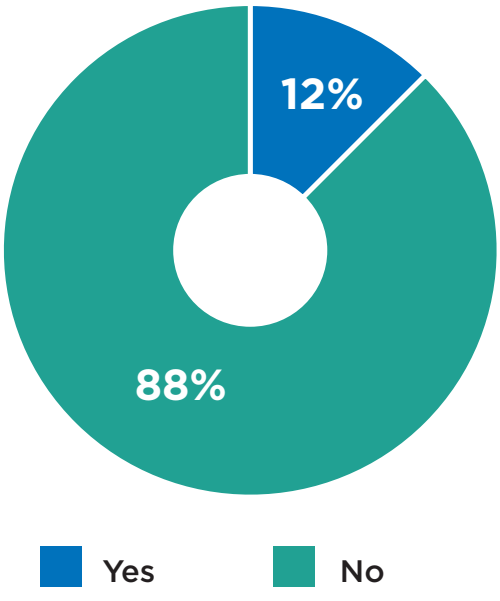
KEY FINDINGS

Objective 1: Assess the risk to effectiveness and transparency of COVID-19 relief support and their impact on marginalised groups, especially on young women.

Evidence from the primary data collection and literature review confirmed that youth and women faced higher risks than the general population during the COVID-19 pandemic. Overall, they were more likely to take risks than older adults due to a higher level of acceptance of uncertain outcomes. The data also confirmed that young women felt that they were at greater risk of exploitation and sexual violence during the pandemic period. Factors increasing the risks of violence for women were increased stress, the disruption of social and protective networks, and decreased access to services including sexual and reproductive health services, especially among poor and illiterate populations. The focus group discussion with young women indicated that they were more exposed to risks of violence and sexual exploitation than other groups. The focus group discussion also pointed to a lack of awareness among young women when it comes to forms of sexual abuse and the pressure of social norms on young women to avoid openly discussing sex-related issues. CSO groups further emphasised that sexism and harassment created barriers to young women fully participating in government support programmes, impacting their private and public life. In turn, these factors led to increased social and economic vulnerability among young women in rural provinces.

Perception that ineligible families of local authorities received assistance. Respondents were asked if they thought that families or relatives of authorities received assistance even though they were not eligible. A total of 12% said yes, while 88% said no.

When asked why ineligible relatives of authorities may have received assistance, focus group participants cited poor governance and corruption in the COVID-19 assistance management by local authorities.



The qualitative data reflected concern that any corruption or lack of transparency in the delivery of COVID-19 relief programmes would have caused significant impact. However, the youth survey found that 99% of the respondents received government assistance (e.g., vaccines and/or cash), and 99% of those reported that they did not have to pay to receive that assistance. A full 94% of respondents reported that they believed that citizens did not need to give money to authorities in order to receive assistance. Respondents also reported a high degree of awareness of one the main eligibility factors for assistance - with 96.5% citing ID-Poor eligibility. However, 12% of respondents believed that relatives of local authority figures could get government

COVID-19 assistance even though they were ineligible. Group discussions with CSOs and youth groups acknowledged that there were no major corruption cases reported in the community, but strongly agreed that if such corruption happened, the impact would be very high, especially on young women. Some young women said that they preferred not to comment on dishonest or fraudulent conduct by authorities during COVID-19 relief support because they believed that such reporting would likely bring them negative consequences. The focus group discussions confirmed that young women had less confidence to voice their feedback on social accountability than other groups.

Overall, survey respondents reported a high level of satisfaction, with 98% saying they were satisfied (65%) or very satisfied (33%) with the government assistance. The cash assistance was particularly valuable. Focus group discussion participants and key informant interviewees strongly agreed that cash assistance gave more options for people to address what they needed for their livelihoods.

Other findings on the effectiveness and transparency of the pandemic relief support programmes include:

- 100% of respondents trusted information received in person, rather than online—62% of respondents reported getting information about government assistance from their commune chief, 25% from neighbours, and 8% from families and friends.
- Survey respondents showed a high degree of awareness of factors that would render individuals ineligible for assistance: for example, 58% said those without an ID-Poor card were ineligible, and 51% cited high income.
- None of the survey respondents believed that vulnerable groups were forced to submit to sexual abuse or exploitation to receive assistance.
- None of the survey respondents believed that people were denied assistance due to discrimination based on sex, religion, or politics.
- Just 2% of respondents believed that there might be corruption in the process of providing relief for COVID-19 and reported fear to talk about it in public.

Objective 2: Provide empirical data for the design of and advocacy for further government interventions that are responsive to the needs of young women and other marginalised groups.

Survey respondents had significantly less knowledge about any monitoring or feedback mechanisms that would enable them to report any concerns. A majority of youth (87%) responded that they did not know if there were monitoring of COVID-19 relief programmes by any institution. Most (94%) said that they could not report concerns about government assistance programme related issues to any government units or monitoring and evaluation focal person.

