

Securitizing COVID-19

The Philippine Experience and Opportunities for Cooperation with East Asian Countries

Julio S. Amador III Deryk Matthew N. Baladjay Florence Principe-Gamboa

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Top left design of globe with facemask by Anna Shvets from Pexels. Top right photo of a pedicab driver with sign contra Covid-19 by Aaron Favila (AP Photo). Bottom photo of a patrol officer with baton on hand doing rounds by Reuters.

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ABSTRACT

The COVID-19 pandemic has asymmetrically affected all states. East Asian countries such as Japan and South Korea took time to respond to the virus. However, the rigorous mix of experience, institutions, and policies have allowed them to efficiently adapt to the global pandemic. Alongside China, they are doing relatively better than their developing country counterparts. Owing to surpluses in vaccines and other medical health equipment, they have increased their commitment to cooperate with ASEAN. The Philippines is among the countries badly hit by the pandemic and is yet to recuperate. In contrast to Japan and South Korea, the Philippine government-imposed measures it deemed necessary to protect national security. However, its mechanisms and processes for securing the welfare and safety of its citizens remain wanting. This paper looks at the Philippine experience of securitizing the COVID-19 pandemic which led to policies and problems that undermine human security. To show contrast, this paper will also look at the three East Asian countries that have fared relatively well in dealing with the health crisis and examine the ways these countries responded through institutions and policies centered on welfare. The paper extrapolates lessons from East Asian countries that allow for cooperation within the Philippines and ASEAN.

KEYWORDS: Securitization; COVID-19; Human-centric regional cooperation; East Asia; the Philippines

Introduction

The Human Development Report in 1994 introduced and defined human security as 'freedom from fear' and 'freedom from want'. It listed seven essential dimensions to human security such as economic, food, health, environmental, personal, community, and political. Ever since then, the concept and vital pillars of what comprises humans security continues to evolve, now including 'Freedom from indignity' and the 'freedom to 'take action on one's own behalf' – concepts vital in providing a people-centric approach to empower people against various threats to such freedoms – such as COVID-19.¹

The implications of the COVID-19 pandemic go beyond a health crisis as its dispersal continues to threaten people's safety, survival, livelihood, and ability to decide for themselves. The response between developed and developing countries is starkly different especially when it comes to meeting the freedoms essential in achieving human-centric approach to security. To stress on the point, this paper aims to explore the difference in responses to the COVID-19 pandemic between the Philippines and East Asian countries including Japan, South Korea, and China. The first part will show the Philippines' securitized approach to the global health crisis. The second part will undertake to summarize Japan's, South Korea's, and China's response to the pandemic. The third will discuss how vaccine diplomacy discriminates against countries and ways for ASEAN, together with other regional players, to move forward.

The Philippine case: Securitizing a non-traditional concern

The Philippine strategy against COVID-19 is mainly state-centric. Dealing with the virus spread as a national security concern, the Duterte administration applied policies that heavily relied on the military instead of health professionals. The measures imposed, such as appointing previous military generals and allies of the administration instead of health experts and scientific professionals at the forefront of policy and decision-making process, led to the rapid increase of COVID-19 positive cases and multiple lockdowns across the country. This scenario then led to insecurity not only of the state but to individual human security of the citizens as well.

As the health crisis hit the country, the government scrambled to contain its spread by employing a national action plan led by the Department of Defense which complements the protocols from the Department of Health. A lockdown or enhanced community quarantine was imposed in May, requiring strict compliance from the citizens, except for frontline essential workers like healthcare professionals. Such system became overwhelmed exposing many problems in the country's healthcare system, which was admittedly

¹ Hayley Watson and Kush Wadhwa, "Why human security is important?," *Trilateral Research*, https://www.trilateralresearch.com/why-is-human-security-important/

unprepared for a surge in cases.² Together with the ill-handling of the government, the pandemic exacerbated the underlying socio-economic problems experienced by ordinary Filipinos.

The implementation of a national approach was boorish because human security was taken for granted. By imposing strict quarantine protocols, much of the burden has been levied by the Filipino citizen. They are left without choice and fearful not only of an unseen virus, but also the possible implications of the government's disparate approach. The national and state-centric lens that the government took failed to consider and meet the needs of the Filipino people.

Impact on the individual

As the cases surge around the world, fear for individual and family safety also became more apparent. In previous cases such as that of SARS³ and Ebola,⁴ disease outbreaks have been shown to cause distress, anxiety, depression, insomnia, and fear-related interactions with the public. In a survey done by Pulse Asia, 94% of Filipino adults worried about personally contracting the disease or a family member getting infected. The survey was done across geographic areas and socio-economic classes. ⁵ A 2020 psychological study specifically looking at the Philippine context likewise showed 16.3% of respondents reporting moderate to severe psychological impact; 16.9% of moderate to severe depressive symptoms; 28.8% of moderate to severe anxiety symptoms; and 13.4% of moderate to severe stress signals.⁶

Poor healthcare facilities and infrastructure

On top of worries over uncertain shock events such as the virus, Filipinos also needed to mind about not having access to healthcare facilities, with the added fear being untreated if they do get sick. COVID-19 exacerbated the already present issues and problems in the Philippine healthcare system – lack of access to hospitals in remote areas, shortage in medical equipment, and understaffed hospitals when it comes to the number of healthcare

https://www.pulseasia.ph/february-2021-nationwide-survey-on-covid-19/

² Krissy Aguilar, "PH health facilities unprepared for COVID pandemic – Galvez," *Philippine Daily Inquirer*, 30 July 2020. https://newsinfo.inquirer.net/1314351/ph-health-facilities-unprepared-for-covid-pandemic-galvez

³ Bobbie Person, Francisco Sy, Kelly Holton, Barbara Govert,, Arthur Liang, and National Center for Infectious Diseases/SARS Community Outreach Team, "Fear and stigma: the epidemic within the SARS outbreak." *Emerging Infectious Diseases* 10, no. 2: 358–363, https://doi.org/10.3201/eid1002.030750 ⁴ James M. Shultz, et.al. 2016. "The role of fear-related behaviors in the 2013-2016 West Africa Ebola virus disease outbreak." *Curr Psychiatry Rep.* 18, no. 11: 104, doi: 10.1007/s11920-016-0741-y

⁵ Pulse Asia, "February 2021 Ulat ng Bayan Survey," Pulse Asia, 26 March 2021,

⁶ Michael L. Tee, et al. 2020. Psychological impact of COVID-19 pandemic in the Philippines. *Journal of affective disorders* 277: 379–391, https://doi.org/10.1016/j.jad.2020.08.043

providers. In the early months of the pandemic, healthcare workers were seen lobbying in social media for cooperation from the public in quarantine methods and calling for donations for medical supplies such as personal protective equipment, face masks, and alcohol. ⁷ Hospitals reaching maximum capacity alongside the stringent quarantine protocols by the Philippine Government resulted in understaffing.⁸ At one point, the Philippine Department of Health warned that the country's health system is "close to being overwhelmed," as the hospitals run out of beds for COVID-19 patients.⁹ A year later, the narrative stayed almost the same. Some reports claim patients dying unattended due to long lines from walk-in patients.¹⁰

