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## Discussion Report Talking ASEAN Webinar

on

One Year COVID-19 Pandemic: Successful Experience  
and Anticipating Challenges on Health Policy in  
ASEAN and Taiwan to End the Pandemic

Jakarta, May 21<sup>st</sup> 2021



## Introduction

On Friday, 21 May 2021, The Habibie Center convened the Talking ASEAN Webinar entitled **“One Year COVID-19 Pandemic: Successful Experience and Anticipating Challenges on Health Policy in ASEAN and Taiwan to End the Pandemic.”** The webinar featured **Jen-Kuei Peng** (Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital), **Antonio Fredelindo Dela Resma Villanueva** (Senior Advisor on Healthcare Policy, Economic Research Institute for ASEAN and East Asia (ERIA)), **Dicky Budiman** (Researcher and Practitioner on Global Health Security & Policy, Center for Environmental and Population Health, Griffith University Australia), with **Marina Ika Sari** (Researcher of ASEAN Studies Program, The Habibie Center) acted as the moderator.


The objectives of this webinar were to: (a) discuss the recent development of the COVID-19 pandemic and response in ASEAN and Taiwan; (b) successful experience on health policy in ASEAN and Taiwan to end the pandemic; and (c) identify potential challenges on health policy implementation as the strategy to end the pandemic.

This discussion report summarizes the key points of each speaker, as well as the question and answer session that followed.

# PRESENTATION FROM THE PANELIST



**Jen-Kuei Peng**  
(Chief Executive Officer,  
New Southbound Health Center,  
National Taiwan University Hospital)

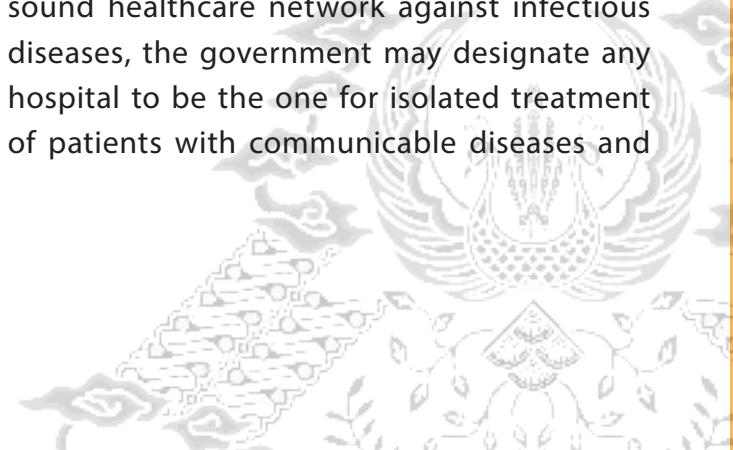


Mr. Jen-Kuei Peng began his presentation by briefly touched upon the history of the New Southbound Health Center (NSHC), which was established by the Taiwan Centers for Disease Control (CDC) and National Taiwan University Hospital in August 2018, with a purpose of providing health services and prevent infirmity among New Southbound travelers. The NSHC provides several services, including health examination, chronic disease management, self-treatment, vaccination and travel medicine for travelers. Given the diverse population of Taiwan, the NSHC provides online multi-language consultation services on a daily basis. These languages include English, Indonesian, Thai, Vietnamese, and Tagalog. Apart from online multi-language consultation, the NHSC also provided health education materials in these five different languages.

Furthermore, Mr. Peng presented the important milestones on Taiwan's policies during the COVID-19 Pandemic. He emphasized that to date, Taiwan has never had to implement a lockdown for its citizens, and Taiwan has had no local infection for an astonishing 253 days from 12 April 2020 to 21 December 2020. Similar to many other countries, wearing face masks are mandatory for public transportation, indoor public places, and outdoor large assemblies. A 14-day quarantine is also required for natives and foreigners upon their arrivals in Taiwan.

In retrospect, the citizens and Government of Taiwan took example of their experience with SARS infection in Taiwan in 2003, during which, not only infections among communities, but nosocomial SARS infection also occurred at some hospitals in Taipei. As a result of this, a number of hospitals had to implement a hospital lockdown to prevent the virus from infecting elsewhere. Furthermore, many Taiwanese healthcare professionals died in efforts to fight the virus, including the first healthcare professional in Taiwan, Head Nurse Chen Ching-chiu.