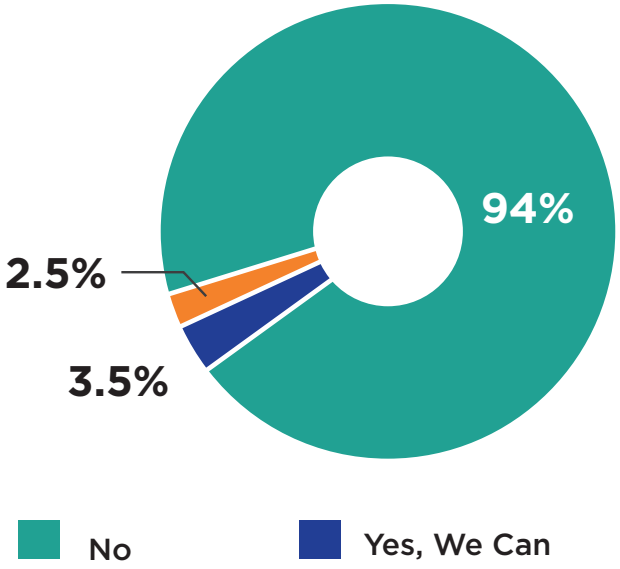
A similar majority of respondents (93%) expressed that they did not feel free to express their opinions on government measures to allocate COVID-19 assistance. The follow-up question indicated that 72.6% did not know to whom and where they could report, and 21.4% said that they chose not to report issues.

Moreover, the majority of youth respondents (88%) said that they did not feel confident in asking for information about government assistance. A number of focus group participants pointed out that freedom of expression in Cambodia in general was questionable; cases of imprisonment due to the criticism of the government mechanisms on social media during the COVID-19 restrictions probably impacted the willingness of young people to report or share their opinions in public about the government interventions.

In the FGD with youths, participants - especially young women - were heavily burdened by

Ability to report problems related to the programme When asked if they could report any assistance-related issues, 94% said that they could not do so, while 3.5% said that they could make a report.

KIIs with CSO leaders confirmed that youth were the main group who faced challenges in engaging with authorities. Restrictions on freedom of expression during the pandemic could have contributed to the fact that a high number of youth and young women chose not to report. During the pandemic, young women with children had a greater burden than any other group to ensure their families' safety; silence and caution in what they commented about the government programme likely contributed to this.



fear that voicing their opinion could negatively impact their livelihood. As shared by one young woman discussant in Stung Treng province: "I saw some issue that I wanted to raise, but I thought again and again and I decided not to say anything because I think my word could be used against me for some consequence in my work". She also noted her perception that, "Some bad cases happened for youth because they posted on social media criticising the government intervention" [7].

The follow-up KIIs provided more insight. Young men reported that they have more self-confidence to question and sometimes confront the authorities. Some youths participating with local NGOs reported more confidence in engagement with local authorities. The CSO discussion group also acknowledged that many youths who have participated in youth leadership programmes are able to meaningfully engage the authorities and participated to provide feedback regarding community improvement, including feedback to improve the COVID-19 support programme.

Other findings that may be helpful to inform future interventions include:

- The vast majority of youth respondents (96.5%) accepted and agreed with the qualifying criteria for government support, including ID-poor, jobless youth, youth with disabilities, and youth living in orphanages or high-risk areas.
- 80% of youths did not know with whom they could share information about issues related to the COVID-19 support programme, while 13% of respondents mentioned that they were able to talk with their neighbours about the programme.
- When asked for reasons for their self-confidence in asking for information about government assistance, 38.3% said that they did not have confidence to ask for information on the government support programme, while half declined to answer.

YCC and local NGO partners have been engaged in a programme to reach youth groups and local governments to help ensure that the lessons learnt from the study are considered and integrated into current COVID-19 relief support and emergency relief support systems in the future.

4. THE ROLE OF PARLIAMENTS

PARLIAMENTARY DIPLOMACY AND COVID-19

"A new normal." In 2020, this term was often used to describe our shared situation. The outbreak of Coronavirus Disease 2019 (COVID-19) and the subsequent global pandemic, has transformed our way of life.

Each passing day during this crisis was a defining moment. "The decisions people and governments take in the next few weeks will probably shape the world for years to come... Decisions that in normal times could take years of deliberation are passed in a matter of hours. Immature and even dangerous technologies are pressed into service, because the risks of doing nothing are bigger. Entire countries serve as guinea-pigs in large-scale social experiments."[1].

The ability of each country to respond to this global pandemic and mitigate its impact will impact the fate of nations for years to come. However, this pandemic has been too big a challenge for any one country to face alone. Some people have even likened the war against COVID-19 to World War II, only this time, instead of fighting against each other, all nations are on the same side. Of course, every nation has needed to protect its own citizens against a virus that does not distinguish between race, beliefs or political views. However, limiting the responses to only the country level proved insufficient to address the complexity of challenges brought on by this pandemic. The virus has brought with it cascading consequences stretching far beyond the health of individual citizens, and reaching across national borders. Hence, this pandemic has been a turning point, compelling us to restore our faith in the merit of global cooperation and collaboration.

