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COVID-19 Pandemic and ASEAN's Institutional Change: From Incremental "Layering" to "Reconfiguration"

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COVID-19 パンデミックとASEANの制度的変化
― 漸増的「多層化」から「再編」へ ―

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Abstract

Since the outbreak of COVID-19 in December 2019, there has been growing interest in the apparent inability of international organizations, including regional institutions such as ASEAN, to adequately respond. Recent research appears to agree that the pandemic has shown the initial ineffectiveness of responses by international organizations. However, they focus exclusively on whether there has been an abrupt change for ASEAN caused by COVID-19 in the first place or whether ASEAN Way norms condition its institutional incremental change. ASEAN has demonstrated that gradual change can occur as a result of a succession of pandemics, and norms alone are insufficient to explain how ASEAN has been capable of institutional adaptation despite these limitations. Therefore, this research seeks to address two questions: how did ASEAN institutionally cope with the COVID-19 pandemic, and was this approach consistent with previous ASEAN pandemic responses, or was it novel? The study elaborates and contrasts institutional layering and reconfiguration—two notions that help us understand the different phases of ASEAN's institutional change in health cooperation. The findings suggest that prior to COVID-19, ASEAN had incrementally adapted its institution through "layering" by introducing new elements: additional meetings, actors, and new initiatives to supplement its existing meetings and frameworks. During COVID-19, ASEAN continued its layering approach in the early phase; however, ASEAN is implementing institutional reconfiguration to manage current and future pandemics more effectively. The Holistic Initiative to Link ASEAN Response to Emergencies and Disasters (ASEAN SHIELD) and the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) are two examples of how ASEAN is already actively pursuing such an approach to developing public health emergency governance. Understanding the various degrees and forms of institutional change contributes to our understanding of how regional organizations are institutionally changing due to the threat of the global pandemic.

Key Words : ASEAN's institutional change, COVID-19, incremental layering, institutional reconfiguration, public health emergency

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Introduction

The COVID-19 pandemic's periodic waves have affected the world dynamically since its onset in December 2019 (Independent Panel for Pandemic Preparedness and Response [IPPPR] 2021b), causing the epicenter to rotate across regions throughout various phases. Southeast Asia emerged as a COVID-19 hotspot in mid-2021, as case numbers increased exponentially, despite its standing as a COVID-19 containment exemplar in 2020 (Chookajorn et al. 2021).

The pandemic's most severe consequence occurred in ASEAN in August 2021, when the region nearly reached 100,000 new cases and 3,000 new deaths per day, a record-breaking figure. Globally, ASEAN's proportion of new daily cases more than tripled, from approximately 5% in early June 2021 to 16% in late July 2021, and that of fatalities increased sevenfold from roughly 4% in early June 2021 to almost 30% in early August 2021 (Ritchie et al. 2020-2021). As long as the coronavirus is not completely and equitably managed globally, the epicenter may relocate to Asia. At the end of December 2021, the current COVID-19 pandemic, which includes the novel Omicron variant, was causing over 1 million new cases every day, bringing the worldwide total to nearly 300 million by 2021 (World Health Organization [WHO] 2021b, 2022).

While states have not fully committed to the WHO's global response effort to a pandemic of this unprecedented magnitude, regional organizations, such as ASEAN, can be viable options for addressing the ongoing problem on a regional scale. In early December 2021, the second-ever special World Health Assembly agreed that the "global pandemic instrument" is projected to conclude in 2024 (WHO 2021a), demonstrating a lack of urgency given the pandemic threat. In contrast, research has established that ASEAN has sustained international efforts and has achieved remarkable progress in infectious disease control. On the other hand, ASEAN continues to suffer from emerging and re-emerging communicable diseases, particularly zoonoses, as it has been the epicenter of health crises since the 2003 SARS epidemic (Amaya et al. 2015; Lamy & Phua 2012; Liverani et al. 2012; Rollet 2017, 2019).

The literature on the COVID-19 pandemic and ASEAN institutions is limited and currently insufficient to explain how the region's institutions have changed gradually yet significantly in response to the pandemic. Recent research appears to confirm that the COVID-19 pandemic reveals the ineffectiveness of responses by international organizations in general at the outset. However, their scope is confined to the coronavirus's early global outbreak, no later than the end of 2020, given their nature as preliminary studies. Additionally, this general trend may not be true for ASEAN.

Previous studies have concentrated on three issues: the cause, the condition, and the outcome of changes. First, some scholars question whether COVID-19 is a cause of change in the first place. On the one hand, COVID-19 was considered a short-term exogenous shock (Debre & Dijkstra 2021), as national governments and civil society securitized the pandemic substantially in the early phase (Kliem 2021). Other researchers, such as Rüland (2021), argue that neither COVID-19 nor the preceding Asian financial crisis in 1997-1998 constituted a critical juncture that enabled significant

changes. These investigations are beneficial in indicating the key cause we should examine in regard to institutional changes. However, it may focus exclusively on the abrupt change caused by COVID-19, while gradual change can occur as a result of a succession of pandemics.

The second group of literature argues specifically on norms that condition ASEAN's incremental change. For instance, Rüland (2021) argues that path dependence confines ASEAN institutionally and ideationally to the time-tested "ASEAN Way," that is, sovereignty-based cooperation norms. Kliem (2021) argues that ASEAN is a proactive norm-taker but can merely expand and exhaust existing mechanisms and partnerships. It is capable of drawing lessons from and localizing the European Union (EU)'s policies and mechanisms. ASEAN norms can arguably act as a constraint on the organization's progress. They are insufficient to explain how ASEAN has been capable of institutional adaptation despite these limitations.

