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SOLVING INDONESIA'S HEALTH SYSTEM PROBLEM DURING COVID-19 PANDEMIC THROUGH ASEAN ECONOMIC COMMUNITY (AEC)

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Abstract

AEC has played an important role in many sectors, notably in the health and medical field. The urgency of an efficacious and adequate health system is becoming evident after COVID-19 pandemic ravaged the world. The lack of required health system is immensely faced by Indonesia, embroiled in the lack of medical workers and equipment. Previous studies claim that AEC can be a momentous relief for Indonesia's problem on its health system. However, previous studies concerning this topic were solely focused on the supply of medical workers and all of them were published in pre-COVID 19 pandemic era. In this research, the authors study the analysis of AEC's possible contribution to tackle the problems of Indonesia's health system, which become much more intense as a consequence to COVID-19. This paper's findings are acquired through qualitative methods by analyzing various secondary resources of books, journals, news, and government publications based on diagnostic research design. Through this, a diagnostic design will be used in this research by identifying the problems faced by Indonesia's health system and analyzing whether AEC's provisions are able to dispense effective cures. In this research, the authors found that Indonesia's lack of medical equipment and pharmaceuticals products can be mitigated through ASEAN Medical Device Directives (AMDD) and policies created by the Pharmaceutical Product Working Group (PPWG). As in the "muddle" of Indonesia's lack of medical workforces, AEC's Mutually Recognized Agreements (MRAs) and the Movement of Natural Persons (MNP) Agreement ease the mobility of foreign nurses and doctors.

Keywords: ASEAN, AEC, Indonesia, Health System, COVID-19

1. Introduction

1.1. Background

On March 2020, the World Health Organization (WHO) declared the outbreak of COVID-19 as a global pandemic (Cucinotta and Vanelli 2020, 157-160). The Covid-19 pandemic is one of the most difficult times for any country, including Indonesia. The pandemic has a direct impact not only on economic and social aspects, but also on other aspects of life, such as healthcare aspects. In Indonesia, the first case of COVID-19 appeared in Depok, West Java in March 2020. After that, COVID-19 spread rapidly until the number of COVID-19 infections reached more than 1,500 and the death toll reached 139 within a month. Until mid-March 2022, the number of confirmations of COVID-19 cases in Indonesia reached more than 5,900,124 million people with the number of deaths of more than 152,437 thousand people (COVID-19.go.id, 2022). With this number, Indonesia has one of the most COVID-19 cases in ASEAN (WHO, 2022). The high figure of COVID-19 is resulted in a different burden being created on healthcare services.

Health systems, on the other hand, are frequently insufficient to meet the burden of a massive crisis, like the COVID-19 pandemic. Even developed economies also facing huge difficulties. As a result, the capacity of a healthcare system to expand in order to satisfy the rising needs of healthcare is a critical component of its reaction (Mahendradhata, et al., 2021). Indonesia is no exception. During the COVID-19 pandemic, the healthcare sector has a number of major problems (Medical Tourism Magazine, 2020). First, the lack of equipment, namely personal protective equipment (PPE), will continue to be a barrier that Indonesia must overcome (Cahya, 2020). For example, when transferring patients of COVID-19 at a public hospital in Tasikmalaya, West Java -where hazmat suits are scarce- medical workers were obliged to use flimsy plastic ponchos worth only IDR 10,000 (USD 0.70) each. Health-care professionals are also at danger due to a shortage of personal protective equipment (PPE). COVID-19 has claimed the lives of 2.066 health workers, including 751 or 35,4% of the overall numbers are doctors, as of March 2022 (Sari 2022). Not to mention, in 2021, Indonesia is starting to experience oxygen shortages in various hospitals which led to patients having to search for their own oxygen cylinder (Fauzan 2021).