It is also worth noting, that after the SARS infections, there was a strong consensus in the Government and citizens of Taiwan that the pandemic prevention system in Taiwan has to be reformed to be prepared for future pandemics similar to SARS. Four-points consensus agreed are (1) rapid pandemic monitoring/advance alert; (2) powerful exclusive central command system; (3) advance preparedness/complete protection throughout the healthcare network; and (4) clear/transparent/daily public communication. Furthermore, as part of Reforms to Taiwan's Pandemic Prevention System, all hospitals must hire infection control professionals, as stipulated in the revised Communicable Disease Control Act of Taiwan. Strengthening facilities, including isolation wards need to be available in public or private hospitals alike. In efforts to build a sound healthcare network against infectious diseases, the government may designate any hospital to be the one for isolated treatment of patients with communicable diseases and





**SPEAKERS**

**Jen-Kuei Peng**

Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital

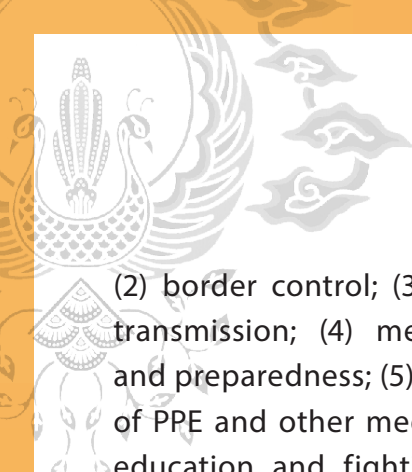


provide it with subsidies, compensation, prize, drill, or training.

A reform in community healthcare groups (CHCG) was also one of the priorities, by increasing collaboration between health clinics and government. Since then, there has been an increasing number of CHCG, which help identify disease cases at the very early stage. In efforts to deliver such mandates, the CHCG provides a wide array of continuous and comprehensive care, including, (1) 24-hours consultation, (2) health promotion, (3) disease prevention, (4) disease management, and (5) patient referral.

With this experience, the Government of Taiwan, the Ministry of Health and Welfare, and the CDC of Taiwan responded to the COVID-19 with very swift actions, as the first

meeting on “Emergency Response Measures to Pneumonia of an unknown cause originating from China” was conducted only two days after the first case of COVID-19 admitted in Taiwan. Less than two weeks after, the Taiwan’s Government formulated the “Practices and Control Measures by Primary Care Clinics in Response to Atypical Pneumonia of Unknown Cause from Wuhan, China”. Followed by a complete comprehensive assessment of “National Capacities Review Tool for a Novel Coronavirus”, which in accordance with World Health Organization’s (WHO) guidelines. On 20 January 2020, Taiwan successfully established a Level 3 “Central Epidemic Command Center” (CECC) for Severe Pneumonia with Novel Pathogens. The CECC implemented a number of prevention strategies, as follows: (1) surveillance and laboratory diagnosis;



(2) border control; (3) control of community transmission; (4) medical system response and preparedness; (5) stockpile and allocation of PPE and other medical supplies; (6) health education and fighting disinformation; and finally (7) loosening epidemic prevention measures whenever appropriate. In addition, the CECC also gathers important and relevant information through international collaborations. Thus, to create a transparent communication and information, as what the reformation plan stipulated, the Ministry of Health and Welfare of Taiwan published the comprehensive and complete policies of COVID-19 on its website for public use, which is updated frequently. Additionally, Taiwan also strengthened its Border Control Policy in responding to the virus, by implementing travel restrictions.

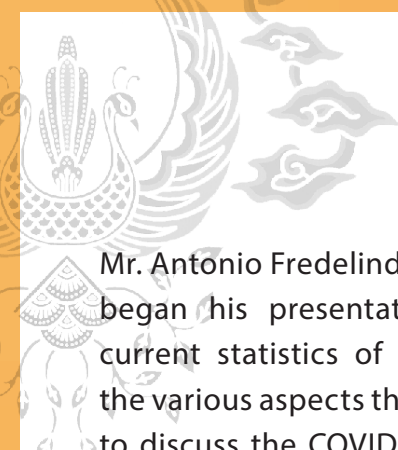
Similar to other countries, Taiwan also faced a shortage of face masks and emergency response during the first period of COVID-19. The Government of Taiwan realized this phenomenon and began to limit the export of face masks from Taiwan, and started a rapid facemask production to ensure the sufficient amount of facemasks for its citizens. The government also launched a number of applications for smart phones with the purpose of facemasks distribution. By downloading such applications, the citizens of Taiwan could easily find the nearest facemask distributors.

