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TOWARD AN ECOSYSTEM APPROACH:

COVID-19, Canada-Asia Pacific Relations, and
International Organizations



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EXECUTIVE SUMMARY

COVID-19 has posed an enormous challenge to governments and international organizations worldwide, with many bemoaning the failure of global organizations (such as the WHO and the UN) and the decline of multilateralism when the world needed it most. But other forms of international co-operation have continued despite the gridlock at the global level. In particular, international organizations of all kinds in the Asia Pacific were proactive and diverse in their responses to the pandemic. Lessons from the pandemic experience of international organizations in the Asia Pacific can help countries like Canada better respond to the current pandemic and prepare for future health crises through international engagement.

This report details the context and actions in the pandemic responses of prominent international organizations in the Asia Pacific, finding that they often outperformed global international organizations in adapting to the pandemic. These organizations quickly recognized the spread of the new coronavirus and subsequently pivoted their programs, research, and funding to tackle pandemic-related challenges in the fields of health, economics, trade, investment, political co-operation, and regional integration.

Most notably, we observed different international organizations in the Asia Pacific fulfil diverse roles in responding to the pandemic, often collaborating with one another and filling gaps left by global and national efforts. These international organizations ranged from intergovernmental regional associations to networks of cities and civil society organizations. Despite being a key player in global multilateralism, Canada's relationships with international organizations in the Asia Pacific has been limited to a few organizations. This report highlights opportunities to increase sharing or promote collaboration on the multisectoral challenges posed by COVID-19 in the Asia Pacific.

We propose a new *ecosystem approach* to explain how international organizations of different mandates and levels function together and how countries like Canada can maximize their engagement with them. One of the key principles of the ecosystem approach is that engagement should not be limited only to international organizations performing at the highest levels on the global stage. It thus provides further rationale for Canada to pursue resilient and long-term engagement strategies in the Asia Pacific, with international organizations of diverse sizes, scales, and scopes.

Our report concludes with considerations and recommendations for federal, provincial, and municipal governments on how to use the ecosystem approach to address the current pandemic and plan for future health crises with international engagement in the Asia Pacific in mind. In brief, we call on Canadian governments to:

- Recognize and advocate for interconnectedness of health, trade, and economic resilience and support more sustained Canadian engagement in the Asia Pacific;
- Enhance ministerial communication, co-operation in international health programming, and engagement; and
- Amplify opportunities for Canadian leadership with locally driven initiatives.

RÉSUMÉ

La COVID-19 a posé un défi colossal aux gouvernements et aux organisations internationales du monde entier, beaucoup déplorant l'échec des organisations mondiales (comme l'OMS et l'ONU) et le déclin du multilatéralisme au moment où le monde en avait le plus besoin. Mais d'autres formes de coopération internationale se sont poursuivies malgré la paralysie au niveau mondial. En particulier, les réponses à la pandémie des organisations internationales de toutes sortes dans la région de l'Asie Pacifique ont été proactives et diversifiées. Les leçons tirées de l'expérience des organisations internationales de cette région en matière de pandémie peuvent aider des pays comme le Canada à mieux réagir à la pandémie actuelle et à se préparer aux futures crises de santé, grâce à un engagement international.

Ce rapport décrit en détail le contexte et les mesures prises par les principales organisations internationales de la région de l'Asie Pacifique pour faire face à la pandémie, et constate qu'elles ont souvent été plus performantes que les organisations internationales mondiales pour s'adapter à la pandémie. Ces organisations ont rapidement reconnu la propagation du nouveau coronavirus et ont ensuite réorienté leurs programmes, leur recherche et leur financement pour relever les défis liés à la pandémie dans les domaines de la santé, de l'économie, du commerce, des investissements, de la coopération politique et de l'intégration régionale.

Nous avons notamment observé que différentes organisations internationales de la région de l'Asie Pacifique ont joué des rôles divers dans la réponse à la pandémie, en collaborant

souvent les unes avec les autres et en comblant les lacunes laissées par les initiatives mondiales et nationales. Au nombre de ces organisations internationales, mentionnons des associations régionales intergouvernementales, des réseaux de villes et des organisations de sociétés civiles. Même s'il est un acteur clé du multilatéralisme mondial, les relations du Canada avec les organisations internationales en Asie Pacifique se sont limitées à quelques organisations. Ce rapport souligne les opportunités d'accroître ou de promouvoir la collaboration au niveau des défis multisectoriels posés par la COVID-19 dans la région Asie-Pacifique.

Nous proposons une nouvelle *approche écosystémique* pour expliquer comment des organisations internationales ayant différents mandats et relevant de divers niveaux fonctionnent ensemble et comment des pays comme le Canada peuvent maximiser leur engagement auprès d'elles. L'un des principes clés de l'approche écosystémique est que l'engagement ne devrait pas être limité aux seules organisations internationales performantes au plus haut niveau sur la scène mondiale. Cela donne une raison supplémentaire au Canada de poursuivre des stratégies d'engagement résilientes et à long terme dans la région de l'Asie Pacifique, avec des organisations internationales de taille, d'envergure et de portée diverses.

Notre rapport se termine par des considérations et des recommandations à l'intention des gouvernements fédéral, provinciaux et municipaux sur la façon d'utiliser l'approche écosystémique pour faire face à la pandémie actuelle et pour planifier les futures crises sanitaires en tenant compte de l'engagement international dans la région de l'Asie Pacifique. En bref, nous demandons aux gouvernements canadiens :

- de reconnaître et de promouvoir l'interrelation entre la santé, le commerce et la résilience économique, ainsi que d'appuyer un engagement canadien plus soutenu dans la région de l'Asie Pacifique;
- d'améliorer la communication ministérielle, la coopération dans les programmes de santé internationale et l'engagement; et
- d'accroître les possibilités de leadership canadien au moyen d'initiatives locales.

01

INTRODUCTION

As a novel coronavirus spread around the world in early 2020, eventually becoming a pandemic, governments and organizations worldwide struggled to mount timely and effective responses. Much attention has been given to country-specific responses and a limited number of global organizations, which have elicited criticism for their slow and often gridlocked responses to the crisis. Many attempts to extract “lessons learned” from pandemic responses thus far have been hampered by a tendency toward siloed investigations of specific countries’ responses or those of singular global bodies such as the WHO, to the detriment of providing a more global, holistic picture.¹

Our focus at the Asia Pacific Foundation of Canada is on the Asia Pacific region. When we looked at how the region was responding during the first year of the pandemic, we found many international organizations operating in the Asia Pacific that were often months ahead in pandemic response compared to other parts of the world. During this period, Canada’s place within the diverse landscape of international organizations in the region appeared limited to a few organizations, and mainly focused on trade, economics, and development.

This observation led us to examine the diverse array of international organizations in the Asia Pacific and their pandemic responses, and highlight Canada’s health-related engagement with them. Our goal was to see what we could learn to inform a more resilient approach to Canada’s health-crisis-related engagement with international organizations

in the region to help mitigate the adverse effects of the pandemic and plan for future health crises.

While many countries turned inward and focused on domestic issues, we witnessed a growth of inter-regional cohesion and co-operation in the Asia Pacific. Our report finds that, throughout 2020, Asia Pacific-focused international organizations outperformed global international organizations in their response to the pandemic. These organizations quickly recognized the spread of the new strain of coronavirus. Subsequently, they pivoted their programs, research, and funding to tackle pandemic-related challenges in the fields of health, economics, trade, investment, political co-operation, and regional integration.

At the same time, Canada's involvement in international organizations in the Asia Pacific is limited to a few organizations, and existing engagement has gone through cycles of activity and inactivity. International organizations in the Asia Pacific have thrived during the pandemic, some of which are perhaps among the top global performers responding to the pandemic by helping with and enabling co-ordination, collaboration, and information sharing. This provides further reason for Canada to be planning for and enacting resilient and long-term engagement strategies in the region and with regional actors. It also provides the rationale behind one of the key findings of this report: that engagement should not be limited only to international organizations performing at the highest levels on the global stage.

Toward an Ecosystem Approach to Research and Engagement

During the pandemic, policy-makers, scholars, and commentators paid a great deal of attention to formal (and often global) international organizations and their responses to the pandemic. These discussions were largely based on the concepts from international relations scholars who study international organizations and who focus primarily on the institutionalization of international organizations through treaties, formal agreements, and relations between member states. However, our scan of international organizations in the Asia Pacific illustrated the need for a more complex understanding of international organizations than what these traditional definitions allow.

We found that a variety of international organizations – including those that are not based on formal agreements and those formed by non-state actors – played significant roles in Asia Pacific international co-operation before and during the pandemic. We thus adopted a broader, more holistic definition of international organizations that includes

many bodies that are rarely considered by policy-makers and international relations scholars. Furthermore, we observed that these organizations played different roles during the first year of the pandemic, often addressing gaps left by global or national efforts and frequently collaborating with each other. It became clear to us that it was more fruitful to survey this “ecosystem” of international organizations rather than query the effectiveness of individual organizations.

Combined, our inclusive definition of international organizations and our observations of the ecosystem of international organizations in the Asia Pacific helped form the foundation for our *ecosystem approach* to our research on international organizations. The ecosystem approach also forms the backbone of our recommendations for Canada’s engagement with international organizations in the Asia Pacific, especially with regard to future health crisis planning. Both our definitions of international organizations and the ecosystem approach are expanded on in the next section.

Methodology

Over the period of January to July 2021, our team of researchers systematically reviewed the responses to the COVID-19 pandemic of international organizations in the Asia Pacific through documentary research (via websites, stated agendas, statements, reports, news coverage, and webinars) and an examination of secondary literature. This report highlights several organizations out of a vast array of international organizations operating in the Asia Pacific that help portray our ecosystem approach and are relevant to informing Canada’s future health crisis response and engagement in the Asia Pacific.

This desk research was supplemented by interviews with representatives of some of the organizations we identified. The interviews aimed to uncover otherwise inaccessible information, such as the underlying motivations, various barriers, and real-world experiences of implementing the policies and approaches described by the organizations. In addition, we talked with several experts in the fields of international relations and global health to help us better understand the broader context of these organizations’ pandemic responses and how Canada might be able to engage more effectively in the future.

To document Canada’s global and Asia Pacific-specific engagement during the pandemic, we surveyed Global Affairs Canada’s news releases from 2020 to 2021 and identified press releases from our selected international organizations that acknowledged Canadian contributions. We also used preliminary 2020 data from the Organisation for Economic

Co-operation and Development and Canada's Statistical Yearbooks from 2012 to 2019 to put Canada's pandemic-era international assistance in recent historical context.

Overview

The next section of this report provides a brief overview of how the context in which international organizations were operating when the pandemic hit has contributed to and revealed an ecosystem of international co-operation, and expands on this report's definitions of international organizations and the *ecosystem approach*.

We then identify key international organizations in the Asia Pacific that help us to best understand the dynamism and diversity of pandemic responses in the region. Overviews of a selection of international organizations is also used to highlight where Canada has been or could be engaged for future health crisis planning and preparedness that are further elaborated on later in the report.

The third section of this report briefly reviews and summarizes some of Canada's participation in international pandemic-related responses and programs and its existing engagements with international organizations in the Asia Pacific specifically related to health and pandemic recovery.

Recommendations are presented as opportunities for Canada to increase its future health emergency preparedness via deepening engagement with the international organization ecosystem in the Asia Pacific.

02

HOW COVID-19 REVEALS AN EMERGING ECOSYSTEM OF INTERNATIONAL ORGANIZATIONS

The previous section introduced the concept of an *ecosystem approach* to international organizations, both as a reflection of ongoing trends that shaped how international organizations responded to the COVID-19 pandemic thus far and as a new way for Canada to think about its engagement with the Asia Pacific.

In this section, we examine three trends in recent years that explain why global institutions have fallen in stature and reveal an emerging ecosystem of international organizations. Doing so demonstrates the shortcomings of focusing on global international organizations to the neglect of a broader range of organizations. Finally, we lay out in detail our definitions of an *ecosystem approach* and *international organizations* used throughout this report, and compare it with traditional conceptions still common in both the policy and academic worlds. This sets up our discussion of the pandemic responses of international organizations in the Asia Pacific in the following section.

The Limits of Global International Organizations During the COVID-19 Pandemic

Global international organizations have been roundly criticized for their sluggishness and lack of action in response to the pandemic.² The World Health Organization's hesitance in declaring COVID-19 a pandemic and its lack of power to enforce the principles and rules

underlying the global health system have renewed calls for fundamental reform.³ The UN Security Council, which is the only UN body able to make legally binding agreements for its members, was fraught with divisions between the United States, China, and Russia, which inhibited its ability to take pandemic-related action.⁴ Similarly, the United Nations General Assembly and the World Trade Organization made a few statements of solidarity but did not initiate or propose more substantial policy measures, with the latter also facing a funding shortfall during the beginning of the pandemic. While the Group of Seven (G7) did not meet in 2020, it held a few emergency meetings with health ministers and finance ministers in February and March. Its emergency summit at the end of March produced 31 commitments but no concrete action plan.⁵

Out of all the global institutions and forums, the pandemic response of the Group of 20 (G20) has perhaps shown the most potential for addressing future health-related emergencies. Yet many of its statements since March 2020 have been nonspecific and lacked concrete action steps. Critics have also cited its inability, due to internal disputes, to follow through with proposed steps such as providing funding for the International Monetary Fund (IMF) or World Bank.⁶ For example, the G20 Leaders' Summit released a statement on COVID-19 in late March to reiterate its commitment to working with other international organizations such as the WHO, IMF, and World Bank to fight the pandemic.⁷ In May 2021, it organized the Global Health Summit in Rome – the first G20 summit on health – at which members adopted the Rome Declaration.⁸ It reiterated that the pandemic is both a global health and socioeconomic crisis, stating that overcoming the crisis will require equitable global distribution of vaccines, as well as other health measures and tools (such as diagnostics, therapeutics, and personal protective equipment [PPE]), and benchmarks to put the world on a path toward inclusive, sustainable, and balanced economic growth. Although it proposed further discussions of the 16 principles at the G20 Summit in October and at other forums such as the World Health Assembly, the mechanisms for monitoring the execution of concrete steps by G20 members remain vague. Regardless of the outcomes, G20 initiatives like the Global Health Summit, commitments to the Sustainable Development Goals, and India's hosting of the G20 in 2022 will ensure that pandemic response and recovery issues remain on the G20's agenda for the foreseeable future, but questions remain regarding its action steps.

Though signs such as the Global Health Summit in Rome indicate that global institutions might step up to the plate in the remaining half of 2021, the picture of global institutions during the first year of the pandemic did not inspire confidence in multilateral co-operation. However, as global institutions struggled to address the pandemic, other international organizations demonstrated resilience and even innovation in the face of the pandemic, and showed a diverse array of pandemic-related activity and responses, especially in the

Asia Pacific.⁹ Furthermore, co-operation through other channels, such as bilateral aid, has actually increased during the pandemic.¹⁰ What we are seeing now, then, may not be a decline in international co-operation but rather a shift away from global institutions.

Three Trends Informing Our Ecosystem Approach

This shift away from global institutions did not come out of the blue during the pandemic. Recent developments have seen both political scientists and policy-makers broaden their understanding of what constitutes an “international organization” and view the international order less as revolving around a set of key global institutions and more as a mosaic of a diverse set of relationships, networks, and organizations.¹¹ When we focus on the fields of global health and pandemic response, these changes become even more pronounced. Below are three key trends that have underpinned this subtle yet important shift in international relations, which has only intensified since the COVID-19 pandemic emerged as one of the most important global challenges in our generation.

FRAGMENTATION AND REORGANIZATION OF THE INTERNATIONAL ORDER

The international community’s failure to mount a timely and co-ordinated response to COVID-19 was not a foreordained result, but rather the product of years of movement away from multilateralism and intensifying rivalry between the world’s two major powers – China and the United States. Various scholars and commentators have persuasively argued that the stalling of global action in the face of the COVID-19 pandemic merely advances trends that pre-existed the pandemic, such as trade conflicts and decoupling along the US-China trade rift, increasing politicization of key multilateral institutions, and an air of skepticism toward international co-operation from influential leaders such as former US president Donald Trump.¹² In particular, Canada’s soured relations with both China and the United States and Sino-U.S. tensions also impacted Canada’s early response to the pandemic in many aspects, ranging from difficulties within a Canada-China joint effort to develop a vaccine to the impacts of increasing politicization of the World Health Organization and its early pandemic response.¹³ Just as the world needed more globally co-ordinated responses to the pandemic, tensions between global powers paralyzed the very organizations and initiatives that were best positioned to deliver such a response.

As countries have increasingly shied away from global multilateral institutions and initiatives, other grouping formats have become more attractive. Regionalism, for

example, has been particularly apparent in global trade, where regional trade blocs have risen in prominence due to rising uncertainty in global supply chains from the US-China trade conflict and the disruption of these chains during the beginning of the COVID-19 pandemic.¹⁴ More recently, minilateralism – referring to informal, small groupings between countries with similar values or interests – has become yet another way for countries to pursue mutual goals when co-operation is unlikely at the global level.¹⁵ Examples of minilateral groupings range from the largely economically focused BRICS (Brazil, Russia, India, China, and South Africa) and MIKTA (Mexico, Indonesia, Korea, Turkey, and Australia) formations to the Quadrilateral Security Dialogue between the United States, Australia, India, and Japan. These trends show that countries have still been willing to pursue international co-operation through other channels despite misgivings about co-operation at the global level.