Furthermore, despite the identification of 132 hospitals throughout all of the provinces as COVID-19 destination hospitals, the country is regarded as having one of the lowest testing rates in the world (Widianto 2020). This means that Indonesia is probably to have even more COVID-19 occurrences than it has already reported: projections imply that only around 20% of the overall Indonesian people is exposed by monitoring, assessment and testing, with roughly 15% of them eventually testing positive for COVID-19. The Indonesian government has taken some significant steps, albeit it is inadequate. The Indonesian government has prepared an extra 227 facilities to accommodate COVID-19 patients, including military hospitals, police hospitals, and hospitals run by state-owned companies. It also turned many structures, notably Jakarta's 2018 Asian Games Athletes Village in Kemayoran (Siregar 2020) and a former Vietnamese refugee camp on Galang Island in Riau, into temporary clinics for COVID-19 patients (Fadli 2020).

Besides the lack of medical equipment and facilities, the medical workforce is very limited. In March 2020, according to the Indonesian government, the country requires an unprecedented 2,000 doctors – primarily general practitioners – as well as

more than 2,000 other health workforces, such as nurses, to treat patients affected by the rising number of Covid-19 cases across the country (Ghaliya 2020). Hospitals also require additional laboratory personnel, administrative personnel, and ambulance staff. To tackle the shortages, Minister of Education and Culture Nadiem Makarim appealed to medical school students and undergraduates around Indonesia to serve with the task group (Wardhana 2020). Since then, the number of health workers has increased, but the supply is still in dire need due to the increased number of cases. As of January 2022, the availability of doctors in Indonesia is not evenly distributed and the number is still far from the ideal standard of health services. There are only 41 thousand specialist doctors and 145,000 general practitioners in Indonesia, meaning that one specialist must serve more than 6 thousand people (Bestari 2022).

Health sector, along with many essential areas, have been designated as one of AEC's focus to be significantly modernized, according to the AEC Blueprint. Considering the increasing significance of the health system after the creation of AEC, ASEAN governments decided to create comprehensive efforts to guarantee that the regional health sector's growth and cooperation is carried out in a methodical manner. The ASEAN Socio-Cultural Community (ASCC) explicitly highlights health collaboration between ASEAN member countries, which is critical for building the resistance of healthcare system in South East Asia. As a result, AEC offers some type of remedy via collaboration in the health industry, particularly during COVID-19 pandemic (ASEAN Secretariat, 2020)

1.2. Research Question

Having considered the previous study and the significance associated with the topic, it would be valuable to conduct research into the following specific question: "How Can the ASEAN Economic Community (AEC) Help to Solve the Problems of the Indonesian Healthcare System in the Era of the COVID-19 Pandemic?"

1.3. Purpose and objective

This research's purpose is to explore how ASEAN Economic Community can provide solutions to the Indonesian health system. To achieve this, this research will

1. Analyze and identify various problems faced by the Indonesian health system
2. Examine ASEAN Economic Community policies or pillars that are focused on equitable and high quality health system in ASEAN
3. Apply the existing provisions of AEC as solutions for Indonesian health system problem

2. Literature Review

ASEAN Economic Community: Historical Development

The ASEAN Economic Community was founded in 1997, following an economic crisis in Asia that resulted in economic damage and the rise of social and political upheavals in several ASEAN nations. Because most countries, including Indonesia and Thailand, were shaken by the crisis, their pledge to discuss service sector liberalization at the ASEAN level could not be carried out efficiently. As ASEAN members continue to recover from the Asian crisis, they perceive ASEAN's

ability to progress each country's welfare once again. In this setting, new measures to improve ASEAN's effectiveness and integration arise. What matters is that regional economic integration expands the single market and promotes equality (To, Lai, and Othman 2016).

