



# BACKGROUND PAPER

Senate Commission 8

## **Health Sector Responses and Parliament's Roles in ASEAN: Lessons Learned from the Covid-19 Pandemic in 2020**

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## Contents

1. Introduction .....	3
2. Situation of Covid-19 in ASEAN .....	3
3. ASEAN health sector responses to Covid-19, challenges and lessons learned .....	6
<b>3.1 Health sector specific responses by ASEAN member states</b> .....	6
<b>3.2 Health sector responses by ASEAN community</b> .....	10
<b>3.3 Challenges</b> .....	13
<b>3.4 Lessons learned</b> .....	16
4. Role of Parliaments in response to Covid-19 and lessons learned .....	17
<b>4.1 Role of Parliaments in ASEAN Member States</b> .....	17
<b>4.2 Lessons learned</b> .....	19
5. Conclusion .....	20
References .....	21

## 1. Introduction

Covid-19 has been declared a global pandemic by WHO on March 11, 2020. Globally, as of 08 June, 2021, 174 million cases (174,383,509) across over 220 countries have been confirmed of having COVID-19, including more than 3 million deaths (3,752,258) reported by national authorities[1]. By regions, the Americas remain the top region with the highest confirmed cases, followed by Europe and South-East Asia [2].

ASEAN is one of the affected regions where the number of Covid-19 confirmed cases have increased dramatically. Since the first case was announced in Wuhan, China in early January 2020, ASEAN as individual states and as a community has taken various health sector actions and measures to respond to the virus. Parliaments in each ASEAN member state had also played important roles in supporting the efforts in various forms. This background paper seeks to document ASEAN's experiences in health sector responses, challenges and the roles of Parliaments to support the health sector during the Covid-19 Pandemic in 2020.

This paper could serve as a supporting document to share the lessons learned to support future or ongoing dialogues and to assist in the establishment of any corresponding preparedness and response plans for the health sector for the effective ongoing fight against Covid-19 in the region and beyond. By reviewing secondary data, this background paper seeks to address two research questions:

1. What are ASEANs health sector responses to Covid-19, the challenges, and what are the lessons learned in 2020?
2. What are the roles of Parliaments in ASEAN member states to support the functioning of the health sector during the pandemic in 2020 and what are the lessons learned from it?

## 2. Situation of Covid-19 in ASEAN

ASEAN was the region affected by Covid-19 earlier than the rest of the world. It has confirmed a total of 1.5 million (1,509,167 cases) of Covid-19 by 31 December 2020 [2]. The first case of Covid-19 in ASEAN was reported on 13 January 2020 in Thailand, found on a traveler from Wuhan. Vietnam was the second country that confirmed its first case, followed by Singapore, Malaysia, Cambodia, the Philippines, Indonesia and Brunei. Lao PDR was the last country that confirmed its first case on 24 March 2020[3].

As of 31 December 2020, Indonesia, the Philippines, and Myanmar were the countries with the highest total confirmed cases of Covid-19 while Cambodia, Brunei and Lao PDR remained the countries with the least confirmed cases. Interestingly, Singapore has the highest ratio of reported cases per 10,000 people in the region at 1,009.8. This number was extremely high compared to other countries, such as Indonesia which had only 268.8, the Philippines 431.5 and Myanmar 227.4 [3].

In terms of transmission classification, as of 31 December 2020, Indonesia and the Philippines have been classified by WHO as countries with community transmission which by definition refers to "countries experiencing larger outbreaks of local transmission", whereas Myanmar, Malaysia,

Thailand and Vietnam as ones with clusters of cases, meaning “countries experiencing cases, clustered in time, geographic location, and/or by common exposure”. Singapore, Cambodia, Brunei and Lao PDR are still classified by WHO as sporadic transmission which, by WHO’s definition refers to experiencing “one or more cases, imported or locally detected” [2] [3] (See Table 1).

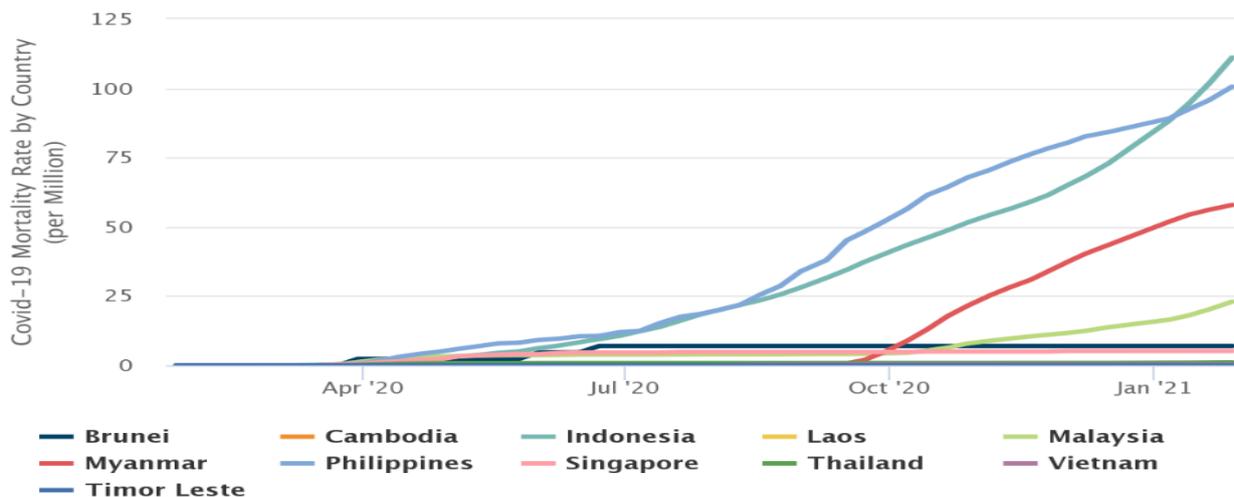
**Table 1: Covid-19 cases and deaths of ASEAN countries as of 31 December 2020**