Weak, lacking, and inequitable inoculation thrusts

Even the vaccination program, the Philippine government's main solution to the health crisis, is plagued with issues that undermine human security. The first of many hurdles that confronted the country was misinformation, mistrust, and fake news leading to vaccine hesitancy among the wide public.¹¹ In a survey done by Social Weather Stations, one-third of respondents demonstrated COVID-19 vaccine hesitancy, and only 66% of Filipinos were willing to get a COVID-19 vaccine.¹² Another survey from the Massachusetts Institute of Technology and Facebook showed only 61% of the respondents are willing to get the COVID-19 vaccine.¹³ A separate survey done by the University of the Philippines reported a much lower percentage of those willing to get vaccinated at only 25%, whereas 28% refused the vaccine, and 47% remained undecided.¹⁴

The vaccine brand manufacturer may also be a contributing factor to the hesitation of many Filipinos. The Philippine Government's preference for Sinovac, a Chinese-

⁷ Relief Web, "Fundraising for healthcare frontliners raises 92 million pesos, provides 200,000 PPEs for 70 hospitals," *Relief Web*, 22 May 2020, https://reliefweb.int/report/philippines/fundraising-healthcare-frontliners-raises-92-million-pesos-provides-200000-ppes

⁸ CNN Philippines, "Full rooms, supply shortage, understaffed shifts: Philippine frontliners bare challenges in COVID-19 fight," *CNN Philippines*, 24 March 2020, https://cnnphilippines.com/news/2020/3/24/Asian-Hospital-health-worker-frontliner-Philippines-share-COVID-19-journey.html

⁹ Jovic Yee, "Hospitals running out of COVID-19 beds – DOH," *Philippine Daily Inquirer*, July 29,2020, https://newsinfo.inquirer.net/1313657/doh-warns-hospitals-running-out-of-covid-19-beds#ixzz70mOVDL6O

¹⁰ Tristan Nodalo, "Desperate calls for help as hospitals fill up due to COVID-19 surge," *CNN Philippines*, 21 March 2021, https://www.cnnphilippines.com/news/2021/3/31/hospital-capacity-admission-families-covid19.html

¹¹ The Strait Times, "Misinformation and fear dog Philippine plan for coronavirus vaccine drive," *The Straits Times*, 28 January 2021, https://www.straitstimes.com/asia/se-asia/rumours-and-fear-dog-philippine-plan-for-coronavirus-vaccine-drive

¹² CNN Philippines, "66% of Filipinos willing to get COVID-19 vaccine now - SWS," CNN Philippines, 19 November 2020, https://cnnphilippines.com/news/2020/11/19/sws-survey-percentage-of-filipinos-willing-to-get-COVID-19-vaccine.html

¹³ Cenon Alfonso, Manuel Dayrit, Ronald Mendoza, and Madeline Ong, "From Dengvaxia to Sinovac: Vaccine Hesitancy in the Philippines," *The Diplomat*, 8 March 2021, https://thediplomat.com/2021/03/fromdengvaxia-to-sinovac-vaccine-hesitancy-in-the-philippines/ ¹⁴ Ibid.

manufactured vaccine, has been questioned by many in terms of efficacy, practicality, and transparency. Even when various studies show that the brand has an inconsistent and low efficacy rate (50-91%), a higher price, and unpublished data of its Phase 3 clinical trials, the Duterte administration continued to push for its inoculation for the general public, leaving many Filipinos who are fearful of the virus with no choice. A survey conducted among Philippine General Hospital health personnel showed that only 12% were willing to receive the Sinovac vaccine.¹⁵ Filipino health professionals' hesitancy to take the Sinovac on grounds of unsubstantial scientific backing could potentially impact the government's vaccine thrusts. While supplies from other vaccine manufacturers began arriving in the country, Sinovac still remains to be the vaccine of choice under the Duterte administration. Convincing and educating the huge percentage of apprehensive and unwilling Filipinos would be important if the country wants to achieve its goal of herd immunity, which aims to vaccinate 70 million Filipinos by the end of 2021.

The vaccination program has also been hampered by delays in delivery due to supply shortage both in China-made and Western-made vaccines. Some cities were forced to close vaccination sites due to the erratic supply.¹⁶ Filipinos desperate to protect themselves have resorted to look for other means to get vaccinated. Illegal selling of vaccines and slots to get inoculated have recently been brought to the attention of media and authorities.¹⁷ This leaves individuals vulnerable to scams and even fake vaccines.

Adverse economic inactivity

Aside from fearing for safety, Filipinos also struggle with the economic impacts of the pandemic. Like many other countries, the Philippines experienced preliminary economic decline due to massive closure, a common response among governments mid-2020. In 2020, the Philippine economy was reported to have contracted by 9.5% from the previous year. The strict lockdown measures meant closure and the stopping of business operations, which also meant no work for the country's labor force. While the community quarantine aimed to stop spread of infection, it has also affected the contraction of labor mobility, leading to a drop in domestic production, a fall in gainful employment, and a curtailment of overall demand.¹⁸

¹⁵ CNN Philippines, "Only 12% of PGH personnel willing to receive Sinovac vaccine, spokesman says," *CNN Philippines*, 27 February 2021, https://cnnphilippines.com/news/2021/2/27/12-percent-of-pgh-personnel-willing-to-receive-sinovac.html

¹⁶ The Strait Times, "Philippines forced to close Covid-19 vaccination sites after delivery delays," *The Straits Times*, 10 June 2021, https://www.straitstimes.com/asia/se-asia/philippines-forced-to-close-covid-19-vaccination-sites-after-delivery-delays

¹⁷ Reuters, "Philippines investigating illegal sale of COVID-19 shots, vaccine slots:", *Reuters*, 22 May 2021. https://www.reuters.com/business/healthcare-pharmaceuticals/philippines-investigating-illegal-sale-covid-19-shots-vaccine-slots-2021-05-22/

¹⁸ Sicat, Gerardo. "Crossroads Toward Philippine Economic And Social Progress: The Philippine economy during the pandemic year," *The Philippine Star*, 14 July 2021,

https://www.philstar.com/business/2021/07/14/2112263/phl-economy-during-pandemic-year

A report by the International Labor Organization stated that 10.9 million Filipinos had either lost their jobs or had lower income because of the pandemic.¹⁹ In April 2020, the Philippine Statistics Authority reported an all-time high of 17.7% unemployment rate.²⁰ On a separate survey, the Social Weather Stations released a higher number of employment disruption, tagged at 27.3 million Filipinos. These surveys and reports were released over a span of time, but what this has shown is that Filipinos struggle due to lockdown measures just as much they do over fears of the pandemic. The National Economic and Development Authority's forecast for 2021 remained bleak. Acting Socioeconomic Planning Secretary Karl Kendrick Chua said that the latest projections showed high poverty incidence rates ranging between 15.5% and 17.5%, suggesting that the pandemic will keep more Filipinos poor and jobless for the entirety of 2021.²¹

The government's social amelioration program, which gives cash aid to poor families, has been criticized as unorganized and corrupt, as it failed to be inclusive and to provide essential support. Another criticism of the government's cash aid program, which directly came from the grassroots, risks exposing more people to infection because of outdated disbursement modes, i.e., lining up in populated choke points for the cash aid.²² Many poor and unemployed Filipinos are embattled between the virus and providing bread for their families. A survey from the National Economic and Development Authority reported seven in 10 of some 390,000 respondents losing their jobs during the lockdowns. Family income shrank by nearly half. 60% of respondents also said they spent less on food and 13% said they resorted to borrowing money from friends and family.²³ Social Weather Stations recorded another high of 30.7 % of Filipinos, or 7.6 million families, going hungry because there was not enough food to eat.