At the end of his presentation, Mr. Peng highlighted some solutions for fighting the pandemic of COVID-19, including (1) consciousness of the citizens for the common good; (2) good leader and rapid response; (3) population-based approach; (4) test kits; (5) telemedicine; as well as (6) vaccination Program.

# PRESENTATION FROM THE PANELIST



**Antonio Fredelindo Dela  
Resma Villanueva**  
(Senior Advisor on Healthcare Policy  
(Clinical Trials and Health Develop-  
ment), Economic Research Institute  
for ASEAN and East Asia (ERIA))



Mr. Antonio Fredelindo Dela Resma Villanueva began his presentation by looking at the current statistics of ASEAN and highlighted the various aspects that need to be considered to discuss the COVID-19 pandemic in ASEAN. These following aspects are among the most important to consider, namely (1) cases per million; (2) deaths and case fatality rate, (3) tests per million; (4) vaccine doses; (5) fully dosed per 100,000; and (6) daily cases since 2020.

With regards to the COVID-19 management and support, ASEAN has been in close cooperation with the ASEAN Plus Three (APT) cooperation, being China, Japan, and South Korea through the APT discussions and special meetings. ASEAN has also been in close consultation with Australia, the United States (US), and Canada, while also reaffirmed support for the WHO and International Health Regulations (IHR). In efforts to overcome the pandemic, over the past year, ASEAN has successfully established several regional frameworks, among others: (1) ASEAN COVID-19 Response Fund (ACRF); (2) the regular conduct of ASEAN+3 Senior Officials Meeting for Health Development (APT SOMHD); (3) ASEAN+3 Field Epidemiology Training Network (ASEAN+3 FETN); (4) ASEAN BioDiaspora Virtual Centre for big data analytics and visualization (ABVC); (5) ASEAN Risk Assessment and Risk Communication Centre (ARARC); and lastly (6) Regional Public Health Laboratories Network (RPHL).

While noting the ASEAN's mechanisms and frameworks in fighting the virus, each

respective ASEAN Member States also has been implementing various health policies. Mr. Anton continued by raising two examples of AMS who, in his opinion, managed the pandemic perfectly, being Singapore and Viet Nam. Singapore, being an affluent city-state in ASEAN has managed to conduct a mass testing (free of fees or referred by a registered physician) and established separate facilities for symptomatic and asymptomatic. Additionally, Singapore has been equipped with a high quality health system, and able to provide free hospitalization for its citizens. Singapore also established community surveillance and reporting for ease circulation of information and communication. On the vaccines roll out, Singaporeans are free from any fees to get COVID-19 vaccines (Pfizer-BioNTech and Moderna). COVID-19 tests have also been provided, ranging from Rapid Antigen Testing (ART) and real time-polymerase chain reaction (RT-PCR). On Singaporean citizens' daily lives, the Singaporean Government limits only groups of 2 (two) people from 16 May 2021 to 13 June 2021 and household visitors can only be a maximum of 2 (two) people per day. Restaurants are still open but only accept take-outs. Furthermore, the government disallows strenuous indoor exercise classes and sports, and no personalised services that require the removal of masks. Work from Home (WFH) policy has also been applied as a default.

Furthermore, in the case of Viet Nam, while acknowledging its successful work in managing the pandemic, it is worth noting that Viet Nam is a peninsular Low to Medium Income Country



**SPEAKERS**

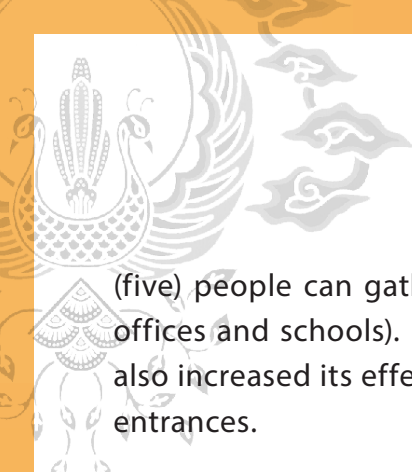
**Antonio Fredelindo Dela Resma Villanueva**

Senior Advisor on Healthcare Policy (Clinical Trials and Health Development), Economic Research Institute for ASEAN and East Asia (ERIA)