<b>Country</b>	<b>First confirmed case (s)</b>	<b>Total population</b>	<b>Total confirmed cases</b>	<b>Total deaths</b>	<b>Reported cases/100,000</b>	<b>Transmission classification</b>
Indonesia	2-Mar-20	273,523,615	735,124	21,944	268.8	Community transmission
Philippines	30-Jan-20	109,581,078	472,532	9,230	431.5	Community transmission
Myanmar	23-Mar-20	54,409,800	123,740	2,664	227.4	Cluster of cases
Malaysia	25-Jan-20	32,365,999	110,485	463	342.1	Cluster of cases
Thailand	13-Jan-20	69,799,978	6,690	61	9.6	Cluster of cases
Vietnam	23-Jan-20	97,338,579	1,456	35	1.5	Cluster of cases
Singapore	23-Jan-20	5,850,342	58,569	29	1,009.8	Sporadic cases
Cambodia	27-Jan-20	16,718,965	378	0	2.3	Sporadic cases
Brunei	10-Mar-20	437,479	152	3	38	Sporadic cases
Lao PDR	24-Mar-20	7,275,560	41	0	0.6	Sporadic cases

Source: WHO, 2020 & ASEAN, 2020

Regarding mortality rates, Indonesia, the Philippines, and Myanmar are the top three countries with the highest mortality rates in ASEAN followed by Malaysia, Brunei, Singapore and Thailand as of January 28, 2021. Lao PDR and Cambodia were the only two countries reported with no deaths in 2020 [4] (See Figure 1).

Figure 1: Covid-19 mortality rate by country in Southeast Asia as of January 28, 2021

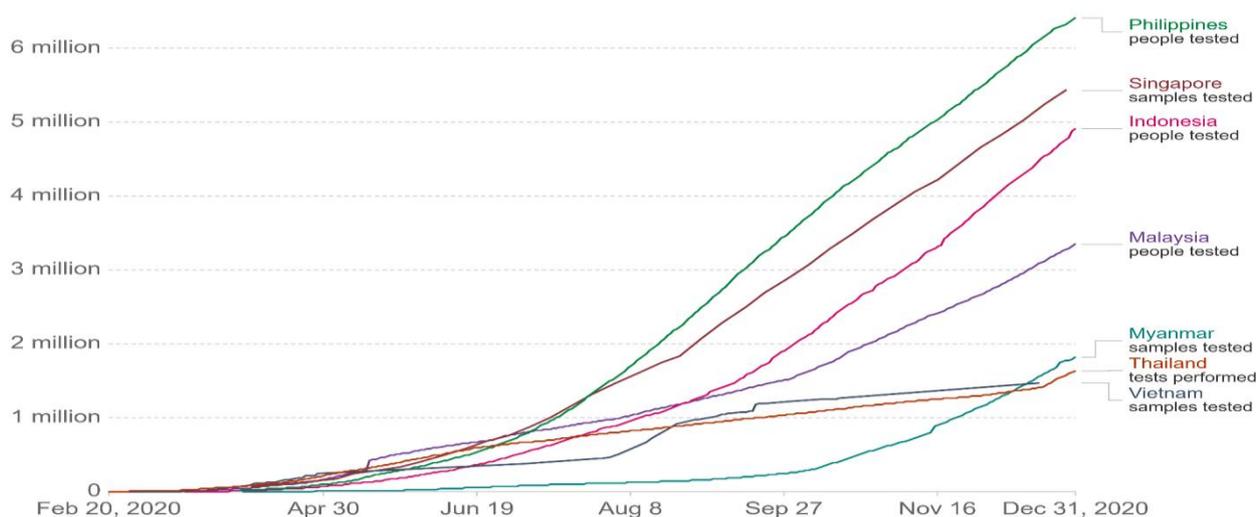


CSIS Southeast Asia Program | Source: Johns Hopkins University

Source: CSIS 2021

Regarding Covid-19 tests, as of 31 December 2020, the Philippines was the top country with highest number of people tested (6.41 millions), followed by Singapore (5.43 millions), Indonesia (4.76 millions), Malaysia (3.27 millions), Myanmar (1.78 millions) and Thailand (1.58 millions). Vietnam had only 1.47 million Covid-19 tests as of 19 December 2020. There was no data for Cambodia, Lao PDR and Brunei[5] (See Figure 2).

Figure 2: Covid-19 tests in ASEAN as of 31 December 2020

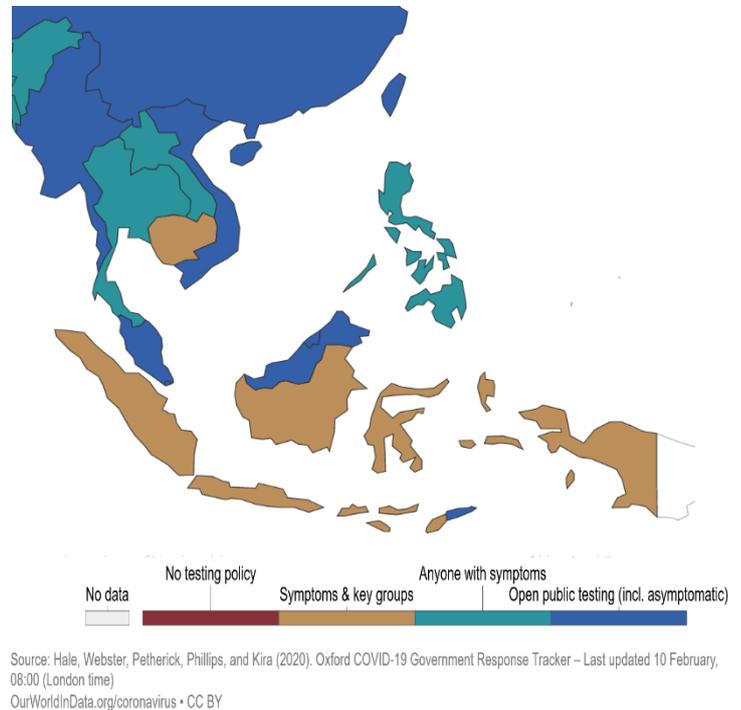


Source: Official sources collated by Our World in Data  
 Note: Comparisons of testing data across countries are affected by differences in the way the data are reported. Details can be found at our Testing Dataset page.  
 OurWorldInData.org/coronavirus • CC BY

Source: Our World in Data 2021

Figure 3: Covid-19 testing policies in ASEAN as of 31 December 2020

Different ASEAN Member States implemented different policies for testing. As of 31 December 2020, Vietnam, Singapore, Malaysia, Brunei and Myanmar had implemented open public testing policies where testing was available to all asymptomatic people. On the other hand, Thailand, Lao PDR and the Philippines conducted Covid-19 testing only for anyone showing Covid-19 symptoms, whereas Cambodia and Indonesia tested only those who both; (i) have symptoms and also (b) meet specific criteria (e.g. key workers, admitted to hospital, came into contact with a known case or returned from overseas)[6] (See Figure 3).