COVID-19 has also been a wakeup call, a powerful reminder of the need for global cooperation and solidarity, for it hit the world at a time when the multilateral system faced pressure from the rivalries between major powers. In a webinar conducted by the Inter-Parliamentary Union (IPU) and the United Nations Office for Disaster Risk Reduction (UNDRR) on 28 April 2020, the World Health Organization (WHO) Director General emphasised that global solidarity was essential for fighting this pandemic, [2] in a spirit that echoed the message of the Indonesian House's Speaker, Puan Maharani. In her opening speech to address the virtual panel discussion held by the Committee for Inter-Parliamentary Cooperation of the Indonesian House of Representatives, she made a similar call for international solidarity, revisiting the idea of working together as a family of nations, as advocated by the former Indonesian President Soekarno 75 years earlier [3].

Parliament plays an essential role in moving the wheels of global cooperation. Parliament, as well as individual MPs, is uniquely positioned to intensify cross-border communication to garner solidarity among Parliamentarians. However, the growing international role of Parliament requires support from adaptive inter-parliamentary organisations [4]. Innovation is the keyword, especially since COVID-19 has changed the way people interact with each other. Gone are the days when the role of inter-parliamentary organisations was limited to facilitating contact and communication of Parliamentarians through annual assemblies. Recent innovations include a recent IPU compilation on how Parliaments are coping with the pandemic, along with its series of webinars with partner international organisations on various issues related to the crisis.

PARLIAMENTS IN THE COVID-19 RESPONSE AND RECOVERY

In the ASEAN region, parliaments played an active role responding to the COVID-19 pandemic, and during the post-COVID recovery. In these efforts, Parliaments took action at both the national and regional levels, contributing to government policies through their key democratic functions – representation, legislation, oversight, and parliamentary diplomacy.

THE ROLE OF NATIONAL PARLIAMENTS

Individually, the Parliaments of AIPA member countries have played significant roles in COVID-19 response and recovery efforts. Throughout the region, parliament as a key democratic institution has persevered, representing the views of their diverse constituents, pursuing the legislative agenda, and conducting necessary oversight amidst the pandemic and recovery. The list below is meant only to provide an overview that includes a few examples from each AIPA Member Parliament of their work during the COVID period, and is by no means exhaustive.

- **Legislative Council of Brunei:**

Following the onset of the COVID-19 pandemic, Brunei's Legislative Council debated and approved COVID-19 control measures in response to the needs and concerns of citizens during parliamentary sessions. Notably, after an 11-day deliberation, the Parliament approved a USD 5.86 billion budget for financial year 2021/2022 that provided for strengthened testing capacity, vaccination programmes, and healthcare services [5].

- **Parliament of Cambodia:**

The National Assembly and Senate of Cambodia passed a series of measures to prevent the spread of the virus, with MPs participating in discussion on response strategies and advocating for measures to address specific public health, economy, and social welfare issues. The Parliament has also conducted inquiries, scrutinised budget allocations, and advanced legislation and policies to support and enhance the government's recovery efforts [6].

- **Parliament of Indonesia:**

The Indonesian Parliament took steps including to declare a public health emergency and enact a law initiating a National Economic Recovery Program [7]. Indonesia's People's Consultative Assembly and Regional Representative Council held hearings, conducted discussions and debates on these and other COVID-19 response and recovery plans including stimulus packages, vaccination campaigns, policies and strategies, involving stakeholder engagement to assess their effectiveness.

- **National Assembly of Lao PDR:**

Approved laws on disease prevention and disaster management, with Members contributing to policy discussions and decision-making processes informed by interactions with citizens. The National Assembly has conducted discussions on and overseen COVID-19 health measures, vaccination campaigns, stimulus packages, and economic recovery plans [8].

- **Parliament of Malaysia:**

In the context of a state of emergency invoked by Prime Minister effective from 12 January 2021 to 1 August 2021 [8], the Malaysian Parliament played a contributing role to scrutinise and pass the COVID-19 Act as well as participating in discussions and debates on additional COVID-19 response plans and policies4. The Parliament also provided input and oversight for pandemic-related stimulus packages, vaccination campaigns, and others, involving hearings and stakeholder engagement to recommend adjustments and assess their effectiveness.

- **Myanmar Union Parliament:**

The Parliament of Myanmar has been suspended during the COVID-19 pandemic and recovery.

- **The Philippines Congress:**

The Congress enacted Bayanihan to Heal and Recover in addition to proposing additional legislation to support response and recovery efforts [9]. The Congress has also established special committees to monitor the government's response and monitor the allocation of funds for pandemic-related initiatives.