(LMIC). Similar to Taiwan, Viet Nam also faced the SARS infection in 2003, which made them able to respond rapidly by strengthened the border control and implemented travel bans, one week after the first admitted case of COVID-19 in Wuhan, China. Viet Nam also has a very strong contact tracing, with an effective 3-degree tracing (within one day), targeted testing and lockdowns, business closures, and mass quarantines based on exposure. Not only contact tracing, Viet Nam also has a well-developed public health system, by providing free healthcare, with national public health emergency operations center, a web-based national public health surveillance system, including free applications namely NCOVI (neighbourhood internal watch system), Bluezone, a downloadable application where the users would know if someone had

COVID-19 previously or has been infected by COVID-19 within 6-feet range from the user. Research activities for diagnostic tests and vaccines are also heavily funded by the government. Moreover, frequent central and local government announcements and swift decision-making with disciplined citizenry on face mask, hygiene, social distancing, gatherings, health declaration, and misinformation monitoring, to an extent of fining the irresponsible perpetrator a certain amount of fee if they circulate a fake news. Viet Nam is also planning to roll out 110 million doses of vaccines for its citizens in 2021, with vaccines ranging from COVAX, Pfizer-BioNTech, AstraZeneca, and CureVac. Due to the recent spike, Viet Nam has suspended public physical and sports activities from 13 of May 2021 onward and no more than 5



(five) people can gather in public (outside of offices and schools). Nationally, Viet Nam has also increased its effective checkpoints at city entrances.

Despite ASEAN's current COVID-19 situation has been improved, we cannot turn our head away from the future if the longer COVID-19 pandemic occurred. In fact, the recent spike of India's COVID-19 cases are significantly alarming. While noting its contribution as a top global exporter of vaccines, India must focus internally. Furthermore, variants of virus continue to be a challenge for vaccine and public health experts and raising concerns have been emerging on the notion of whether or not vaccinated individuals can still transmit the disease. Thus, many feel the need for solutions that protect both health and the economic aspect while respecting the regional and individual diversity.

To mitigate these concerns stipulated above, Mr. Anton shared his proposed solutions, among others, by being vigilant by integrating general protective and preventive protocols in daily lives, especially in between vaccine doses, such as by digitalization of businesses, take-away dining, delivery services, virtual meetings, and virtual schools. A targeted action could also be implemented, as what was applied in Viet Nam, with its targeted lockdowns. Similar case also took place in Thailand during its recent surge, where the re-opening of Thailand night life was identified as the start of the recent spike. With regards to travel restrictions, it is worth noting that Brunei

Darussalam is currently testing the IATA Travel Pass, as an effort towards building confidence amongst passengers around the world to start travelling safely again, once the international borders are open. Thus, an implementation of effective and efficient diagnostic tests for travel, both international and domestic has to be applied (RT-PCR saliva test/swab). The final solution is for countries to reach "herd immunity" by giving out vaccines to the older population of the country. Another positive note to consider is that the Japanese vaccine is coming soon.

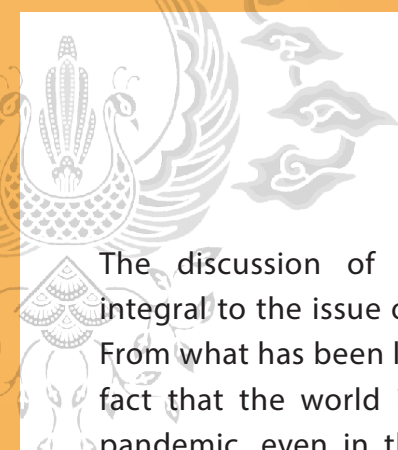


# PRESENTATION FROM THE PANELIST



**Dr. Dicky Budiman**

(Researcher and Practitioner on Global Health  
Security & Policy, Center for Environmental and  
Population Health, Griffith University Australia)




The discussion of a global pandemic is integral to the issue of global health security. From what has been learned until today is the fact that the world is not prepared for any pandemic, even in the case of an epidemic that occurs once in four to five years. The current COVID-19 pandemic itself is evidence of this notion. As of 2007, scientists had already identified the probability of the emergence of the SARS or COVID-19 family as a pandemic. However, it could be observed how most countries are facing difficulties in combating the occurrence.

There are at least four reasons why countries met failures in facing the current global pandemic. Despite being warned already by the WHO back in January 2020, most countries ignored the warning. Only a few countries such as Taiwan and Australia that managed to act decisively by taking the international health institution's warning into serious consideration. Even after the pandemic has settled in, these countries actions' are slow and indecisive. Consequently, not only do they experience a great loss in people's lives but they also cannot save the national economy. As a result, the government is not able to create a genuine partnership with the local communities at the grassroots level. Furthermore, countries also tend to grow isolationist amidst the pandemic— withdrawing from international health regulations—even though being highly crucial if one were to combat the disease.