Source: Our World in Data, 2021

### 3. ASEAN health sector responses to Covid-19, challenges and lessons learned

To respond to Covid-19, ASEAN has worked to address the virus both as individual states and as a community. This section describes health sector responses to Covid-19 by ASEAN Member States (AMS) and ASEAN community, challenges, and key lessons learned from 2020 actions.

#### 3.1 Health sector specific responses by ASEAN member states

In the face of the Covid-19 outbreak in 2020, all ASEAN Member States have implemented various health measures, which to some extent share similarities in their actions. One of the common measures responded by AMS to address Covid-19 in 2020 was to establish **a national body in the form of a committee or taskforce** to coordinate the response. Although some countries have used their existing organization to handle Covid-19 response measures, many chose to set up a new body. For example, Cambodia has established National and Provincial Covid-19 Committees and an Inter-ministerial Committee to Combat Covid-19, led by the Ministry of Health[7]. Similarly, Lao PDR set up a National Taskforce Committee for Covid-19 Prevention and Control. Indonesia created its Task Force for the acceleration of Covid-19 on 13 March 2020 once the first confirmed case was reported[8]. Vietnam established a National Steering Committee for controlling the outbreak after the decision of the Prime Minister on 30 January 2020[9]. Thailand also created the Centre for Covid-

19 Situation Administration which is a whole of government approach to help coordinate the work across sectors.

Another common measure among AMS was to create **incentives for frontline health workers, allocate additional budget for countering Covid 19 and set up emergency policies**. For example, Thailand created a policy to give incentives to frontline health workers who were called “white gown heroes” with daily televised appreciation and different rates of compensations for their duty and shifts at hospitals or quarantine facilities[10]. On the other hand, the Government of Indonesia issued a policy to not require health workers to pay any income tax on their salaries[11]. The Philippines on March 30 approved a US\$3.9 billion social protection program to support health workers including low income families[4]. In Singapore, on 28 February 2020, the government announced the giving of a one-month bonus to frontline health workers for their efforts to combat Covid-19 [12]. In Malaysia from 01 April 2020, the government offered RM400 to RM600 monthly to health workers who served Covid-19 patients [13]. In Brunei, on 13 April 2020 health workers received US\$400 as a special monthly allowance[4].

In terms of budgeting, Cambodia developed the National Master Plan for Covid-19, that set out US\$60 million for health responses to Covid-19 prioritized for the spending on medical equipment, health facilities and incentives for health workers [14]. Malaysia also launched the "Covid-19 Pandemic Fund" to support health sector and marginalised groups within the country[15]. As Of 30 October 2020, the Government of Malaysia announced that about US\$480 million had been spent for economic recovery assistance in Sabah and nearly US\$ 100 million had been spent for food aid and medical supplies[4].

Many AMS also worked **to build health response teams** in order to contain the virus. For example, Vietnam after the decision of the Prime Minister on the Covid-19 response work, immediately started to establish a Rapid Response Team. In Thailand, even though already having more than 1,000 response team members, the country recruited an additional 40,000 civil servants from contractual staff in order to stand by as nurses, frontline health workers and other professions to undertake COVID-19 response work[10]. Cambodia has worked to continue building the capacity of its existing 3,000 Rapid Response Team members who are based at the national, provincial and local levels.

The other measure was to **strengthen the surveillance and contact tracing systems by incorporating technology** into the process. Brunei was considered succeeding in containing the first wave of Covid-19 because of its surveillance system that could effectively trace patients using a new contact-tracing app. It also set up digital patient records in the national health information management system database[16]. Singapore introduced a mobile phone app called ‘TraceTogether’ to enhance contact tracing. This app helps track proximity between users and records extended face-to-face encounters[17].

Another measure was **to improve risk communication and public awareness**. For example, Vietnam launched a website and app named ‘Vietnam Health’ to provide information on Covid 19 to the public[9]. Cambodia created a free-to-public disease hotline (115) and the websites under the

Communicable Disease Control Department featuring updates of Covid-19 cases across the country for sharing to the public.

Other measures include **advising citizens to wear face masks and maintain hand hygiene and social distancing, restricting some movements, restricting public gatherings, advising the public to stay at home, closing schools, cancelling public events, suspending flights, restricting travel and changing entry requirements for travellers.** It was found that by the end of 2020, most ASEAN Member States still implemented these policies, but the degrees of strictness varied among countries. Face covering, workplace closure, school closure and restrictions on public gatherings remained highly restricted in many AMS. However, cancellation of public events and public transport closure seems to be less restricted in some countries such as Lao PDR, Brunei, Vietnam and Cambodia (See Table 2)[18].