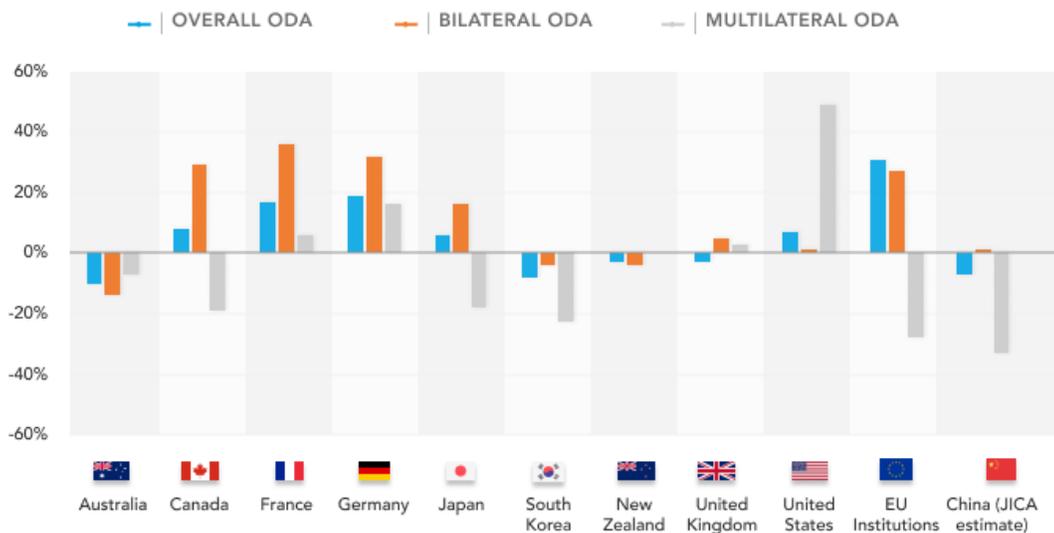
As COVID-19 reached pandemic proportions in the spring of 2020, many countries responded with inward-looking and nationalistic responses such as limiting the export of medical supplies and PPE and withdrawing support from the World Health Organization – most notably the United States. Much of this can be explained as “medical nationalism,” where countries put their own pandemic response interests and needs before what would be in the world’s interests.¹⁶ But rising populism and a trend toward deglobalization over the past several years have also contributed to an increased preference for self-serving, nationalistic policies among governments and a distrust of global co-operation.¹⁷

In the context of rising nationalism and rivalries, many influential countries also moved away from “health governance” toward “health diplomacy,” which refers to largely bilateral efforts to use health-related programming and international aid not only to address global health problems but also to advance other foreign policy aims, such as increasing soft power.¹⁸ This took the forms of “mask diplomacy” (by governments such as those of China, Japan, South Korea, and Taiwan) and “vaccine diplomacy” (by governments such as those of China and India at first, and from mid-2021 Japan and the United States). Another way to view the trend toward health diplomacy is to observe the changes in Official Development Assistance (ODA) from major donor countries during the pandemic thus far. Though total ODA rose to its highest level ever recorded in 2020 – representing an overall 3.5% increase in real terms from 2019 – most of these gains came from increases in bilateral pandemic aid, while multilateral contributions from countries including Canada, Japan, and South Korea actually fell.¹⁹ While health diplomacy can have a beneficial impact on global health, it also detracts from global governance and multilateral assistance that might ultimately be more effective.²⁰

FIGURE 1

Percent change of ODA among selected donor countries from 2019 to 2020

Note: Figures are based on the OECD's preliminary figures for ODA in 2020, with the exception of figures for China, which are based on estimates from researchers at the Japan International Cooperation Agency. China does not calculate ODA statistics, as it does not follow the ODA reporting guidelines set by the OECD Development Assistance Committee. The majority of China's official international assistance comes in non-ODA categories, including non-concessional loans and commercial projects.



Note: This Fig. 1 graphic was updated on March 9, 2022, to correct a data aggregation error.

Source: OECD, "COVID-19 spending helped to lift foreign aid to an all-time high in 2020", Paris (April 13, 2021), <https://www.oecd.org/dac/financing-sustainable-development/development-finance-data/ODA-2020-detailed-summary.pdf>; Naohiro Kitano and Yumiko Miyabayashi, "Estimating China's Foreign Aid: 2019-2020 Preliminary Figures", JICA Ogata Sadako Research Institute for Peace and Development, Tokyo (December 14, 2020), https://www.jica.go.jp/jica-ri/publication/other/l75nbg000019o0pq-att/Estimating_Chinas_Foreign_Aid_2019-2020.pdf

EXPANSION OF MANDATES FOR INTERNATIONAL ORGANIZATIONS

Though the COVID-19 pandemic has indeed accelerated existing trends away from multilateralism and toward bilateral, regional, and unilateral efforts, it has also underscored the impossibility of separating health issues from other policy areas such as security, economics, trade, and development. Existing global concepts such as the Sustainable Development Goals have already led many international organizations to view health as a part of broader economic and development planning.²¹ In addition, issues

previously neglected in global health co-operation, such as gender, Indigeneity, and human rights, have been increasingly incorporated into global health frameworks over the past decade.²²

However, most of the organizations addressed in this report had focused on issues such as security, economics, trade, and development, with attention to public health generally garnering less attention. Yet, under the “politics of crisis” that unfolded as the pandemic grew, international organizations in the region had the urgent impetus to expand their work to include pandemic and health-related programs and responses.²³ The disproportionate impact of the COVID-19 pandemic along lines of race, socioeconomic status, age, Indigeneity, gender, and other axes of difference, in Canada and beyond, also revealed for many organizations need to expand their policy and program areas.²⁴ By addressing and adapting to rapidly changing circumstances throughout 2020, the mandates of these organizations and the boundaries between policy areas have become increasingly malleable and blurry, offering new opportunities for collaboration between organizations and for innovation to address interconnected policy issues.

SUBNATIONAL NETWORKS, POLICY LEARNING, AND THEIR ROLE IN INTERNATIONAL HEALTH CRISES

Finally, the growth of international civil society and knowledge sectors surrounding international organizations in recent years has led to new interest in the role of international organizations and subnational communities in sharing knowledge and promoting policies despite the gridlock in global institutions. Rather than focusing on binding formal agreements and policy initiatives, scholars and policy-makers have increasingly pointed toward the role international organizations play in “policy transfer” or “policy learning,” a process by which members share their own practices and learn from each other, which can lead to greater policy co-ordination.²⁵ Beyond formal organizations, there has been a growing literature on and appreciation of “epistemic communities,” referring to communities of technical and scientific experts that advise governments and play a role in international organizations and forums.²⁶ Formal organizations such as the UN have become increasingly reliant on these epistemic communities to develop knowledge, inform policy and encourage co-operation between member states, giving these communities significant yet unappreciated influence in international co-operation.²⁷ Last but not least, subnational networks, particularly those involving civil society organizations, have also had a significant impact on international co-operation, not just in terms of voicing the viewpoints and concerns to international organizations, but also providing “alternative” channels of international co-operation themselves.²⁸

The importance of epistemic and subnational networks is especially apparent in the field of global health, which has long been “populated by diverse entities with different legal status and structures, different governance models, and complex patterns of accountability and interaction.”²⁹ The World Health Organization, while still the most recognizable global health institution, increasingly operates as an influential partner rather than a dominant trendsetter in global infectious disease prevention and response. Meanwhile, states, while still forming the bedrock of international co-operation on health, are no longer the only or even the most important actors in this space. As has been made evident during the COVID-19 pandemic, private foundations, business and industry, and international NGOs have played outsized roles in raising awareness about COVID-19, procuring medical supplies, and funding the research and production of vaccines. The global scientific community, attached to national governments through affiliation or funding, has largely transcended disagreements between countries to accelerate co-operation on COVID-19 research and bring effective testing and vaccines in record time.

And as our report reveals, there is an increasingly complex yet underappreciated landscape of regional organizations, infectious disease surveillance networks, and subnational forums that serve as important conduits for information and experience between countries and peoples. We uncovered previously overlooked connections, meetings, and relationships that were unfolding outside of traditional understandings of international organizations and their mechanisms. All of these actors and relationships form part of what international relations expert Sophie Harman describes as a “more dispersed and inclusive form of global health security that is more equipped to respond to global political issues during a major pandemic.”³⁰

What Is an Ecosystem Approach to International Relations?

As can be seen by the trends above, the international order has become more fragmented and many countries and policy-makers are losing their confidence in key global institutions. Countries have increasingly turned to bilateralism, regionalism, and minilateralism to account for the shortfall in international co-operation at the global level. At the same time, the international community has become more aware of the interconnectedness of health and other policy areas. A plethora of new bodies and actors, ranging from epistemic communities to subnational networks, have increased communication and policy learning between states. These developments necessitate a new approach toward understanding and engaging with the “ecosystem” of international organizations that now exists in the Asia Pacific – an ecosystem approach.

It is useful to begin by comparing our conception of the ecosystem approach to international relations with how international relations scholars – and consequently the broader foreign policy community – have traditionally approached multilateralism and international organizations.

Recent surveys of international organization literature define “international organizations” as intergovernmental organizations involving three or more countries that are based on formal agreements and involve a permanent secretariat.³¹ Critics of this narrow definition often point to larger “regimes” in international relations – that is, rules, norms, and procedures arising from interstate co-operation – as being more influential than formal organizations themselves.³²

Still, these definitions fail to account for the enormous number of bodies devoted to international co-operation that often work closely with each other, overlap in mandate and geographical focus, and involve subnational and non-state actors typically neglected by international relations scholars and policy-makers. Though there have been debates about what the value of such a large number of international organizations might be, as two scholars recently observed, “we must still account for why most states belong to many hundreds of these organizations.”³³ In other words, we need a better understanding of what roles these myriad organizations play in helping states respond to problems that require international co-ordination and co-operation.

Our definition of international organizations in this report, thus refers to both formal and informal organizations with membership or participation from three or more countries, including those made up of national and subnational governments, non-governmental and grassroots organizations, and individuals. They do not have to be based on formal agreements, but there is some level of mutual understanding underlying the existence of the organization that provides for regularly held meetings between members. International organizations also have a wide range of fields and purposes, such as supporting economics and trade, infrastructure and development, security and non-traditional security, or human rights and social justice. Some of the international organizations examined in this report are global in scope but operate in the Asia Pacific, and others are based in and solely operate in the region.

Understood this way, this intentionally broad and flexible definition of international organizations necessitates a radically different approach to viewing the landscape of international co-operation. Instead of focusing on the actions and effectiveness of a few key organizations, such as the UN and the WHO, an approach involving this new definition of “international organizations” seeks to understand and identify the roles that various organizations play in a given area of co-operation.

In other words, such an approach focuses on the *ecosystem* of international organizations. In an ecosystem, individual components play complementary roles in the continuing operation and resilience of the overall system, and no single component is responsible for the entire system's success or failure.³⁴ This ecosystem approach directs us away from unproductive questions about the “failure” or “success” of individual organizations in responding to a certain problem, as these organizations do not operate in a vacuum. Rather, it assesses the response and efficacy of international organizations “in terms of the conditions under which they matter or do not, rather than a wholesale rejection of their worth.”³⁵



Leaders in a session of the 2015 East Asian Summit.

Source: government.ru

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An *ecosystem approach* also takes into account a multitude of interactions and opportunities for engagement at various levels and scales. It enables a fresh perspective with which to understand the work of many types of organizations, from small micro-lateral interactions between Indigenous rights groups advocating for vaccine equity, to large regional institutions such as the Asia Development Bank, whose work has pivoted to include support for COVID-19 response operations in the region. This work constitutes a vast, interconnected, and interdependent world that cannot be fully encapsulated using a singular orthodox definition of international organizations, but that the ecosystem approach serves to encompass.

We summarize a few key differences between what we consider the existing “traditional approach” and the ecosystem approach as we conceive of it in the following table:

TABLE 1:

Traditional vs. ecosystem approach

Traditional Approach	Ecosystem Approach
<p>Focus on global institutions (e.g., UN agencies and World Bank/IMF), regional intergovernmental unions (e.g., EU and ASEAN), and bilateral relations</p>	<p>Focus on international organizations and networks at every level, from global institutions to informal epistemic communities and civil society networks</p>
<p>International organizations' work is primarily viewed independently, with success or failure evaluated on an individual basis rather than a collective basis</p>	<p>International organizations work with each other to collaborate on common issues, co-ordinate responses, and complement each others' efforts</p>
<p>Key international organizations are linchpins in the global multilateral system, such that gridlock or dysfunction in one international organization leads to the crippling of multilateral or regional co-operation</p>	<p>Gridlock or dysfunction in an international organization does not cripple multilateral or regional co-operation, but rather leads members to redirect focus to other international organizations and different types of groupings (e.g., regionalism and minilateralism)</p>
<p>Relationships between countries are contingent on bilateral relations and membership in common international organizations</p>	<p>Relationships between countries involve interpersonal relationships that may persist beyond the deterioration of bilateral ties and stalemates in international organizations</p>

Traditional Approach	Ecosystem Approach
International organizations' mandates are viewed with a narrow lens, focusing on their specific policy area(s) without consideration for other policy areas or political factors	International organizations' mandates are viewed with a broad lens, underlining the inextricable links and interactions between different policy areas and political factors
Outside of global institutions, members participate in a subset of international organizations based on region or ideology, and participation in an international organization leads to perceptions of belonging in a certain "bloc"	Members participate in a wide variety of international organizations to diversify their engagement and avoid relying on a single "bloc" of relationships
Member states view foreign relations as solely the purview of the national government, and neglect or even dismiss subnational and epistemic relationships as important parts of their international engagement strategies	Member states view subnational and epistemic relationships as integral parts of their international engagement, incorporating the views and activities of subnational and individual actors in their strategies

Conclusion

The global landscape has undoubtedly changed in recent years from a globalized, interconnected world centred around a few key global institutions to one that is increasingly fragmented into regions, blocs, and nationalisms. However, far from being the death knell of multilateralism and international co-operation, the COVID-19 pandemic has revealed the resilience of international co-operation through an assortment of multilateral, regional, minilateral, bilateral, and subnational channels. This "ecosystem"

of international co-operation also did not begin with the COVID-19 pandemic, but rather was built up over years of existing efforts. Furthermore, international co-operation has moved away from formal policies and treaties on narrow areas of co-operation, toward an expansive understanding of the interconnectedness of different policy areas and the value of informal policy co-ordination and knowledge sharing. To meet these new realities, our examination of international organizations in the Asia Pacific must adopt an ecosystem approach, focusing on the roles that each organization has played during the pandemic. The following section will demonstrate that the Asia Pacific ecosystem of international organizations has mostly responded in a timely and proactive manner to the challenge of the pandemic, raising lessons and potential opportunities for Canadian engagement in the region.

03

INTERNATIONAL ORGANIZATIONS AND COVID-19 IN THE ASIA PACIFIC

The ecosystem of international organizations engaged in pandemic response in the Asia Pacific is complex, intertwined, and extremely diverse in size, scope, and actions. In this section, we highlight the pandemic-related work by a handful of international organizations to demonstrate how they fit within the framework of an ecosystem approach by collaborating with other international organizations to co-ordinate pandemic responses, advise policy actions, and adapt from its original mandates to prioritize alleviating pandemic-related issues. Our research reveals an overwhelming emphasis on staying interconnected through an ecosystem approach of co-operating, collaborating, and co-ordinating response actions on subnational and international levels.

World Health Organization Regional Offices

The World Health Organization is a specialized body within the United Nations that promotes health and well-being worldwide. It was originally established at the end of the Second World War to help eradicate infectious diseases. Since its inception, it has worked on several pandemics, but these represent only a small portion of its overall work on public health and well-being. A much more prominent part of its efforts, for example, focuses on non-communicable diseases in the developing world owing to the induction of formerly colonized economies and working toward the 2015 UN Sustainable Development

Goals (SDGs), of which health is a central part.³⁶ The WHO possibly did not react as quickly as many observers had hoped because since the wave of decolonization from the 1970s onward, lower- and middle-income countries have gained increasing focus and control within the WHO, which plays a significant role in shaping its programs, operations, and decision-making. And much of the work on the SDGs, which aims to ensure that “no one is left behind,” focuses on the developing world.

In the last few decades, the WHO has taken a larger role of a depository and disseminator of health and disease related data. The WHO’s legally binding International Health Regulations (IHR) treaty was last modified in 2005. The IHR places obligations on states to report and share information about significant health events and emergencies that have potential to cross borders. The IHR also grants the WHO the ability to declare a Public Health Emergency of International Concern (PHEIC), gather and share data, and make response recommendations. The IHR defines a PHEIC as “an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response.”³⁷ A PHEIC declaration is the WHO’s highest level of alert, signalling the need for countries worldwide to immediately take action, share information, and collaborate. Characterizing an event as a pandemic, on the other hand, comes with no clear definition; it simply means – rather vaguely – that an epidemic is affecting countries worldwide, and it comes with no guidelines about what to do. While IHR is legally binding, the WHO has no enforcement mechanisms and relies on a combination of shaming, praise, and private diplomacy to encourage rather than enforce country compliance.³⁸



UN Secretary-General António Guterres and WHO Director-General Tedros Adhanom Ghebreyesus at a briefing on COVID-19 at the WHO Headquarters in Geneva on February 24, 2020.