The President also announced in public that despite the P275 billion allotted for COVID-19 response in 2020, the Philippines does not have enough funds to respond to the crisis brought by the coronavirus disease. In the 2021 budget, the government only allotted P90 billion for the pandemic response and did not propose unconditional cash grant

¹⁹ Nika Lazo and Bruce Rodriguez, "10.9 million Filipinos lost jobs, had lower incomes due to COVID-19 pandemic: ILO," *ABS-CBN News*, 15 December 2020, https://news.abs-cbn.com/business/12/15/20/109-million-filipinos-lost-jobs-had-lower-incomes-due-to-covid-19-pandemic-ilo

²⁰ Melissa Luz Lopez, "7.3 million Filipinos jobless in April amid COVID-19 pandemic – PSA," CNN Philippines, 5 June 2020, https://cnnphilippines.com/business/2020/6/5/unemployment-April-2020-COVID-19.html

²¹ Melissa Luz Lopez, "Pandemic may keep more Filipinos poor, jobless until next year – NEDA," *CNN Philippines*, 10 September 2020, https://cnnphilippines.com/news/2020/9/10/NEDA-poverty-unemployment-2021.html

²² Michelle Abad, "What went wrong in 2020 COVID-19 'ayuda,' lessons learned for 2021," *Rappler*, 8 April 2021, https://www.rappler.com/newsbreak/explainers/coronavirus-ayuda-government-aid-what-went-wrong-2020-lessons-learned-2021

²³ Raul Dancel, "Coronavirus: Hard road ahead for businesses in the Philippines even as lockdown restrictions are eased," *The Straits Times*, 28 May 2020, https://www.straitstimes.com/asia/se-asia/coronavirushard-road-ahead-for-businesses-in-the-philippines-even-as-lockdown

programs which was supposed to help the poor, unemployed workers, jeepney drivers, and small business owners.²⁴ For employed and taxpayer Filipinos, the P11 trillion in debt acquired by the government for the pandemic response is also not a good sign.

Draconian measures against human rights

Another source of insecurity for Filipinos during the pandemic has been the Philippine Government itself. The Duterte administration has drawn attention internationally not just because of his foreign policy decisions. The human rights violation and his deadly drug war has outraged and piqued the watchful eye of the international community and international courts. Thousands of Filipinos died because of words encouraging impunity amongst the police. In 2019, the official figures from the Philippine Drug Enforcement Agency show that 5,050 people have died in the hands of the police. The Philippine Commission on Human Rights, on the other hand, claim that there may have been more than 27,000 extrajudicial killings, with numbers remaining unverified because of the police withholding information. Human Rights Watch also reported that drug war killings and unnecessary arrests have intensified by 50% during the pandemic.²⁵

With the strict lockdowns being implemented by the security sector such as the police and military, many cases of human rights abuses have also been recorded. The President himself publicly ordered to shoot people trying to create trouble during the quarantine period,²⁶ creating fear among the people and unnecessarily emboldening the police to take extreme measures against quarantine violators. Ideally, quarantine violators should be warned, fined, or summoned by the local officials. However, cases of abuse and unusual punishments have been imposed. Police and local officials in the provinces of Laguna and Parañaque were reported to have held people in dog cages forcing them to sit under the midday sun.²⁷ A 63-year old man in the province of Agusan del Norte has been shot dead for violating protocols and threatening officials.²⁸ A retired military official with post-traumatic disorder was also shot dead in broad daylight despite multiple witnesses in the scene.²⁹ The application of law over extremely desperate Filipinos has also been viewed

²⁴ Alka Rey, "In Duterte's 2021 budget, Filipinos are on their own," *Rappler*, 29 September 2020, https://www.rappler.com/newsbreak/in-depth/filipinos-welfare-employment-education-duterte-2021-national-budget

 ²⁵ Human Rights Watch, "Philippines: 'Drug War' Killings Rise During Pandemic," Human Rights Watch, 13 January 2021, https://www.hrw.org/news/2021/01/13/philippines-drug-war-killings-rise-during-pandemic
 ²⁶ The Strait Times, "'Shoot them dead': Philippine President Duterte says he won't tolerate violators of lockdown against coronavirus," *The Straits Times*, 2 April 2020, https://www.straitstimes.com/asia/se-asia/shoot-them-dead-duterte-says-he-wont-tolerate-violators-of-lockdown-against-coronavirus

²⁷ Human Rights Watch, "Philippines curfew violators abused," *Human Rights Watch*, 26 March 2020, https://www.hrw.org/news/2020/03/26/philippines-curfew-violators-abused

²⁸ Al Jazeera, "Man shot dead in Philippines for flouting coronavirus rules" *Al Jazeera*, 5 April 2020, https://www.aljazeera.com/news/2020/4/5/man-shot-dead-in-philippines-for-flouting-coronavirus-rules
²⁹ Vince Ferreras and Gerg Cahiles, "Retired soldier shot dead by police at checkpoint in Quezon City", *CNN Philippines*, 22 April 2020, https://www.cnnphilippines.com/news/2020/4/22/Retired-soldier-shotdead-by-police-.html

with concern. In Metro Manila, 21 people driven by hunger went out onto the streets to voice their discontent and demanded food and aid but were arrested, detained for days, and are now brought to court.³⁰

Policy misprioritizations

Instead of focusing on pandemic response and alleviating the pains of the people, the Duterte administration doubled down on policies that disempower human rights by passing the Anti-Terrorism Act. The intention of the Anti-Terrorism Act is to protect human lives and the civil and political rights of the citizens – from the threat of terrorism in the Philippines. The law includes a wide array of possible offenses such as "engaging in acts intended to endanger an individual's life," "intention to damage public property," and "interfere with critical infrastructure" or generally, actions with the objective to intimidate the government. The government claims that law-abiding citizens are not at risk and that the law only targets insurgency movements, or those who are deemed a disturbance to the normal circulation of life.³¹

Critics point out, however, to the law's problematic definition of terrorism bordering unconstitutionality. Building on the 2007 Human Security Act, the law criminalizes deeds connected with the planning, support, and execution of terrorist actions. It also criminalizes actions intended to intimidate the government or destroy society in general. The vagueness of the definition and wide-ranging acts of terrorism can curtail civil and political liberties especially on freedom of expression and dissent. Member composition of the Anti-Terrorism Council is also being questioned since it comprises allies of the President. Guarantee of fairness is highly unlikely. The law also permits violation of personal privacy by allowing wiretapping and surveillance of individuals if suspected to be associated with terrorist groups.³²

Reckless containment protocols and vaccine preference

President Duterte's close relationship with China is also costing Filipinos, safety-wise and financially. On 30 January 2020, a 38-year-old female Chinese national who traveled to the Philippines from Wuhan was reported as the first positive case of COVID-19.³³ President Duterte only ordered a travel ban on those coming from Wuhan a day after the