Table 2: Social response measures to Covid-19 of ASEAN member states as of 31 December 2020

Countries	Face covering	School closure	Workplace closure	Public transport closure	Cancellation of public events	Restrictions on public gatherings
Singapore	4	1	2	0	2	2
Brunei	2	1	1	0	1	2
Malaysia	2	3	2	1	1	4
Thailand	3	3	3	1	1	2
Philippines	3	3	2	0	2	2
Indonesia	4	2	2	1	2	4
Vietnam	3	3	2	0	1	3
Lao PDR	4	0	2	0	0	0
Myanmar	4	3	3	1	2	3
Cambodia	2	2	2	0	2	3
	4 = Strictest	3 = Strictest	3 = Strictest	2 = Strictest	2 = Strictest	4 = Strictest

Source: Our World in Data, 2021

Besides health initiatives, ASEAN member states also implemented other social and economic measures to address the pandemic. The social measures involved **providing social assistance** for

the poor and vulnerable groups including affected workers. The implementation of those measures varied by countries depending on the maturity of their existing social protection systems. The most common instrument was **cash transfers**, followed by **utility fee or mortgage waivers and food transfers**. In Cambodia, the Government launched the cash transfer scheme and spent USD169.38 million of the national budget to support almost 3million poor people including children under five, elderly persons, disabled persons and people living with HIV during Covid 19 in 2020 [19]. Likewise, the Government of Singapore in July 2020, provided cash payouts to 400,000 low-income households as part of the workfare income supplement scheme[4]. Malaysia on 27 February 2020 implemented nationwide electricity discounts of 2 percent for domestic users during the pandemic. In Thailand on 22 September 2020, the government approved a one-year extension of a scheme to help poor people with their electricity and water bills [4].

For workers affected by Covid-19, four types of measures have been put in place across AMS. Income support and job retention and presevation programmes are the most popular measures, followed by training and re-employment programmes (See Figure 4)[20].

Figure 4: Social welfare responses to Covid-19 for affected workers in ASEAN

Country	Income support to affected workers	Training	Re-employment programmes	Job-retention and preservation programmes
Brunei Darussalam	[Solid Blue Block]	[Red Block]	[Yellow Block]	[Solid Teal Block]
Cambodia		[Red Block]	[Yellow Block]	
Indonesia		[Red Block]	[Yellow Block]	
Lao PDR		[Red Block]	[Yellow Block]	
Malaysia		[Red Block]	[Yellow Block]	
Myanmar		[Red Block]	[Yellow Block]	
the Philippines		[Red Block]	[Yellow Block]	
Singapore		[Red Block]	[Yellow Block]	
Thailand		[Red Block]	[Yellow Block]	
Viet Nam		[Red Block]	[Yellow Block]	

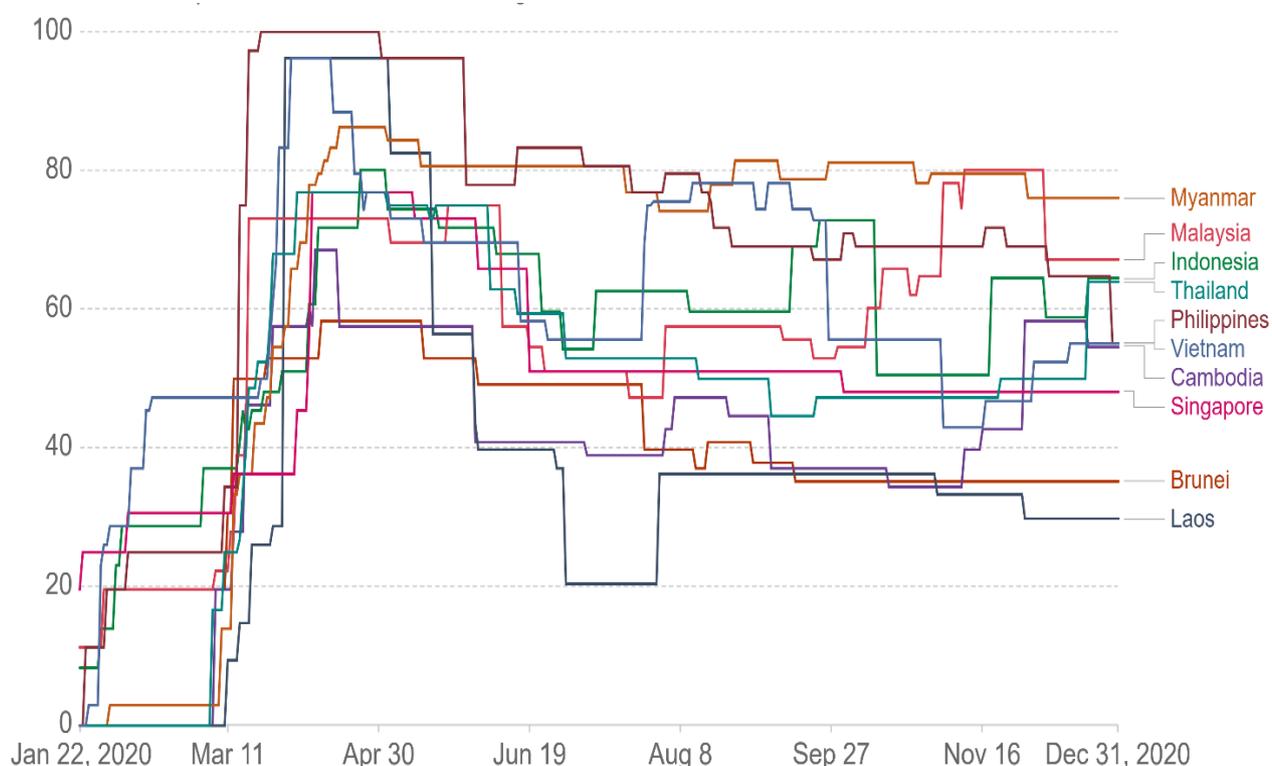
Source: ASEAN, Nov 2020

Economic stimulus measures often involved financial support through subsidy and income tax cuts to affected sectors or SMEs; for example, on 18 May 2020, the Minister of Finance of Indonesia announced US\$ 43 billion in economic stimulus to support state-owned enterprises, subsidize loan repayments for approximately 60 million borrowers, and strengthen social safety net programs[4]. On 4 August 2020, the Government of Thailand approved a US\$28.5 million stimulus package to support the farming and tourism sectors[4]. On 2 October 2020, the Government of Vietnam announced a 30 percent corporate income tax cut for certain businesses for the year 2020[4]. In August 2020, Singapore allocated an additional US\$ 5.8 billion to support certain sectors affected

by Covid-19 such as construction, retail, food services and art. The government also allocated US\$136.7 million to the aviation industry and US\$ 233.9 million to the tourism industry as a result of Covid-19 [4].