Such a case itself is significantly prominent

if we refer to the 2019 Global Health Security Index. Through thorough research on the number of health facilities and resources that a country possesses, the index evaluates the level of a country's preparedness in facing a pandemic. On the 2019 list, the US is ranked first, with Indonesia in the 30th position, and China follows in the 51th. However, as we faced a global pandemic, in reality, even the country that is predicted to be the most prepared could not deal with the COVID-19. It shows that, at least, there are gaps in national health policy and even international regulations that could greatly hinder the country's capability in dealing with the pandemic.

In the context of the Southeast Asia region itself, moreover, Mr. Dicky highlighted several shortcomings in the response towards the outbreak. Despite the ASEAN Chairman's Statement on ASEAN Collective Response in the Outbreak of Coronavirus Disease, a robust collective action between the member states is hardly seen on the ground. At the end of the day, the commitment written in the statement is only limited to the normative level in its implementation. When in truth, a strong collective response is mandatory if we want to go through worse scenarios of the pandemic. On top of that, considering ASEAN's potential to collaborate as what had been demonstrated in SARS, HIV, and Bird Flu experience, this failure also becomes a question that is important to address. Up until now, a vaccination campaign is an effort that has been widely implemented by Southeast Asian countries. However, it is important to



note that such a campaign also needs to be accompanied by testing, contact-tracing, quarantining, continuous enforcement of health protocol—which unfortunately is still lacking in the region like in Indonesia, Malaysia, and the Philippines. It would also be helpful if it was taken into consideration how vaccines cannot be the silver bullet, especially with the emergence of a new mutation. At the end of the day, leadership, quick and correct response to the pandemic is the key factor to success in facing the pandemic.

Therefore, from the assessment of the Southeast Asian region, several lessons could be learned regarding our fight against the COVID-19 pandemic. The very first is that the number of daily cases among countries is not the most reliable measurement to be used. This is because of the existence of external factors, such as differences in the reporting system, that might cause this difference in the number. The second is the apparent need for the national strategy refinement so it could be responsive to the nature of the pandemic that is very dynamic. However, this notion is not only applicable for each country but also to the regional strategy. The third is therefore the fact that collaboration at the ASEAN level is still performed only at a poor level. Furthermore, denial in the early phase of the pandemic, low rate of stability in 3T (tracing, tracking, treatment) practice, weak community response, and poor communication of risks and leadership also contribute to the deterioration of the current situation in the Southeast Asian region.

Moving on to the wider context, Mr. Dicky also put health policy patterns in several regions into the limelight. As the COVID-19 pandemic has unfolded in an inconsistent manner across the world, each region possesses different experiences in dealing with the same problem. For instance, China, Taiwan, and other East Asian countries have managed the disease more effectively. Through their strong centralized government response to contain the outbreak, these countries are even often revered as the “gold standard”. On the other hand, Western countries are seen to be more struggling with the deep and lasting impacts in human, social, and economic sectors due to their slower and inconsistent response. On the other hand, to vaccinate our way out of the pandemic has also become a difficult question. The vaccine is an expensive toll highway that only a few countries could access in the near term. In Indonesia’s case, Mr. Dicky reiterates that it might be lucky for us to have access to Sinovac despite the issue of lacking stock because, as a matter of fact, other countries are still struggling to mass-produce vaccines. Thus, considering the current situation, it might take another two or three years for us to fully recover from this unprecedented crisis.

However, in anticipating the future of how this crisis might unfold, it is mandatory to look at the past beforehand. In this context, it particularly refers to the lessons that can be learned from last year or the first year of our fight against the COVID-19. It is in no one debate that strengthening and improving our response towards the disease is a measure that