As a response, at the 2003's ASEAN Summit, ASEAN leaders announced that the AEC would become the grand ambition of regional integration that member countries should strive to achieve by the next decade. Two pillars were established to support the whole edifice of AEC: The ASEAN Security Community and ASEAN Socio-Cultural Community. By the next decade, these fundamentals pillars are designed to work side-by-side to establish economic integration in ASEAN. Moreover, at the 2006's Economic Ministers Conference in Malaysia, ASEAN members consented to write an inclusive "blueprint" to expedite the creation of the AEC by recognizing assorted attributes and components of the AEC by 2015 with straightforward goals and durations in incorporating different initiatives and adaptability that had been consented upon initially to facilitate the ASEAN Economic Community (Curie 2018).

In 2007, ASEAN governments reiterated and reaffirmed ASEAN's robust determination to establish the AEC by 2015 and signed the Cebu Declaration on the Acceleration of ASEAN Community Establishment. Through this. ASEAN governments pushed the formation of the AEC to 2015, and to turn the ASEAN region into a free-flowing zone of products, services, investment, and skilled labor, and a free-flowing capital zone (Curie 2018). The AEC was formally established in 2015. It is a community-shaped framework. The ASEAN Economic Community 2015 agreement aims to provide a fair and equitable trading scenario for ASEAN member nations by lowering tariffs on goods trade and eliminating tariff and non-tariff obstacles. The ASEAN Economic Community is supposed to boost ASEAN countries' economic competitiveness by establishing ASEAN as a trading bloc (ASEAN Secretariat 2015a).

Other than to simply integrate the economic divisions of ASEAN countries, the end goals of AEC are to exterminate poverty and gap inequality amongst ASEAN members, establish ASEAN as a region that has considerable economic leverage in order to compete in global economy, economic empowerment in the ASEAN region, especially for small enterprises businesses, and to integrate ASEAN into the global economy (Ishikawa 2021). (ASEAN Secretariat 2015a) To achieve those goals, AEC was designed to implement four pillars, such as:

1. Single Market and Production Base, which consist of free flow of goods, free flow of services and skilled labor, free flow of investment, and free flow of capital, 12 Priority Integration Sectors (agro-based goods, air transport, automotive products, e-ASEAN, electronics and electrical goods, fisheries, health care services, rubber-based goods, textiles and clothing, tourism, logistics services and wood-based products), Integrated security of food, agriculture, and forestry security.
2. Competitive Economic Region, which consist of competition policy, consumer protection, Intellectual Property Rights (IPR), and infrastructure development
3. Equitable Economic Development, which consists of economic support for less developed member states and promotion of small and medium enterprises (SMEs).
4. Integration into the Global Economy, which consist of extensive free trade and economic partnership agreements (FTAs/EPAs) and increased participation in global supply networks

Thereafter, AEC Blueprint 2025 was published to identify the implementation and the execution of AEC Blueprint 2015. The vision of 2015's blueprint is still hugely relevant, but AEC Blueprint 2025 is built upon it and provides measures for the unfinished project and emphasizes certain characteristics of the AEC Blueprint, such as creating a 1) highly integrated and cohesive economy; 2) a competitive, innovative, and dynamic ASEAN; 3) an ASEAN with enhanced connectivity and deeper sector cooperation; 4) a resilient, inclusive, people-oriented, and people-centered ASEAN; and 4) a global ASEAN (ASEAN Secretariat 2020a).

General Overview of Indonesian Health System

The health system in this country is formed out of a variety of governmental as well as non-governmental providers and financing. Indonesia's government system, due to its characteristic as a decentralized one, governs the state sector, with responsibilities distributed among the sub-national, provincial, and lower administrations below the provinces. The Indonesian Ministry of Health has the responsibility of overseeing the management of certain secondary and specialized health facilities, giving overall planning, developing guidelines, legislating, and ensuring the availability of financial and material supplies. Meanwhile, the provincial governments are responsible for overseeing health institutions in its area of administration, offering professional management and supervision of the local healthcare system, and organizing medical issues within the province. (Adisasmito 2009). The operation of local health facilities, including the community's public health services, known as the Puskesmas, and other sub-district services is the responsibility of the municipal administration system (Betri et al 2019). Non-governmental businesses include not-for-profit and charitable medical institutions, profit-based corporations, and dual-practicing health workers, who, for instance, operate in public health facilities and private- owned clinics and practices.