Overall, the countries that implemented the strictest measures for Covid-19 containment and health responses in 2020, the Oxford Covid-19 Government Response Tracker found that, Malaysia, Myanmar and Indonesia remained the top three countries with the strictest measures in the region as of 31 December 2020, with the government Stringency Index scores at 75.93, 67.3 and 64.35 respectively (100 = strictest). Brunei and Lao PDR were the countries with the lowest index scores at 35.19 and 29.63 respectively. The strictest responses of ASEAN Member States were between March and June 2020 (See Figure 5).

Figure 5: Covid-19 Government stringency Index in ASEAN



Source: Hale, Webster, Petherick, Phillips, and Kira (2020). Oxford COVID-19 Government Response Tracker – Last updated 10 February, 08:00 (London time)

Note: This index simply records the number and strictness of government policies, and should not be interpreted as 'scoring' the appropriateness or effectiveness of a country's response.

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### 3.2 Health sector responses by ASEAN community

After the alert from China in early January of unexplained pneumonia clusters in Wuhan, ASEAN as a community took various actions to contain the virus. One of the major roles of the ASEAN Secretariate to address Covid 19 in the region is to help coordinate among member states to ensure collective actions and responses for effective containment of the virus. ASEAN believes addressing

Covid-19 cannot only be done by individual states, but regional cooperation is necessary for public health and socio-economic recovery in the region. For this reason, there have been a number of coordinating meetings and joint statements, calling on all member states to cooperate and act collectively (See Table 3).

**Table 3: Health sector responses by ASEAN community**

<b>Date</b>	<b>Responses</b>
19-Feb-20	Joint statement of ASEAN Defense Ministers on Defense Cooperation against Disease Outbreak, from a meeting in Vietnam
20-Feb-20	The ASEAN Coordinating Council held a Special Meeting in Vientiane, Lao PDR to discuss follow-up actions to the ASEAN Chairman's Statement on ASEAN collective response to Covid-19
9-Mar-20	ASEAN health sector sustains cooperation in responding to Covid-19
10-Mar-20	Strengthening ASEAN's Economic Resilience in Response to the Outbreak of the Coronavirus Disease
13-Mar-20	ASEAN senior health officials enhance regional collective actions against Covid-19 pandemic
7-Apr-20	Joint Statement by Special Video Conference of ASEAN Plus Three Health Ministers in Enhancing Covid-19 Response
9-Apr-20	Joint Statement by Special Video Conference of the ASEAN Health Ministers in Enhancing Covid-19 Response
10-Apr-20	ASEAN Ministers Endorse New Covid-19 Response Fund Policy Brief on the Economic Impact of the Covid-19 Outbreak on ASEAN released
13-Apr-20	Joint Statement by Special Video Conference of ASEAN Plus Three Health Ministers in Enhancing Covid-19 Response
14-Apr-20	Declaration of the special ASEAN summit on Coronavirus Disease 2019
17-Apr-20	ASEAN, Italian health experts exchange experiences in combating Covid-19
21-Apr-20	China donates medical supplies to the ASEAN Secretariat for Covid-19 prevention
22-Apr-20	ASEAN, Japan Economic Ministers' Joint Statement on Initiatives on Economic Resilience in Response to the Covid-19 Outbreak
23-Apr-20	Co-Chairs' Statement of the Special ASEAN-United States Foreign Ministers' Meeting on Covid-19
24-Apr-20	ASEAN, China reaffirm commitment to forge closer cooperation

1-May-20	Joint Statement by Special Video Conference of Health Ministers of ASEAN and the United States in enhancing cooperation on Covid-19 response
29-Jul-20	ASEAN-Australia Health Expert's Meeting on Covid-19
25-Aug-20	Joint Statement of the ASEAN Ministers Responsible for Information (AMRI) to Minimise the Negative Effects of Coronavirus Disease 2019 (COVID-19)
8-Sep-20	Webinar on ASEAN-KOREA Tourism: "ASEAN-Korea Tourism toward Post-Pandemic Recovery" and "Smart Tourism for Business."
29-Sep-20	The Third ASEAN Inclusive Business Summit for inclusive business strategies that support micro, small and medium-sized enterprises (MSMEs) to recover from economic setbacks during the COVID-19 pandemic in the South-East Asia region
10-Nov-20	Adopting an ASEAN Strategic Framework for Public Health Emergencies
12-Nov-20	ASEAN Comprehensive Recovery Framework adopted at 37 <sup>th</sup> ASEAN Summit
14-Nov-20	East Asia Summit Leaders' Statement on Strengthening Collective Capacity in Epidemics Prevention and Response

For the health sector, ASEAN convened the first senior health official meeting of ASEAN Member States (AMS) through a special video conference on 13 March 2020. The objective was to discuss challenges and gaps in national prevention and control and regional collective efforts to be addressed urgently through existing ASEAN health cooperation mechanisms[21]. This meeting led to a number of other Special Video Conferences of ASEAN Health Ministers and with other countries. The meetings also allowed ASEAN to develop a Joint Statement that highlighted seven areas for member states to work together in the health sector, such as (i) information sharing; (ii) cross-border contact tracing and outbreak investigation; (iii) capacity building amid the Covid-19 response; (iv) technical, material and financial resource sharing; (v) collaboration in research; (vi) strengthening and institutionalizing regional mechanisms; and (vii) cooperation on COVID-19 response with Dialogue and Development Partners.

Through its Coordinating Council Working Group on Public Health Emergencies, ASEAN has also established the ASEAN Regional Reserve of Medical Supplies (RRMS) for Public Health Emergencies and formulated the ASEAN Standard Operating Procedures for Public Health Emergencies. This RRMS aims to address the challenges of member states that face inadequate supply and access to essential medical supplies including test kits, diagnostic tools, personal protective equipment, medicines and vaccines during the pandemic in its prevention, detection and response measures[22].