³⁰ Kristine Joy Patag, "Driven by hunger, urban poor go out for rumored relief drive but are hauled into court instead" *The Philippine Star*, 24 February 2020,

https://www.philstar.com/headlines/2021/02/24/2080092/driven-hunger-urban-poor-go-out-rumored-relief-drive-are-haled-court-instead

³¹" Republic Act No. 11479", Official Gazette, 3 July 2020,

https://www.officialgazette.gov.ph/2020/07/03/republic-act-no-11479/

³² Joshua Erick Lagon, "The Terror Beyond: Assessing The Securitization of the Anti-Terrorism Act",

Philippine Strategic Forum, 8 April 2021, https://www.stratforumph.com/post/the-terror-beyond-assessing-the-securitization-of-the-anti-terrorism-act

³³ Xave Gregorio, "Philippines confirms first case of novel coronavirus," CNN Philippines, January 30, 2020, https://www.cnnphilippines.com/news/2020/1/30/Philippines-coronavirus-case.html.

confirmation and took a few more days before expanding the ban to the entirety of China, the delay being attributed to a reluctance to upset relations with China, and by the Health Department Secretary no less.³⁴ The government even downplayed the virus as nothing to be scared of. This hesitation has cost the Philippines precious time in days, even weeks, that could have been critical in preventing the spread of infection all over the country.

Duterte's close relationship with China also affected the country's choice of vaccine. Most of the administered doses in the vaccination program have been the Chinese brand, Sinovac. While controversies in its effectivity and price remain, the government procured 25 million doses of Sinovac and said it will be the only vaccine of choice, at least for the first half of 2021.³⁵ As countries scrambled to acquire more effective brands such as Pfizer, Moderna, and AstraZeneca to ensure maximum protection provided for their citizens, the Filipinos' liberty over its choice of vaccine brand, an extension of protecting themselves, has been left to the dustbin by the government itself.

Erratic and confusing health protocols

With the struggles of unemployment and the poverty rate at an all-time high, Filipinos are also burdened by controversial policies such as the mandatory requirement of face shields. Leaders in the country are still debating whether face shields are effective or not, or whether they would be necessary at all. In other countries who have been doing better in managing the pandemic, people are not required to wear face shields. For those who can barely afford to eat, face shields can be quite costly. Senate President Vicente Sotto questioned the government's policy and asked if there could be certain people involved in business pushing face shields for profit.³⁶

The various factors mentioned above show how the Philippines will have much more to learn in terms of crisis management to be more inclusive and to have people-centered policies and responses. The Philippines' securitized approach to responding to COVID-19 falls short for not maximizing the institutions and policies that it has that could effectively reign in on the pandemic without costing human security. Further up north, East Asian countries have adapted relatively well with minimal casualties. The similarity among Japan, South Korea, and China? The use of robust institutions and adaptive policies.

³⁴ Ben Rosario, "Duque rejects ban on Chinese tourists, cites diplomatic, political repercussions," *Manila Bulletin*, 29 January 2020, https://mb.com.ph/2020/01/29/duque-rejects-ban-on-chinese-tourists-cites-diplomatic-political-

repercussions/?fbclid=IwAR25hgX2svIWJJNciRqPIrM2ap_rvNhCfE35hVO4z3lazYv2pJm3-xIID9I.

³⁵ Virgil Lopez, "Sinovac vaccine only choice for Filipinos until June —Palace" *GMA News*, 21 January 2021, https://www.gmanetwork.com/news/news/nation/771430/sinovac-vaccine-only-choice-for-filipinos-until-june-palace/story/

³⁶ Jerome Aning and Nestor Corrales, "Find the 'genius' behind gov't insistence on face shields – Sotto", *Philippine Daily Inquirer*, 24 June 2021, https://newsinfo.inquirer.net/1450245/sotto-find-the-genius-behind-govt-insistence-on-face-shields

How East Asia Responded to COVID-19: Institutions and Policies

East Asia, comprising Japan, South Korea, and China, housed some of the exemplary response to the global pandemic. Although several factors contributed to the variation in results between the East Asian countries in question, the institutions and frameworks were indisputably effective in the early detection and mitigation of the first waves of COVID-19 cases.

Japan's pandemic response

Japan was the third country after China and Thailand to announce its first COVID-19 case in January 2020.³⁷ Incidence patterns of cases indicate moderate exposure to the virus as Japan fluctuated between double-digits in the first eight months of the pandemic.³⁸ Japan is significantly vulnerable to the COVID-19 on two accounts. First, Japan has a relatively high adult per capita, with the elderly profile dominating Japanese demography. Second, Japanese cities are noted to be quite dense and packed which is heavily vulnerable to viral transmissibility if minimum distancing protocols are not upheld.

Several factors contributed to Japan's successful early detection of COVID-19. The intent of the Japanese government was "to maximize the suppression of the virus and to minimize the socio-economic damage" to the economy.³⁹ The Abe cabinet implemented the 3C approach (closed space; crowded space; close contact setting) – later updated to 3C Plus – by method of clustering and the ecosystem approach.⁴⁰ The Japanese government likewise implemented tracing measures in partnership with the private sector. Japan's high quality health care system also allowed it to adapt accordingly by virtue of differentiating critical versus non-critical patients, designating the former in hospitals and the latter to either stay at home or in hotels under the purview of the health ministry. Technology also played a role in hospitals allowing for intensive distancing protocols between health workers and patients, limiting viral transmissions in the process.

Japan was indeed able to contain the spread of the virus through quarantine, social distancing, and the isolation of infected cases. However, Japan was unable to sustain its containment activities due to competing priorities. The Abe cabinet was preoccupied more with pursuing a political decision by preparing for the 2020 Summer Olympics, at the expense of public health. This led to the Japanese government's sluggish response, even

³⁷ "How Japan Managed to Curb the Pandemic Early on: Lessons Learned from the First Eight Months of COVID-19," *Journal of Global Health* 10, no. 2 (10 December 2020), https://doi.org/10.7189/jogh.10.020390.

³⁸ lbid.

³⁹ Ibid.

⁴⁰ Ai Tashiro and Rajib Shaw, "COVID-19 Pandemic Response in Japan: What Is behind the Initial Flattening of the Curve?," *Sustainability* 12, no. 5250 (28 June 2020), https://doi.org/10.3390/su12135250.

asking constituents to undergo self-palliative care as a basic preventive measure.⁴¹ Japan was criticized in early 2020 both within and by the international community in the mishandling of the passenger cruise ship *Diamond Princess*, docked at Yokohama, where more than 19% of the passengers were diagnosed with COVID-19.⁴² A variety of criticisms erupted from the grassroots as testing and tracing on the ground remains highly controversial.⁴³

South Korea's pandemic response

South Korea was among the highly acclaimed success story of Asia. South Korean Foreign Affairs Minister Dr. Kang Kyung-hwa shares how South Korea was compelled to be creative: "I think the greatest difficulty at the beginning of the pandemic was just being one of the very first to be hit, so we needed to write the book as we went along".⁴⁴ South Korea had detected its first case on 20 January when an outbreak transpired due to a large religious gathering in Daegu, North Gyeongsang province. When affected, South Korea catalogued minimal cases, but the Moon administration underwent proactive testing, case finding, contact tracing, and epidemic containment by measure of closures and lockdown.⁴⁵ The South Korean government immediately implemented the three T's, mainly: testing, tracing, and treatment.