## SPEAKERS

### Dicky Budiman

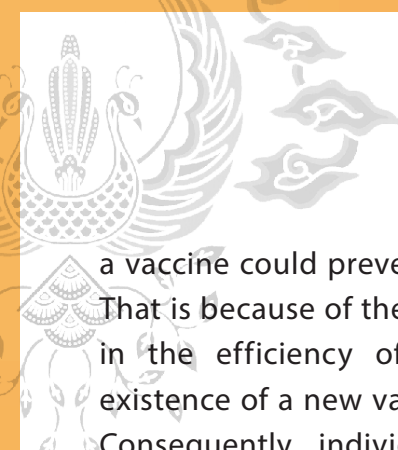
Medical Doctor – Epidemiologist & Environmental Health, PhD Candidate on Global Health Security & Pandemic, Griffith University Australia



needs to be continuously sustained. In order to realize this, country leaders' role in taking decisive action and collaboration with other countries become requisite. The importance of this collaboration itself could be seen in the precedent of how the US and China's juxtaposition in Trump's administration had greatly affected the general global's response to the pandemic. On top of that, recapitulating the previous assessment on ASEAN's lack of collaboration, the very same notion is also relevant even at the regional level. This becomes particularly significant if we consider the existence of the new SARS-COV-2 mutation that could further hinder our goal to establish herd immunity. Seeing the current trend of the pandemic, it is also probable for the pandemic to evolve as an endemic that surely demands

bigger preparation. Thus, it is necessary to start shifting our focus from simply "recovering" from the crisis, towards "thriving" for the long run. To make this possible, Mr. Dicky reiterated, it would be helpful if decision-makers start to acknowledge the role of non-pharmaceutical actors in tackling the crisis.

In the discussion of the "future" of this pandemic, it is inevitable to discuss the topic of vaccines and a clinical concept dubbed as the "Herd Immunity Threshold". Unfortunately, it is now nearly impossible for us to realize the goal. In his presentation, Mr. Dicky elaborated why relying on vaccination and the establishment of herd immunity might not be the best solution. Similar to what has been mentioned by the previous speaker, Mr. Anton, it is still quite unclear about how



a vaccine could prevent disease transmission. That is because of the wide range of variation in the efficiency of the vaccine and the existence of a new variant of the coronavirus. Consequently, individual immunity-vaccines may not last forever to be able to sustain herd immunity. To further complicate the matter, a phenomenon called “vaccine hesitancy” where a portion of the population does not believe the existence of a global pandemic is also taking place. In Indonesia, for instance, 20 percent of the population is experiencing this phenomenon of “vaccine hesitancy”. Last but not the least, the question of a country’s limited access to vaccines is also one of the most fundamental issues that will always be encountered in this case. All of these problems are predicted to be going on at least until the end of this year. Therefore, if we cannot find a way to contain the pandemic effectively, it is most likely to prevail until next year. The level of the urgency of this necessity also hits a different level for the Southeast Asia region as it is the hotspot of the human-animal-environment interface meaning that there is a big chance for the region to be hit severely if the next pandemic were to happen. As Mr. Dicky stated, if we are only dealing with the current situation without preparing further for the next pandemic, we will face the same problem.

To summarize, in facing the dire situation of a great catastrophe of our era, it is very important for us to be humble and learn from each other. This is applicable especially for the Southeast Asia region

where each country has its complexity, strengths, and weaknesses. Therefore it only makes sense if we learn from each other and share our knowledge. Unfortunately, this comprehensive collaboration among countries is still an occurrence that is missing in its implementation. The second takeaway from our experience in fighting a global pandemic is also how health is not a luxury. This is the chance to advocate and highlight the significance of health sectors in society. For now, SARS-Cov-2 will inevitably become endemic. So, there should be no expectation that this hardship would cease as fast as the flu pandemic. Alas, even though we didn’t manage to deal with COVID-19 well this year, Mr. Dicky hoped that there would be improvement so we could face it better next year.



# QUESTION AND ANSWER SESSION

## Questions

### Question 1: Peter, Jakarta

Mr. Sigit asked a question that given that ASEAN has enacted such “robust” cooperation, why did this regional institution seem to under-perform during the early phase of COVID-19? Or do we just fail to notice their performance?

## Responses

### Jen-Kuei Peng (Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital):

Mr. Peng elaborated that there are at least three measures that the government could do to respond to the increasing number of transmission that is currently taking place in Taiwan. **The first** is to do more screening. As previously Taiwan only has a very few cases, they tend to focus more on tightening the border control and case-based intervention. Therefore, right now would be a good time to increase population-based intervention and have more screening for those who are in a high-risk position so they could fight more cases and provide a timely response. As an example, there is a high-risk district in Taipei due to its adult entertainment industry. So, when there is a screening process, people are reluctant and tend to hide their record of visiting this district. Furthermore, a steady decrease in the number of people who participated in the screening process also becomes a concern that should push this initiative further. **The second** is to put more attention to the marginalized groups of people, such as those who are poor or retain low social-economic status. From Taiwan’s experience, ignoring these people would only cause a lot of problems, even if only a very small percentage of leakage happened.