- **Parliament of Singapore:**

The Parliament passed the Temporary Measures Act and the Temporary Measures Control Order [10]. Members participated in debates and reviewed emergency budgets, actively engaged in questioning and scrutinising the government's COVID-19 strategies. Parliamentary select committees have also examined specific aspects of the recovery planning and implementation, gathering expert opinions, and making recommendations.

- **Parliament of Thailand:**

Thailand's House of Representatives and Senate approved a Communicable Diseases Act and an Emergency Decree on Public Administration in Emergency Situations [8]. The Parliament has also worked to oversee government actions and outcomes, has actively monitored the government's response, and conducted inquiries, field visits, and public hearings to assess the progress of recovery efforts.

- **National Assembly of Vietnam:**

The Vietnamese Parliament enacted, among others, a law on medical examination and treatment, as well as engaging in discussions and debates on the government's policies and measures, including testing strategies, vaccination campaigns, and economic recovery plans [8].

THE ROLE OF AIPA

The Member Parliaments of the ASEAN Inter-parliamentary Assembly (AIPA) adopted two resolutions during their online 2020 General Assembly to address the COVID-19 pandemic, focusing on the role of AIPA in health emergency responses and in promoting a cohesive economic recovery in the region [10]. These were followed in 2021 by two recovery related resolutions that focused on women's economic empowerment through digital and financial inclusion, and on the recovery of the hard-hit tourism sector. There was a return to a face-to-face General Assembly in 2022, during which Member Parliaments adopted resolutions on strengthening social health protection, on women's empowerment and the role of tourism-related MSMEs in a sustainable economic recovery, and on the creation of a regional working group to promote transparent data and knowledge sharing to strengthen preparations and responses to health emergencies.

The AIPA Secretariat also promoted cooperation through joint webinars on COVID-19 topics. Among these was the first virtual meeting between the Norwegian Parliament and AIPA Member Parliaments in February 2021 focused on ensuring health and welfare, while the EP-AIPA Inter-Regional Parliamentary Dialogue in June 2021 focused on addressing the pandemic's negative effects [11].

Table 4: COVID & health related AIPA resolutions 2022-2023

Resolution Number	Title	Proponent	Year Adopted
RES.41GA/2020/ Soc/03	Resolution on Enhancing AIPA Role in Supporting ASEAN Socio Cultural Community in Responding to COVID-19	Indonesia, Malaysia, Philippines, Thailand, Vietnam	2020
RES.41GA/2020/ Eco/01	Resolution on The Role of Parliaments in Promoting ASEAN Cohesiveness And Economic Recovery Post COVID-19	Indonesia, Malaysia, Thailand, Vietnam	2020
RES.42GA/2021/ WAIPA/01	Resolution on Promoting Women's Economic Empowerment in the Future of Work and Post Pandemic Recovery Through Digital and Financial Inclusion	Brunei Darussalam	2021
RES.42GA/2021/ Eco/02	Resolution on the Post – COVID-19 Economic Recovery: Tourism Cooperation in ASEAN	Thailand	2021
RES.43GA/2022/ Eco/03	Resolution On Optimizing the Participation of Micro, Small And Medium Enterprises (MSMEs) in The Tourism Sector For Economic Recovery	Indonesia	2022
RES.43GA/2022/ WAIPA/02	Resolution On Gender Equality and Women Empowerment for A Sustainable, Inclusive and Resilient COVID-19 Recovery	Cambodia, Vietnam	2022
ES.43GA/2022/ Soc/03	Resolution On Strengthening Social Health Protection to Address the Challenges In ASEAN	Thailand	2022
RES.43GA/2022/ Org/11	Resolution on Creation of Annual Consultative Working Group Co-facilitated by AIPA and PCAsia to Promote Transparent Data and Knowledge Sharing in Health Emergency Preparedness and Responses	AIPA Secretariat	2022

RISKS TO EFFECTIVENESS AND OPTIONS FOR PARLIAMENT

The COVID-19 response and recovery efforts in AIPA Member Parliaments have faced several impediments, including a lack of capacity and expertise among parliamentary staff, limited access to a diversity of timely and reliable information, insufficient oversight and accountability during emergency implementation, limited public participation, resource constraints, and lack of coordination among parliaments. To help address these issues, parliamentarians can consider capacity-development programmes, additional public consultations, increased regional engagement in transparent and regular information and data sharing with experts and affected stakeholders, a strengthening in the role of oversight committees, and the allocation of adequate resources for research, staffing, and technology infrastructure.