Many were quick to point out that South Korea's early detection and expeditious response to the pandemic was an exposition that it learned its lesson after its flawed response to an influenza outbreak in 2009 and to the Middle East Respiratory Syndrome-related coronavirus (MERS-COV) in 2015 which led to nearly 17,000 suspected cases and 38 deaths.⁴⁶ Subsequently, South Korea lost more than US\$2 billion in tourism, with an excess of expenditures of almost US\$1 billion in various areas of its response to the MERS

⁴¹ Hayden Marks, "Japan's Limited Response to the COVID-19 Pandemic," *The Diplomat*, 25 March 2020, https://thediplomat.com/2020/03/japans-limited-response-to-the-covid-19-pandemic/.

⁴² Glen S. Fukushima, "Japan's Response to COVID-19: A Preliminary Assessment," *The Japan Times*, 5 May 2020, https://www.japantimes.co.jp/opinion/2020/05/05/commentary/japan-commentary/japans-response-covid-19-preliminary-assessment/.

⁴³ Grace Lee, Is Japan's pandemic response a disaster or a success?, Transcript, 17 July 2020, https://www.pbs.org/newshour/show/is-japans-pandemic-response-a-disaster-or-a-success; Nicholas Szechenyi and Joseph S. Jr. Bermudez, "Japan's Response to Covid-19: A Work in Progress," *Center for Strategic & International Studies*, 23 April 2020, https://www.csis.org/analysis/japans-response-covid-19work-progress.

⁴⁴ World Health Organization, "Sharing COVID-19 Experiences: The Republic of Korea Response," *World Health Organization*, 2 December 2020, https://www.who.int/westernpacific/news/feature-stories/detail/sharing-covid-19-experiences-the-republic-of-korea-response.

⁴⁵ Eunsun Jeong et al., "Understanding South Korea's Response to the COVID-19 Outbreak: A Real-Time Analysis," *International Journal of Environmental Research and Public Health* 17, no. 24 (21 December 2021): 9571, https://doi.org/10.3390/ijerph17249571.

⁴⁶ June-Ho Kim et al., "Emerging COVID-19 Success Story: South Korea Learned the Lessons of MERS," *Our World in Data*, 5 March 2021, https://ourworldindata.org/covid-exemplar-south-korea; Center for Devices and Radiological Health, "South Korea's Response to COVID-19" (Food and Drug Administration-Center for Devices and Radiological Health, May 27, 2021), https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/south-koreas-response-covid-19.

outbreak. Immediately after MERS, South Korea prepared its institutions, its policy framework around public health, and health infrastructures for the next pandemic.⁴⁷ Early on, South Korea invested in public health by "including more infection control staff and isolation units, expanded outbreak simulations and PPE training, and community-based collaboration between medical centers and local government."⁴⁸

When the pandemic hit, the South Korean government proactively employed three simple phases: detect, contain, and treat. When the Korea Disease Control and Prevention Agency (KDCA) did preemptive testing of cases in early January 2020, laboratory results would come in after a full day which is, according to the South Korean government, too slow. To ameliorate this, "the South Korea government developed diagnostic testing through public-private partnerships with commercial manufacturers."49 By 30 January 2020, KDCA employed their own version of diagnostic test by reverse transcription polymerase chain reaction (RT-PCR) tests and was able to contain the pandemic before it had significantly impacted its economic activities.⁵⁰ Apart from communication, adaptive healthcare system, and intensive contact tracing that South Korea came to be known for most of 2020, it was the private sector collaboration that allowed the Moon administration to be ready for anything – even COVID-19.⁵¹ The South Korean government had incorporated mobile technology and data analytics is tracing critical cases.⁵² It was likewise keen on undertaking a national strategy that considered quick return of results, manufacturer's financial risk in carrying out government directives, and a network of testing sites which contributed to creating a sophisticated contact tracing system that is uniquely Korean.⁵³

China's pandemic response

Despite COVID-19 having allegedly originated from Wuhan, China, the Chinese government employed unorthodox methodologies that enabled it to adaptively respond. Like most governments, China's strategy hinged on the trifecta of contract tracing and containment, quarantining, and treatment.⁵⁴ Following the global detection of COVID-19, China implemented a 76-day lockdown of Wuhan, capital of the Hubei province. On 8

 ⁴⁷ Center for Devices and Radiological Health, "South Korea's Response to COVID-19."
 ⁴⁸ Ibid.

⁴⁹ Center for Devices and Radiological Health, "South Korea's Response to COVID-19," 9–10.

⁵⁰ Asian Development Bank, "Assessment of COVID-19 Response in the Republic of Korea" (Asian Development Bank, April 2021), https://dx.doi.org/10.22617/TCS210133-2.

⁵¹ Timothy Huzar, "COVID-19: What Can We Learn from South Korea's Response?," *Medical News Today*, 18 August 2020, https://www.medicalnewstoday.com/articles/covid-19-what-can-we-learn-from-south-koreas-response; Jongeun You, "Lessons from South Korea's Covid-19 Policy Response," The American Review of Public Administration, July 17, 2020, https://doi.org/10.1177%2F0275074020943708.

 ⁵² Paul Dyer, "Policy and Institutional Responses to COVID-19: South Korea," *Brookings Institute*, 15 June 2021, https://www.brookings.edu/research/policy-and-institutional-responses-to-covid-19-south-korea/.
 ⁵³ Jeffrey Shuren and Timothy Stenzel, "South Korea's Implementation Of A COVID-19 National Testing Strategy," *HealthAffairs*, 25 May 2021,

https://www.healthaffairs.org/do/10.1377/hblog20210521.255232/full/.

⁵⁴ The Lancet, "China's Response to COVID-19: A Chance for Collaboration," *The Lancet* 397, no. 10282 (10 April 2021), https://doi.org/10.1016/S0140-6736(21)00823-0.

April 2020, restrictions were lifted, and Wuhan has since then been able to undertake economic activities. The Chinese government was likewise able to prevent a resurgence of cases since the lifting of restrictions over the city. But it had employed a national strategy of epidemic preparedness and management that is uniquely the Chinese politburo's. In particular, the Chinese government adopted measures such as early reporting system and real-time situation monitoring, large-scale surveillance, and expedient preparation of medical facilities and supplies.⁵⁵ On this account, China had indeed successfully prevented the outbreak of COVID-19 among its more than 1 billion population.

When COVID-19 was first identified in October 2020 for example, the provincial administration of Qingdao employed a pooled testing of the city – which tested more than 10.9 million people in just 5 days.⁵⁶ The Chinese response was unique indeed in that it was a cooperative collaboration between the Chinese government and its constituents. The entire population had mostly undergone non-pharmaceutical interventions such as social distancing and avoiding large crowds, but the dynamic between the Chinese government and its citizenry can best be described as intensive. Early in 2021, when the Chinese government urged people to abandon travelling plans in January 2021, the Chinese Ministry of Transportation reported a significant 70% decrease in travels.⁵⁷ The new normal is also an expected result of the pandemic. Populations also adapt because of preventive lockdowns implemented by the government, leading to significant booms in *'staycation'* consumerism. This further indicates that economic setbacks have been averted because of the intensive collaboration between the Chinese government and its people.⁵⁸ The collaboration between the Chinese government and rural communities also averted viral transmissions.⁵⁹

Between a rock and a hard place: Vaccine competition or vaccine *cooperation*?