Also, during the ASEAN summit on 14 April 2020, ASEAN leaders proposed establishing the Covid-19 response fund by reallocating existing available funds to support the work. This theme was also reiterated at the Special ASEAN+3 summit on Covid-19 with China, the United States and the European Union, where ASEAN requested financial support from those countries. Also, at the 37<sup>th</sup> ASEAN Summit on 12 November 2020, ASEAN adopted the ASEAN Comprehensive Recovery

Framework. One key broad recovery strategy in this framework is to enhance the health system by refocusing on (i) strengthening vaccine security issues, (ii) enhancing capacity of human resources for health, and (iii) strengthening prevention and preparedness capacity of public health services[23].

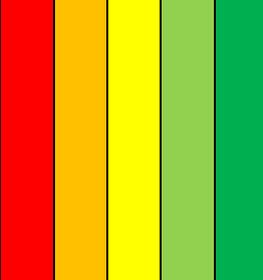
ASEAN also works to ensure communication exchanges on health information among its member states. For example, the ASEAN Emergency Operations Centre Network for public health emergencies (ASEAN EOC Network) takes the initiative to share information on the daily situation of Covid-19 in ASEAN and to serve as a platform for each member state to communicate and share information about the prevention, detection and control measures. It compiles national data, local hotlines and call centers in AMS, with each member state being able to access information from each other and learn about the progress of the disease in each country. The ASEAN Bio Diasporas Regional Virtual Centre (ABVC) has also worked to produce risk assessment reports and updates on the confirmed cases and deaths in the region[8].

ASEAN also tries to resolve issues not only in health, but also in other sectors. For example, from February to mid June 2020, there had been a number of joint meetings among ASEAN member states to discuss Covid-19 response and recovery measures in relation to economy, foreign affairs, tourism, labour, forestry and agriculture, and social welfare and development. Those meetings resulted in some regional approaches and better understanding for member states to act collectively to restore socioeconomics in the region[20]. For instance, the joint meeting among the ASEAN Economic Ministers held on 10 March 2020 in Da Nang, Vietnam, agreed that the restriction on cross-border movement “should be based on public health considerations, and should not unnecessarily restrict trade within the region”. It also stated that ASEAN Member States need to keep the ASEAN market open for trade and investment and continue addressing non-tariff barriers in supply chains, and refrain from imposing new and unnecessary non-tariff measures[24].

### **3.3 Challenges**

A number of challenges have been found among AMS hindering ASEAN’s commitment in combating Covid-19 in 2020. One of the key challenges was the uneven preparedness capacity of the health system in each member state to respond to Covid-19. This has led to varied performances in the fight against the pandemic by countries. For instance, the United Nations found Cambodia, Myanmar, Lao PDR and the Phillipines still had a low ratio of physicians, hospital beds and nurses and midwives to its populations between 2010 to 2018. Only Singapore, Brunei, Malaysia and Thailand have reasonably good scores, implying high preparedness capacity to combat Covid-19[25] (See Table 4).

Table 4: Preparedness dashboard of ASEAN to respond to Covid-19

 Low to High	Health System			
	Physicians	Nurses and midwives	Hospital beds	Health expenditure
	Per 10,000 people 2010-2018			(% of GDP) 2016
<b>Singapore</b>	23.1	72	24	4.5
<b>Brunei</b>	17.7	66	27	2.3
<b>Malaysia</b>	15.1	41	19	3.8
<b>Thailand</b>	8.1	30	21	3.7
<b>Philippines</b>	12.8	2	10	4.4
<b>Indonesia</b>	3.8	21	12	3.1
<b>Vietnam</b>	8.2	14	26	5.7
<b>Lao PDR</b>	5.0	10	15	2.4
<b>Myanmar</b>	8.6	10	9	5.1
<b>Cambodia</b>	1.7	10	8	6.1

Source: United Nations (July 2020), adapted from the Human Development Index

Similarly, according to WHO as of 11 May 2020, the preparedness capacity of Cambodia, the Philippines, Indonesia and Myanmar was only considered at Level 3 which refers to having capacity at less than 60% to respond to Covid-19. Lao PDR was classified as Level 2 in having capacity at less than 40%. Brunei, Thailand and Vietnam were classified as level 4 with preparedness capacity at less than 80% and Singapore and Malaysia had in level 5 with preparedness capacity at more than 80% [26] (See Table 5).

Table 5: WHO’s Covid-19 preparedness and response status for ASEAN

Countries	Level 5	Level 4	Level 3	Level 2	Level 1
Singapore	√				
Brunei		√			
Malaysia	√				
Thailand		√			
Philippines			√		
Indonesia			√		
Vietnam		√			
Lao PDR				√	
Myanmar			√		
Cambodia			√		

Source: WHO, as of 11 May 2020

Also in 2020, most AMS faced a shortage of medical supplies such as personal protective equipment (PPE), ICU beds, ventilators and haemodialysis machines, pharmaceuticals and surgical masks. This put extreme stress on the health system in some countries that were hit hard by the virus such as Indonesia. Some AMS also faced limited facilities for quarantines and treatment, shortage of medical professionals, and limited laboratories and funding. WHO helped them to facilitate the procurement of those medical supplies, but it was still a challenge due to global demand, manufacturing disruptions and difficult shipping logistics. However, some countries such as Thailand, Vietnam and Malaysia fared better than others as they could produce their own supplies, even though it was still not enough[27].

At the regional level, another challenge was the fact that the ASEAN community seemed to be slow to mobilize all member states to act collectively. The collective efforts among AMS were not realized during the first quarter of 2020. Each member state was concerned with containing the virus in their own country. For example, they focused on closing borders or restricting travel and flights because of the concern that other member states could transmit the virus to them. This highlighted two issues regarding the ASEAN community’s first response. First, it showed “the internal weaknesses of (underfunded) national health systems and the varying capacities of governments” among ASEAN Member States to deal with the pandemic. Second, it also showed the motto of ASEAN, “One Vision,

One Identify, One Community” was not yet fully realized among AMS, especially during the pandemic [8].