Third, some authors explain the outcome of institutional change comparatively. According to Debre and Dijkstra (2021), COVID-19 provides a window of opportunity for international organizations to diverge. ASEAN, in particular, reacted with a medium policy response on par with the majority of international organizations, employing existing policy instruments, maintaining their scope, or both. This comparative analysis demonstrates that institutional changes due to COVID-19 have occurred in international organizations, including ASEAN. However, a detailed case study of how ASEAN changed would help us gain a better understanding than a generalization from comparative analysis.

This research seeks to address two questions. First, how did ASEAN institutionally cope with the COVID-19 pandemic? Second, was this approach consistent with previous ASEAN pandemic responses, or was it novel? This paper argues that ASEAN's approach to the COVID-19 pandemic is a combination of continuity with "incremental layering" and innovation with what this paper terms "institutional reconfiguration." It should be noted that the main objective is not so much to explain "why" ASEAN opted for layering or reconfiguration as it is to explain "how" ASEAN changed.

To answer these questions, this article is divided into three sections. In the first section, two fundamental concepts are introduced: layering and reconfiguration. The second section evaluates the gradual "layering" of ASEAN institutions in response to previous pandemics, including severe acute respiratory syndrome (SARS), H5N1 avian influenza, and H1N1 2009 influenza. Finally, the third section assesses ASEAN's "reconfiguration," specifically its intended approach for institutional change during the COVID-19 pandemic since 2020. Two points are presented in this section: ASEAN has chosen to continue its layering approach since the 2003 SARS outbreak; nevertheless, this institutional change happened concurrently with the reconfiguration required to manage COVID-19 and future pandemics more effectively. The conclusion summarizes key points and contribution of this research to the broader understanding of how regional organizations are institutionally changing due to the threat of the global pandemic.

1. Pandemic and Institutional Change: Incremental "Layering" and the Institutional "Reconfiguration"

This section provides a conceptual framework for analyzing the COVID-19 pandemic and ASEAN's institutional change. It elaborates and contrasts institutional layering and reconfiguration—two notions that help us understand the different phases of ASEAN's institutional change in health cooperation.

A *pandemic* can be broadly defined as a disease that spreads across international borders and affects a sizable proportion of the population in extensive regions, countries, or continents (Centers for Disease Control and Prevention 2012; International Epidemiological Association 2014; *Stedman's Medical Dictionary for the Health Professions and Nursing* 2005). According to the WHO, pandemics, which are neither legally nor officially defined, are typically associated with influenza and a novel virus that infects a large proportion of the world (Doshi 2011). The term "pandemic" is used broadly in this study to encompass SARS, H5N1 avian influenza, H1N1 2009 influenza, and COVID-19.

Pandemics should be equated with the WHO-declared "Public Health Emergency of International Concern" (PHEIC), the highest level of global pandemic alert authorized under the legally binding International Health Regulations (2005), which describe a PHEIC as an "extraordinary event" that potentially poses a significant risk to public health and necessitates a coordinated response internationally (WHO 2016, p.9). Although SARS and H5N1 avian influenza did not spread as widely as H1N1 2009 influenza and COVID-19, the WHO classified them as having "pandemic potential" and being a PHEIC, obliging states to notify the organization (WHO 2016, Annex 2, on p.43).

Furthermore, not all pandemics have a worldwide effect in the strictest sense and may not lead to radical institutional shifts. Paraphrasing Mahoney and Thelen (2010, pp.2-3), the pandemic simply reveals institutional gaps that may be addressed over time through internal incremental change. Conceptually, these outbreaks in ASEAN since 2003 are best understood as "series" of causes for change rather than singular shocks. Accordingly, this study will identify ASEAN's series of pandemics as the "external cause" of the organization's "gradual institutional change," analogous to the erosivity factors associated with "geological erosion" (Gerschewski 2021, pp.225-226).

To appropriately reflect ASEAN's institutional shift in response to COVID-19, the analysis should avoid falling into the prevailing dichotomy of exogenously driven rupture and endogenously driven incremental change (Gerschewski 2021, pp.219-221). This is because an analysis focusing on the immediate effects of the outbreak may falsely conclude that international institutions have failed to adapt effectively. In contrast, an analysis that takes incremental changes into account without casting judgment on their ineffective adaptation allows us to better understand the fundamental dynamics at work in real institutions.

On the one hand, pandemics are unlikely to result in ASEAN's dramatic changes in a brief period. On the other hand, this study addresses the conundrum posed by recent studies on the initial ineffectiveness of international organizational responses to COVID-19 (Debre & Dijkstra 2021; Kliem 2021; Rüland 2021). Deriving a concept such as "layering" from Kathleen Thelen and her

colleagues' "theory of gradual institutional change" could help characterize ASEAN's incremental, but substantial, change in health cooperation. Another concept, "reconfiguration," which is my own term, could precisely capture the complexity of regional institutional change during the COVID-19 pandemic that Thelen and colleagues' rigorous typology cannot depict, as explained below.

According to Thelen's institutional change literature, the term "layering" refers to the process of introducing new elements into an existing set of institutions, whether amendments, additions, or revisions, consequently modifying the way the original institutional rules govern behavior (Mahoney & Thelen 2010, pp.16-17; Streeck & Thelen 2005, p.24; Thelen 2004, p.35). Rather than creating entirely new institutions or rules, layering causes gradual changes that can be compounded into significant shifts depending on whether the logic of the institution or the stable reproduction of the original "core" is affected (Mahoney & Thelen 2010, p.17). Previously, layering meant adding actors/players (at different levels of authority or power) or instruments (i.e., rules and regulations) to existing institutions. Recent literature suggests a slight adaptation of layering into a "spatial" and "temporal" component or considering it as strengthening rather than modifying the institutional core (van der Heijden 2011, pp.12-15).