**The third** is to continue the vaccination effort. It is undeniable that vaccination is a very important step in fighting the current global pandemic. Unfortunately, Taiwan is still struggling to gather enough stock of vaccines. That is due to Taiwan’s geography, which is not in the area of pandemics, resulting in an unstable supply of vaccine doses. Most companies prioritize countries with higher risk. Other than that, a clinical issue also becomes a hindrance in the vaccination process. However, Taiwan is currently in a talk with the US to acquire the Moderna vaccine. On top of that, two pharmaceutical companies are also trying to produce their own vaccine, which is already in phase two of the clinical trial. So, an increase in vaccine stock and usage could at least be expected to be observed in July. Additionally, it is also important to refocus the existing resources from low-risk to high-risk patients, so the hospitals will not be forced to shut down, especially with a new mutation of virus going around.

## Questions

### Question 2: Nina, Taiwan Changhua Christian School

To Mr. Dicky, why does Taiwan not appear on the Global Security Health Index?

## Responses

### Dr. Dicky Budiman (Researcher and Practitioner on Global Health Security & Policy, Center for Environmental and Population Health, Griffith University Australia):

Mr. Dicky explained that the index is based on a joint external evaluation review. Therefore it should be checked again if Taiwan is already evaluated or not and whether it is really not listed in the index. Aside from that, the countries that Mr. Dicky used as an example in his presentation are also countries that he personally used as data in his research. However, he firmly believes that Taiwan is supposedly also included in the list.

## Questions

### Question 3: Arya Gunawan, Jakarta

To all speakers, is there any lesson learned from the pandemic regarding transparency in the usage of public funds or information about cases and the establishment of cooperation among countries? On top of that, is there any correlation between female leaders and a country's effectiveness in combatting the pandemic?

## Responses

### Antonio Fredelindo Dela Resma Villanueva (Senior Advisor on Healthcare Policy (Clinical Trials and Health Development), Economic Research Institute for ASEAN and East Asia (ERIA)):

According to Mr. Anton, transparency is indeed important. From Viet Nam's case, it can be learned how essential it is for the government to continuously provide and share information—not only in the time of crisis or problem. It is also important to share information not only about the issue but also about how well the population is doing or, most importantly, which area is experiencing an increase in transmission. It is good for the citizens to be aware of the situation and know which place they should avoid in order to minimize the transmission rate. Meanwhile, in regard to the use of public funds, it is also good if the government keeps relevant information publicized

and reports regularly to enhance trust between the government and the citizens, especially in countries where the issue is still rampant. Lastly, in terms of cooperation, it is always best to be prepared and enhance cooperation with neighboring countries indeed—especially for those who need help the most. For instance, in the case of the new mutation that takes place in India, it is normal to tighten the national border as a preventive measure, however, it is also in goodwill to extend help to them.

**Jen-Kuei Peng (Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital):**

Answering the second question pertaining to the correlation between gender and effectiveness in combatting the pandemic, Mr. Peng saw that coordination across sectors is a variable that is more prominent in ensuring an effective response to a pandemic, instead of gender. Leadership is indeed essential in effectively combatting the pandemic, but it has no direct correlation with gender at all.

**Dicky Budiman (Researcher and Practitioner on Global Health Security & Policy, Center for Environmental and Population Health, Griffith University Australia):**

In a similar fashion with Mr. Peng, Mr. Dicky also firmly believes that gender does not correlate to a specific country's performance in fighting the pandemic. Citing his research and book titled "Public Health Leadership" on how leadership greatly affects a country's response effectiveness, he determined sixteen principles or parameters that make up a successful leader with gender being none of it. That is because in some cases, it could be seen how male leaders also managed to fight the COVID-19, such as in Australia and the US. So, at the end of the day, what is important in this context is a leader's ability to communicate and commitment to their claims. This is about how a leader could perform these sixteen principles and manage their country.

## Questions

**Question 4: Taufan Samudra, The Habibie Center**

To all speakers, we recently witnessed the unfolding tragedy of the increased numbers of COVID-19 cases in India, a very close neighboring country in the South Asia region. However, with the unfastened restrictions in ASEAN, given the new strain of the virus, would it be a new challenge that may flip the improved situation of ASEAN?