Source: UN Photo/ Jean Marc Ferré

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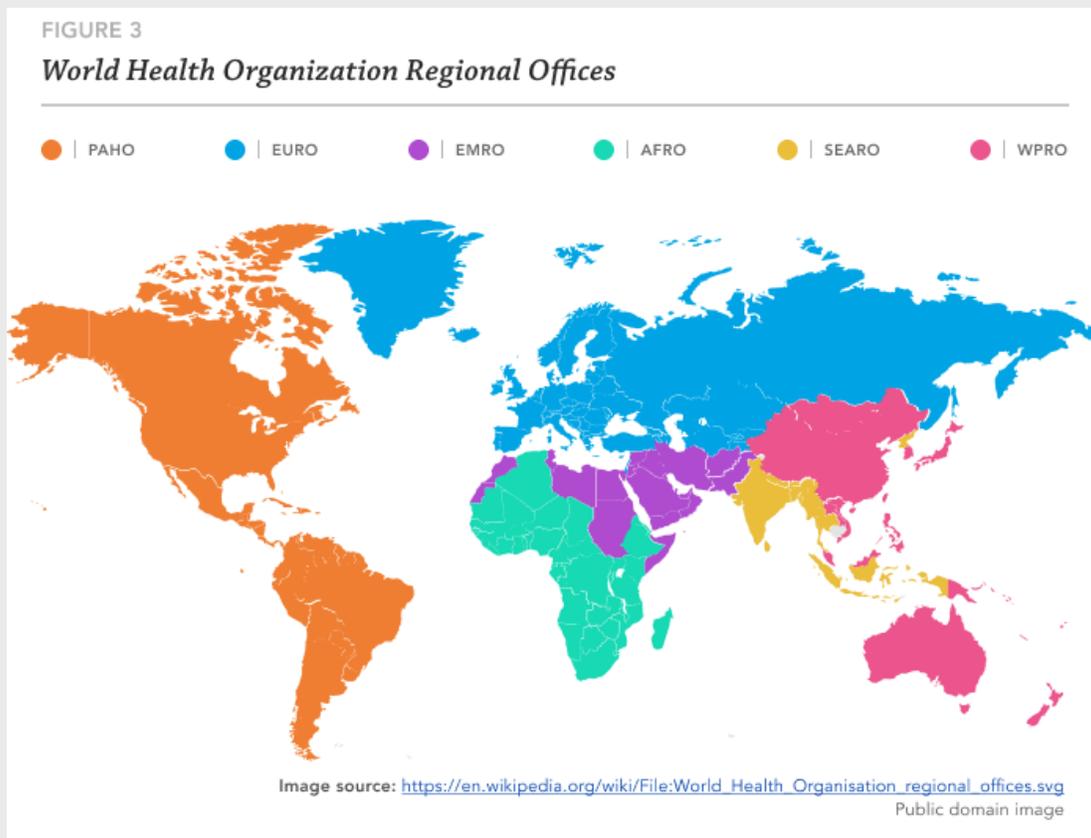
It has been argued that external observers tend to focus too much on the Geneva Secretariat as the head of communications, rather than the likely more up-to-date and influential regional offices.³⁹ This is another poorly understood attribute of the WHO’s institutional structure: The nature of the division and dissemination of information in the region through the WHO regional offices as opposed to the Geneva Secretariat means that, in practice, the regional offices are a potentially better source for reliable, up-to-date, and accurate information.

FIGURE 2

World Health Organization organizational chart



The WHO secretariat is headquartered in Geneva, but operationally it functions through 149 field offices, which are overseen by six regional offices that maintain a high degree of autonomy. Each office has its own regionally elected director that oversees its own budget. There are two regional offices that cover the Asia Pacific region. The Manila-headquartered [WHO Western Pacific Region](#) includes 37 countries (including China) in Northeast and Southeast Asia and Oceania and a quarter of the world's population.⁴⁰ The New Delhi-headquartered [WHO South-East Asia Region](#) includes 11 countries in South and Southeast Asia. This division of the Asia Pacific between two regional offices means that neighbouring countries may not be able to communicate through the same WHO networks and channels.⁴¹ This means that the organization itself may not always speak with one “voice,” but may reflect the needs and circumstances of different countries and geographical regions depending on the regional office. Some argue that this decision-making grants the WHO potential for better co-ordination and co-operation, but it also often leads to fragmentation.



An omission in the WHO's pandemic-related work in the Asia Pacific that could promise lessons for Canada is the absence of Taiwan. Taiwan is not a member of the WHO in its own rank, and thus is not included in any of the reporting systems in the Asia Pacific. This may have reduced the ability of Taiwan to share its lessons learned around the world, and resulted in countries, including Canada, paying less attention to and not learning from the many successes Taiwan had in curbing the spread of COVID-19. There is potential for Canada to further engage with Taiwan to learn from its early pandemic response and ongoing initiatives.⁴²

The WHO's overall budget is small (for the two years of 2020 and 2021, it is US\$4.8B) compared to the tasks it must deliver on. Funding is also dependent on contributions from members and non-state actors and is divided between membership fees (which account for about 20%), voluntary payments, and project-specific funding. The United States and the Bill and Melinda Gates Foundation were the two largest funders at the start of the pandemic, so when former president Trump threatened to leave the WHO in summer 2020 over what he claimed was a lack of independence from China, it hampered an already strained organization. The threat to defund and terminate ties with the organization dealt a critical blow to the WHO's credibility and ability to respond to the pandemic.⁴³

While the virus spread from Wuhan around the world, reliance on the WHO's Geneva Secretariat's international presence and influence may have slowed and confused the responses of multiple countries, including Canada. For example, the WHO declared the disease a Public Health Emergency of International Concern (PHEIC) on January 30, two days after its director general visited Beijing. Declaring a PHEIC is one of the most powerful tools the WHO has in its arsenal, yet it was only after the WHO declared COVID-19 a pandemic on March 11 that many countries, including Canada, adjusted their approaches accordingly.⁴⁴ While experts often contend that the WHO's declarations were too late, in retrospect, it could also be said that Canada missed the significance of the WHO declaring a PHEIC on January 30, placed more emphasis on the declaration of a pandemic on March 11, and could have better relied on information from other sources and its own intelligence gathering.

Navigating the WHO's written materials and guidelines related to COVID-19 can be complicated as these documents number in the hundreds. Reflecting this complexity, in the summer of 2020, the WHO even went so far as to create its own guide to its guidelines.⁴⁵ Several of the WHO's changing guidelines have caused confusion and demonstrated a lag between the policies of many countries. For example, the WHO's initial reaction to travel restrictions and lockdowns expressed concern that these would hurt economies and supply of medical goods and do little to prevent the spread of the virus, which many economies and

subnational jurisdictions have shown to be incorrect (e.g., Australia, China, New Zealand, Taiwan). Similarly, the early stance on widespread use of masks was that they would create a false sense of security and take PPE away from those that needed it the most. By the time the WHO reversed this decision on the use of masks on June 5, 2020, it did so with hesitation expressing concern about personal comfort. By that time, over 100 countries around the world had already recognized the effectiveness of widespread mask use and adopted mask policies. The WHO continues to lack a clear stance on the role of aerosol transmission despite pleas from medical communities around the world about the need to mitigate against such risks. Thus, the actions of the WHO during the COVID-19 pandemic demonstrate how it has performed more as a slow-moving information depository rather than a fast-acting source for policy-oriented knowledge, as it had been in some previous health emergencies.

Pacific Islands Forum (PIF)

Year of founding: 1971

Members:

- 18 member states

(Australia, Cook Islands, Fiji, French Polynesia, Kiribati, Marshall Islands, Micronesia, Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu);

- 5 member states

(Palau, Marshall Islands, Nauru, the Federated States of Micronesia, and Kiribati announced their intention to leave PIF in February 2021);

- 1 associate member territory

(Tokelau); and

- 5 observer territories

(American Samoa, Guam, Northern Mariana Islands, Timor-Leste, and Wallis and Futuna).

Structure:

- Governed by a 2005 agreement and the 2014 Framework for Pacific Regionalism;
- Annual leaders' meetings and a Forum Officials Committee set policy; foreign and economic ministers meet annually;
- PIF Secretariat implements policy based on most recent Strategic Framework; and
- Hosts annual dialogue with Forum Dialogue and Development Partners; chairs the Council of Regional Organisations in the Pacific (CROP).

Areas of co-operation:

- Originally focused on high-level political and economic co-operation, including foreign policy, security, trade and governance; and

- Most recent Strategic Framework (2017-2021) outlines four strategic outcomes: (1) promoting people-centred development; (2) maximizing the potential of our shared Pacific Ocean; (3) increasing economic prosperity; and (4) strong Pacific governance for a peaceful and stable region.

Relationship with Canada:

- Canada has been a dialogue partner with the PIF since 1989 and has primarily engaged with PIF member states on the issue of climate change; and
- Canadian contributions to international climate change adaptation initiatives (e.g., Green Climate Fund) have supported projects in Pacific Islands states.

The Pacific Islands Forum (PIF) is the primary political and security co-operation organization in the Pacific and has played an important role throughout the COVID-19 pandemic in co-ordinating a regional response. The PIF is one of multiple key regional organizations in the Pacific that are co-ordinated through the PIF-chaired Council of Regional Organizations in the Pacific, which includes the technical and scientific development co-operation-focused Pacific Community (SPC) and other organizations.

Due to the relative isolation of the Pacific Islands from the rest of the Asia Pacific, the region was spared from COVID-19 infection until mid-March, when imported cases through air travel prompted border closures and declarations of states of emergency. Concurrently, a steep drop in commercial air travel to and from the region affected ongoing efforts to acquire PPE and testing equipment, in addition to other humanitarian goods. Following an appeal on March 30, 2020, by Samoa for a regional response to the unfolding health and logistical crisis, Tuvalu, acting in its capacity as the chair of the PIF, triggered the Biketawa Declaration, the security declaration adopted by PIF leaders in 2000 that serves as the framework for co-ordinating regional responses to crises affecting PIF countries. It was the first time the Declaration had been invoked for a health crisis, which was provided for under the Boe Declaration of 2018 that expanded the PIF's definition of regional security to include human security and humanitarian assistance.⁴⁶

With the PIF chair noting that “never before has the full Forum Membership simultaneously been in crisis,”⁴⁷ the foreign ministers of PIF members met on April 7 to approve a Pacific Humanitarian Pathway on COVID-19 (PHP-C), ensuring streamlined delivery of key medical and humanitarian supplies while respecting COVID-19 border controls through direct political co-ordination between PIF governments.⁴⁸ The PHP-C is overseen by a Ministerial Action Group composed of government ministers of seven PIF countries and supported through a regional taskforce composed of senior government officials and personnel from other key Pacific organizations such as the Pacific Community. On June 17, 2020, the Ministerial Action Group met for the first time and identified protocols that would prioritize the deployment of technical personnel, the transport of medical and humanitarian supplies, the repatriation of PIF state nationals, and the maintenance of biosecurity.⁴⁹ In August, the Pacific Humanitarian Team (PHT), helmed by the UN Office for the Coordination of Humanitarian Affairs, launched a humanitarian air service designed to support the PHP-C in transporting key goods and personnel across the region in the absence of sufficient commercial flights. Through close co-ordination with the WHO's Joint Incident Management Team (handling the regional public health response and explored in further detail later in this report) and the PHT (handling the regional humanitarian response), the PHP-C played an important political co-ordination role that facilitated existing efforts from other regional mechanisms. The PIF's pandemic response demonstrates that collaborations with other international organizations are necessary and vital to ensure the transportation of key goods and personnel.

Following an assessment of the socioeconomic impacts of the pandemic on PIF member economies, PIF economic ministers met on August 11-12. They agreed to release a statement appealing for financing and debt relief from the international community and established a regional COVID-19 Economic Recovery Taskforce.⁵⁰ Further meetings of

trade officials in November prioritized e-commerce as a significant component of existing PIF trade strategy plans and an increasingly important part of post-COVID-19 economic recovery.⁵¹

Overall, the PIF functions within an ecosystem through its interconnectedness of member states that collaborate to address the political and economic impacts of COVID-19, co-ordinate COVID-19 response plans with other organizations, and circulate policy actions.

Pacific Joint Incident Management Team (JIMT)

Year of founding: 2019

Members:

- 25 partner organizations
(including the Asian Development Bank, Australian DFAT, International Federation of the Red Cross, International Organization for Migration, New Zealand MFAT, UN Office for Coordination for Humanitarian Affairs, Pacific Islands Forum, Pacific Islands Health Officers' Association, Pacific Community, UN Population Fund, UNICEF, UN Resident Coordinator Office, UN Development Programme, UNWOMEN, USAID, US CDC, US Embassy Suva, World Food Programme, World Bank, and World Health Organization); and

- 21 reporting states and territories

(American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna).

Structure:

- Helmed by WHO Western Pacific Regional Office's Division of Pacific Technical Support;
- Divided into key pillars; and
- Weekly co-ordination meetings and consultation meetings with Pacific health ministers.

Areas of co-operation:

- Pandemic technical guidance and training;
- Disease surveillance;
- Medical equipment and PPE procurement and distribution;

- Laboratory testing; and
- Vaccine procurement and distribution.

Relationship with Canada:

- None at present.

Though we have highlighted individual organizations and bodies thus far, it is important to note that much of the pandemic response work accomplished at the regional level was the result of collaborative, ad-hoc initiatives between different organizations. For example, during the pandemic, the WHO Pacific Regional Office's Division for Pacific Technical Support worked with the Pacific Community (SPC) and a network of 25 other UN agencies and development partners to form a WHO Pacific Joint Incident Management Team (JIMT), which focuses on Pacific Island countries. This collaboration highlights the close-knit co-operation between regional bodies such as the SPC, the regional offices of the WHO, and other development institutions and NGOs that occurred during the pandemic.

Though much of the SPC's Public Health Division's pre-pandemic efforts were devoted to prevention and control of non-communicable diseases, which have been and remain significant challenges and burdens on Pacific health systems, the SPC has collaborated with the WHO since 1996 to develop the Pacific Public Health Surveillance Network (PPHSN), a network of public health laboratories and epidemiological focal points that shares health data, co-ordinates the procurement of testing and surveillance supplies, and conducts training for public health personnel. In the fall of 2019, the JIMT was formed to address a measles outbreak in the Pacific.⁵² As case numbers of what became known as COVID-19 began to rise in the Asia Pacific region, the JIMT shifted to focus on this new emerging threat on January 28, 2020, two days before the WHO officially designated the outbreak a Public Health Emergency of International Concern.⁵³ A similar Pacific Humanitarian Team COVID-19 Humanitarian Response Plan was launched in May by the UN's Office for the Coordination of Humanitarian Affairs to handle non-medical humanitarian needs arising from the COVID-19 pandemic.⁵⁴

In creating the JIMT, the WHO, the SPC, a wide range of partner organizations (such as UNICEF and the World Food Programme), and development partners (such as the Australian and New Zealand foreign ministries) combined forces and created a single cluster for health co-operation between Pacific Island countries and territories. Technical working groups focusing on various aspects of the COVID-19 response, including laboratory testing, PPE procurement, and point of entry measures, were developed to handle requests from countries and territories, co-ordinating a regional effort around that area. Beginning in February, the JIMT organized weekly co-ordination calls among Pacific health ministers and the WHO regional director, as well as held weekly meetings among partner organizations. These meetings became daily in March as the pandemic worsened around the world. By February 4, the JIMT had developed a Pacific Action Plan for the first six months of the pandemic and shifted to a Phase II implementation plan by mid-summer.



COVID-19 response supplies being unloaded in the Solomon Islands in April 2020, as part of the support packages organized under the Pacific Joint Incident Management Team with financial support from the Australian Department of Foreign Affairs and Trade.

Source: Department of Foreign Affairs and Trade, Government of Australia

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Despite Pacific Island countries not having their first local cases of COVID-19 until early March, the JIMT led with a proactive approach toward preparing for potential future local outbreaks. In early February, the JIMT focused on assisting with point of entry detection and infection control measures, developing an inventory of PPE and laboratory equipment, and providing technical support to Pacific Island countries and territories in developing national response plans. As knowledge about the virus increased, the JIMT also adapted the WHO guidelines and protocols to the Pacific context and distributed a Pacific COVID-19 Toolkit to health ministries. Armed with US\$1.3M in initial funding from the Australian and New Zealand governments, the JIMT began procuring PPE and other medical supplies with the aim of developing a regional stockpile and ensuring that each Pacific Island country or territory would have sufficient supplies in the event of an outbreak. The SPC also secured funding to expand laboratory testing capacity throughout the Pacific Island members, which only had four laboratories able to perform PCR testing prior to the pandemic (two of which were in Australia and New Zealand).

By the end of April 2020, approximately two months after Pacific Island states had registered their first cases, more than 368,109 individual items of medical and laboratory equipment had been delivered to Pacific Island countries and territories. RT-PCR testing capabilities had been established in four additional countries and territories in the Pacific, and 100,000 point-of-use GeneXpert PCR testing cartridges had been distributed, allowing rapid, local PCR testing in many Pacific Island countries and territories for the first time. The SPC conducted training webinars and technical forums with nurses, physicians, clinical directors, and health ministers to disseminate knowledge and experience about various aspects of COVID-19 response, ranging from the use of PCR tests to the development of digital contact tracing systems.

These efforts were brought about well in advance of the implementation of the Pacific Humanitarian Pathway for COVID-19 (approved by the Pacific Islands Forum in June 2020) and the receipt of PPE from the WHO's Global COVID-19 Supply Chain System (first shipment arrived in August 2020), amid a dearth of both PPE supplies and commercial flights to and from the region beginning in March. The central nature of the JIMT has also allowed it to efficiently distribute resources based on requests and need, and more effectively interface with potential donors and development partners.

Association of Southeast Asian Nations (ASEAN)

Year of founding: 1967

Members:

- 10 member states
(Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam); and
- 2 observer states
(Papua New Guinea and Timor-Leste).

Structure:

- Guided by 2008 ASEAN Charter, which forms the legal framework underpinning the association;
- Annual leaders' meetings and biannual foreign ministers' meetings set policy; ministers of similar portfolios meet regularly;
- ASEAN Secretariat, divided into three community pillars, implement ASEAN policy; and

- Holds annual ASEAN Plus Three (ASEAN, China, Japan and South Korea) and East Asian Summit (ASEAN +3, Australia, India, and New Zealand) forums.

Areas of co-operation:

- Political-Security Community (foreign policy, transnational crime and terrorism, defence, etc.);
- Economic Community (finance, energy, digital economy, monetary policy, trade, etc.); and
- Socio-Cultural Community (education, health, labour, environment, disaster management, human rights, etc.).

Relationship with Canada:

- Canada has been a dialogue partner with ASEAN since 1977, and has had a dedicated ambassador to ASEAN since 2016;

- Canada-ASEAN co-operation is guided by the Joint Declaration on ASEAN-Canada Enhanced Partnership (2009), and implemented through joint plans of action, the most recent one having been signed for 2021-2025;
- Canadian contributions to ASEAN regional development include funding for biosecurity and public health emergencies (around C\$16M allotted through Global Affairs Canada since 2013), support for MSMEs, and educational exchanges and scholarships;
- An ASEAN-Canada Free Trade Agreement, a priority item under Brunei's position of chair for 2021, is in discussions; and
- Canada contributed C\$3.5M toward the ASEAN COVID-19 Response Fund in May 2021.