In comparison, the coined concept of institutional "reconfiguration," can broadly be defined as "the arrangement of institutional parts or elements in a different form, figure, or combination." In other words, the institution adapts its functions or reorganizes some of its parts to suitably accommodate the new circumstances. While it is similar to layering in that it is a gradual process, it intends to alter the institutional logic or its original core, rather than aggregate minor changes to achieve significant shifts.

Moreover, reconfiguration is distinct from other types of changes in Mahoney and Thelen's (2010) study, such as "displacement" because the new arrangement will not replace the existing ones, or "conversion" because it does not involve unchanged rules that provide ambiguities for reinterpretation (Mahoney & Thelen 2010, pp.15-22). Instead, reconfiguration occurs in the ASEAN context, which frequently lacks formal rules and largely prefers the ASEAN Way modus operandi characterized by informality, consensus, and consultation (Acharya 2014, p.44). It may also require innovative approaches incorporating not only existing elements but new ones to adapt to new scenarios, given the limited discretion in rule interpretation or enforcement. In other words, this article seeks to present "reconfiguration" as a working concept that encapsulates the current process of ASEAN's institutional change concerning the COVID-19 pandemic.

2. Pre-COVID Pandemics and ASEAN's Institutional Layering (2003-2019)

Prior to COVID-19's global outbreak in 2020, infectious health diseases in Southeast Asia were arguably "changing environments" that functioned as an external factor for institutional changes. However, their effect was not as drastic as COVID-19, owing to their brief duration, limited epidemic scope, low case count or mortality rate.

The SARS and H1N1 2009 influenza outbreaks did not last long. SARS was active for just eight months (mid-November 2002-early June 2003), while H1N1 2009 influenza spread longer but for

only one year and four months (March 2009-August 2010). SARS and H5N1 avian influenza spread across multiple world regions, totaling 331 and 412 cases, respectively, but only reached a few dozen countries, six of which are ASEAN members (WHO 2013; WHO, Global Influenza Programme [GIP] 2021; WHO, Regional Office for the Western Pacific [WPRO] 2006). Although H1N1 2009 influenza may have infected between 700 million and 1.4 billion people worldwide (Kelly et al. 2011), its global case fatality rate, the ratio between confirmed deaths and confirmed cases, is less than 0.1%, compared to the more deadly SARS and H5N1 avian influenza, which have ASEAN case fatality rates of 13.3% and 70%, respectively (WHO, GIP 2021; WHO, WPRO 2006).

Between 2003 and 2019, ASEAN had incrementally adapted its institution to the changing situations of transboundary health threats through "layering." In general, ASEAN introduced new elements that include additional meetings, actors, and new initiatives to supplement its existing meetings and frameworks.

1. *Additional meetings* are characterized in this case as "special ASEAN meetings" in place of regularly scheduled relevant meetings. Owing to the urgency of pandemic outbreaks, these ad hoc gatherings, typically summits and health minister-level gatherings, were convened as the earliest collective response, albeit with some delay. For example, nearly two months after the first SARS case was found in Vietnam in late February and the WHO issued the first global alert in March 2003, ASEAN called "special SARS meetings" of ASEAN Plus Three Health Ministers, ASEAN Leaders, and ASEAN-China Leaders in late April 2003 (ASEAN Secretariat 2003). This was unprecedented in terms of ASEAN and the Plus Three Countries – China, Japan, and South Korea – coordinating in this manner (Caballero-Anthony 2018, p.62).

On the other hand, ASEAN arranged special sessions faster during the H5N1 avian influenza and H1N1 2009 influenza outbreaks. In early March 2004, ASEAN held a "Special Meeting on Highly Pathogenic Avian Influenza (HPAI) Control" with China, about a month after Thailand reported its first case in late January 2004. Similarly, the ASEAN Plus Three Health Ministers gathered in May 2009 for a "Special Meeting on Influenza A (H1N1)" prior to the first identified imported cases in Thailand four days later (ASEAN Secretariat 2005, p.294; 2011, pp.329-332)

2. *Additional actors* often include ASEAN dialogue partners, especially ASEAN Plus Three countries. China had been severely affected by pandemics such as SARS and H5N1 avian influenza, prompting the above-mentioned ASEAN-China meetings among leaders, ministers, senior officials, and experts. Additionally, all Plus Three countries engaged in ASEAN's primary pandemic response mechanisms including meetings of health ministers (AHMM+3), senior officials on health development (APT SOMHD), and experts' group on communicable diseases (AEGCD+3) as well as a field epidemiology training network (ASEAN+3 FETN).

Individual dialogue partners, such as China, Australia, and Japan, contributed to the ASEAN framework through cooperation programs, funds, and assistance. They included bilateral cooperation programs on SARS control and a special support fund with China; the ASEAN Plus Three Emerging Infectious Disease (EID) Program, developed with the support of the ASEAN-

Australia Development Cooperation Program (AADCP); and the provision of anti-viral stockpiles, vaccine supplies, and personal protective equipment (PPE) for preparedness and responses against pandemic influenza from Japan in July and October 2009.

3. *New regional initiatives*, such as regional action plans and frameworks, were implemented during or after the outbreak. SARS and H1N1 2009 influenza, which had a shorter period of outbreak, produced fewer results: for the former, the ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases in June 2003, and for the latter, the Minimum Standards on Joint Multisectoral Outbreak Investigation and Response in 2010 and ASEAN Post-2015 Health Development Agenda (2016-2020).