ASEAN has begun its inoculation program, with a wide range of vaccine options coming from China, Russia, the US, and the West as a whole. However, the response to COVID-19 varies from country to country and is and will be significantly impacted by vaccine diplomacy.

 ⁵⁵ N.S. Al Takarli, "China's Response to the COVID-19 Outbreak: A Model for Epidemic Preparedness and Management," *Dubai Medical Journal* 3 (19 May 2020): 44–49, https://doi.org/10.1159/000508448.
 ⁵⁶ The Lancet, "China's Response to COVID-19: A Chance for Collaboration."

 ⁵⁷ Muyu Xu and Tony Munroe, "GRAPHIC-China New Year Travel Slumps amid Coronavirus Curbs," *Reuters*, 12 February 2021, https://www.reuters.com/article/china-travel-lunar-newyear-idCNL4N2KI08Q.
 ⁵⁸ Talha Burki, "China's Successful Control of COVID-19," *The Lancet - Infectious Diseases* 20, no. 11 (November 1, 2020): 1240–41, https://doi.org/10.1016/S1473-3099(20)30800-8; Renato C. Valencia,

[&]quot;China's Successful Response to COVID-19," *Philippine Daily Inquirer*, 28 September 2020, https://business.inquirer.net/308363/chinas-successful-response-to-covid-19.

⁵⁹ Yaxin Zhu, Shenglin Zhao, and Bo Qu, "China's COVID-19 Response for the Protection of Rural Communities," *PLUS Neglected Tropical Diseases* 15, no. 2 (2 February 2021), https://doi.org/10.1371/journal.pntd.0009018.

The rock: ASEAN and the need for a strong inoculation drive

ASEAN has several pre-existing cooperative frameworks in dealing with regional health security issues. However, country-based mitigations brought differing results throughout ASEAN.⁶⁰ Djalante et al. argued that while ASEAN "has a constructive role to play in formulating a coordinated pandemic response," it "has not been fully realized in the unfolding context of Covid-19."⁶¹ In various policy areas such as policy making, crisis response and management, transnational administration, policy networks, policy implementation and administration, communications and perception messaging, and policy evaluation, ASEAN will need some help. Figure 1 shows the progress of inoculation throughout Asia, with the rest of ASEAN (except Cambodia and Singapore) in need of catching up.





 ⁶⁰ Riyanti Djalante et al., "COVID-19 and ASEAN Responses: Comparative Policy Analysis," *Progress in Disaster Science* 8 (December 2020), https://doi.org/10.1016/j.pdisas.2020.100129.
 ⁶¹ Ibid., 11.

For other ASEAN countries, vaccine rollout has been effective in most cases. The variation in results lie in the rate of inoculating populations. Setbacks are expected if inoculation does not push through or is slow especially in hard-hit ASEAN countries like Indonesia, the Philippines, and Malaysia.⁶² Table 1 below shows an update of ASEAN country infection statistics, as of 18 July 2021, taken from ASEAN Briefing.⁶³

Country	Approx. population (2021) in millions	Total COVID-19 cases (as of 18 July)	% of pop. With COVID-19	COVAX	Vaccines ⁶⁴
Brunei Darussalam	0.46	283	0.06	Self-financing participant (SFP)	AstraZeneca, Sinopharm
Cambodia	15.84	66,336	0.41	Advance market commitment (AMC)	AstraZeneca, Sputnik-V, Sinovac, Sinopharm
Indonesia	272.25	2,832,755	1.04	АМС	AstraZeneca, Sinovac, Sinopharm
Laos	7.37	3,295	0.04	АМС	Sinopharm, Sputnik-V, AstraZeneca, Pfizer/BioNTech, Johnson & Johnson (J&J)
Malaysia	33.36	893,323	2.67	SFP	AstraZeneca, Pfizer/BioNTech, Sinovac
Myanmar	53.55	224, 236	0.41	АМС	AstraZeneca, Sinopharm
Philippines	110.43	1,502,359	1.36	АМС	AstraZeneca, Sinovac, Sputnik-V, Pfizer/BioNTech, Moderna, J&J
Singapore	5.84	62,981	1.07	SFP	Moderna, Pfizer/BioNTech, Sinovac, Luna (self-producedl trial phase)
Thailand	69.95	391,989	0.56	Didn't join	AstraZeneca, Sinovac, Sinopharm
Timor-Leste	1.38	10,142	0.75	AMC	AstraZeneca, Sinovac
Viet Nam	98.32	46,292	0.04	AMC	AstraZeneca, Sputnik-V, Sinopharm, Moderna, Pfizer/BioNTech

Table 1. ASEAN infection statistics and each countries' preferred vaccines.

⁶² Trading Economics, "Coronavirus COVID-19 Cases by Country | Asia," *Trading Economics*, 2021, https://tradingeconomics.com/country-list/coronavirus-cases?continent=asia.

⁶³ Dezan Shira & Associates, "COVID-19 Vaccine Roll Outs in ASEAN & Asia - Live Updates by Country," *Asean Briefing*, 18 July 2021, https://www.aseanbriefing.com/news/covid-19-vaccine-roll-outs-in-asean-asia-live-updates-by-country/.

⁶⁴ Reporting ASEAN, "IN NUMBERS: COVID-19 Vaccination in Southeast Asia,"

https://www.reportingasean.net/in-numbers-covid-19-vaccination-in-southeast-asia/

ASEAN had especially undertaken various medical interventions, sometimes to the detriment of human security.⁶⁵ For most of the countries, economic vitality is of primary concern as countries grapple with existential crises and are forced to choose between contracting the virus and putting food on the table by any means necessary.

Still, a significant number of ASEAN countries suffer from high cases. Efforts remain dismal as inoculation numbers remain lacking. Figure 2 shows the most recent inoculation rate of ASEAN by Our World in Data.⁶⁶



Figure 2. Share of people vaccinated against COVID-19 (fully and partly vaccinated), 17 July 2021

According to UNICEF, there are only 20 vaccines approved, 7 of which are in the World Health Organization's emergency use listing. The reported price range of COVID-19 vaccines hover between US\$2 to US\$40.⁶⁷ Vaccine availability is afforded through necessary interventions; such was the case with the United Nation's (UN) Covax program.

The performance in inoculation, however, shouldn't fault recipient countries. These very same countries rely on external sources for the acquisition of vaccines. Take for

 $https://ourworldindata.org/covid-vaccinations?country=OWID_WRL.$

⁶⁵ Center for Strategic & International Studies, "Southeast Asia Covid-19 Tracker," *Center for Strategic & International Studies*, 2021, https://www.csis.org/programs/southeast-asia-program/projects/southeast-asia-covid-19-tracker.