The Association of Southeast Asian Nations (ASEAN) is a regional organization that promotes economic, political, and security collaboration and integration through a process of consultation and consensus.

ASEAN has an established public health infrastructure owing to its experience fighting the SARS outbreak of 2003-2004 and various other communicable diseases in the region. For example, the ASEAN Emergency Operations Centre Network for public health emergencies (EOC) and the ASEAN BioDiaspora Regional Virtual Centre (ABVC) were created with

funding programs from Global Affairs Canada that began in 2013 to address emerging biological threats. Other existing public health infrastructure included the Regional Public Health Laboratories Network, the ASEAN Plus Three Field Epidemiology Training Network (ASEAN +3 FETN), and the ASEAN Risk Assessment and Risk Communication Centre.⁵⁵ These networks and centres, in particular, gave consistent opportunities for epidemiologists and infectious disease scientists in ASEAN member states to conduct training in other countries and discuss best practices and findings with their peers well before the pandemic. However, ASEAN lacked a specific agency responsive to epidemics or pandemics since the inactivity of the ASEAN Technical Working Group on Pandemic Preparedness and Response formed in 2008, and it did not develop a regional pandemic response plan akin to its Joint Disaster Response Plan formulated in 2017 for natural disasters.⁵⁶

ASEAN began discussing the COVID-19 outbreak at the senior official level on January 3, 2020, based on a report from a Chinese epidemiological focal point relayed to the ASEAN Secretariat. By January 30, the date on which the WHO declared the outbreak to be a Public Health Emergency of International Concern, the EOC began publishing daily situational reports on the COVID-19 situation and facilitated real-time information sharing through instant messaging between ASEAN member state public health officials, while the ABVC provided disease outbreak modelling based on the information received from Chinese health officials and the WHO. On February 3, senior health officials of ASEAN states and China, Japan, and South Korea (ASEAN +3) held a special video conference sharing technical information on COVID-19. Further information-sharing sessions between Chinese and ASEAN senior health officials and experts were held on February 20 and March 12. Shortly after the WHO declared the COVID-19 outbreak to be a pandemic on March 11, ASEAN senior health officials held a video conference on March 13 to discuss the state of individual member states' pandemic response readiness and identified common gaps that could be addressed collectively through ASEAN.⁵⁷

Coupled with official statements of concern from ministerial-level officials such as the ASEAN chair on February 15, ASEAN defence ministers on February 19, ASEAN foreign ministers on February 20, and ASEAN economic ministers on March 10, this timeline of action suggests that ASEAN leaders and health officials recognized the threat of COVID-19 and acted to facilitate a regional response to the growing outbreak comparatively early relative to other regional organizations, in the Asia Pacific and beyond. In particular, the existence of established infectious disease response networks and standing meetings between ASEAN health officials meant that knowledge sharing and policy co-ordination persisted on a regular basis throughout the pandemic.

In the first half of 2020, at least four video conferences discussing COVID-19 public health response and clinical management experiences in ASEAN countries were held through the EOC and ASEAN +3 FETN. Meanwhile, at least five video conferences were held between ASEAN health officials and foreign health officials – particularly those from countries with significant outbreaks such as China, Italy, and France – to share experiences combatting COVID-19 from across the world. Initiatives between ASEAN and various external countries also led to technical support and programming to enhance COVID-19 response, including a US\$5M project with South Korea to increase molecular testing capability, several research and technical expertise projects with the European Union, and the beta launch of an online ASEAN Portal for Public Health Emergencies with Canada.



Flags of ASEAN member states raised for the 2011 ASEAN Summit in Jakarta, Indonesia.

Source: Gunawan Kartapranata

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By the 37th ASEAN summit and related summits (e.g., ASEAN Plus Three and East Asia Summits) in mid-November 2020, ASEAN member states were able to propose, develop, and launch the following initiatives specifically targeted to addressing problems caused by the pandemic:

- The Hanoi Plan of Action, a non-binding commitment from ASEAN member states to refrain from placing trade restrictions on essential goods such as food and medical supplies (a similar commitment was issued between members of the ASEAN Plus Three grouping);⁵⁸

- An ASEAN Strategic Framework for Public Health Emergencies, to complement the existing ASEAN Joint Disaster Response Plan and other mechanisms for natural disaster response;⁵⁹
- A new Centre for Public Health Emergencies and Emerging Diseases, with funding from Japan and Australia, which will become the key co-ordinating body of ASEAN's regional response to disease outbreaks, providing technical support and facilitating outbreak reporting and information sharing;⁶⁰
- An ASEAN COVID-19 Response Fund launched with approximately US\$10M in initial pledges from ASEAN member states and dialogue partners;⁶¹
- An ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies,⁶² with initial seed contributions from the 2020 ASEAN chair, Vietnam;⁶³
- An ASEAN Comprehensive Recovery Framework with five broad strategies implemented over three phases, with one section on enhancing member states' and ASEAN's health systems capacity to deal with infectious diseases but with most of the plan dedicated to socioeconomic recovery, including food security, unemployment, trade integration, digital transformation, and sustainable development; and⁶⁴
- A declaration agreeing in principle to the formation of an ASEAN travel bubble, called the ASEAN Travel Corridor Arrangement Framework.⁶⁵

The announcements of major COVID-19 response initiatives over the course of the November ASEAN Summit and related meetings have largely been overshadowed by the February 1 coup in Myanmar, which has so far presented a major challenge to the bloc's "ASEAN Way" approach of dealing with political crises within member states consisting of non-interference, quiet diplomacy, no use of force, and decision-making through consensus. However, advancements toward the implementation of the ASEAN Comprehensive Recovery Framework have been highlighted in several high-level meetings and conferences since the beginning of 2021.⁶⁶

Despite these developments, it is unclear just how many funds have been raised for widely touted new initiatives such as the ASEAN COVID-19 Response Fund and the ASEAN Regional Reserve of Medical Supplies for Public Health Emergencies, nor is there any clear indication that these funds and reserves have been dispensed effectively to support member states. Though there were media reports in February 2021 suggesting that ASEAN member states had considered using US\$10M of the US\$15M raised thus far in the ASEAN COVID-19 Response Fund to acquire vaccines for the bloc, there has not been any official confirmation of any such action from ASEAN.⁶⁷ Furthermore, as of June 2021, though

many leaders and officials have encouraged the speedy establishment of the ASEAN Travel Corridor and the ASEAN Centre for Public Health Emergencies and Emerging Diseases, these measures are still in the process of development and implementation.

There are lingering questions about how much of Southeast Asia's relative success in containing the COVID-19 pandemic in 2020 and early 2021 can be attributed to ASEAN's regional response. During the first wave of the pandemic in spring 2020, as with most of the world, many ASEAN countries took their own national and local measures against the outbreak and did not pursue policy co-ordination with neighbouring countries. Furthermore, though some ASEAN member states have been considered model examples of COVID-19 containment, others have struggled to manage large waves of infection. Crucially, the entire region has faced unprecedented spikes of COVID-19 cases since the emergence of the Delta variant of COVID-19 during spring 2021, and as of June there is no indication of ASEAN co-ordination on vaccine procurement and distribution, seen as the key to stemming this current wave.⁶⁸ Some commentators have criticized the lack of co-ordination on issues that fall squarely within the ambit of the intergovernmental organization, such as migrant workers' issues, and have noted that the arrival of proposals to create novel initiatives to respond to the pandemic only began in the April 2020 special ASEAN summit, a month after COVID-19 was declared a pandemic.⁶⁹ The joint statement of the ASEAN Peoples' Forum, a collection of civil society groups and individuals meeting on the sidelines of the November ASEAN Summit, went so far as to call ASEAN's collective response "largely token and unco-ordinated," with country-based responses to the socioeconomic impacts of the pandemic "inadequate and inefficient."⁷⁰

However, ASEAN's actions need to be considered in the context of the bloc's structure, which prioritizes members' autonomy and consensus-building over centralized policy-making, and the worldwide state of multilateralism, which has also been widely considered to have faltered in the face of the current crisis. ASEAN's lack of a regional pandemic response plan and co-ordination centre, akin to the mechanisms previously created for natural disasters, meant that any initiatives specific to a collective pandemic response necessarily had to be negotiated and built anew while member states have been managing ongoing outbreaks and, since February 2021, a political crisis in Myanmar. Regular meetings within various sectors and all levels of government, as well as existing institutional infrastructure for disaster management and health co-ordination, likely contributed to the relatively rapid agreement and alignment of ASEAN member states on these new mechanisms. These mechanisms illustrate the potential that ASEAN's relatively robust regionalism has to offer for creating regional solutions to collective threats.

Asia-Pacific Economic Cooperation (APEC)

Year of founding: 1989

Members:

- 21 member economies

(Australia, Brunei, Canada, Chile, China, Hong Kong SAR, Indonesia, Japan, South Korea, Malaysia, Mexico, New Zealand, Papua New Guinea, Peru, Philippines, Russia, Singapore, Taiwan, Thailand, United States, and Vietnam).

Structure:

- Annual economic leaders' meeting hosted by host economy, which rotates on an annual basis, set policy agenda; annual ministerial meeting of foreign and economic ministers provides recommendations to leaders;
- Decision-making based on consensus, and all agreements and initiatives are voluntary and non-binding;
- Sectoral ministerial meetings, four high-level committees, and working groups carry out APEC's work and initiatives; and

- APEC Study Centres Consortium and APEC Business Advisory Council allow for engagement with academic and business sectors of member economies.

Areas of co-operation:

- Guided by 1994 Bogor Goals, APEC aimed to "free and open trade and investment in the Asia Pacific" by 2020;
- Key pillars include trade and investment liberalization, business facilitation, and economic and technical co-operation; and
- Working groups' mandates span from digital economy and tourism to global health and counter-terrorism.

Relationship with Canada:

- Canada was one of the original 12 founding members; and
- Canada has been a co-chair of the APEC Health Working Group for 2018-2018 (with Papua New Guinea) and 2020-2021 (with Malaysia).

The Asia-Pacific Economic Cooperation (APEC) is a regional economic forum dedicated to leveraging the growing interdependence of the Asia Pacific. Every year one of the members serves as host.

Malaysia was challenged with hosting APEC in 2020, when the organization shifted its focus toward COVID-19 responses and virtual meetings. APEC's first policy briefs and reports on COVID-19 came out in April that year. At that time, the link between public health and economic resilience became an explicit part of its agenda when it recognized that the APEC region accounted for 40% of COVID-19 cases. The agenda sought to respond to how the pandemic would dramatically shrink the APEC region's economic output, leading to the unemployment of 23 million people. However, its take on the pandemic was not only driven by concerns over the economy. APEC noted that health-care systems were strained as a result of a shortage of beds and medical supplies. Thus, regional co-operation would be crucial for the region's response and economic recovery plan. Regional co-operation among APEC countries called on members to exchange information, keep supply chains open, and co-ordinate policy.⁷¹ Over the course of the year, APEC working groups included pandemic-related discussion in their wide-ranging work including food security; micro, small, and medium-sized enterprises (MSME) digitization; tourism; and health.

Health has been a key agenda within APEC since the outbreak of SARS in 2003. It was quick to recognize the impact of epidemics on business and the economies within its members and created a Health Task Force that year. Over the next few years, APEC raised awareness in addressing avian and influenza pandemic preparedness. In 2007, it pitched the need for a set of guidelines for how to keep APEC economies functioning during a pandemic.⁷² In support of creating such guidelines and the importance of the relationship between public health and economic growth, APEC raised the status and capacity of the task force by turning it into the Health Working Group (HWG). Since then, the HWG has worked to raise awareness of the relationship between health and the economy, trade, and security among its members and it has also engaged with the WHO and ASEAN.

Canada, being one of the HWG co-chairs with Malaysia for 2020-2021, has helped shape the dialogue during the pandemic thus far.⁷³ In 2020, the HWG held two virtual meetings (February and September), focusing on COVID-19 and stressing the need for co-operation and collaboration. It expressed its continued support for the Vaccination Action Plan, which aims to support member economies to vaccinate their populations and overcome three key challenges: supply chain interruption, vaccine hesitancy, and regulation for vaccine approval. Canada's chair stressed the importance of digital literacy for improving the implementation of vaccination programs and boosting vaccine confidence. Its latest five-year plan (2021-2025), which it approved at the September meeting, emphasizes

a “Health in All Policies” approach with a focus on the intersection between health and economy. The HWG will also continue to engage with and build on related work by other global and regional dialogue mechanisms.⁷⁴ The Steering Committee on Economic and Technical Cooperation is currently reviewing the HWG’s work as part of regular four-year cycle reviews to determine if its mandate will continue for another four years. News is expected in August.

APEC’s broader pandemic responses include a holistic approach to economics through unlocking the potential of MSMEs. The pandemic exposed female workers and MSMEs to the economic challenges of adjusting to a contact-less environment. Thus, APEC has brought significant attention to advancing policies surrounding access and effective use of digital technologies. By adopting digital solutions, MSMEs can manage transactions at a distance, efficiently deliver goods, facilitate access to financial services, and engage with new and existing customers. APEC’s discussions of adapting to digital spaces encourage its 21 member economies to prioritize these items on its agenda.

Overall, APEC’s pandemic response reveals the significance of maintaining co-operation in exchanging information and co-ordinating policies during health crises. APEC promoted policies of boosting vaccine confidence, ensuring the equitable distribution of vaccines, co-ordinating the smooth flow of essential goods, and advancing digital infrastructure. APEC’s role in the ecosystem of international organizations has thus been to generate agreement and momentum around shared pandemic response policies.

Asian Development Bank (ADB)

Year of founding: 1966

Members:

- 68 total members
- 49 regional members

(Afghanistan, Armenia, Australia, Azerbaijan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Cook Islands, Federated States of Micronesia, Fiji, Georgia,

Hong Kong SAR, India, Indonesia, Japan, Kazakhstan, Kiribati, Kyrgyzstan, Laos, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nauru, Nepal, New Zealand, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea,

Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Tonga, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu, and Vietnam); and

- **19 nonregional members**

(Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom, and the United States).

Structure:

- Board of Governors, composed of one representative from each shareholder country, sets policy and elects Board of Directors, a 12-member body responsible for the operation of the bank;
- Voting power is distributed according to number of shares held in the bank, with Japan and the United States holding the largest number of votes (around 15% each); and
- Management team headed by President, who has traditionally been a Japanese national, and divided into various thematic departments and country offices throughout the region.

Areas of co-operation:

- ADB defines itself as a development organization dedicated to poverty reduction in the Asia Pacific through public sector lending, economic growth, and regional development; and
- Five key areas of co-operation include education; environment, climate change, and disaster risk management; finance sector development and infrastructure; regional co-operation and integration; and private sector lending.

Relationship with Canada:

- Canada is a founding member of the ADB and has a voting share of roughly 4.5%; and
- Since the ADB's inception, Canada has provided over US\$8B in capital subscription.

The ADB defines itself as a development organization dedicated to poverty reduction in the Asia Pacific, through economic growth and regional development. This is achieved primarily through public sector lending along five key areas: education; environment, climate change, and disaster risk reduction; finance sector development and infrastructure; regional co-operation and integration; and private sector lending. During the COVID-19 pandemic, the ADB presented rapid responses through financing vaccine procurement and financing to protect economies, governments, private sectors, and vulnerable groups.

Since the start of the pandemic, the ADB shared presentations, working papers, policy briefs, and reports on challenges to fighting the pandemic (e.g., PPE supply chain bottlenecks and shortages), data on responses of its member countries, and various budget support mechanisms that it developed in response to the 2008 financial crisis, as well as the Asia Pacific Disaster Response Fund (APDRF), which it has since applied to its response to COVID-19.



Health care workers set up a COVID-19 vaccination site in Caloocan City, Philippines in June 2021. The vaccines were procured with the assistance of the Asian Development Bank's COVID-19 Asia Pacific Vaccine Access Facility (APVAX).

Source: Asian Development Bank

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The APDRF was established as a special grant in 2009 to provide fast-tracked funds to developing member countries (DMCs) for emergency life-saving purposes in the immediate aftermath of major disasters triggered by a natural hazard. Prior to the pandemic the fund had been exclusively applied to natural hazard-related emergencies in the region, an instance of disaster planning and preparation being applied to the COVID-19 crisis.

Between March and April 2020, the fund was applied directly to procuring emergency medical equipment and PPE, paying front-line health-care workers, improving testing capacity, alleviating immediate response needs, and delivering appropriate medical services in DMC locations.