Although H5N1 avian influenza could have resulted in a regional reconfiguration of its new animal health mechanisms, the fact that this influenza had mainly spread in a few ASEAN members with just a few dozen cases or fewer did not justify extensive regional efforts. Moreover, the majority of new mechanisms were developed late. The ASEAN HPAI Task Force was inaugurated in December 2004 as part of one of the ASEAN Ministers of Agriculture and Forestry's sectoral working groups. The others are coordination mechanism, roadmap, coordinating center, and fund, as follows: the Regional Coordination Mechanism (RCM) on Animal Health and Zoonoses and the Roadmap for an HPAI-Free ASEAN Community by 2020 in 2010 and the ASEAN Coordinating Centre for Animal Health and Zoonoses (ACCAHZ) and the ASEAN Animal Health Trust Fund (AAHTF) in 2016. It remains to be seen how these mechanisms will become a new arrangement in the event of another large-scale of avian influenza pandemic; however, regional initiatives on animal health are beyond the scope of this study.

To summarize, pre-COVID pandemics demonstrate how ASEAN adapted to evolving health threats and challenges through layering of regular ASEAN meetings with special meetings, the inclusion of new actors, and the introduction of new regional action plans and frameworks. Moreover, the effects of SARS, H5N1 avian influenza, and H1N1 2009 influenza were arguably not persistent enough for ASEAN to necessarily reconfigure their function in contrast to the COVID-19 pandemic. As a result, ASEAN could use layering processes to sufficiently deal with the immediate pandemic situation.

3. COVID-19 Pandemic and ASEAN's "Reconfiguration" (2020-2021)

COVID-19's lengthy and wide-ranging effect has constantly forced the global community, and specifically ASEAN in this study, to develop an effective response. It has been nearly two years since the world's first case outside China was identified in Thailand on January 13, 2020. This duration surpassed that of SARS (eight months) and the H1N1 2009 influenza (one year and four months) outbreaks.

Nonetheless, the majority of states appear to disregard the WHO's early alert or delay their preparations. After the WHO classified COVID-19 as a pandemic on March 11, 2020, these states began taking this pandemic seriously. While it had been six weeks since the WHO issued the

legally binding and highest warning possible by declaring a PHEIC on January 30, 2020, global transmission accelerated remarkably and widely from 98 cases in 18 countries outside China to 118,000 cases in 114 countries (IPPPR 2021a, pp.24-26).

The ASEAN situation was comparable to the world situation, except that China notified the ASEAN Secretariat earlier, on January 3, 2020, regarding "clusters of unexplained pneumonia." However, ASEAN's core mechanisms, including summit and health ministers' meetings, met and decided actions jointly three months later in April 2020 (Fernando et al. 2020, p.13). Between February and April 2020, regional total cases increased exponentially from fewer than 200 to over 40,000, with new daily cases reaching 1,000. However, the present condition is much different, as ASEAN recorded nearly 15 million cases and over 300,000 deaths by the end of 2021, with around 25,000 new cases daily (Ritchie et al. 2020-2021).

This section discusses ASEAN's layering as an early COVID-19 regional reaction, which follows a pattern similar to previous pandemics. It then examines two cases to illustrate ASEAN's institutional reconfiguration toward public health emergency governance due to the COVID-19 pandemic: the Holistic Initiative to Link ASEAN Response to Emergencies and Disasters (ASEAN SHIELD) and the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED).

The Continuity of ASEAN Layering: Early Regional Emergency Response to COVID-19

It can be expected that ASEAN will follow previous layering patterns of introducing additional meetings and actors into its existing mechanisms. "Special COVID-19 meetings" were convened, but most of them need to be held online due to the rapid transmission of COVID-19. For instance, the ASEAN Plus Three Senior Officials' Conference on Health Development (APT SOMHD) held an online meeting on February 3, 2020, three weeks after the first regional case. It was followed by retreats for ASEAN's economic and defense ministers, with the latter issuing a joint statement on "Defense Cooperation Against Disease Outbreaks" after Vietnam as ASEAN Chairman issued a "Statement on ASEAN Collective Response to the Outbreak of Coronavirus Disease 2019" in mid-February 2020.

The two most significant COVID-19 special sessions occurred in the first half of April 2020, namely the ASEAN Health Ministers and its Plus Three meetings as well as the ASEAN Summit. These collective responses were delayed similarly to those of other international organizations until the WHO designated COVID-19 a pandemic on March 11, 2020 (Debre & Dijkstra, 2021).

These early responses served as a precursor to the regular series of meetings that followed, ranging from the biannual summits and summits with major dialogue partners (i.e., ASEAN+1, ASEAN+3, EAS) in June and November 2020 to the meetings of ASEAN foreign ministers and their meetings with dialogue partners (i.e., ASEAN Post Ministerial Conference [PMC], ASEAN Regional Forum, ASEAN+3, EAS) in September 2020 and early August 2021.

Additional actors include the Plus Three countries, which participate actively in ASEAN forums, such as meetings of leaders, health ministers, and senior officials on health development.

Additionally, between February and March 2020, in advance of the ASEAN COVID-19 Summit, ASEAN held several "special COVID-19 meetings" with China, the EU, the US, Japan, Australia, and Russia. These meetings involved foreign, health, and economic ministers as well as high-level interagency and health experts.

Holistic Initiative to Link ASEAN Response to Emergencies and Disasters (ASEAN SHIELD)

ASEAN SHIELD, a recent regional initiative to connect disaster management and public health emergencies, can exemplify how ASEAN reconfigured its disaster governance to address the growing demand for public health emergency governance. The latter has not yet been completely established, despite the ASEAN leaders' effort to link them officially in October 2021. The urgency of COVID-19 and its catastrophic socioeconomic consequences require immediate assistance from ASEAN. Utilizing existing humanitarian assistance and disaster relief (HADR) mechanisms is a feasible option.

The ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre) is a crucial mechanism for disaster and emergency response during the current pandemic outbreak. For more than a decade and a half, ASEAN has developed its regional disaster mechanisms substantially following three devastating natural disasters: the Indian Ocean Tsunami (2004), Cyclone Nargis (2008), and Typhoon Haiyan (2013) (Gong & Nanthini 2020, p.4). After two major disasters in 2004 and 2008, the AHA Centre was established in 2011 to operationalize the ASEAN Agreement on Disaster Management and Emergency Response (AADMER), which was signed in 2005 but came into force four years later in 2009. Additionally, the whole range of governing bodies, frameworks and plans, tools, mechanisms, funds, response teams, and simulation exercises indicate how ASEAN disaster governance has evolved incrementally over the decades (see Center for Excellence in Disaster Management & Humanitarian Assistance 2019).

According to AADMER, the AHA Centre was originally designed for natural disasters rather than pandemics. However, ASEAN leaders decided during their special COVID-19 summit in April 2020 to expand the mandate of the AHA Centre to include public health emergencies and "bolster national and regional epidemic preparedness and response," as this center is one of ASEAN's existing emergency response networks that can be strengthened, along with the ASEAN Emergency Operation Centre (EOC) Network, the ASEAN Risk Assessment and Risk Communication Centre, and the ASEAN BioDiaspora Virtual Centre (ABVC) (ASEAN Secretariat 2020a, no.9).

Not only is this the first time that the AHA Centre has provided pandemic-related assistance for the COVID-19 response, but it also illustrates how ASEAN's disaster management mechanism can be adapted suitably to this "new disaster scenario." In other words, ASEAN reconfigured the AHA Centre's operational capacity on the ground to meet the urgent demand during a public health emergency, as authorized by the special ASEAN COVID-19 summit, yet its operation remained intentionally limited to humanitarian assistance. Pandemics were then included under the new phrase "new disaster scenarios" in AADMER's recent formulated work program for the period

of 2021-2025 (ASEAN Secretariat 2020d). According to the AHA Centre, it delivered relief items to ASEAN member states in the event of COVID-19 or its co-occurrence with natural disasters in May and October 2020 as well as in January, February, July, and September 2021. Mobile storage units, hygiene kits, prefabricated offices, kitchen sets, shelter repair kits, family tents, reusable face masks, medicine, and medical supplies and equipment were included among these relief products. Additionally, the AHA Centre supported COVID-19 humanitarian efforts when the pandemic coincided with natural disasters such as the October 2020 Tropical Storms Linfa and Nangka in Viet Nam and the January 2021 earthquake in Indonesia's West Sulawesi (Hegarty 2021; Rachmawati 2020; Syifa 2020, 2021a, 2021b, 2021c).

In October 2021, ASEAN leaders finally decided to officially link ASEAN disaster response and public health emergencies holistically by adopting the ASEAN SHIELD initiative. This acronym was derived from the full name of "Bandar Seri Begawan Declaration on the Strategic and Holistic Initiative to Link ASEAN Responses to Emergencies and Disasters," and the initiative aims to "shield and protect the people of ASEAN, (...), during times of emergency and disaster" (ASEAN Secretariat 2021b). While some studies argue for broadening the AHA Centre's role to cover public health emergencies such as pandemics (Gong & Nanthini 2020; Trias & Cook 2021), this paper suggests that this mechanism has demonstrated ASEAN's ability to "reconfigure" it to address such situations under the existing framework. The following case of ACPHEED illustrates that ASEAN is likely to develop another regional governance structure dedicated to pandemic preparedness and response. This is an additional example of reconfiguration, in which a new institution is developed and becomes part of a different arrangement of relevant mechanisms to cope with a new condition.

ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED)

ACPHEED is one of the new health initiatives and a milestone in the reconfiguration of ASEAN institutions aimed at public health emergency governance. In the Joint Communiqué of its annual meeting in August 2021, the ASEAN Foreign Ministers' Meeting defines ACPHEED as "a centre of excellence and regional resource hub to strengthen ASEAN's regional capabilities to prepare for, prevent, detect, and respond to public health emergencies and emerging diseases" (ASEAN Secretariat 2021a, no.19, on p.4). It should be noted that, while its establishment was announced in November 2020, it has not yet been operationalized nor determined its host country as of October 2021 (ASEAN Secretariat 2020c, no.17, on p.4; 2021c, no.25, on p.6).

The idea of an "ASEAN center for disease control and prevention" or "ASEAN CDC" is not a novel concept. It likely began in 2005, following the SARS and H5N1 avian influenza outbreaks a few years prior and the founding and operationalization of the European Centre for Disease Prevention and Control (ECDC) in 2004 and 2005 (Regulation (EC) No 851/2004; Tibayrenc 2005), the world's first regional CDC. After Europe, African countries formed "regional CDCs" a decade later, namely the Africa Centres for Disease Control and Prevention (Africa CDC) and the ECOWAS Regional Center for Surveillance and Disease Control (ECOWAS-RCSDC) in 2017 and 2018, respectively

(Africa CDC n.d.; West African Health Organisation 2018). By comparison, ASEAN had yet to create a regional CDC prior to COVID-19.

However, ASEAN seems to have succeeded in establishing ACPHEED owing to the current pandemic despite its limited budget and the substantial involvement of Japan. ACPHEED was established as an outcome of a feasibility study conducted by McKinsey & Company Japan between June and October 2020 and was funded by the Japanese Government through the Japan-ASEAN Integration Fund (JAIF). Moreover, Japan and Australia pledged financial support totaling US$65.5 million for ACPHEED's operationalization (Fernando 2020). When fully functioning, it will serve as the cornerstone for the ASEAN Regional Coordination Mechanism, coordinating with the ASEAN Emergency Operation Centre for Public Health Emergencies (ASEAN EOC Network for PHE), the ASEAN BioDiaspora Virtual Centre (ABVC), the ASEAN Secretariat, and ASEAN member states' national focal points (NFPs).