⁶⁶ Our World in Data, "Coronavirus (COVID-19) Vaccinations" (Our World in Data, 2021),

⁶⁷ UNICEF, "COVID-19 Vaccine Market Dashboard," UNICEF, 2021, https://www.unicef.org/supply/covid-19-vaccine-market-dashboard.

example what Figure 1 shows: Most of ASEAN either rely on the UN's Covax program or through countries' bilateral relations with major powers housing vaccine manufacturers, i.e., China, Russia, the US, and the West. These four major players bring with them just as much obstacles as opportunities, and just as much geopolitical competition and rivalry as cooperation. This is exacerbated by the fact, however, that vaccine availability has yet to substantially take off from some manufacturers themselves.⁶⁸ Choosing sides early on by virtue of geopolitics without the necessary assurances in availability can be costly in public health especially in time-critical scenarios like the COVID-19 pandemic. This also compels some countries to choose what is readily available in the market or, if there are any options at all, what is cheap and cost-effective, as in the case of the Philippines.

The hard place: Vaccine competition and its geopolitical implication

Vaccine is indeed a test of public diplomacy and the willingness to carry the burdens of the international system. Hence, the volatility in vaccine availability is greatly predicted by geopolitical pushes and pulls. Figure 3 shows the top vaccine manufacturers of the world, with the US and China in the first and second place respectively. Vaccine preference within ASEAN already reflects this competition between the two countries. ASEAN has taken on China's Sinovac jabs and Russia's Sputnik-V because these are available.⁶⁹ Western manufacturers will have a lot of catching up to do in terms of its public diplomacy in ASEAN.⁷⁰ The Liberal-democratic international order is morally tested on account of vaccine availability for global consumption, especially the Global South.⁷¹ West-allied Japan, despite its throes outlined earlier, is doing its fair share of public diplomacy in ASEAN as well.⁷²

⁶⁸ The Economist, "Covid-19 Vaccine Donations Have yet to Take Off," *The Economist*, 5 May 2021, https://www.economist.com/graphic-detail/2021/05/05/covid-19-vaccine-donations-have-yet-to-take-off.
⁶⁹ Suisheng Zhao, "Why China's Vaccine Diplomacy Is Wining," *East Asia Forum*, 29 April 2021, https://www.eastasiaforum.org/2021/04/29/why-chinas-vaccine-diplomacy-is-winning/; Theodore Karasik, "Russia's Vaccine Diplomacy Challenges West in Southeast Asia," Arab News, July 15, 2021, https://www.arabnews.com/node/1894376.

⁷⁰ David Hutt, "EU Left behind as US Pushes 'vaccine Diplomacy' in Southeast Asia," *DW News*, 15 July 2021, https://www.dw.com/en/eu-left-behind-as-us-pushes-vaccine-diplomacy-in-southeast-asia/a-58279954; Gregory B. Poling and Simon Tran Hudes, "Vaccine Diplomacy Is Biden's First Test in Southeast Asia," Center for Strategic & International Studies, January 28, 2021, https://www.csis.org/analysis/vaccine-diplomacy-bidens-first-test-southeast-asia.

⁷¹ Barbara Unmüßig and Alexandra Sitenko, "Divided We Fail - Vaccine Diplomacy and Its Implications," *Heinrich Böll Stiftung*, 7 April 2021, https://th.boell.org/en/2021/04/21/divided-we-fail.

⁷² Sebastian Strangio, "Japan Steps Up Its 'Vaccine Diplomacy' in Southeast Asia," *The Diplomat*, 17 June 2021, https://thediplomat.com/2021/06/japan-steps-up-its-vaccine-diplomacy-in-southeast-asia/.

Figure 3. Number of vaccine developers by country/economy

This view shows the number of COVID-19 vaccine developers by location. Manufacturers from different countries may work together on one candidate. One manufacturer may have multiple candidates



Number of vaccine developers by country/economy

But vaccine diplomacy alone is not a perfect strategy. Availability and distribution of vaccines is exacerbated by the fact, however, that manufacturers have yet to substantially take off in droves.⁷³ A report by the Heinrich Böll Stiftung concisely argues that "To overcome a pandemic of this magnitude, vaccines must be made available quickly, cheaply, and fairly."⁷⁴ Further, the report cautions:

"It [vaccine diplomacy] is becoming clear how much it is both a mirror and a magnifying glass, reflecting and intensifying existing international tensions and regional conflicts. It also shows how China skips no opportunity to secure its influence. Vaccines are being instrumentalized for political gain. Political enmities, like between India and Pakistan, are holding the population hostage, obstructing a rapid and efficient supply of vaccines... Vaccines are bargaining chips."⁷⁵

The reality of pandemic control in the context of geopolitics, argues Barbara Unmüßig and Alexandra Sitenko, is that "vaccines are increasingly used to establish long-term political dependencies in geopolitical competition – especially in countries that cannot produce their own vaccines. This way, a human health emergency is played off against political gain."⁷⁶

From a geopolitical standpoint, the issue of vaccine development among major powers can be seen as a means, among many others, to secure their national security and

⁷³ The Economist, "Covid-19 Vaccine Donations Have yet to Take Off."

⁷⁴ Unmüßig and Sitenko, "Divided We Fail."

⁷⁵ Ibid. Brackets supplied.

⁷⁶ Ibid.

economic interests and expand soft power operations and activities abroad. For the United States, the Biden administration had to act fast and apply a strategic approach to cushion the negative effects of Trump's dismissive stance of the coronavirus, which has infected more than 35 million Americans, taking more than 612,000 lives.⁷⁷ Sharing its developed vaccines to other countries specially to its allies in need strengthens the relationship, increases trust towards the US and reinforces its global leadership. China, on the other hand, reported 120,553 cases with 5,635 deaths.⁷⁸ China created vaccines to protect its people while ensuring continuous economic recovery to create stronger ties abroad. Being the source and origin of the virus, China lost 'face' before the international community; being the potential source of solution to the yearlong issue of the pandemic is likely a way to recover from such setback. Through its Health Silk Road, Beijing is supplying COVID-19 vaccines to over 80 countries, many of which are developing member-countries of the Belt and Road Initiative.⁷⁹ Providing countries with vaccines alternative to the logistically difficult-to-procure vaccines from the West effects cordial ties and allow spaces for public diplomacy between Beijing and recipient states. While some of the Chinese vaccines were donated, many are listed as loans to be paid at a later date. Such strategy bolsters an image of China as the emerging leader in the region and one whose economic gravity deters the likelihood of countries veering away from Beijing's ambit. Japan, India, Australia, and other US-allied countries would likely take a gander at exerting influence through vaccine development and distribution. Doing so would keep China's growing influence in the region in check.