In April 2020, the ADB published a brief describing its approach to DMCs in responding to the pandemic and the related crisis through finance, knowledge, and partnerships. The brief describes a “three-pronged approach: (i) support countries’ immediate needs to respond to the pandemic and its secondary effects; (ii) strengthen sector-wide pandemic preparedness, stabilize the economies, and strengthen health systems; and (iii) address systemic constraints limiting effective responses, working with the private sector and international organizations like the United Nations.”⁷⁵

In the pandemic’s initial stages, the ADB’s disaster response mechanisms played an important role in the pandemic response timeline and budget overall. In March 2020, the ADB provided an initial COVID-19 support package to its DMCs totalling US\$6.5B. In the following two months, under the APDRF, the ADB granted:

- US\$3M to the Philippines;
- US\$3M to Indonesia;
- US\$500,000 to Maldives;
- US\$1M to Mongolia;
- US\$2M to Pakistan; and
- US\$1.53M to the Federated States of Micronesia.⁷⁶

In December 2020, the ADB Board of Directors approved the Asia Pacific Vaccine Access Facility (APVAX), a US\$9B financing instrument to facilitate COVID-19 vaccinations across DMCs. As of December, APVAX had approved four constituencies for funding: Indonesia, Philippines, Afghanistan, and South Pacific Islands. The ADB plans to prepare a series of country-specific financing proposals to meet the unique needs of DMCs while enhancing the ADB’s ability to process support faster and with lower transaction costs. The APVAX facility and the policy variations described in the plans are slated to take effect over 36 months from the December Board approval and may be extended for up to 24 months subject to the outcome of a review and prior Board approval.⁷⁷ Canada has provided US\$8B in capital to ADB as of December 31, 2020, and has contributed and committed US\$2.11B to Special Funds since joining the bank.⁷⁸

Asia Infrastructure Investment Bank (AIIB)

Year of founding: 2015

Members:

- 86 total full members and 17 prospective members

- 46 regional full members

(Afghanistan, Australia, Azerbaijan, Bahrain, Bangladesh, Brunei, Cambodia, China, Cook Islands, Cyprus, Fiji, Georgia, Hong Kong, India, Indonesia, Iran, Israel, Jordan, Kazakhstan, South Korea, Kyrgyzstan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Oman, Pakistan, Philippines, Qatar, Russia, Samoa, Saudi Arabia, Singapore, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Tonga, Turkey, United Arab Emirates, Uzbekistan, Vanuatu, and Vietnam); and

- 40 nonregional full members

(Algeria, Argentina, Austria, Belarus, Belgium, Benin, Brazil, Canada, Côte d'Ivoire, Denmark, Ecuador, Egypt, Ethiopia, Finland, France, Germany, Ghana, Greece, Guinea, Hungary, Iceland, Ireland, Italy, Liberia, Luxembourg, Madagascar, Malta, Netherlands, Norway,

Poland, Portugal, Romania, Rwanda, Serbia, Sudan, Sweden, Switzerland, United Kingdom, and Uruguay).

Structure:

- Board of Governors, composed of one representative from each shareholder country, sets policy and elects Board of Directors, a 12-member body responsible for the bank's operation;
- Voting power is distributed according to number of shares held in the bank, with China holding the largest number of votes (around 26.1%); and
- Management team headed by President and divided into various thematic departments.

Areas of co-operation:

- AIIB focuses on sustainable infrastructure development lending, or "Infrastructure for Tomorrow"; and

- Lending revolves around four thematic priorities: green infrastructure; connectivity and regional co-operation; technology-enabled infrastructure; and private capital mobilization.

Relationship with Canada:

- Canada joined the AIIB in 2018, with a capital subscription of roughly US\$1B and a voting share of roughly 1%.

Like the ADB, the Asia Infrastructure Investment Bank (AIIB) also refocused its efforts and project funding in response to the pandemic. The AIIB is a multinational bank focused on supporting sustainable infrastructure projects mainly in developing Asia that formed in 2016 (Canada joined in 2018). The purpose of the AIIB has been to (1) foster sustainable economic development and invest in infrastructure and productive sectors to improve infrastructure connectivity in Asia and create wealth; and (2) promote regional co-operation and partnership.⁷⁹ As a bank with a mission of improving social and economic outcomes in Asia through infrastructural development, the pandemic directed the AIIB's focus toward targeting economic recovery and vaccine accessibility. By adapting to achieving these goals, the AIIB has shifted from its original mandate of infrastructural funding to mitigate economic, financial, and public health pressures arising from COVID-19.⁸⁰

The AIIB's COVID-19 response began in February when it first donated US\$1M to help secure medical supplies for Wuhan and Beijing, China. The AIIB sourced medical supplies globally to donate 51,000 medical masks, 46,000 protective clothing items, 17,000 surgery aprons, 21,000 boxes of surgery gloves, and other essential prevention supplies.⁸¹ It donated a total weight of 40 tons of equipment to Wuhan and Beijing on February 24, 2020, with more batches to follow.

In April, the AIIB committed to creating a US\$5B COVID-19 Crisis Recovery Facility (CRF) that would operate from April 2020 to October 2021. It later increased available financing to US\$13B and extended the availability to April 16, 2022, "to both public and private sector entities in any AIIB member facing, or at risk of facing, serious adverse impacts as a result of COVID-19."⁸² The CRF will provide emergency financing in addressing needs for public health financing and alleviating liquidity constraints of productive sectors.⁸³

Historically, the AIIB has lacked a clear presence in health projects while the ADB has maintained a strong presence in health financing.⁸⁴ With the pressures of the pandemic

mounting on countries globally, the AIIB was forced to halt its funding for infrastructure projects. The pandemic has propelled the AIIB's funding to shift to supporting and prioritizing vaccine accessibility for low- and middle-income nations through its CRF. So far, most of the AIIB's health projects are co-financed under the ADB's APVAX.

Under the CRF, the AIIB launched vaccine financing to foster sustainable economic recovery through vaccine procurement and rollout. The AIIB's Board of Directors approved a loan of US\$300M to procure COVID-19 vaccines in the Philippines for its first vaccine financing project. The loan is co-financed with the ADB, where the ADB plans to support the Philippines government's efforts in providing vaccines for approximately 50 million people. The AIIB will also provide immediate financing support of US\$21M to the government of Mongolia to procure vaccines through APVAX.⁸⁵ The project will be supported under AIIB's CRF and the ADB's APVAX to ensure timely access to eligible COVID-19 vaccines in supporting economic and social recovery in Mongolia.

Like other international organizations mentioned in this paper, AIIB reports have emphasized the significance of using digital infrastructure as a method of economic recovery and preparedness for future crises. While COVID-19 forced many businesses to transition to e-commerce, the AIIB pointed out that e-commerce operations are mostly based in developed markets, with developing nations lacking adequate logistics and infrastructure to enable this shift. Therefore, AIIB has suggested that digital inclusion of developing nations, MSMEs, and women-led businesses is necessary to support social and economic recovery from COVID-19.⁸⁶

AIIB's research through the pandemic stresses the importance of multilateral development banks which bring financiers together to ensure consistent socioeconomic projects and provide counter-cyclical financing and protection against political risk.⁸⁷ In attempts to uphold international standards of quality, safety, and equity in vaccine financing, the AIIB is working closely with other multilateral development banks like the World Bank, IMF, and the International Finance Corporation.⁸⁸ Through these institutions, government officials can interact with each other in summit meetings to prioritize actions and mobilize to achieve policy goals. Participation is crucial in the meetings as it often influences decision-making for pandemic responses. The pandemic has revealed that international financial institutions can support the public and private sector to mitigate the impacts of COVID-19 and provide a safety net for the vulnerable. Collaborations among these banks demonstrate the importance of interconnectivity to foster information sharing, mutual observation, and mutual learning across East Asia.⁸⁹

In response to the economic challenges brought on by COVID-19, the AIIB forecasts a future shaped by green infrastructure, social infrastructure, asset recycling or privatization, technology-enabled infrastructure, and connectivity and regional co-operation. COVID-19 has shifted efforts in the world to prepare for ecocatastrophes, forcing international organizations to consider environmental, social, and governance standards in business activities. The AIIB suggests that stimulus packages for members can be oriented toward sectors and technologies that improve resilience to future environmental changes and crises. The pandemic has also exposed global under-investments in social infrastructure, revealing a deficit in basic health-care facilities in all countries. Not only is public investment in social infrastructure encouraged for handling future crises, but connectivity infrastructure is also promoted. COVID-19 has increased our awareness of how technologies can be used in various ways. Investing in connectivity infrastructure will be essential to building more resilient supply chains. With the economic challenges countries face from the pandemic, the AIIB foresees that governments will promote asset recycling or privatization to alleviate fiscal constraints. By fostering a low-interest-rate environment, private investors and companies can take advantage of investment opportunities.⁹⁰

Overall, the pandemic has shifted the AIIB's focus from its main mission of funding infrastructure to health-care funding. The CRF funding emerged near the beginning of the pandemic and grew dramatically to help ensure the equitable distribution of vaccines for low and middle-income countries. Meanwhile, the APVAX facility demonstrates the significance of collaborating with other international organizations such as the ADB. As a development bank with a history of financing health projects, the ADB had greater experience in responding to health crises. By collaborating with the ADB, the AIIB was able to better structure its redirection of financing health projects. Both banks also share the same vision of a sustainable economic recovery, allowing its co-ordination of pandemic responses to flow smoothly within an ecosystem framework.

Council for Security Cooperation in the Asia Pacific (CSCAP)

Year of founding: 1993

Members:

- 21 member committees
(Australia, Cambodia, Canada, China, European Union, India, Indonesia, Japan, Malaysia, Mongolia, Myanmar, New Zealand, North Korea, Papua New Guinea, Philippines, Russia, Singapore, South Korea, Thailand, United States, and Vietnam); and
- The Pacific Islands Forum is an associate member.

Structure:

- Track 1.5 and Track 2 dialogue mechanism between strategic studies centres in the Asia Pacific region, closely integrated with ASEAN;
- Governed by the CSCAP Charter, which establishes a Steering Committee co-chaired by an ASEAN member and non-ASEAN member, and a permanent Secretariat; and

- Steering Committee meets twice annually; several subcommittees and study groups meet on operational and regional security issues.

Areas of co-operation:

- Non-governmental forum on regional security, maritime, and peacekeeping issues; and
- Focuses on producing policy documents and building consensus on issues considered too sensitive for official dialogues.

Relationship with Canada:

- Canada was a founding member;
- The Asia Pacific Foundation of Canada serves as Canada's CSCAP committee; and
- Canada will co-lead a new study group on COVID-19 and pandemic-era security in the Asia Pacific, approved by the Steering Committee in July 2021.

Pandemic-related issues have influenced security dialogue mechanisms in Asia over the last year, paralyzing the activities of some and shifting directions of others to address the crisis. For example, the Council for Security Cooperation in the Asia Pacific (CSCAP) recognized that the spread of COVID-19 has changed international relations dynamics and that the post-pandemic world will likely feel and operate differently. CSCAP is a Track 1.5 and Track 2 dialogue focused on peacekeeping, maritime, and security issues and is closely integrated with ASEAN in its overlapping membership, priority issue areas, and communication channels.

CSCAP has in the past dedicated some of its discussions to health issues. For example, in the early 2000s it created a study group around avian flu and SARS. To date, however, CSCAP member committees have not focused on the COVID-19 pandemic, with the notable exception of a 2020 Australia National University led ad-hoc perspective series on COVID-19 and security.⁹¹ The CSCAP 2021 Outlook suggests that the pandemic facilitated a dramatic shift in US-China relations for the worse by eliminating any prior sense of collegiality in their previously tense relationship. It also suggests that the post-Cold War era trend of allowing markets and efficiency to dictate international trade is being replaced by steps toward a new focus on economic, trade, and supply chain resilience.⁹² In July 2021, however, the CSCAP Steering Committee approved a proposal by the Asia Pacific Foundation of Canada (Canada's acting CSCAP secretariat) for a three-part study group on COVID-19 and pandemic-related security in the Asia Pacific. APF Canada will lead this study group together with New Zealand and Vietnam and potential participants include some of Asia's most marginalized states, including North Korea and Myanmar. The study group will consider pandemic-related great power relations, economic recovery, and preparation.

Within the framework of an ecosystem, CSCAP holds great potential to conduct research and development on health crises policy to build regional confidence and security co-operation across the Asia Pacific. In times of future health crises, CSCAP's contributions of dialogues, consultations, and co-operation can breed policy discussions among government and non-government actors. Since CSCAP consists of a variety of contributors with their own sets of diverse experiences, knowledge, and expertise, CSCAP can offer more comprehensive perspectives to explore and analyze health security policy trends. Considering Canada's recent involvement in CSCAP through APF Canada's study group on COVID-19 and pandemic-era security in the Asia Pacific, Canada can explore the possibility of shaping CSCAP's work. The Canadian government has the option of playing a more integral role in supporting research behind health crisis planning from a security-focused perspective. With the support of the Canadian government, the Public Health Agency of Canada also has the possibility of fitting into the ecosystem by collaborating with CSCAP to better prepare for Canada's health crisis planning.

Quadrilateral Security Dialogue (Quad)

Year of founding: 2007 (first iteration); 2017 (current iteration)

Members:

- 4 member states

(Australia, India, Japan, and the United States)

Structure:

- Irregularly scheduled summits between leaders of the four member states;
- Occasional meetings with leaders from New Zealand, South Korea, and Vietnam (termed the “Quad Plus”); and
- Three working groups were established in March 2021 to facilitate initiatives around COVID-19 vaccine deployment, climate change response, and strategies for emerging and critical technologies.

Areas of co-operation:

- Originally focused on security co-operation between democratic states, most recently around the concept of the “Free and Open Indo-Pacific”; and
- Since March 2021, scope has expanded to include COVID-19 vaccination, climate change, and emerging technologies through new working groups.

Relationship with Canada:

- None at present, though Canada has participated in regional “freedom of movement” operations in the South China Sea.

The Quadrilateral Security Dialogue (the Quad) is an example of the increasing trend toward minilateralism in the Asia Pacific that has also pivoted to address health-related issues since the beginning of the COVID-19 pandemic.⁹³ The Quad is an informal alliance with shared concerns over China’s growing influence in the region. Since 2020, the group has agreed to focus on working together to strengthen and assist countries in the Indo-Pacific with COVID-19 vaccination, in close co-ordination with the existing relevant multilateral mechanisms including WHO and COVAX. The current agenda includes co-operating on safe and effective COVID-19 vaccine manufacturing in 2021.⁹⁴

In March 2020, at the request of the United States, Quad members held the first meeting of the “Quad Plus,” an expanded iteration of the existing Quad including representatives from New Zealand, South Korea, and Vietnam to discuss their respective approaches to the growing pandemic.

In March 2021, at its first summit meeting held virtually, the Quad pledged to launch a senior-level Quad Vaccine Experts Group, the Quad Climate Working Group, and the Quad Critical and Emerging Technology Working Group to respond to the economic and health impacts of COVID-19. It had been reported before the summit meeting that the four countries were working to develop a plan to distribute COVID-19 vaccines to countries in Asia as part of a broader strategy to counter China’s influence (including its so-called “vaccine diplomacy”), and that India had urged the other three countries to invest in its vaccine production capacity. While publicly available documents on the Quad are limited and the group is not accountable to any legally binding framework, they appear to be on track to move forward with plans as stated above. The next summit meeting is slated to be held in person by the end of 2021.

Canada’s involvement in Quad activities has been limited. Canada’s first participation in a Quad military exercise took place in January 2021 when the Royal Canadian Air Force joined the Quad naval exercise “Sea Dragon” in the Pacific Ocean. Nonetheless, the Canadian foreign policy community has discussed Canada’s potential to engage with the Quad in future initiatives.⁹⁵

Infectious Disease Surveillance Networks

In the wake of past outbreaks of SARS, Ebola, Zika, and other diseases, the emergence of regional infectious disease surveillance networks reflects the growing connections among countries, with disease outbreaks shifting from local to regional to global levels. Regional disease surveillance networks focus on sharing information and monitoring outbreaks using technology and surveillance. In contrast to more formal international organizations such as the WHO, these networks tend to reflect cross-border collaborations between epidemiologists, scientists, ministry officials, health workers, border officers, and community members, in ways that complement national and local initiatives already in place. These types of networks have grown in recent years, and expanded to include training, capacity-building, and multidisciplinary research. Today, six of these networks are linked through Connecting Organizations for Regional Disease Surveillance (CORDS), two of which (Mekong Basin Disease Surveillance Foundation and The Asia Partnership on Emerging Infectious Diseases Research) are based in the Asia Pacific.⁹⁶

MEKONG BASIN DISEASE SURVEILLANCE FOUNDATION

The Mekong Basin Disease Surveillance (MBDS) Foundation is a self-organized network started in 2001 that connects six regional Mekong Basin countries in disease surveillance and outbreak response at the national and subnational levels. MBDS is a component of the outbreak reporting system Program for Monitoring Emerging Diseases (ProMED), spearheaded by health ministries from member countries to collaborate on infectious disease surveillance and control. The Ministries of Health of Cambodia, China, Laos, Myanmar, Thailand, and Vietnam signed a memorandum of understanding in 2001 in Kunming, China, with the regional co-ordinating office agreeing to be located in the Thai Ministry of Public Health.⁹⁷

During 2020, the MBDS engaged in a number of cross-border disease prevention activities including the “Exchange situation of pandemic (COVID-19) in Point of Entry (POE) screening measures and surveillance cooperation on disease prevention and investigation meeting,” a bilateral meeting between Thai and Laotian border health authorities. In the fall and winter of that year, the group co-published reports on COVID-19 response efforts among Mekong Basin countries, held meetings and forums on disease prevention, and presented overviews of COVID-19 responses with a focus on regional collaboration and lessons learned during the pandemic. These activities were aimed at containing the spread of COVID-19, sharing information on the outbreak transmission, co-ordinating individual and collective responses, case management and stakeholder collaboration, and deployment of human and material resources in outbreak control. The network has also applied tools such as Geographic Information Systems and engaged in tabletop and simulation exercises on pandemic response at the country and regional levels. Following a simulation in May 2021, leaders in participating countries gathered virtually to discuss the outcomes of the scenarios and present their findings and lessons learned.⁹⁸

THE ASIA PARTNERSHIP ON EMERGING INFECTIOUS DISEASES RESEARCH

The other Asia Pacific-focused infectious disease surveillance network operating within the CORDS umbrella is the Asia Partnership on Emerging Infectious Diseases Research (APEIR). Established in 2006 to promote regional collaboration on all emerging infectious diseases, APEIR consists of researchers, health practitioners, and government authorities from Cambodia, China, Laos, Indonesia, Thailand, and Vietnam. The group’s focus is on communication and knowledge sharing with an emphasis on reducing the impact of infectious disease outbreaks in poor and marginalized groups in the region.