Although the actual reconfiguration remains to be seen, a coordinating system with ACPHEED at its core has been built and will soon be fully operational. This regional center may serve as an indication of how ASEAN introduced this new institutional element to complement existing regional health networks, centers, and national agencies in managing current and future public health emergencies collectively. The successful establishment of ACPHEED after more than a decade and many pandemics demonstrates how ASEAN was now compelled to arrange all relevant mechanisms for the public health emergency governance that operate independently of ASEAN's regular health-related meetings, similar to regional disaster management.

According to the ASEAN Strategic Framework for Public Health Emergencies, ACPHEED will function as a connecting link among states, ASEAN, and global organizations to achieve an effective regional response to public health emergencies. The existing network of member states, such as ASEAN EOC, is based on member states' cooperation rather than region-based coordination systems. Moreover, once the WHO declares a PHEIC, ACPHEED will play a prominent role in regional responses to health emergencies. It will work with the ASEAN EOC Network to assist the ASEAN health-related meetings, particularly SOMHD, in convening a meeting to share information, discuss regional responses, perform regional contact tracing, and conduct a joint outbreak investigation. ACPHEED will act as a clearinghouse for regular and timely situation updates and reports among member states as well as between ASEAN states and the WHO. Additionally, upon receiving emergency assistance requests from member states, it may mobilize an assessment panel and coordinate the deployment of ASEAN emergency medical teams (EMTs) (ASEAN Secretariat 2020b, pp.5-7, 10-13).

In summary, this section illustrates how ASEAN institutionally adapted to the lengthy COVID-19 pandemic that began in December 2019 through the continuity of layering and a new pattern of reconfiguration. Initially, ASEAN followed a layering approach as the early emergency response to the pandemic, based on previous patterns. In addition to its regular meetings, it convened special

COVID-19 sessions and invited additional actors, notably dialogue partners. As the pandemic crisis has deteriorated and prolonged, two instances exemplified ASEAN's other approach, called institutional reconfiguration: ASEAN SHIELD and the ACPHEED. In terms of the former, ASEAN is utilizing the AHA Centre, the operational mechanism for regional disaster management, to meet the urgent demand caused by this public health emergency. However, it can deliver pandemic-related relief items only as part of humanitarian assistance. In comparison, ASEAN requires a distinct sort of governance, one that includes a regional center for public health emergencies and functions similarly to ASEAN's disaster management governance. ACPHEED will operate as the nerve center for regional coordination with established health networks and centers. When ACPHEED is fully operational, these mechanisms will gradually evolve into public health emergency governance capable of operating independently of regular ASEAN meetings.

Conclusion

This study explained how ASEAN's institutional changes evolved before and after the COVID-19 outbreak in Southeast Asia in 2020 by introducing two concepts: layering and reconfiguration. This article suggests that prior to COVID-19, ASEAN had incrementally adapted its institution through "layering" by introducing new elements that include additional meetings, actors, and new initiatives to supplement its existing meetings and frameworks. Although ASEAN's approach to the COVID-19 pandemic continued to involve layering as an early response similar to the previous pattern, institutional reconfiguration is required to manage COVID-19 more effectively, as the pandemic is worsening and prolonging. The ASEAN SHIELD initiative and the ACPHEED exemplify how ASEAN innovatively incorporates not only existing elements but new ones to adapt to public health emergency scenarios.

Understanding the various degrees and forms of institutional change also contributes to our understanding of how regional organizations are changing institutionally due to the threat of the global pandemic. One strength of this study is its application of institutional change theory and my own suggested term, "reconfiguration," which helps explain how ASEAN has been capable of institutional adaptation despite its institutional constraints. Nevertheless, the most important limitation in this study lies in the fact that COVID-19 is a continuing crisis; further research should continue assess its long-term impact on ASEAN's evolving public health emergency governance.

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References

Acharya, A. (2014). *Constructing a Security Community in Southeast Asia: ASEAN and the Problem of Regional Order* (3rd ed.). Abingdon, UK: Routledge.

Africa Centres for Disease Control and Prevention. (n.d.). "About Us." *https://africacdc.org/about-us/* (October 11,

2021).

Amaya, A. B., Rollet, V., & Kingah, S. (2015). "What's in a Word? The Framing of Health at the Regional Level: ASEAN, EU, SADC and UNASUR." *Global Social Policy.* Vol.15. No.3. pp.229-260.

ASEAN Secretariat. (2003). *ASEAN Documents Series 2003.* Jakarta: ASEAN Secretariat.

ASEAN Secretariat. (2005). *ASEAN Documents Series 2004.* Jakarta: ASEAN Secretariat.

ASEAN Secretariat. (2011). *ASEAN Documents Series 2009.* Jakarta: ASEAN Secretariat.

ASEAN Secretariat. (2020a, April 14). "Declaration of the Special ASEAN Summit on Coronavirus Disease 2019 (COVID-19)." *https://asean.org/wp-content/uploads/2021/09/FINAL-Declaration-of-the-Special-ASEAN-Summit-on-COVID-19.pdf* (October 11, 2021).

ASEAN Secretariat. (2020b, November 10). "ASEAN Strategic Framework for Public Health Emergencies." *https://asean.org/storage/2020/11/4-ASEAN- Strategic-Framework-on-PHE_Final.pdf* (October 11, 2021).

ASEAN Secretariat. (2020c, November 12). "Chairman's Statement of the 37th ASEAN Summit." *https://asean.org/wp-content/uploads/43-Chairmans- Statement-of-37th-ASEAN-Summit-FINAL.pdf* (October 11, 2021).

ASEAN Secretariat. (2020d). *ASEAN Agreement on Disaster Management and Emergency Response (AADMER) Work Programme 2021-2025.* Jakarta: ASEAN Secretariat.