### **3.4 Lessons learned**

Lessons learned from AMS and ASEAN community to respond to Covid-19 in 2020 are as follows:

- ASEAN requires regional health frameworks and joint agreements/statements to help guide member states to work together to address the pandemic. However, it is still important for the ASEAN secretariat to help ensure there is an effort from each AMS to utilize and put those frameworks into practice. There is also a need for multi-sectors and multi-stakeholders partnerships and collaboration across borders beyond individual country responses [8].
- There is a need for ASEAN and its whole community to continue providing mutual support, capacity building and resource sharing on health sector responses to Covid-19 in the region. Knowledge sharing on the success of infection prevention and control, the incorporation of technology into surveillance and contact tracing systems, coping mechanisms to limited medical supplies, effective treatment for Covid-19, incentives for frontline health workers and preparedness capacity for the pandemic are critical topics to be shared and learned among AMS.
- At the country level, action against Covid-19 requires a whole-of-government approach with strong leadership and coordination mechanisms across sectors and stakeholders (including the private sectors) to control the virus. Investment in building a strong and resilient health system to contain the virus is needed for the long term, while for the short term, it is important for the health sector to work with other sectors “to limit Covid-19 transmission, prepare for the possibility of large-scale community transmission, and minimize the health and socioeconomic impacts”[28].
- A resilient health system requires sufficient monetary resources in the system and flexibility to reallocate and inject extra funds. Several AMS have focused on this matter and have mobilized national finance to support the Covid-19 work. This is to ensure sufficient medical supplies and incentives for frontline health care workers who perform the work at their own risks every day.
- Responding to Covid-19 requires AMS to act quickly. The success stories of Vietnam, Thailand, Singapore and Brunei showcased how government’s quick actions to detect and contain the virus could keep the Covid-19 transmission rates under control. However, to do so it is important for AMS to have a strong surveillance system to detect, verify and tract the virus and this requires innovative technologies to support it [25].
- Controlling Covid-19 requires AMS to provide transparent information to the public. AMS and the ASEAN secretariat have worked hard to improve their information sharing system and this helps improve the management and control of the virus in the region, especially ensuring public participation and early public warning.
- Finding the right balance between protecting public health and maintaining the economy is necessary. Interventions that may protect public health but put the economy at risk cannot be implemented effectively. Alternatively, interventions that allows health and the economy to go hand in hand is important to maintain resilient country development and the steady fight against the virus in the long term[28].

- Giving protection to vulnerable people is a necessary priority. This group often accounts for the majority of the labor market. If this group is affected, the impacts of Covid-19 on the health system and socioeconomic status of a country will be significant. This means vulnerable people need to receive equal access to the testing and treatment services for Covid-19. They also need to receive economic support when their everyday livelihoods are disrupted by Covid-19[28].

#### **4. Role of Parliaments in response to Covid-19 and lessons learned**

##### ***4.1 Role of Parliaments in ASEAN Member States***

During the Covid-19 pandemic, Parliaments in AMS have played critical roles in supporting citizens and the government to fight against the virus. They carried out their core functions of representation, law making and oversight over the emergency health response programs of the government. It was reported by each country that in the beginning of 2020, the operations of Parliaments were disturbed by Covid-19 due to health and safety concerns. However, the Parliaments later changed their procedural rules and introduced remote working to allow parliamentarians to fulfill their functions in terms of having debates, voting and approving bills in support for emergency responses to Covid-19.

Several Parliaments also considered/reviewed the importance of government's emergency responses to address public health concerns. In Cambodia, Parliament debated and voted on the draft Law on State of Emergency submitted by the government in dealing with Covid-19 transmission in the country on the 9-10 April 2020, and on 29 April 2020 it approved this law. This Law comprises five chapters with 12 articles. A number of measures are stated in this law which include prohibition or restriction of freedom of movement and right to freedom of people's gathering. This law also allows the government to lock down public or private space for emergency response and provides penalties for violators of one to five years in prison and a fine of US\$250 to US\$1,250 [29].

Parliaments also understand the needs of Governments to get funds to implement health emergency programs, so they responded to the government's proposals in a timely manner. For instance, the Parliament of Indonesia on 12 May 2020 passed an emergency regulation to support the government to spend at least US\$ 25 million on Covid-19 response work [30]. Also, on 9 December 2020, the two Chambers of the Congress in the Philippines passed the proposed P4.5 trillion budget for 2021 that included P72.5 billion for the purchase of Covid-19 vaccines[31].

In Thailand, the Parliament established special or ad hoc committees to oversee the work of the government on Covid-19 recovery programs which is a means to hold the government accountable for its own works[32]. In Indonesia, the Parliament also approved the establishment of a Covid-19 Task Force to allow the Government to handle the Covid-19 response work effectively [33]. The Parliaments of Lao PDR and Myanmar worked hard on debating measures taken by the government to restore their country's economy including decisions to receive international loans.

Some parliaments also drafted new bills to provide relief to individuals or businesses affected by the virus. In Singapore and Malaysia, the Parliaments passed Covid-19 Bills to provide temporary support to businesses, SMEs and individuals who could not fulfil their contractual obligations due to

the impacts of Covid-19 [34, 35]. The Parliament of Indonesia also passed the Job Creation Law that was known as an ‘Omnibus Bill’ that aims to create jobs and attract foreign and domestic investors to help restore the economy during the Covid-19 pandemic [36].

The National Assembly of Vietnam on June 19, 2020 ratified the government’s proposal to cut corporate income tax by 30 percent for 2020 financial year. This was applied to all businesses that had total revenues that did not exceed a US\$8.8 million threshold in 2020[37]. On November 17 2020, the National Assembly of Vietnam also passed a resolution to assist Vietnam Airlines that were affected by Covid-19 to get refinancing and loan extensions (no more than two times) from the State Bank of Vietnam so the company could continue its operation [38].