A recent collaborative webinar among CORDS and two other regional health networks focused on vaccine equity in Asia. The webinar was attended by 97 participants from various institutions and backgrounds, including government, universities, private sector, and others, representing at least 10 countries. Participants shared best practices and opportunities to improve COVID-19 vaccination in countries in the region, with a particular focus on underserved groups and addressing gaps to vaccine access in those locations.⁹⁹

Subnational Networks and Regional Civil Society

The membership of most international organizations looked at thus far in this report is made up of states, technical experts, and major economies. Subnational and non-state actors can often participate in these organizations, but their voices, perspectives, and needs are not always included or highlighted in organizational initiatives or documentation. Meanwhile, many of these actors have set up their own organizations and networks, collaborating and sharing information throughout the pandemic. While these activities fall outside of the traditional conception of international organizations, their work merits inclusion in this report for the vital role they have played in documenting, supporting, and facilitating local and grassroots responses to the pandemic. COVID-19 has had a disproportionately negative impact on women, the elderly, Indigenous and ethnic minority communities, youth, and other vulnerable populations in the Asia Pacific, just as it has in Canada. Additionally, local governments and communities have often had a disproportionate burden in implementing public health measures and providing COVID-19 economic and humanitarian relief. We examine three broad categories of subnational and non-state organizations below: local government, Indigenous peoples, and civil society.

LOCAL GOVERNMENT

Subnational governments are often more connected with local realities and more responsible for social services and public health measures directly impacting communities on the ground. They are therefore valuable sources of information and important partners in effective pandemic response for national governments and international organizations.¹⁰⁰ Many local governments in the Asia Pacific have been connected through the United Cities and Local Governments organization, a global network of municipalities that also includes regional chapters, such as its Asia-Pacific section (UCLG ASPAC) based

in Jakarta, Indonesia. Building on its existing efforts to advocate for local governance and address development issues, which included finalizing a manifesto for its work through 2021-2025, UCLG ASPAC also pivoted to increase co-operation and policy sharing between its member cities by collecting COVID-19 best practices from different Asia Pacific cities in a report published in April 2020, organizing numerous webinars on COVID-19 response and urban resilience, and facilitating the donations of medical supplies between member cities.¹⁰¹

Our interview with representatives from the Federation of Canadian Municipalities (FCM), the leading organization representing Canadian municipalities at the federal and international level, also confirmed that Canadian cities have been engaging through the global UCLG network. Bev Esslinger, a city councillor from Edmonton, shared how experiences raised by mayors and councillors from other parts of the world resonated with the challenges that Edmonton was facing, such as the importance of gender considerations in local pandemic response and the issue of homelessness due to the pandemic.¹⁰² Furthermore, FCM has been involved in international co-operation programs with cities throughout the world, including those in Vietnam and Cambodia, which have had to adapt during the pandemic.¹⁰³ These collaborations and interactions between cities across the Asia Pacific highlight underappreciated and underutilized pathways for Canadian governments to engage. Canada, in future, could take better advantage of these pathways to further understand, reach out to, and work with local governments around the world in foreign policy and pandemic response.

INDIGENOUS PEOPLES

Domestic organizations in Asia Pacific countries have played important roles in responding to the pandemic by helping meet Indigenous communities' needs. Assistance has included supporting quarantine efforts and movement of people, securing food and PPE, COVID tests, and educating populations on COVID-19 and mitigation measures.¹⁰⁴ However, Indigenous participation in international co-operation has also been increasingly pronounced in recent years, particularly surrounding the issue of Indigenous health and business. In the years preceding the pandemic, Indigenous people in Canada, Australia, and New Zealand organized numerous exchanges and studies that focused on transnational Indigenous health issues.¹⁰⁵ For example, the International Group on Indigenous Health Measurement, a network of government and non-government personnel from these countries (plus the United States), initiated meetings between 2005 and 2013.¹⁰⁶

There remains significant potential to build off such work and existing networks, either directly with grassroots or local initiatives or via international organizations in the Asia Pacific. One avenue to support this could be through APEC, as one of New Zealand's goals as chair this year is to create space to discuss Indigenous issues.¹⁰⁷ Its work to establish an Indigenous business leaders' dialogue could be expanded to include health considerations. Another potential opportunity is through supporting the work of the WHO's Health and Human Rights Team, which has driven Indigenous health work at that organization.¹⁰⁸

International Indigenous organizations have also played a significant role in advocating for Indigenous perspectives and concerns throughout the pandemic. The Chiang Mai, Thailand, based Asia Indigenous Peoples Pact has operated since 1992 and has 46 member organizations from 14 economies in the region. It put out its first statement on COVID-19 on March 26 and created a dedicated web page for its COVID-19 response.¹⁰⁹ The organization has produced numerous reports and rapid assessments about the impact of COVID-19 on Indigenous communities, highlighted the work that some Indigenous groups have done to beat the odds and contain COVID-19, and provided grants for Indigenous youth initiatives responding to COVID-19 in their local communities.¹¹⁰

CIVIL SOCIETY

Finally, civil society networks have also played a key role during the pandemic. Our research and interviews focused on the efforts of Southeast Asian regional civil society, which has largely revolved around the formal ASEAN civil society process represented by the ASEAN People's Forum/ASEAN Civil Society Conference (APF/ACSC). The APF/ACSC's annual meetings, usually coinciding with the major ASEAN summits, have been a channel for the participation of civil society and marginalized peoples in ASEAN and have helped widen the space for democratic engagement and transnational exchange in the regional body.¹¹¹ In November 2020, the APF/ACSC hosted almost 1,200 delegates virtually and in Hanoi, Vietnam, to discuss the COVID-19 pandemic and other issues, producing a joint statement that called for COVID-19 relief for marginalized sectors of society, increased community-based and participatory governance, people-to-people partnerships and cross-learning spaces, and the protection of human rights in public health responses to the pandemic. For the first time, the body also endorsed a resolution calling for the development of an alternative regionalism to complement the existing formal ASEAN civil society process, voicing its frustration and discontent with current ASEAN state-led efforts to address grassroots concerns.¹¹²

Academic research units, such as the University of the Philippines Center for Integrative Development Studies' Program on Alternative Development (AltDev), have also documented and supported grassroots efforts to respond to the pandemic, especially those that are stepping in where formal governments have been lacking. Prior to the pandemic, AltDev had been working to build an alternative regional civil society network distinct from the formal ASEAN civil society process. Its research in 2020, which culminated in a report of Southeast Asian grassroots organizations' activities during the pandemic, underscored the importance of diverse sources of expertise to contribute to policy perspectives, particularly where marginalized and Indigenous communities are the targets of such policies.¹¹³ Many of these organizations have worked hard during the pandemic to overcome barriers, share and disseminate information, and build networks to help provide services, medical supplies, and food required to support pandemic responses, and thus deserve more recognition and support from formal governments. AltDev's emphasis on participatory research to amplify the voices of the people on the ground, while also working alongside state-based frameworks and holding state agencies accountable to the communities they serve, is also a model for how grassroots-oriented research and development can contribute to local resilience and pandemic readiness for future public health crises.¹¹⁴



Mawk Kon Local Development Organization, a civil society organization in Myanmar, distributing COVID-19 prevention kits to returning migrant workers in April 2020.

Source: ILO/Mawk Kon Local Development Organization (MKLDO)

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Conclusion

This report focuses on how international organizations in the Asia Pacific responded to the pandemic, with a focus on Canada's place within these mechanisms. As the pandemic

unfolded across the world, existing international organizations in the Asia Pacific that had previously focused on trade and economics, infrastructure development, or security and politics took on pandemic response agendas. Organizations like the WHO that already focused on public health seemed less prepared to adapt to the pandemic environment as they were embroiled in geopolitical tensions, and in some cases, they had difficulty meeting expectations under a global spotlight when it came to taking a leading role in global pandemic response. International organizations identified in this section exhibited diverse approaches to the pandemic. Yet, Canadian involvement in these initiatives and activities during the first year of the pandemic was limited. This is reflective of Canada's level of engagement in the Asia Pacific region overall and highlights the tremendous opportunities to further engage. Our in-depth examination of the international organizations' actions yielded some significant themes that help explain and contextualize shifts in policies around this pandemic, and thus anticipate what we might expect during future pandemics as well.

Disaster response and connections forged in previous natural hazard environments emerged as a theme characterizing the activities of several of the international organizations in this report. In some cases, such as the example of the Quadrilateral Security Dialogue, ad-hoc collaborations taking place in response to a natural hazard formed the basis for later cooperative pandemic response activities. Other institutions, such as the Asia Development Bank, were able to adapt existing disaster response mechanisms created in response to human-made crises (such as the Asian financial crisis in this case) to facilitate pandemic response. The ADB's use of its Asia Pacific Disaster Response Fund to administer pandemic response funds to developing member countries is another example of adapting existing disaster frameworks to fit immediate needs during the pandemic. The Pacific Islands Forum, on the other hand, was able to repurpose its framework to co-ordinate a regional response to crises, the Biketawa Declaration, for its pandemic response. Not unlike the story of the US automobile manufacturers producing ventilators in the spring and summer of 2020, the adaptation of existing disaster response mechanisms to pandemic relief was made possible by various forms of financial infrastructure created in previous disaster environments.

A more subtle theme emerged around the expansion of mandates and shifting priorities in response to the COVID-19 pandemic. In some cases, such as with PIF, the institution's focus on democratization in the Asia Pacific took on a broader focus on "development" in the region, opening the door for a host of other projects and mandates that were not previously on the organization's agenda. This kind of subtle "mission creep" could be interpreted as an opportunistic expansion of the goals of such organizations, not unlike the post-9/11 expansion of goals that flourished under the banner of fighting terrorism.

The Quad, for example, has resolved to pay for excess manufacturing capacity in India to be used to produce a billion doses of the Novavax and Johnson & Johnson vaccines for use in Southeast Asia.¹¹⁵

On the one hand, trying to identify and assess Canadian engagement in international organizations in the Asia Pacific pandemic response context is a difficult task as there is no central portal with such information and there has been little written on Canada's engagement with such a broad set of international organizations. This challenge of noting and assessing Canada's engagement with international organizations in the Asia Pacific may also be indicative of the lack of an overarching strategy in Canada-Asia Pacific relations that predates the pandemic. On the other hand, when and how key international organizations in the Asia Pacific reacted to the COVID-19 crisis highlighted several potential opportunities for Canada to take a more active role around future disaster or pandemic planning and response within the region. By closely examining the specific actions, timelines, public statements, and funding of key Asia Pacific international organizations, the shifting of policies and priorities around public health and connections to economic and political interrelations in the region become less opaque. Canada's existing engagement within regional institutions and the nature of interactions in these institutions when their priorities pivoted to pandemic response reveal several areas of potential Canadian contributions to these priorities, and thus in the region more broadly, which could, in turn, help Canada better prepare for the future.

04

CANADA'S PANDEMIC RESPONSE AND INTERNATIONAL ENGAGEMENT

How does Canada's pandemic response fit with its international engagement in the Asia Pacific? Our assessment of Canadian engagement in international organizations in the Asia Pacific has shown that there is a great deal of opportunity for further engagement around public health, but that an ecosystem approach should drive this engagement in the Asia Pacific.

This report highlighted the diverse relationships and interactions taking place in the Asia Pacific to further illustrate the many opportunities for engagement in international organizations in the region. The ecosystem of international organizations in the Asia Pacific provided numerous channels for pandemic-related discussions and responses. There was no one organization that was able to do everything; rather, it was that such a variety of international organizations took action that highlights the need for diversity in engagement. As the world reacted to the COVID-19 crisis, Canadian engagement in the Asia Pacific has been hindered by its limited role in the region prior to the pandemic. In confronting the challenges faced from the pandemic, our findings suggest that opportunities abound for Canada to focus on developing health policy that prioritizes international engagement in the Asia Pacific.

Canada's COVID-19 Related International Engagement

Our scan of Canada's COVID-19 related international engagement highlights that Canada follows the traditional approach of engaging with international organizations through viewing international engagement from the purview of the national government. The paragraphs below highlight examples of Canada's interactions with traditional global international organizations, many of which have been criticized for not acting quickly enough, or for general inactivity, such as the UN, G7, G20, WHO, and WTO. These examples underscore the potential benefits to Canada engaging at multiple institutional levels with more diverse stakeholders.

For example, Canada invested in the WHO's Access to COVID-19 Tools (ACT) Accelerator, which motivates collaboration to develop and equitably distribute affordable vaccines worldwide. Since Canada joined the ACT-Accelerator, its investments had totalled more than C\$1.3B as of May 2021, when this report was written.¹¹⁶ The ACT-Accelerator aims to facilitate the collaboration of scientists, governments, businesses, civil society, global health organizations, and philanthropists in speeding up the development and equitable distribution of tests, treatments, and vaccines through cross-border co-operation.

Another WHO-supported program that Canada has been involved with is COVAX, a vaccine-sharing alliance within the vaccine pillar of the ACT-Accelerator. COVAX launched in April 2020 for wealthier countries to pool money in buying and ensuring the access of vaccines to countries in need. Canada is investing C\$440M in COVAX, with half of the funds used for securing vaccines for Canada, while the other half supported access to vaccines for lower and middle-income countries.¹¹⁷ In June 2021, at the time this report was written, Canada was one of two wealthy countries taking and using vaccines from the COVAX fund, presenting a controversial image internationally. The controversy motivated 32 organizations and agencies to place pressure on Canada to donate its excess vaccines.¹¹⁸ In June 2021, Canada announced its pledge to donate 13 million surplus vaccines to developing nations in a weekend summit in Britain.¹¹⁹ The nature of Canada's participation in COVAX has been the subject of criticism. For example, as of June 2021, Canada was the only G7 country slated to draw from COVAX's vaccine supply in the program's first allotment, which drew criticism for potentially hindering the global equitable distribution process rather than facilitating it.

Canada has also collaborated with the G20, the WTO, APEC, and other institutions to strengthen global supply chains in supporting long-term economic recovery. In its capacity as a WTO member, the Canada-led Ottawa Group's Trade and Health Initiative (a grouping within the WTO composed of Australia, Brazil, Canada, Chile, European Union,

Japan, Kenya, South Korea, Mexico, New Zealand, Norway, Singapore, and Switzerland) advocated in November 2020 for global co-operation to strengthen global supply chains while facilitating the flow of essential medical supplies and vaccines.¹²⁰

The Ministerial Coordination Group on COVID-19 (a grouping composed of Australia, Brazil, Canada, France, Germany, India, Indonesia, Italy, Mexico, Morocco, Peru, South Korea, Singapore, South Africa, Turkey, and the United Kingdom), a minilateral initiative put forward by Canada in April 2020, shares COVID-19 pandemic responses. The group agreed that a strong and co-ordinated global health response was needed, pledging to reinforce global links, support sustainable development, ensure the necessary flow of goods and services, promote free trade, and work with international partners.¹²¹ However, the group's activity gradually declined as the pandemic progressed, failing to maximize its potential of staying interconnected and co-ordinated in response mechanisms. Moreover, the grouping consisted of countries that have traditionally held close ties with Canada.

The theme of maintaining essential global links through the pandemic re-emerges constantly in this paper, highlighting the significance of collaborative and co-ordinated efforts in responding to COVID-19's impact. While Canada has engaged in successful international pandemic response initiatives like COVAX and the ACT-Accelerator, most of its engagement is limited to traditional international organizations. However, this pandemic serves as an opportunity for Canada to learn from the pandemic responses of international organizations in the Asia Pacific. Canada can expand out of its traditional approach to international organizations by embracing an ecosystem approach of diversifying its engagement.

Canada's COVID-19 Related Engagement With the Asia Pacific

Pre-pandemic relations, initiatives, and programs set the stage for Canada's engagement with the region during the pandemic. Canada has been a dialogue partner of ASEAN since 1977 and of the PIF since 1989, as well as a founding member of APEC and the ADB, and has been a shareholder in the AIIB since 2018. The following table summarizes Canada's existing engagement with international organizations in the Asia Pacific and the ministries or departments involved in each relationship.

TABLE 2:

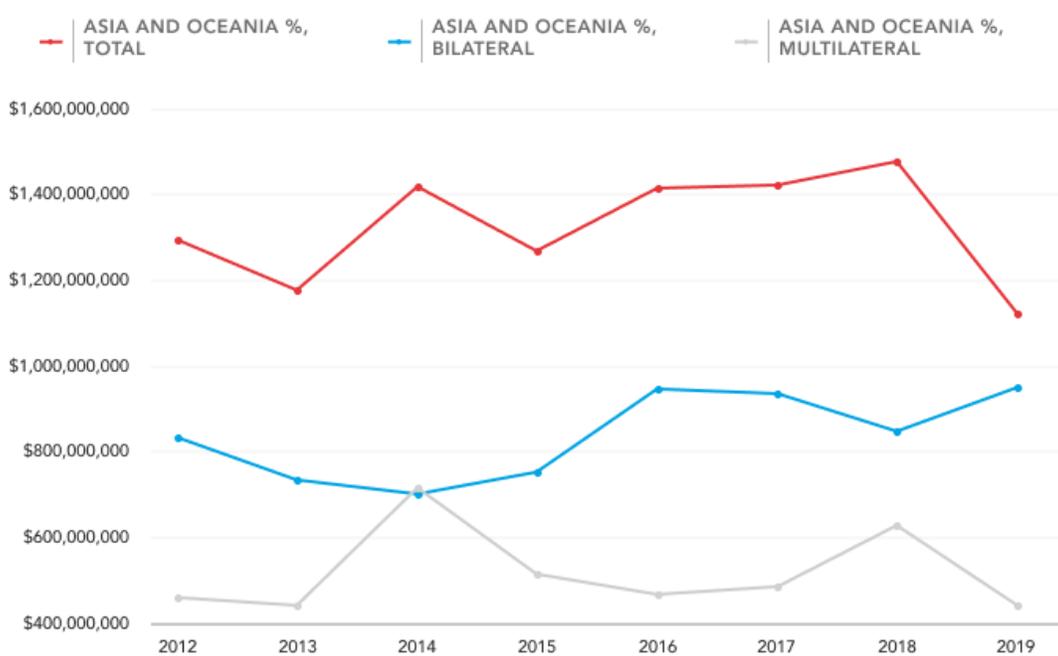
Canada's existing engagement with international organizations in the Asia Pacific, divided by ministry/department responsible

Global Affairs Canada (GAC)	Public Health Agency of Canada (PHAC)	Department of Finance Canada
Asia-Pacific Economic Cooperation (APEC)	APEC (Health Working Group only)	Asian Infrastructure and Investment Bank (AIIB)
Association of Southeast Asian Nations (ASEAN)		
Pacific Islands Forum (PIF)		
Mekong Basin Disease Surveillance Foundation (MBDS)		
Asian Development Bank (ADB)		

Since 2012, Canada has consistently contributed at least C\$1B in official international assistance to Asia and Oceania, which represents roughly a fifth of total international assistance spending per year. As is the case with Canada’s international assistance globally and most other major donor countries’ international assistance, the majority of this assistance is bilateral in nature. Overall annual contributions to Asia Pacific regional multilateral organizations and development banks have lagged in comparison and have been on a declining trend in recent years – from around C\$715M in 2014 to just over C\$440M in 2019 (both in 2021 dollars), the last year for which official statistics are available.