Table 5: Key budget measures taken to combat COVID-19

(Amount in USD Billion)

Countries	Liquidity Support	Credit creation	Direct long-term lending	Equity support	Health and income support	International Assistance Provided	No break down	Package as % of GDP (2020) (right scale)	Package Per capita (USD)	Legal basis for emergency packages*
Brunei Darussalam			0.32					2.7	734.21	by Decree
Cambodia					0.21		2.00	8.4	134.05	by Decree
Indonesia	14.64	16.45	45.75	0.56	37.93			11.4	426.18	by Decree
Lao PDR		0.02			0.02	0.00001		0.2	5.80	by Decree
Malaysia	18.29	18.04	27.04	0.28	34.76		44.89	43.5	4,485.25	by Decree
Myanmar			0.07		0.03			0.1	1.83	by Decree
Philippines	7.35	2.46	2.20		18.72			8.7	284.15	by Law[2]
Singapore	6.42		20.97	3.74	61.15	10.02		30.9	17,936.31	by Law[2]
Thailand		34.26	17.13		54.41			21.6	1,519.56	by Decree
Viet Nam			13.77	0.29	12.90	0.0003		7.9	279.57	by Decree

Source: ADB COVID-19 Policy Tracker (https://data.adb.org/dataset/adb-covid-19-policy-database)

*United Nations Office on Drugs and Crime (no-date) (https://www.unodc.org/roseap/en/what-we-do/anti-corruption/topics/covid-19.html)

Note: [1] Measures are classified according to how they work their way through the financial system, and how they affect the financial positions of different sectors. Data as of Nov-2021

[2] based on a law and subsequently involved the Parliaments in adopting the COVID-19 emergnecy support packages

INDONESIA'S INITIAL RESPONSES TO THE COVID-19 CRISIS

Writers: Dewi Amelia Tresna Wijayanti, M.A. (DevSt) and Heriyono Adi Anggoro, M.Hum.

(Advisers to the Committee for Inter Parliamentary Cooperation, the House of Representatives of the Republic of Indonesia)

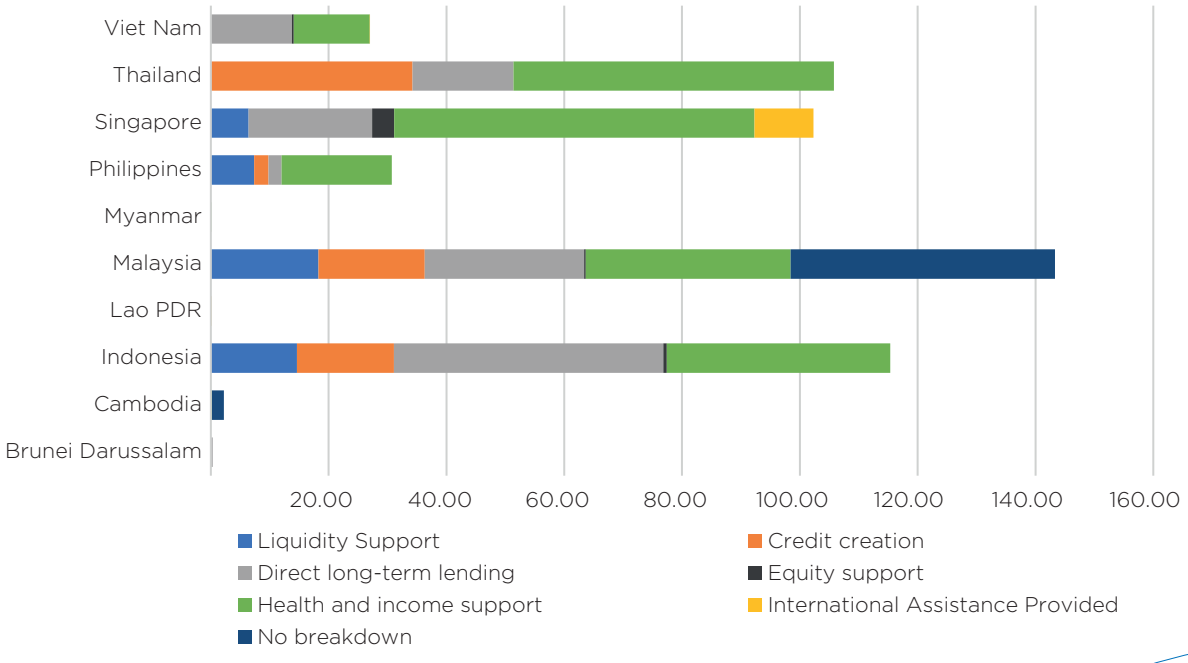
THE ROLE OF PARLIAMENTARY DIPLOMACY

"A new normal." In 2020, this term has often been used to describe our shared situation. The outbreak of Coronavirus Disease 2019 (COVID-19), now a global pandemic, has transformed our way of life.