Parliaments also played a role in external relations and diplomacy in support for the fight against Covid-19. For example, the Parliament of Indonesia called on support from external partners such as Chinese and South Korea Parliaments to assist in combating Covid-19 [33]. Parliaments also played a representation role in responding to the needs of their constituencies; for example, during the pandemic Members of Parliament in Cambodia conducted field missions to learn about the situation of Covid-19 and challenges faced by local citizens. Member of Parliaments in Indonesia helped distribute aid such as finance and face masks to vulnerable people[33].

**Table 6: Key Roles of Parliaments during Covid-19 Pandemic in ASEAN**

<b>Singapore</b>	<ul style="list-style-type: none"> <li>• Enacting, amending and passing Covid-19 Bill.</li> <li>• Scrutinizing the proposed funding for COVID-19 relief measures.</li> </ul>
<b>Cambodia</b>	<ul style="list-style-type: none"> <li>• Debating, voting and approving the draft law on the State of Emergency</li> <li>• Approving the Law on Financial Management for 2021, that also sets out the resources to restore and stimulate economic growth after the Covid-19 Pandemic</li> <li>• Calling on further ASEAN integration during the economic crisis caused by Covid-19</li> <li>• Calling for the equitable distribution of vaccine among countries</li> <li>• MPs donated money and face masks to citizens</li> </ul>
<b>Thailand</b>	<ul style="list-style-type: none"> <li>• Endorsing three Emergency Decrees to alleviate the impact of the Covid-19 crisis</li> <li>• Discussing forming ad hoc committees to oversee the Covid-19 recovery programs by the Government</li> <li>• Approving an Emergency Decree on electronic meetings</li> <li>• MPs donated rice to people affected by Covid-19 to assist and alleviate their suffering[32].</li> </ul>
<b>Lao PDR</b>	<ul style="list-style-type: none"> <li>• Debating measures to revive the economy for 2021 amid the uncertainty of the COVID-19 pandemic</li> </ul>

	<ul style="list-style-type: none"> <li>• Debating agendas to address difficulties caused by COVID-19 outbreak in 2020</li> </ul>
<b>Myanmar</b>	<ul style="list-style-type: none"> <li>• Approving the Covid-19 USD50 million loan from the World Bank for health care systems</li> <li>• Approving a proposal to seek USD700 million (about 982 billion kyats) in loans from the International Monetary Fund (IMF) to fulfil budget deficits due to increased spending on economic recovery, social security and health sector improvements due to the COVID-19 pandemic</li> <li>• MPs donated part of their allowance to the National-Level Central Committee on Prevention, Control and Treatment of Coronavirus Disease 2019 (COVID-19) [32]</li> </ul>
<b>Indonesia</b>	<ul style="list-style-type: none"> <li>• Passing the Job Creation Law, commonly known as ‘Omnibus Law’</li> <li>• Passing an emergency regulation backing a plan of the government to spend at least \$25 billion to tackle Covid-19 and its impact on the economy.</li> <li>• Establishing the COVID-19 Task Force</li> <li>• Calling on the Chinese Parliament to continue cooperation on Covid-19 recovery</li> <li>• Endorsing cooperation on Covid-19 with South Korea</li> <li>• Distributing aid to affected patients</li> </ul>
<b>Malaysia</b>	<ul style="list-style-type: none"> <li>• 25 August 2020, passing COVID-19 Bill</li> </ul>
<b>Philippines</b>	<ul style="list-style-type: none"> <li>• On March 23, 2020 holding a special session on a measure declaring a national emergency and granting the president powers to manage the coronavirus outbreak</li> <li>• 9 December, 2020 passing a proposed budget for 2021 including a package for purchasing Covid-19 vaccines</li> </ul>
<b>Vietnam</b>	<ul style="list-style-type: none"> <li>• On June 19, 2020 ratifying the government’s <u>proposal to cut corporate income tax</u> by 30 percent.</li> <li>• Discussing new directions and solutions for the recovery of the economy after the COVID-19 pandemic</li> <li>• On November 17, 2020 passing a resolution to assist Vietnam Airlines</li> </ul>

#### 4.2 Lessons learned

Six lessons learned could be taken from the experiences of ASEAN Member States related to the roles of Parliaments during Covid-19 pandemic:

- Parliamentarians have a critical role to play in reviewing, shaping and passing emergency response bills, in making sure those bills reflect the balance of public health priorities and socio-economic development and in ensuring inclusive benefits for all groups of people.

- During health crisis, Parliamentarians need to make sure the government can sustainably finance the health system, so it is important for them to debate and approve national funds and international loans, to meet the needs of the health sector to respond to the crisis on time.
- Parliaments could support the government to manage the crisis. For example, some have approved state emergency laws that would give power to the executive branch to take actions and enact some health emergency policies and other policies immediately. However, Parliaments still need to impose checks and balances on those health emergency programs to oversee their effectiveness. Therefore, oversight roles of the Parliaments during pandemic are important.
- Regardless of any solutions including the changes to their internal procedures and rules and remote working, it is still critical for parliaments to keep functioning during the crisis because they need to act and perform their roles for the benefits of their citizens [39].
- Reaching out to their citizens during health crisis is important for parliamentarians. Parliamentarians need to understand their citizens' situations, promote health measures and provide in-kind support. This would help to build unity and trust between parliamentarians and the citizens they serve[39].
- Parliamentarians can also play an important role in international diplomacy in time of health crisis where they could exchange health information and bring questions and concerns to the world's legislators for dialogues and cooperation.

## **5. Conclusion**

ASEAN has shown commitment and effort to urge its member states to work collectively to combat Covid-19 through various measures. Despite challenges, experiences from 2020 highlight good practices of ASEAN in response to the virus. There remain some lessons learned for ASEAN improvement, such as a need for multi-sector and multi-stakeholder partnerships and collaboration across borders to address the pandemic and a need for ASEAN as a whole, to continue providing mutual support, capacity building and resource sharing within the region. This paper also highlights the important roles of Parliaments in times of health crisis. They need to continue their core functions in terms of legislating, representing and overseeing the emergency health programs of governments to ensure the interventions are efficient and cost-effective to strengthen citizen's health.

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