FIGURE 4

Canada Official International Assistance to Asia and Oceania, 2021 CAD



Source: Global Affairs Canada, Statistical Reports on International Assistance, 2012-2019”
https://www.international.gc.ca/gac-amc/publications/odaaa-lrmado/sria-rsai.aspx?lang=eng&_ga=2.90602778.1650743651.1626209077-553966843.1623451460

Canada has been a consistent partner in health development in the Asia Pacific, most notably in contributing roughly C\$16M through the ASEAN-Canada Global Partnership Program for the Mitigation of Biological Threats (2014-2022).¹²² This contribution helped fund several key components of ASEAN's public health infrastructure and also contributed to the Mekong Basin Disease Surveillance network.¹²³ During the pandemic, Canada further provided C\$3.5M to the ASEAN COVID-19 Response Fund¹²⁴ and C\$4.5M in medical supplies to the ASEAN Secretariat and member countries.¹²⁵ As well, Canada contributed C\$500,000 to the APEC Women and the Economy Sub-fund, which supports initiatives within the APEC region to advance women's economic participation and achieve gender equity progress.¹²⁶ Furthermore, Canada donated medical supplies and humanitarian aid to Asia Pacific countries such as China and India during their worst COVID-19 waves, including C\$10M to the Indian Red Cross¹²⁷ and 16 tonnes of PPE to China.¹²⁸

Thus, Canada has contributed in significant ways to global health security and epidemic preparedness in the region, remains actively engaged in several important regional organizations, and plays a large role in international assistance in the region. However, in comparison to what has been publicized by Global Affairs Canada about Canada's engagement on the pandemic at the global level, the level of Canada's engagement in the Asia Pacific—relative to the region's proactiveness and initial success during the pandemic—still has a great deal of underutilized opportunity.

Crucially, we found that a great deal of opportunity exists for PHAC's increased involvement in Canada's engagement on global health matters in the Asia Pacific, a role which has thus far been primarily led by GAC. While PHAC has co-chaired the APEC Health Working Group on behalf of the Canadian government for 2018-2019 and for a second two-year term for 2020-2021, our interviews indicated that PHAC has not been engaged with any other regional organization in the Asia Pacific. This is despite GAC being actively involved in supporting infectious disease surveillance and response capability in ASEAN and the MBDS network, as well as the PIF on policy issues more broadly. In short, federal ministries and agencies such as PHAC and GAC have an opportunity not only to be better coordinated in order to contribute expertise and resources to regional health security, but also to participate in technical exchange and information sharing on infectious disease outbreaks and management with partners in the region.

Conclusion

These activities illustrate that Canada is doing a lot at the global level and has long-standing engagements in the Asia Pacific. However, the bulk of Canadian pandemic response abroad

has been focused on “traditional” forms of engagement, primarily through slow-moving large global institutions, with limited engagement in the Asia Pacific region overall. Though Global Affairs Canada has been involved in initiatives to counter infectious disease and emerging health threats both globally and in the region, there remains a great deal of promising opportunity for strengthened co-operation between GAC and other federal ministries and agencies, such as PHAC. Opportunities to do more to improve its current response, aid much needed global co-operation, and plan for future health crises are laid out in the next section.

05

A CANADIAN COVID-19 AND FUTURE HEALTH CRISES INTERNATIONAL ENGAGEMENT STRATEGY

International organizations profiled in this report tend to focus on building networks for sharing information and developing policies and programs for problem solving across political and geographical boundaries. As we have noted, however, Canada's involvement in international and regional organizations in the Asia Pacific has been focused mainly on economics and trade, highlighting potential areas for deeper and more sustained engagement in the region. The pandemic has clearly shown, however, that economics, trade, and politics are closely related to public health and that, moving forward, international organizations, regardless of their primary focus, will (and should) continue to include a health lens in their work.

The ecosystem approach is not only a method for making sense of the diversity and interconnectedness of international organizations in the Asia Pacific; it is also the foundation for our set of recommendations for informing Canada's future engagement.

We outline considerations and recommendations for federal, provincial, and municipal governments for both future health crises (post-pandemic) planning and addressing the current ongoing COVID-19 pandemic with an eye toward Asia Pacific engagement with a specific focus on:

- Recognizing and advocating for interconnectedness of health, trade, and economic resilience and supporting more sustained Canadian engagement in the Asia Pacific;

- Enhancing ministerial communication, co-operation in international health programming, and engagement; and
- Amplifying opportunities for Canadian leadership with locally driven initiatives.

Recognizing and Advocating for Interconnectedness of Health, Trade, and Economic Resilience

The first significant finding of the report underscored that economics, trade, and politics do not operate in silos but are intricately related to health. Most organizations lacking an explicit health component followed networks that were already in place along trajectories previously established for natural disasters.

International organizations expanded their mandates and priorities during the pandemic to include health-related programming, funding, and dialogue demonstrating how health needs to be incorporated into other areas of global co-operation. Of particular note was how international organizations with a focus on economic and infrastructure development expanded and shifted their efforts to integrate public health, demonstrating that now, and ahead of the next global health crisis, more work needs to be done to address health and economic inequities.

Noting that international organizations with differing mandates all came to address the pandemic in one way or another speaks to the need to maintain an awareness of the impact of health on politics, security, and economic and social well-being. That such a variety of international organizations played a role in the early pandemic response (and continue to do so) – and not just those with a health focus in pre-pandemic times – speaks to the equal need to engage with the diverse ecosystem of international organizations and not only those with established health-related mandates and programs. Canada could benefit from a health cognizant lens with which to view diplomatic and international organizations and engagement in the Asia Pacific.

Recognizing this trend of the expansion of health-related programming across international organizations can help anticipate what possible future pandemic responses might entail, as well as potential avenues of communication and policy-making to draw upon during future crisis response. It also highlights the potential benefits of diversifying sources of information about health crises and pandemic responses for Canada.

Our research suggests that Canada's approach to the pandemic in 2020 warrants deeper consideration of the degree to which relations and responses within the Asia Pacific,

international tensions, and limitations of global international organizations such as the WHO were shaping global responses to the pandemic. The Canadian government could have benefitted from acting more decisively on the WHO's early declarations and guidelines. But, more fundamentally, the Canadian government could have drawn on more diverse sources of global public health information, including those in the Asia-Pacific region, to better formulate its own approach to the pandemic and avoid overreliance on a single authority.

Indeed, given that recent years have seen the WHO shift its role away from fast-adapting crisis response toward a more static repository of knowledge and data, it seems that Canada's policy approach would do well to seek diverse sources of information rather than relying too heavily on any one source. That is not to say that the WHO is irrelevant, but rather that, given the various competing political agendas of its members, the value, role, and abilities of the WHO were perhaps overemphasized in Canada and abroad. The way the Canadian government continued to point to WHO guidelines as the driver behind Canadian COVID-19 countermeasures demonstrates the need for a more reflexive, nimble, and diversified approach for Canada. Rather than tying itself to any singular institution or entity, our research suggests that Canadian COVID-19 policy would benefit from a multipronged approach, considering Canada's many new and existing opportunities for engagement with the Asia Pacific region. More attention should be paid to how the structure and focus of the WHO affect the speed and nature of its responses to pandemic threats, and how the organization can be affected by political issues such as the US-China rivalry and nationalistic pandemic responses around the world. These considerations could help Canadian policy-makers better contextualize the role and merits of the WHO within the broader ecosystem of global public health.

The study also underscored that Canada's involvement in international organizations in the Asia Pacific prior to the pandemic has been focused primarily on economics, trade, and development within a few key organizations. A deeper engagement in the region could better prepare Canada to both learn from a more diverse set of international organizations and contribute to pandemic responses through a more varied set of channels during current and future global health crises. This notion was repeatedly underscored by interviews in which participants emphasized the importance of building relationships of trust and collaboration between organizations in Canada and the Asia Pacific. The need for engagement with an ecosystem approach – along bilateral, regional, multilateral, minilateral, and subnational scales – was a salient theme. While financial support and funding were also important potential avenues to help build international relationships and demonstrate good faith, interviewees underscored that these were no substitute for the time and dedication to developing such relationships prior to a crisis.

The following recommendations will help ensure that Canada can maintain the relationships and information-sharing streams in times of crisis, and they are especially important in the event that future pandemic plans do not adequately address real-time developments.

RECOMMENDATIONS

1. Engage in the Asia Pacific with an ecosystem approach.

Support deeper, more sustained engagement in the Asia Pacific via an ecosystem approach that considers the importance of maintaining relationships, trust, and good faith. Re-evaluate Canada's representation on regional organizations, strengthening and expanding beyond existing engagement with ASEAN and PIF/SPC.

2. Strengthen the WHO.

Help strengthen the WHO (e.g., funding, advocating for reform) so it is less beholden to program specific funding, geopolitical influence struggles, and is more institutionally nimble in times of crisis.

3. Expand sources of global health information.

Broaden the approach of where we get our global health information beyond solely relying on the WHO's Secretariat in Geneva, to include direct engagement with WHO regional offices, regional organizations, disease surveillance networks, epidemiology networks, and expert networks (Track 2, etc.).

4. Assemble an ad-hoc crisis engagement committee.

Assemble an ad-hoc committee in times of crisis to ensure consistent engagement across regions globally and ensure the inclusion of experiences and knowledge from the Asia Pacific at different levels (multilateral, regional, minilateral, bilateral, and subnational).

5. Create a storehouse of Canada's engagement in the Asia Pacific.

Create a storehouse of Canada's international and subnational health-related engagement with international organizations in the Asia Pacific. There is no central source with readily available information on what each ministry, department, or government actor is doing with international organizations in the field of health in the Asia Pacific. In times of crisis, not having an accurate picture of who is doing what and where makes it difficult to quickly access information, act, and formulate evidence-driven policy-making. This would add to the ability of PHAC and an ad-hoc crisis engagement committee to act in times of crisis.

Enhancing Ministerial Communication, Co-operation in International Health Programming, and Engagement

Canada's engagement in North America and Europe has typically been stronger and more diversified than its engagement in the Asia Pacific, which we argue had the potential to create blind spots in knowledge. Our study revealed many drawbacks to overreliance on top-down directives from major global sources of health data, such as the World Health Organization, when crafting policy in Canada. While such large global institutions can be a reliable source of statistics, cross-country comparisons, and various forms of metadata for pandemic approaches, international organizations in the Asia Pacific also proved to be a significant source of relevant, timely, and accurate health information required to make innovative and timely policy decisions in Canada.

Subnational actors and local grassroots groups were also often agile and able to respond to new data as it became available, potentially making them a more reliable source of information when weighing policy decisions. These combined findings encourage an approach to pandemic mitigation and policy-oriented knowledge that views important decision-making processes not as linear, top-down, and authoritative. Rather, our findings indicate the value of implementing a diversified, flexible, multi-scalar approach to pandemic response and mitigation that views the many mechanisms at work in the Asia Pacific as an *ecosystem*. This ecosystem paradigm reflects the diversity and importance of interconnected activities of engagement mechanisms in the Asia Pacific, as well as the need for continual cultivation and cross-pollination in order to ensure shared health and prosperity.

Maximizing the benefits of an ecosystem approach may also require building more channels for communication and co-operation within the federal government and further elaborating a whole-of-government approach towards public health crises. After all, just as pandemics do not abide by country borders, planning and responses are not bound neatly according to ministerial and departmental boundaries. This may require flexibility and openness for these (and other ministries) to both understand that their work is relevant, connected to, and beneficial for other departments and ministries. For example, PHAC could benefit from accessing or using GAC infrastructure, platforms, and networks, especially if it addresses the need to revitalize the Global Public Health Intelligence Network (GPHIN) to its previous standard before it experienced cuts and restructuring.¹²⁹ PHAC involvement in GAC health co-operation efforts could also help strengthen interpersonal relationships with public health officials and scientists in the Asia Pacific, complementing the largely media-focused GPHIN. Finally, collaboration between PHAC and GAC could strengthen Canada's international health assistance and promote Canadian expertise and

resources abroad.¹³⁰ As a practical first step, integrating the existing health development work and engagement of GAC in the Asia Pacific with PHAC's expertise in global public health surveillance and pandemic preparedness and response could potentially better prepare Canada for future public health crises, particularly those arising from or involving the Asia Pacific region.

This could also require integration of diverse perspectives and public health concerns in Canada's foreign policy and engagement, using an ecosystem approach of engagement that could provide the communication platforms and infrastructure for PHAC to act quickly when the next pandemic strikes. The recommendations below would begin to build such an approach, while also providing more opportunity for PHAC to stay plugged into conversations happening in the diverse array of international organizations across the Asia Pacific, increasing opportunities for bilateral side conversations and information sharing that could prove vital for future pandemic responses.

RECOMMENDATIONS

6. Increase communication between government ministries and agencies, such as between PHAC and GAC.

Increase opportunities for institutional co-operation, collaboration, and channels for communication between ministries and agencies involved in global public health, such as between PHAC and GAC, with the aim to develop long-term institutional links on health-related files and initiatives. Increased communication between government agencies with existing ties in the region can further strengthen Canada's overall preparedness and response to future health crises. At the same time, increased communication between Canadian agencies with international presence in health-related programs, organizations and expert communities – where both PHAC and GAC are involved already – has the potential to boost Canada's effective presence and activity overseas.

7. Ensure representation of PHAC on global health development programs, particularly those in the Asia Pacific.

Ensuring representation of PHAC on global health development programs, including those led by GAC, is critical for staying interconnected through an ecosystem in times of health crises. A limited presence in global health development programs is a missed opportunity for PHAC to contribute its resources, knowledge, and expertise in disease outbreaks and management, and to develop interpersonal relationships with public health officials and scientists in the Asia Pacific that can be called upon

as a complementary source of emerging outbreak information in addition to existing surveillance tools like the GPHIN.

8. Add international engagement as a component of Canada's pandemic plan.

Add international engagement, with a focus on international organizations in the Asia Pacific, to Canada's next health/pandemic crisis plan. Within the ecosystem approach, international engagement is necessary to co-ordinate and collaborate with other international organizations to ensure concerns are addressed and to build on information sharing.

9. Continue to expand international assistance for pandemic readiness and infectious disease surveillance.

Funding should be targeted toward projects in the Asia Pacific in line with Canada's foreign policy objectives and health crisis preparedness planning as a way to strengthen its presence in the region. Canada's presence opens higher possibilities of pathways for collaborations and co-ordination response plans with countries in the Asia Pacific during times of health crises.

Amplifying Canadian Leadership With Locally Driven Justice Initiatives

Engaging and supporting the many locally driven initiatives and networks within the Asia Pacific, both those highlighted in this report and others, is a good opportunity for Canada to maximize its potential as a global supporter of equity, inclusion and human rights. Contemporary struggles to create a more equitable society (for example, by coming to grips with the legacies of colonialism and taking an intersectional feminist approach to addressing inequalities around race and gender) are a reality in contemporary Canadian society. The global rise of anti-democratic populist leadership and distrust in scientific authority that has coincided with the pandemic serves as an additional rationale for Canada's existing and aspiring commitments to social justice, health equity and feminist international assistance, particularly in its engagement in the Asia Pacific.¹³¹ Our findings indicate that this would be best undertaken as part of a broad approach drawing on relations with both large multilateral institutions and grassroots NGOs, high-level diplomacy as well as bilateral and multilateral diplomatic efforts, and on the ground, relationship building through bottom-up approaches, as well as financial assistance.

The pandemic disproportionately affected Indigenous communities in Canada and throughout the Asia Pacific. Given Canadian movements toward reconciliation and

decolonization, there is an opportunity to tie these aspirations to similar locally driven initiatives abroad, as they overlap with global health. The pandemic has illustrated the important links between social vulnerability, equity, and diversity and public health. Our interviews revealed several important collaborative efforts toward community development, decolonization, and democratization taking place at the grassroots level, which are gaining momentum and urgency in the COVID-19 era. These movements, which are often overlooked and under supported by the agendas of more well-known organizations and agencies in the region, have the potential for greater inter-regional co-operation with important policy implications. For example, Professor Eduardo C. Tadem, Convenor of the Program on Alternative Development, University of Philippines, underscored that policy-makers tend to brush over the lived expertise of grassroots groups in favour of more technocratic expertise, but solutions do not always have to come from institutional experts.¹³² Practical experiences and local expertise can have extremely valuable and important implications for policy and programming.