Each passing day during this crisis is a defining moment. "The decisions people and governments take in the next few weeks will probably shape the world for years to come... Decisions that in normal times could take years of deliberation are passed in a matter of hours. Immature and even dangerous technologies are pressed into service, because the risks of doing nothing are bigger. Entire countries serve as guinea-pigs in large-scale social experiments." [12]

The ability of each country to respond to this global pandemic and mitigate its impact is certain to determine the fate of nations for years to come. However, this pandemic is too big a challenge for any one country to fight alone. Some people have even likened the war against COVID-19 to World War II, only this time, instead of fighting against each other, all nations are on the same side. Of course, every nation must protect its own citizens against a virus that does not distinguish between race, beliefs or political views. However, limiting the responses to only the country level has proved insufficient to address the complexity of challenges brought on by this pandemic. The virus has brought with it cascading consequences stretching far beyond the health of individual citizens, and reaching across national borders. Hence, this pandemic is a turning point, compelling us to restore our faith in the merit of global cooperation and collaboration.

Total budget package by measure, amount in billion USD



COVID-19 is also a wakeup call, a powerful reminder of the need for global cooperation and solidarity, for it hit the world at a time when the multilateral system faced pressure from the rivalries between major powers. In a webinar conducted by the Inter-Parliamentary Union (IPU) and the United Nations Office for Disaster Risk Reduction (UNDRR) on 28 April 2020, the World Health Organization (WHO) Director General emphasized that global solidarity was essential for fighting this pandemic, in a spirit that echoed the message of the Indonesian House's Speaker, Puan Maharani [13]. In her opening speech to address the virtual panel discussion held by the Committee for Inter-Parliamentary Cooperation of the Indonesian House of Representatives, she made a similar call for international solidarity, revisiting the idea of working together as a family of nations as advocated by the former Indonesian President Soekarno 75 years ago [14].

Parliament plays an essential role in moving the wheels of global cooperation. Parliament, as well as individual MPs, is in a unique position to intensify cross-border communication to gather solidarity among Parliamentarians. However, the growing international role of Parliament requires support from adaptive inter-parliamentary organizations. Innovation is the keyword, especially since COVID-19 has change the way people interact with each other [15]. Gone are the days when the role of inter-parliamentary organizations was limited to facilitating contact and communication of Parliamentarians through annual assemblies. Recent innovations include a recent IPU compilation on how Parliaments are coping with the pandemic, along with its series of webinars with partner international organizations on various issues related to the crisis.

THE SPECIFIC RESPONSE OF THE INDONESIAN PARLIAMENT TO THE COVID-19 CRISIS

The Government of Indonesia has taken a leading role to reaffirm international cooperation and collaboration. Together with Ghana, Liechtenstein, Norway, Singapore and Switzerland, Indonesia introduced the UN Resolution on Global Solidarity to Fight Corona Virus Disease 2019. The Resolution, co-sponsored by 188 countries, put an emphasis on international cooperation as a central tool to address the pandemic, encouraging the exchange of information, scientific findings, and best practices under the leadership of the WHO. Furthermore, Indonesia is a participant in the WHO Solidarity Trial. This aims to accelerate medical breakthroughs in the search for effective medicines and treatments for COVID-19. [16] Beyond the UN, Indonesia has also actively encouraged cooperation and collaboration within organizations such as the G20, ASEAN, G77, D8, OIC, MIKTA, WTO, WIPO, ICAO and IMO.

COVID-19 has also changed the way Parliament works. The above-mentioned IPU compilation of parliamentary responses to the pandemic helps us to share and compare parliamentary practices [17]. It reveals that remote work, avid use of information and communication technology, as well as the implementation of physical distancing have become common preventative measures among various Parliaments. The House of Representatives of the Republic of Indonesia has embraced this new normal by implementing all of those procedures. On 30 March 2020, the Indonesian House of Representatives held its opening session under several protective measures, with some Parliamentarians attending physically and many more attending virtually. Following the opening session, similar arrangements have been implemented for the Parliament and parliamentary secretariat; all discussions between the secretariat and its legislative

counterparts are now in the form of virtual meetings.

It is often that in times of crisis democracy becomes the casualty. As in most nations, in Indonesia the major power to make decisions on policies to curb the pandemic has belonged to the executive. In order to ensure that Government efforts to adjust public health and social measures, while managing the risk of a resurgence of cases, should not in any way undermine democracy, transparency, and accountability, parliamentary shutdown was never an option for Indonesia.

Although the Indonesian Parliament started its session at the end of March, a few weeks after the first two cases of COVID-19 were announced by President Jokowi, the work of Parliament had never ceased. A day after the first cases were announced, the Indonesian House, through its Speaker Puan Maharani, reminded the Government to prioritize public health and safety, beyond other concerns, including the resulting economic impact. She urged the Government to be transparent in the management of the infection cases and to strengthen border-checks and early detection as well as other proactive measures. She even suggested establishing an integrated and coordinated team to fight the pandemic [18]. These calls were raised amidst a growing public concern that the executive was focusing on mitigating the economic impact of the pandemic rather than on preparing for, and mitigating, what came immediately after the first infection.