## Responses

**Antonio Fredelindo Dela Resma Villanueva (Senior Advisor on Healthcare Policy (Clinical Trials and Health Development), Economic Research Institute for ASEAN and East Asia (ERIA)):**

Reiterating his point earlier, Mr. Anton highlights the importance of extending help to India. For the issue of travel restrictions, it is something that could not be tampered with. However, offering help to India might actually be a pragmatic move especially for states with populist inclination in their domestic politics. At the end of the day, the faster India resolved its problem, it would also be better for the Southeast Asia region.

In this regard, Mr. Peng and Mr. Dicky only shared their agreements with Mr. Anton's answer.

## Questions

**Question 5: Luthfy Ramiz, The Habibie Center**

To all speakers, how would you think knowledge exchange and resource sharing could happen between Taiwan and ASEAN countries amidst the global pandemic? Apart from the gaps in health facilities and preparedness, what other challenges could hinder this?

## Responses

**Dr. Dicky Budiman (Researcher and Practitioner on Global Health Security & Policy, Center for Environmental and Population Health, Griffith University Australia):**

Reiterating his previous argument, Mr. Dicky believes that it is very important to learn from other countries, such as Taiwan, as this pandemic is a problem that humanity is facing together. This is very possible in the context of ASEAN as the institution already has a deep bilateral tie with Taiwan. Furthermore, the regional institution itself also possesses a relevant mechanism or form, such as ASEAN PlusPartners, that could facilitate the exchange. In the context of fighting the current global health crisis, it is also better if any political contention is disregarded for now. Therefore, if there is a country that could share its best practices like Taiwan, it should be perceived as a learning chance—especially with the fact that Taiwan managed to suppress the transmission rate despite being geographically close to China which is the origin of the pandemic. However, this act of sharing best practices could also be implemented both ways. Indonesia could also share its best practices as it has several non-governmental organizations that implement a practical strategy in building community resilience.

### **Jen-Kuei Peng (Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital):**

Mr. Peng affirmed that, as a matter of fact, some cooperation in health sectors, such as hospitals and medical education, have been established between Taiwan and Southeast Asia countries. Thus, with the number of cases that grow exponentially amidst this global crisis, the prospect of cooperation indeed becomes something that is needed and should be looked forward to by both parties.

## **Questions**

### **Question 6: Marina Ika Sari, The Habibie Center**

To Mr. Peng, what is the Taiwanese government's strategy in communicating with the people to ensure their compliance with the government's rules?

## **Responses**

### **Jen-Kuei Peng (Chief Executive Officer, New Southbound Health Center, National Taiwan University Hospital):**

Mr. Peng stated that ever since the SARS pandemic, the people of Taiwan are already compliant and easy to cooperate with. However, aside from that, Taiwan also has a scheduled news conference at 2 PM, every day, to give an update and information pertaining to the pandemic and national condition. There is also an application where about six million of Taiwan's citizens could get their daily information. Yet, Mr. Peng asserts the need to be cautious about fake news because misinformations could create unwanted havoc that could disrupt society. Last but not least, the condition of the people with low social-economic status is also a variable that needs to be paid attention to in order to ensure an effective strategy in fighting against the pandemic.



### **ABOUT ASEAN STUDIES PROGRAM**

The ASEAN Studies Program was established on February 24, 2010, to become a center of excellence on ASEAN related issues, which can assist in the development of the ASEAN Community by 2015. The Habibie Center through its ASEAN Studies Program, alongside other institutions working towards the same goal, hopes to contribute to the realization of a more people-oriented ASEAN that puts a high value on democracy and human rights.

The objective of the ASEAN Studies Program is not merely only to conduct research and discussion within academic and government circles, but also to strengthen public awareness by forming a strong network of civil society in the region that will be able to help spread the ASEAN message. With the establishment of ASEAN Studies Program, The Habibie Center aims to play its part within our capabilities to the ASEAN regional development.

### **ABOUT TALKING ASEAN**

Talking ASEAN is a monthly public dialogue held at The Habibie Center in Jakarta. Covering a wide array of issues related to ASEAN, Talking ASEAN addresses topics of: Economic Integration, Socio-cultural, & Democracy, human rights and regional peace, among others. Featuring local and visiting experts, Talking ASEAN is one of a series of twelve dialogues regularly held each month and open to a target audience consisting of ASEAN officials, foreign ambassadors & diplomats, academics, university students, businesses, and the media.

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