Leaders are cognizant of the geopolitical competition in the acquisition of vaccines. Philippine President Duterte has used geopolitical agenda to secure more vaccines for the Philippines from both the US and China. During his last State of the Nation Address, he announced his indebtedness to China for sending COVID-19 vaccines to the country.⁸⁰ Meanwhile, he threatened the US to proceed with the abrogation of their Visiting Forces Agreement if it fails to produce 20 million doses of COVID-19 vaccines for the Philippines.⁸¹

While Duterte's reactive policies garnered some donations from major regional players, there is the risk among smaller countries, like the Philippines, when acquiring vaccines by measure of pitting major regional powers. In the long run, vaccine donations

https://covid19.who.int/region/wpro/country/us

⁷⁷ World Health Organization, "WHO Coronavirus (COVID19) Dashboard,"

⁷⁸ World Health Organization, "WHO Coronavirus (COVID19) Dashboard," https://covid19.who.int/region/wpro/country/cn

⁷⁹ Purvaja Modak, "China's Vaccine Diplomacy, the "Health Silk Road" and a Global Pledge," *Future Directions International*, 15 July 2021, https://www.futuredirections.org.au/publication/chinas-vaccine-diplomacy-the-health-silk-road-and-a-global-pledge/

⁸⁰ Katrina Domingo, "Utang na loob: Duterte thanks China for donating COVID-19 vaccines in his last Sona", *ABS-CBN News*, 26 July 2021, https://news.abs-cbn.com/news/07/26/21/2021-sona-duterte-china-covid-vaccines

⁸¹ Argyll Geducos, "Duterte tells US: No vaccine, no VFA", *Manila Bulletin*, 27 December 2020, https://mb.com.ph/2020/12/27/duterte-tells-us-no-vaccine-no-vfa/

could detrimentally impact a country's conduct of independent foreign policy. Initially, the intention is to always establish confidence between donor-states and recipient-states. But the overdependence on the status quo – vaccine diplomacy – belies the threat of overly relying on one or multiple vaccine provider. In vaccine diplomacy, recipient states would have to carefully balance influences and lessen dependencies that they would later have among powerful states.⁸²

Be those as it may, vaccine diplomacy has been seen as an avenue to ensure affordable and equitable access to vaccines, being an issue of global public interest. The gaps that exist between countries in terms of access to vaccines, diagnostics, and essential health supplies must be acknowledged. Wealthier countries expect wide distribution of COVID-19 vaccines between September 2021 and March 2022; middle income and emerging economies, somewhere between September 2021 and summer of 2022; and the poorest countries between spring of 2022 and 2023.⁸³ If the gap is not addressed, the world risks suffering another viral mutation which is economically and politically costly, as have been shown in the 2020 global lockdown. While the race to outperform one another is a natural tendency in competitive situations, especially an inoculation drive that is at risk of politicization, it does not meet the same level of efficacy when global actions are done in tandem. At the end of the day, cooperation would practically still trump competition. To do otherwise would be done at the detriment of all countries and would mean putting the theatre of geopolitics above human security.

Policy Recommendations: The need for human-centric regional cooperation

Vaccine diplomacy has been the recent buzzword. This is evident in the Philippines, even in ASEAN. The delicate situation brought about by the global pandemic warrants a more nuanced approach to a health crisis that 1) respects the human dignity in the process, 2) adheres to institutional processes, and 3) maximizes the use of resources. On the level of geopolitics, smaller countries continue to find themselves between a rock and a hard place that pits political interests over the security of human life in critical moments. As vaccine availability remains untenable for the foreseeable future, cooperation is key.

Cogently, ASEAN countries can extrapolate and emulate three lessons from Japan, South Korea, and China. ASEAN countries must do this in the conduct of its stylized mitigation of COVID-19. First and foremost, ASEAN must import lessons, as much as equipment. East Asia is a mixed bucket of bolts, but the result toward normalcy is undeniable: that the "new normal" can be achieved by learning from our neighbors. Learning from one another, as

⁸² William Choong, "Chinese-U.S. Split Is Forcing Singapore to Choose Sides," *Foreign Policy*, 14 July 2021, https://foreignpolicy.com/2021/07/14/singapore-china-us-southeast-asia-asean-geopolitics/

⁸³ Jaimal Anand, "Diplomacy of survival: The geopolitics of healthcare and vaccines in the age of COVID-19," Observer Research Foundation, March 11, 2021, https://www.orfonline.org/expert-

speak/diplomacy-of-survival-the-geopolitics-of-healthcare-and-vaccines-in-the-age-of-covid-19/

well as from past experiences, prepares institutions for various scenarios. Shock events like the COVID-19 pandemic is a good litmus test for the inerrancy and resiliency of present institutions and policy frameworks; shock events can make or break ASEAN and the Philippines.

The Philippines' response to the COVID-19 pandemic has been lacking in terms of human security. The Philippine government needs to realize that national security and human security go hand in hand – one cannot be fully met if the other is absent. There are lessons to be learned from East Asian countries in terms of prioritizing the health of their citizens, working with the civil society and communicating properly to their citizens.

The case of Japan shows that containing the virus and treating critically ill individuals is important in the *long durée*. If the government finds itself mis-prioritizing, choosing one issue over the persisting one, a country risks losing the opportunity to robustly respond to shock events. Choosing political legacies (i.e., in the case of Japan, the appeal of holding the 2020 Olympics) over the constituencies' safety should never be a policy debate because the answer is straight and clear. The case of South Korea shows the importance of a proactive public-private partnership. The government cannot do things alone and must know that outsourcing capacities must be done in tangent to industries with the capacity of meeting government needs and demands. The government must also ensure to provide financial assistance wherever needed to stimulate economic prosperity for both the business sector and the civil sector. Lastly, the case of China shows the importance of synergies between the government and its constituency. A coherent communication and messaging must be done to properly gravitate the constituency into action.

For ASEAN, the challenges met by the Philippines during the pandemic allow opportunities for cooperation confidence-building among each other. The pursuit of humancentric regional cooperation must be clear from the onset as this will have lasting impact in the promotion of rule of law, democratic principles, and good governance in the region. Pragmatically, information sharing on the best practices and scientific data, economic aid, i.e., suspending patents and promoting technology transfers, and complementing the needs of the healthcare systems and infrastructures (vaccines, equipment, and drugs) will help all countries recover from the devastating impact of COVID-19.⁸⁴

Ultimately, vaccine diplomacy must be utilized to benefit both donors and receivers. With human lives on the line, donor-states – like China and Japan – must aim to improve their leadership images in the region and quickly provide help to developing countries in need. Small countries, like the Philippines and ASEAN, continue to tread the tightrope of balancing between the geopolitics of major powers' vaccine diplomacy and the need to intensify inoculation thrusts despite dismal vaccine availability. ASEAN states must cleverly navigate this impasse by cooperating with one another and calling for the wider international society to cooperate, more than to compete.

⁸⁴ Unmüßig and Sitenko, "Divided We Fail."

As governments scramble to inoculate their citizens in attempts to restore normalcy, we are reminded that institutions and policy responses must adapt to the situation at hand; that the security of a nation must not be done at the expense of the citizens'. Rather, that the security of the nation rests on the security of its constituencies. In this time of the pandemic, ASEAN and other regional players must move forward with the human security agenda on the level of individuals, policies, and whole-of-nation: that for policies to work, the government's actions must secure human welfare above all; that we need to promote and support science, technology, and research and development initiatives; and that countries need to work together to provide an equitable access to vaccines, treatments, and other needed logistics to make sure those who are bereft of the opportunity, are provided for – as is the right appropriate of human dignity.⁸⁵

⁸⁵ Ronald Law, "Thinking the Next Phase of the Pandemic," *Philippine Strategic Forum*, 6 March 2021, https://www.stratforumph.com/post/thinking-the-next-phase-of-the-pandemic

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