No country anticipated the COVID-19 pandemic. Therefore, it can be considered reasonable that Governments all over the world exercised their emergency powers to combat it. But the need to act boldly and quickly is not an excuse to concentrate all the power and authority with the executive. A concentration of power may lead to its abuse. This is where Parliament's constitutional mandates are needed more than ever.

It is within such a context that the Indonesian Parliament established a Parliamentary Team to Oversee COVID-19 Crisis Management. This team was tasked to deal with how the executive responds to related health issues, as the Government declared COVID-19 a Public Health Emergency through a Presidential Regulation on 31 March 2020. The Team made an early point to remove inter-institutional ego-sectoral in the management of the crisis. It was assigned to monitor the development of domestic infrastructure needed to address the health crisis including PCR test kits, vaccine research and other measures.

The Parliament also raised a debate on the Government Regulation in lieu of the Law on State Financial Policy and Financial System Stability since the regulation granted the Government the power and flexibility to encroach on the domain of existing laws and procedures to enact financial policy during the pandemic. The new regulation was envisioned as an overarching legal umbrella to provide budgetary, financial and monetary policies to deal with the impacts of COVID-19.

The regulation allowed Government to raise the budget deficit cap to more than 3 percent of GDP, a move which was previously restricted by the State Finances Law. It also cut the required procedures on revising the state budget structure without prior consultation with the Parliament. A controversial aspect of the regulation, criticized by some portions of the public, gave a sort of immunity to the authorities, as they cannot be charged under penal and civil laws when exercising the policy during the pandemic.

The debate ended on 12 May, marked by the adoption of the regulation by the Indonesian Parliament into law. The adoption came after a heated discussion on its contents, at which point the Parliament acknowledged that there was a crisis unfolding that

required an extraordinary response. It was accepted that changes in the state budget structure without prior consultation with the Parliament were needed to enable the swift action necessary to prevent further financial catastrophe.

However, this expansion of power and the extraordinary authority the Government was granted during the crisis was not without limit. A highlight of the parliamentary debate that should not be ignored was the addition of a "sunset clause" to the budget deficit cap flexibility, which is set to expire in 2023. The government has also committed to return to the normal process of budget deliberation for the year 2021. Furthermore, the executive stated it would request parliamentary debate on the upcoming year's budget by mid-June, 2020. This includes a debate on public debt.

Under the adopted law, Indonesia has allocated approximately Rp 405.1 trillion (USD 27.6 billion) worth of total stimulus, including to the healthcare sector (USD 5.1 billion), social safety net sector (USD 7.5 billion), taxation incentives and people's business credit (USD 4.8 billion), and recovery program (USD 10.2 billion) [19]. It has also set a budget deficit cap of around 5.07 percent of GDP, or around Rp 852.9 trillion (USD 57.9 billion). To finance the deficit, the government proposed to offer USD 57.11 billion worth of government bonds [20]. During a meeting of the Parliament, a debate occurred on how to maintain a low interest rate for these bonds. The main concern of the Parliament was how to limit financial consequences in the decades to come [21]. To address this, the Parliament needs to scrutinize debt planning, proposals and payment feasibility, notably to ensure that money raised through the increased debt will be used to support those who have been impacted the most. In short, debt management is one of many areas where Parliament needs to be very much involved, particularly in a time of crisis.

ENDNOTES

A. World Health Organization (WHO) Regional Office for the Western Pacific, (2018). Overview of Lao Health System Development: 2009–2017.

B. SCDI interviewed certain survey respondents as well as people considered knowledgeable about the community, leaders of residential groups and one officer in charge of a residential area

C. Specifically, 15.1 percent did not have temporary residence registration and 13.6 percent registered for temporary residence after the pandemic began. Furthermore, 4.3 percent did not have personal identity documents.

D. GDRI noted that 39% of the respondents had themselves contracted the COVID-19 virus.

E. The president of the National Health Assembly, the Director of Complaint Receiving Unit of the National Human Rights Commission of Thailand (NHRCT) and the Director of Access Foundation

F. According to the study, in July 2020 the Ministry of Finance stated that it had only disbursed 1.54 percent of the health workers incentive fund. The delay has been attributed to delays in verification of eligibility and cumbersome eligibility requirements. The study also noted that many personnel did not receive the amounts required by the Ministry of Health regulation. In one location, medical personnel received only 50% of the required amount.

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EDITOR IN CHIEF

Michel FOUCHER

Geographer, diplomat, former ambassador, and more recently European Commission advisor on South Asia and Southeast Asia integration, he presently holds the chair of Applied Geopolitics at the College of World Studies (FMSH, Paris) and is currently the Programme Director of Parliamentary Diplomacy at PCAsia

DESIGN AND COORDINATION

PROJECT COORDINATOR & EDITOR

Jeffrey COLE

PCAsia Programme Development Manager, he also acts as Coordinator and Editor for the PCAsia Atlas series

MAPS

Seila NHIEP

Geomatics Specialist with expertise in land use change detection and urban growth simulation, has designed maps for PIC and Save Cambodia's Wildlife (SCW), and interactive maps for Open Development Cambodia for use by the general public

Design & Layout by

Graphic Roots
Tel: +855 (0) 23 210 712 | (0) 92 979 295
Website: www.graphicroots.net

CONTRIBUTORS

Heriyono ADI ANGGORO

An inter-parliamentary cooperation, law and governance specialist, he works as a Senior Program Officer for the Global Organization of Parliamentarians against Corruption and with Indonesian House's Committee for Inter-Parliamentary Cooperation.