ASEAN Secretariat. (2021a, August 2). "Joint Communiqué of the 54th ASEAN Foreign Ministers' Meeting." *https://asean.org/wp-content/uploads/2021/08/Joint-Communique-of-the-54th-ASEAN-Foreign-Ministers-Meeting-FINAL.pdf* (October 11, 2021).

ASEAN Secretariat. (2021b, October 26). "Bandar Seri Begawan Declaration on the Strategic and Holistic Initiative to Link ASEAN Responses to Emergencies and Disasters (ASEAN SHIELD)." *https://asean.org/wp-content/uploads/2021/10/2.-BSB-Declaration-on-ASEAN-SHIELD.pdf* (December 1, 2021).

ASEAN Secretariat. (2021c, October 26). "Chairman's Statement of the 38th and 39th ASEAN Summits." *https://asean.org/wp-content/uploads/2021/10/FINAL-Chairmans-Statement-of-the-38th-and-39th-ASEAN-Summits-26-Oct....pdf* (December 1, 2021).

Caballero-Anthony, M. (2018). Governance of Health Security. In *Negotiating Governance on Non-traditional Security in Southeast Asia and Beyond.* New York: Columbia University Press. pp.52-84.

Centers for Disease Control and Prevention. (2012). *Principles of Epidemiology in Public Health Practice: An Introduction to Applied Epidemiology and Biostatistics* (3rd ed.). Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

Center for Excellence in Disaster Management & Humanitarian Assistance. (2019). *ASEAN Disaster Management Reference Handbook.* Hawaii: Center for Excellence in Disaster Management & Humanitarian Assistance.

Chookajorn, T., Kochakarn, T., Wilasang, C., Kotanan, N. & Modchang, C. (2021). "Southeast Asia Is an Emerging Hotspot for COVID-19" [Correspondence]. *Nature Medicine.* Vol.27. No.9. pp.1495-1496.

Debre, M., & Dijkstra, H. (2021). "COVID-19 and Policy Responses by International Organizations: Crisis of Liberal International Order or Window of Opportunity?." *Global Policy.* Vol.12. No.4. pp.443-454.

Doshi, P. (2011). "The Elusive Definition of Pandemic Influenza." *Bulletin of the World Health Organization.* Vol.89. No.7. pp.532-538.

Fernando, F. M. (2020, November-December). "ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED)." *The ASEAN*. Vol.7-8. pp.14-15.

Fernando, F. M., De La Rosa, J. F. E., Quiano-Castro, M. K., & ASEAN Editorial Team (2020, May). "COVID-19: A Collective Response in ASEAN." *The ASEAN*. Vol.1. pp.30-35.

Gerschewski, J. (2021). "Explanations of Institutional Change: Reflecting on a 'Missing Diagonal'." *American Political Science Review*. Vol.115. No.1. pp.218-233.

Gong, L. & Nanthini, S. (2020, December). "The COVID-19 Catalyst: Implications for Disaster Governance in ASEAN." *NTS Insight*, No.IN20-09.

Hegarty, M. (2021, September). "ASEAN Delivers on COVID-19 Humanitarian Assistance to Myanmar." *The Column: The AHA Centre News Bulletin*. Vol.77. *https://thecolumn.ahacentre.org/posts/highlight/vol-77-asean-delivers-on-covid-19-humanitarian-assistance-to-myanmar/* (December 1, 2021).

Independent Panel for Pandemic Preparedness and Response. (2021a). COVID-19: Make It the Last Pandemic (H. Clark & E. J. Sirleaf, eds.) [Main Report]. *https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf* (October 11, 2021).

Independent Panel for Pandemic Preparedness and Response. (2021b). COVID-19: The Authoritative Chronology, December 2019-March 2020 [Background Paper]. *https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-The-Authoritative-Chronology_final.pdf* (October 11, 2021).

International Epidemiological Association. (2014). *A Dictionary of Epidemiology* (M. Porta, ed. 6th ed.). New York: Oxford University Press.

Kelly, H., Peck, H. A., Laurie, K. L., Wu, P., Nishiura, H., & Cowling, B. J. (2011). "The Age-Specific Cumulative Incidence of Infection with Pandemic Influenza H1N1 2009 Was Similar in Various Countries Prior to Vaccination." *PloS ONE*. Vol.6. No.8. e21828. *https://doi.org/10.1371/journal.pone.0021828*

Kliem, F. (2021). "ASEAN and the EU amidst COVID-19: Overcoming the Self-Fulfilling Prophecy of Realism." *Asia Europe Journal*. Vol.19. No.3. pp.371-389.

Lamy, M., & Phua, K. H. (2012). "Southeast Asian Cooperation in Health: A Comparative Perspective on Regional Health Governance in ASEAN and the EU." *Asia Europe Journal*. Vol.10. No.4. pp.233-250.

Liverani, M., Hanvoravongchai, P., & Coker, R. J. (2012). "Communicable Diseases and Governance: A Tale of Two Regions." *Global Public Health*. Vol.7. No.6. pp.574-587.

Mahoney, J., & Thelen, K. (2010). A Theory of Gradual Institutional Change. In Mahoney, J., & Thelen, K. (eds.) *Explaining Institutional Change: Ambiguity, Agency, and Power*. Cambridge, UK: Cambridge University Press. pp.1-37.

Rachmawati, I. (2020, May). "Mobilising DELSA Relief Items for COVID-19 Response." *The Column: The AHA Centre News Bulletin*. Vol.61. *https://thecolumn.ahacentre.org/posts/highlight/vol-61-mobilising-delsa-relief-items-for-covid-19-response/* (December 1, 2021).