Another opportunity for local engagement could be through field epidemiology training networks, which played a significant role in sharing best practices and training epidemiologists during the pandemic. The main such network in the Asia Pacific is the ASEAN Plus Three Field Epidemiology Training Network (ASEAN+3 FETN), which conducts numerous cross-border training exercises and has held numerous video conferences before and during the pandemic. As far as we have been able to observe, Canada's Field Epidemiology Training Program (FETP) does not possess a similar overseas training component and largely conducts field epidemiology domestically.¹³³



Hmong women in Thailand pose for a photo in 2011. The Hmong community in Thailand is one of the nine "hill tribes", or Indigenous groups, recognized by the Thai government

Source: UN Photo/
Kibae Park

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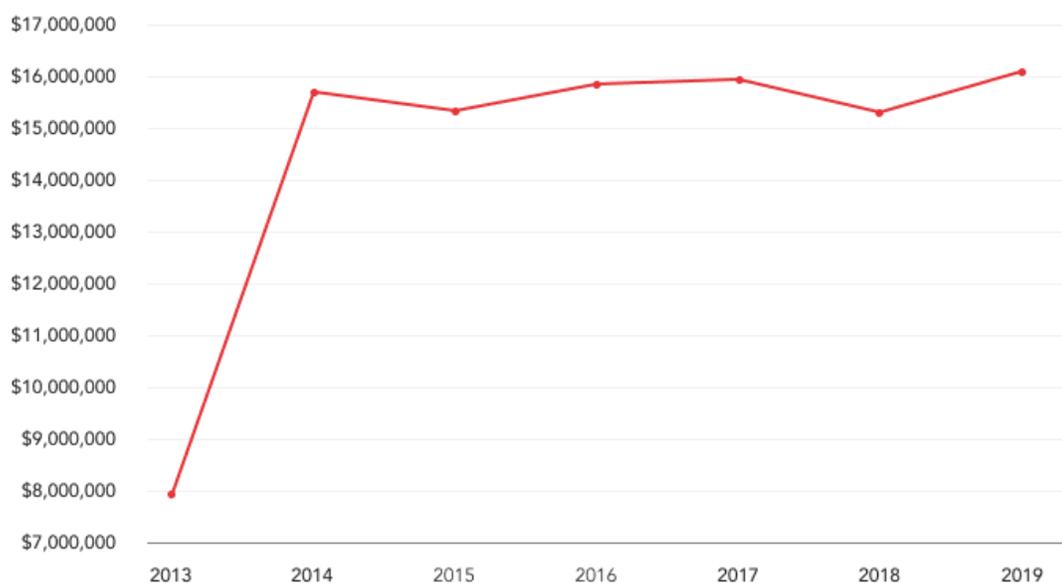
Thus, Canadian support for such initiatives through health-oriented objectives could create new opportunities to build relationships at the subnational level (between, for example, Indigenous communities, labour organizations, LGBTQ+ groups, and other

equity-seeking communities spanning across the Pacific), at the epistemic level (between, for example, Canada's FETP and the ASEAN+3 FETN), and within formal international organizations (such as APEC, which has recently brought health and Indigenous concerns into higher prominence in its work).

Our interviews with AltDev researchers also highlighted the Canada Fund for Local Initiatives (CFLI), an initiative run by Global Affairs Canada designed to support civil society organizations in implementing local projects, as a key area where Canada has made a difference.¹³⁴ Through the CFLI, Canada has previously supported local civil society initiatives, such as the 2017 ASEAN Civil Society Conference/ASEAN Peoples' Forum, with one-time grants. Since 2014, the Canadian government has spent between C\$15M and C\$16M (in 2021 dollars) on around 600 projects globally each year through the CFLI, a figure that represents less than 0.3% of the total international assistance budget each year. Given the significant impact that COVID-19 has on local and marginalized communities, providing additional funding through CFLI for local COVID-19 recovery projects would be a potentially impactful and cost-effective way to broaden Canada's Asia Pacific engagement.

FIGURE 6

Canada Fund for Local Initiatives, 2021 CAD



Source: Global Affairs Canada, Statistical Reports on International Assistance, 2012-2019*
(https://www.international.gc.ca/gac-amc/publications/odaaa-lrmado/sria-rsai.aspx?lang=eng&_ga=2.90602778.1650743651.1626209077-553966843.1623451460)

These types of partnerships involve building trust between local governments and organizations, as well as making space for more diverse and underrepresented voices at the table. They also have important implications for future health crises and how societies in Canada and the Asia Pacific prepare for future pandemics. Canada could be encouraging knowledge exchange and best practices for supporting health and economic equality through grassroots channels like those above. The pandemic highlighted time and time again that a weak point of public health and health-care policy was equality of care, as refugees, migrant labourers, women, minorities, Indigenous groups, and others faced added risks and barriers. These trends were especially noticeable throughout the Asia Pacific, where Canada could play a larger role in helping diminish such inequities, bringing its foreign policy more closely in line with its aspirations as a global leader in equity and diversity. Whereas Japan and South Korea, for example, have expended much effort in designing and improving health-care systems in parts of Southeast Asia, Canada could provide targeted support for health equity initiatives in the region as well. This could be accomplished in conjunction with bilateral, minilateral, regional, and global institutions along the lines in the recommendations below.

RECOMMENDATIONS

10. Fund subnational efforts on global health and equity.

Funds targeted to subnational efforts on global health and equity are crucial as subnational actors are more aware of the realities in local communities. Global health and equity requires a holistic perspective, involving both national and subnational levels, to address the specific needs and challenges of communities. Canada should expand on its existing programming through the Canada Funds for Local Initiatives to achieve these goals.

11. Engage consistently with epidemiological groups and networks.

Canada should engage consistently with epidemiological groups and networks to build on training and knowledge sharing surrounding disease outbreaks. Epidemiological groups and networks also complement national and local initiatives already in place through involving the cross-border collaboration of epidemiologists, scientists, ministry officials, health workers, border officers, and community members. Canada should consider expanding its Field Epidemiology Training Program to include participation in Asia Pacific field epidemiology networks such as the ASEAN+3 FETN, which could provide valuable overseas experience and connections for Canadian epidemiologists.

12. Provide tools to engage with counterparts in the Asia Pacific for provincial and municipal governments, and key civil society organizations.

Provincial and municipal governments and key civil society organizations should be provided the necessary tools to engage with counterparts in the Asia Pacific. Since Canada's engagement has been through the purview of the national government, the inclusion of these actors would enable a bottom-up approach to knowledge sharing and health policy co-ordination (e.g., APF Canada's early pandemic dispatches/school policy tracker; UCLG's webinars and policy toolkits for municipalities).

06

CONCLUSION

With all this in mind, how Canada chooses to engage will be limited by human and capital resources and changing priorities within the government. The COVID-19 pandemic has demonstrated the inextricable link between health, trade, and economic resilience, revealing the dependency of each factor to function through an ecosystem framework. Thus, we have argued that a more reflexive, nimble, and diversified ecosystem approach in the Asia Pacific could reap benefits and opportunities for Canada in contrast to a traditional approach to international organizations. Canada can start to further insert its presence in the Asia Pacific through funding more projects aligned with its health crisis preparedness planning. By establishing a strong presence, Canada may find value and effectiveness in collaborating and co-ordinating health response plans for future health crises. Canada's diversification of engagement in the Asia Pacific could also potentially broaden its bandwidth of global health information from outside of the WHO, to include knowledge and expertise from global surveillance networks and other epistemic or subnational groups.

Finding a balance in Canada's engagement with international organizations in the Asia Pacific will also require further collaboration, co-operation, and co-ordination among federal ministries and departments. We recognize that furthering a whole-of-government, inter-agency approach to global public health is a long-term process, and one that has been of longstanding concern for the Canadian government. One concrete step for Canada

to move forward in this direction could be to better integrate PHAC and GAC's respective strengths in order to extend the reach of Canada's public health internationally. Moreover, financial support for subnational efforts is required for improving the health pandemic responses executed in regions and communities across Canada. With each region of Canada being so diverse, a bottom-up approach driven by community actors will help to address each region's specific needs during health crises. Since pandemics and other health crises are likely to increase in frequency and severity in the future, lessons from the international realm gleaned by federal initiatives through the Canadian engagement strategy in Asia will have an impact.

ABOUT APF CANADA



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The Asia Pacific Foundation of Canada (APF Canada) is a not-for-profit organization focused on Canada's relations with Asia. Our mission is to be Canada's catalyst for engagement with Asia and Asia's bridge to Canada.

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List of International Organizations in the Asia Pacific Region

Bolded organizations are featured in this report.

Organization	Membership
Association of Southeast Asian Nations (ASEAN)	<p>10 member states (Brunei, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, and Vietnam).</p> <p>2 observer states (Papua New Guinea and Timor-Leste)</p> <p>10 dialogue partners (Australia, Canada, China, European Union, India, Japan, New Zealand, Russia, South Korea, and the United States)</p> <p>Co-ordinator of the ASEAN Plus Three (ASEAN, China, Japan, and South Korea) and East Asia Summit (ASEAN Plus Three, India, Australia, and New Zealand) forums</p>
Trilateral Cooperation Secretariat (TCS)	3 member states (China, Japan, and South Korea).
Pacific Islands Forum (PIF)	<p>18 member states (Australia, Cook Islands, Fiji, French Polynesia, Kiribati, Marshall Islands, Micronesia, Nauru, New Caledonia, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, and Vanuatu)</p> <p>1 associate member territory (Tokelau)</p> <p>5 observer territories (American Samoa, Guam, Northern Mariana Islands, Timor-Leste, and Wallis and Futuna)</p> <p>19 dialogue and development partners (Canada, China, Cuba, European Union, France, Germany, India, Indonesia, Italy, Japan, Malaysia, Philippines, South Korea, Spain, Taiwan, Thailand, Turkey, United Kingdom, and the United States)</p>
Pacific Community (SPC)	<p>26 member states and territories (American Samoa, Australia, Cook Islands, Fiji, France, French Polynesia, Guam, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, United States, Vanuatu, and Wallis and Futuna)</p>

Organization	Membership
South Asian Association for Regional Cooperation (SAARC)	<p>8 member states (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka)</p> <p>10 observer states (Australia, China, European Union, Iran, Japan, Mauritius, Myanmar, South Korea, United Kingdom, and the United States)</p>
Bay of Bengal Initiative for Multi-Sectoral Technical and Economic Cooperation (BIMSTEC)	<p>7 member states (Bangladesh, Bhutan, India, Myanmar, Nepal, Sri Lanka, and Thailand)</p>
Shanghai Cooperation Organization (SCO)	<p>8 member states (China, India, Kazakhstan, Kyrgyzstan, Pakistan, Russia, Tajikistan, and Uzbekistan)</p> <p>4 observer states (Afghanistan, Belarus, Iran, and Mongolia)</p> <p>6 dialogue partners (Armenia, Azerbaijan, Cambodia, Nepal, Sri Lanka, and Turkey)</p>
Indian Ocean Rim Association (IORA)	<p>23 member states (Australia, Bangladesh, Comoros, France, India, Indonesia, Iran, Kenya, Madagascar, Malaysia, Maldives, Mauritius, Mozambique, Oman, Seychelles, Singapore, Somalia, South Africa, Sri Lanka, Tanzania, Thailand, United Arab Emirates, and Yemen)</p> <p>9 dialogue partners (China, Egypt, Germany, Italy, Japan, South Korea, Turkey, United Kingdom, and the United States)</p>
WHO South-East Asia Regional Office (WHO SEARO)	<p>11 member states (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, North Korea, Sri Lanka, Thailand, and Timor-Leste)</p>
WHO Western Pacific Regional Office (WHO WRPO)	<p>37 member states and territories (American Samoa, Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Hong Kong SAR, Japan, Kiribati, Laos, Macao SAR, Malaysia, Marshall Islands, Mongolia, Nauru, New Caledonia, New Zealand, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Philippines, Pitcairn Islands, Samoa, Singapore, Solomon Islands, South Korea, Tokelau, Tonga, Tuvalu, Vanuatu, Vietnam, and Wallis and Futuna)</p>

Organization	Membership
<p>WHO-SPC COVID-19 Joint Incident Management Team (JIMT)</p>	<p>25 partner organizations (including the Asian Development Bank, Australian DFAT, International Federation of the Red Cross, International Organization for Migration, New Zealand MFAT, UN Office for Coordination of Humanitarian Affairs, Pacific Islands Forum, Pacific Islands Health Officers' Association, Pacific Community, UN Population Fund, UNICEF, UN Resident Coordinator Office, UN Development Programme, UNWOMEN, USAID, US CDC, US Embassy Suva, World Food Programme, World Bank, and World Health Organization)</p> <p>21 reporting states and territories (American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)</p>
<p>Mekong Basin Disease Surveillance (MBDS)</p>	<p>6 member states (Cambodia, China, Laos, Myanmar, Thailand, and Vietnam)</p>
<p>Asia Partnership on Emerging Infectious Diseases (APEID)</p>	<p>6 member states (Cambodia, China, Laos, Indonesia, Thailand, and Vietnam)</p>
<p>South Asia One Health Disease Surveillance Network (SAOH-Net)</p>	<p>8 member states (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka)</p>
<p>Pacific Public Health Surveillance Network (PPHSN)</p>	<p>22 member states and territories (American Samoa, Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Kiribati, Marshall Islands, Nauru, New Caledonia, Niue, Northern Mariana Islands, Palau, Papua New Guinea, Pitcairn Islands, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, Vanuatu, and Wallis and Futuna)</p>
<p>Asia-Pacific Economic Cooperation (APEC)</p>	<p>21 member economies (Australia, Brunei, Canada, Chile, China, Hong Kong SAR, Indonesia, Japan, South Korea, Malaysia, Mexico, New Zealand, Papua New Guinea, Peru, Philippines, Russia, Singapore, Taiwan, Thailand, United States, and Vietnam)</p>
<p>Pacific Economic Cooperation Council (PECC)</p>	<p>21 member committees (Australia, Brunei Darussalam, Canada, Chile, China, Colombia, Ecuador, Hong Kong SAR, Indonesia, Japan, Korea, Malaysia, Mexico, Mongolia, New Zealand, Peru, Philippines, Singapore, Taiwan, Thailand, United States, Vietnam, and the Pacific Islands Forum)</p>

Organization	Membership
<p>Council for Security Cooperation in the Asia Pacific (CSCAP)</p>	<p>21 member committees (Australia, Cambodia, Canada, China, European Union, India, Indonesia, Japan, Malaysia, Mongolia, Myanmar, New Zealand, North Korea, Papua New Guinea, Philippines, Russia, Singapore, South Korea, Thailand, United States, and Vietnam)</p> <p>1 observer committee (Pacific Islands Forum)</p>
<p>Asian Development Bank (ADB)</p>	<p>49 regional members (Afghanistan, Armenia, Australia, Azerbaijan, Bangladesh, Bhutan, Brunei Darussalam, Cambodia, China, Cook Islands, Federated States of Micronesia, Fiji, Georgia, Hong Kong SAR, India, Indonesia, Japan, Kazakhstan, Kiribati, Kyrgyzstan, Laos, Malaysia, Maldives, Marshall Islands, Mongolia, Myanmar, Nauru, Nepal, New Zealand, Niue, Pakistan, Palau, Papua New Guinea, Philippines, Samoa, Singapore, Solomon Islands, South Korea, Sri Lanka, Taiwan, Tajikistan, Thailand, Timor-Leste, Tonga, Turkmenistan, Tuvalu, Uzbekistan, Vanuatu, and Vietnam)</p> <p>19 nonregional members (Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, Turkey, United Kingdom, and the United States)</p> <p>68 total members</p>
<p>Asia Infrastructure Investment Bank (AIIB)</p>	<p>46 regional full members (Afghanistan, Australia, Azerbaijan, Bahrain, Bangladesh, Brunei, Cambodia, China, Cook Islands, Cyprus, Fiji, Georgia, Hong Kong, India, Indonesia, Iran, Israel, Jordan, Kazakhstan, South Korea, Kyrgyzstan, Laos, Malaysia, Maldives, Mongolia, Myanmar, Nepal, New Zealand, Oman, Pakistan, Philippines, Qatar, Russia, Samoa, Saudi Arabia, Singapore, Sri Lanka, Tajikistan, Thailand, Timor-Leste, Tonga, Turkey, United Arab Emirates, Uzbekistan, Vanuatu, and Vietnam)</p> <p>40 nonregional full members (Algeria, Argentina, Austria, Belarus, Belgium, Benin, Brazil, Canada, Côte d'Ivoire, Denmark, Ecuador, Egypt, Ethiopia, Finland, France, Germany, Ghana, Greece, Guinea, Hungary, Iceland, Ireland, Italy, Liberia, Luxembourg, Madagascar, Malta, Netherlands, Norway, Poland, Portugal, Romania, Rwanda, Serbia, Sudan, Sweden, Switzerland, United Kingdom, and Uruguay)</p> <p>86 total full members; 17 prospective members</p>
<p>Quadrilateral Security Dialogue (Quad)</p>	<p>4 member states (Australia, India, Japan, and the United States)</p>

Organization	Membership
BRICS	5 member states (Brazil, Russia, India, China, and South Africa)
MIKTA	5 member states (Mexico, Indonesia, South Korea, Turkey, and Australia)
Colombo Process	12 member states (Afghanistan, Bangladesh, Cambodia, China, India, Indonesia, Nepal, Pakistan, Philippines, Sri Lanka, Thailand, and Vietnam)
Asia Indigenous Peoples Pact (AIPP)	46 member organizations from 14 countries (Bangladesh, Cambodia, Japan, India, Nepal, Myanmar, Laos, Thailand, Vietnam, Malaysia, Indonesia, Timor-Leste, and Taiwan)
ASEAN Civil Society Conference / ASEAN Peoples' Forum (ACSC/ APF)	Delegates from civil society organizations in ASEAN member states
United Cities and Local Governments – Asia Pacific (UCLG ASPAC)	183 members (including municipal governments, provincial governments, and local government associations)
Migrant Forum in Asia (MFA)	51 member organizations from 18 countries and territories (Bangladesh, Cambodia, Hong Kong SAR, India, Indonesia, Israel, Japan, Korea, Lebanon, Malaysia, Mongolia, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, and Thailand).

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¹³³ Canada is involved in the Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) and the WHO's Global Outbreak Alert and Response Network (GOARN), but these programs do not offer similarly consistent overseas training components as the ASEAN Plus Three FETN. see Canada. 2017. Canadian Field Epidemiology Program. <https://www.canada.ca/en/public-health/services/public-health-practice/canadian-field-epidemiology-program.html>.

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