Center to Combat Corruption & Cronyism (C4 Center)

Upholds important principles of good governance – CLEAN, COMPETENT, CONSCIOUS and CREDIBLE. The Centre is independent, non partisan and a non profit entity with a mission to foster open government policies at national, state and local levels, primarily through public sector reform, and enhanced citizenship governance

Center for Supporting Community Development Initiatives (SCDI)

Vietnamese not-for-profit organisation that works to improve the quality of life and social inclusion of vulnerable and marginalised populations and to reduce their practices that may be harmful to the environment

Gender and Development Research Institute (GDRI)

Established in 1990, with the initial support of UNIFEM as the research arm of Association for the Promotion of the Status of Women (APSW), GDRI carries out action research on policy issues related to gender equality as well as conducts policy advocacy to facilitate gender equality within Thai society

HENG Sonya

Former Lecturer at the Royal University of Phnom Penh and former Senior Instructor and Analyst of PCAsia. With a Master of Arts in Asia Pacific Studies and a Master of Science in Strategic Studies, he is currently a PhD Candidate majoring in Public Policy at the Seoul National University.

KEM Keothyda

As an PCAsia trainer and instructor with nearly 20 years of experience in gender mainstreaming, she specialises in gender-centric research, training, and policy formulation within parliamentary contexts through the delivery of customised courses on human rights and gender equality. As a results-oriented leader, she has experience in governance, strategic planning, and stakeholder engagement.

Dr KEM Sothorn

Senior Instructor of the Fiscal Analysis and Capacity Training Programme of PCAsia. Before rejoining the post, he was Senior Research Fellow of Center for Policy Studies (CPS) and Rubber Supply Chain Advisor for the WWF Regional Program, having obtained his PhD from the University of Queensland specializing in Agricultural Development. Before then, he was a researcher for the Cambodia Development Resources Institute and an Independent Consultant.

Lokataru Foundation

Non-profit organisation that works for a realisation of a collaborative and meaningful positive engagement among the state, communities and the private sector based on the values of human rights and the rule of law.

Dewi Amelia TRESNA WIJAYANTI

Holding an MA in development studies from the University of Melbourne, she conducts research on inter-parliamentary relations and issues related to international relations in her role as Advisor to the Committee for Inter Parliamentary Cooperation, the Indonesian House of Representatives.

Youth Council of Cambodia (YCC)

Its vision is to see a society with active participation of youth in strengthening democracy, economic development, good governance, social accountability, human rights, natural resource management, health, gender, and Cambodia's development with honesty, peace, and sustainability.

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Parliamentary Centre of Asia (PCAsia)
Headquarters: #07, Street 308, Tonle Bassac, Chamkar Mon, Phnom Penh, Cambodia
Rep. O. Senate Compound, Vimeanrath Chamkar Mon, Preah Norodom Blvd,
Phnom Penh, Cambodia
(+855) 23 210055 / 6 (+ 855) 11 761 716
Website: www.pcasia.org

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Citation

Health and Governance in the COVID and Post-COVID Regional Context

Health and Governance in the COVID and post-COVID Regional Context

PARLIAMENTARY CENTRE OF ASIA
Strengthening Parliamentary Capacity

Photo by Satoshi Hirayama

Overall success in facing the COVID-19 pandemic across the ASEAN region has highlighted the benefits that are provided by access to reliable and timely information for policy-makers and constituents as part of a whole-of-society approach that leaves no one behind.

Taking lesson learnt from this success in consideration of other health challenges, AIPA Resolution Res 43ga/2022/Org/11 on Creation of Annual Consultative Working Group Co-facilitated by AIPA and PCAsia to Promote Transparent Data and Knowledge Sharing in Health Emergency Preparedness and Responses was adopted by AIPA Member Parliaments on 23 November 2022 at the 43rd AIPA General Assembly in Phnom Penh, Cambodia.

Parliamentarians, as the people's representatives, are uniquely positioned to gather and share information with stakeholders at the grass roots level. This productive exchange can contribute to the success in dealing with health challenges, achieved through clear and transparent communication and accountability mechanisms.

This compendium aims to play a role in this effort - increasing access to trustworthy information and credible data related to health emergency responses from a variety of stakeholders, including to help towards identifying risks and preventing any instances of corruption that may hinder effective preparations and responses to future crises.

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