Regulation (EC) No. 851/2004. Establishing a European Centre for Disease Prevention and Control. European Parliament, Council of the European Union. *https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32004R0851&from=EN* (October 11, 2021).

Ritchie, H., Mathieu, E., Rodés-Guirao, L., Appel, C., Giattino, C., Ortiz-Ospina, E., Hasell, J., Macdonald, B.,

Beltekian, D., & Roser, M. (2020-2021). *Coronavirus Pandemic (COVID-19)* [Data set]. Our World in Data. *https://ourworldindata.org/coronavirus* (January 5, 2022).

Rollet, V. (2017). "Influence of EU-ASEAN Health Interregionalism on Regional Health Governance." *Asia Europe Journal*. Vol.15. No.3. pp.243-259.

Rollet, V. (2019). "Health Interregionalism in Combating Communicable Diseases: EU Cooperation with ASEAN and the African Union." *Regions and Cohesion*. Vol.9. No.1. pp.133-160.

Rüland, J. (2021). "Covid-19 and ASEAN: Strengthening State-centrism, Eroding Inclusiveness, Testing Cohesion." *The International Spectator*. Vol.56. No.2. pp.79-92.

Stedman's Medical Dictionary for the Health Professions and Nursing. (2005). (Illustrated, 5th ed.). Baltimore, MD: Lippincott Williams & Wilkins.

Streeck, W., & Thelen, K. (2005). Introduction: Institutional Change in Advanced Political Economies. In Streeck, W. & Thelen, K. (eds.) *Beyond Continuity: Institutional Change in Advanced Political Economies*. Oxford, UK: Oxford University Press. pp.1-39.

Syifa, M. (2020, October). "Tropical Storms LINFA and NANGKA: The AHA Centre's First Disaster Response Amidst the Pandemic." *The Column: The AHA Centre News Bulletin*. Vol.66. *https://thecolumn.ahacentre.org/posts/highlight/vol-66-tropical-storms-linfa-and-nangka-the-aha-centres-first-disaster-response-amidst-the-pandemic/* (December 1, 2021).

Syifa, M. (2021a, January). "ASEAN Support for Thailand's Response to New Outbreak of COVID-19." *The Column: The AHA Centre News Bulletin*. Vol.69. *https://thecolumn.ahacentre.org/posts/highlight/vol-69-asean-support-for-thailands-response-to-new-outbreak-of-covid-19/* (December 1, 2021).

Syifa, M. (2021b, February). "Distribution of Temasek Foundation's Reusable Face Masks: More Masks for More Communities." *The Column: The AHA Centre News Bulletin*. Vol.70. *https://thecolumn.ahacentre.org/posts/highlight/vol-70-distribution-of-temasek-foundations-reusable-face-masks-more-masks-for-more-communities/* (December 1, 2021).

Syifa, M. (2021c, July). "Strengthening Disaster-Response Capacity of NDMOs amid Pandemic." *The Column: The AHA Centre News Bulletin*. Vol.75. *https://thecolumn.ahacentre.org/posts/highlight/vol-75-strengthening-disaster-response-capacity-of-ndmos-amid-pandemic/* (December 1, 2021).

Thelen, K. (2004). *How Institutions Evolve: The Political Economy of Skills in Germany, Britain, the United States, and Japan*. Cambridge, UK: Cambridge University Press.

Tibayrenc, M. (2005). "A Hard Lesson for Europeans: The ASEAN CDC." *Trends in Microbiology*. Vol.13. No.6. pp.266-268.

Trias, A. P. L., & Cook, A. D. B. (2021, May 7). "Post-Covid Disaster Governance in Southeast Asia." *The Interpreter*. *https://www.lowyinstitute.org/the-interpreter/post-covid-disaster-governance-southeast-asia* (December 1, 2021).

van der Heijden, J. (2011). "Institutional Layering: A Review of the Use of the Concept." *Politics*. Vol.31. No.1. pp.9-18.

West African Health Organisation. (2018, February 21). "ECOWAS Regional Center for Surveillance and Disease Control Opens Doors." *https://wahooas.org/web-ooas/en/mediatheque/articles/ecowas-regional-center-surveillance-and-disease-control-opens-doors* (October 11, 2021).

World Health Organization. (2013). *Evolution of a Pandemic: A(H1N1) 2009, April 2009 - August 2010* (2nd ed.). Geneva: World Health Organization.

World Health Organization. (2016). *International Health Regulation (2005)* (3rd ed.). Geneva: WHO Press.

World Health Organization. (2021a, December 1). "World Health Assembly Agrees to Launch Process to Develop Historic Global Accord on Pandemic Prevention, Preparedness and Response." *https://www.who.int/news/item/01-12-2021-world-health-assembly-agrees-to-launch-process-to-develop-historic-global-accord-on-pandemic-prevention-preparedness-and-response* (December 3, 2021).

World Health Organization. (2021b, December 17). "Enhancing Readiness for Omicron (B.1.1.529): Technical Brief and Priority Actions for Member States." *https://www.who.int/docs/default-source/coronaviruse/20211217-global-technical-brief-and-priority-action-on-omicron_latest-2.pdf* (December 20, 2021).

World Health Organization. (2022, January 4). "WHO Coronavirus (COVID-19) Dashboard." *https://covid19.who.int/* (January 5, 2022).

World Health Organization, Global Influenza Programme. (2021, June 22). "Cumulative Number of Confirmed Human Cases for Avian Influenza A(H5N1) Reported to WHO, 2003-2021." *https://cdn.who.int/media/docs/default-source/influenza/h5n1-human-case-cumulative-table/2021_june_tableh5n1.pdf* (August 27, 2021)

World Health Organization, Regional Office for the Western Pacific. (2006). *SARS: How a Global Epidemic Was Stopped*. Manila: World Health Organization, Regional Office for the Western Pacific.