From the central to the provincial and district levels, Indonesia has a system of interconnected long-term, medium-term, and yearly plans. Top-down direction is combined with bottom-up input from communities and local agencies in its planning process. The Indonesian government has successfully developed a nation-wide database system known as SIKNAS. (Sistem Informasi Kesehatan Nasional) that connects to district-level health information systems. The vital registration system is not complete, thus frequent national sample surveys are used to complement it (Kementerian Kesehatan Republik Indonesia 2015).

In terms of the regulation process, it consists of three levels: national, regional, and local. Health legislations and regulations processes are structured in a hierarchy, starting with various degrees of legislation and regulation making at various layers of administration, from national to local authority. According to the regulation, private providers must be registered. While doctors must get a license to practice, hospitals must obtain a license to operate and must be a component of the hospital accreditation program (Koentjoro 2011). Additionally, there is a profuse of laws governing the manufacture of pharmaceuticals, their marketing, distribution, and sales that are all handled by them (Adisasmito 2009). Several regulations have been enacted to safeguard the rights of patients, including the right to anonymity, access to data regarding patient's medication and expenses, the ability to agree (or disagree) to any operations, and the right not to be handled irresponsibly (Koentjoro 2011).

(BPJS 2020) The Indonesian government has introduced various social insurance programs for health, such as the social safety net for health care, such as *Askeskin*, *Jamkesmas*, and the most recent national health insurance scheme, the *Jaminan Kesehatan Nasional* (JKN), in response to high levels of out-of-pocket (OOP) expenditure and its impact on poor people's access to health services (JKN). This program was initiated by the President Susilo Bambang Yudhoyono (SBY) in 2013. This program combines contributions from membership and the public coffers through the system of *BPJS (Badan Penyelenggara Jaminan Sosial*), a state-based health-insurance organization. The objective is to achieve maximum coverage with a comprehensive benefits program and low fees (Yodi et al. 2019).

Indonesian Health System and ASEAN Economic Community: Research Gap

The importance of AEC in the health sector has increasingly become more pronounced in recent years. The extensive interest in the health sector in ASEAN has been especially followed due to the region's favorable economic growth (Jetin and Mikic 2016). The necessity of a high-quality and enduring health sector has been further expressed since the emergence of COVID-19 in early 2020. Since its establishment, ASEAN countries have taken interest to increase the quality of health in the region by harmonizing healthcare system across member states (ASEAN Post 2018). In order to achieve harmonization in this sector, The ASEAN Economic Community (AEC) Blueprint 2025, which includes healthcare cooperation, was developed. Member countries have committed to put forth strategic steps to guarantee that this sector's growth and integration is carried out in a methodical manner. The 2025 Blueprint includes healthcare cooperation, among other things, using partnerships between the government and the private sectors to expand ASEAN's health and standardize requirements in this sectors. These programs aim to support the development of a more resilient and resistance healthcare sector that would improve health facilities and aimed at satisfying the region's growing need for low-cost, high-quality healthcare system. (ASEAN Secretariat, 2015b).

A closer look on the previous study by (Gunawan & Aungsuroch, 2015) shows that the gap of number of physician and nurses can be solved through AEC by accepting doctors and nurses from other ASEAN countries, promoting a platform for knowledge-sharing between ASEAN countries, and allowing intended-to-be or preexisting nurses to go to other ASEAN countries to increase their skills and reduced huge numbers of jobless nurse in Indonesia. The highlight on the service sector was identified in a book written by Writz (2015) by arguing that AEC can push the region towards healthcare integration through the free mobility of skilled labor. The free movement of labor would allow the possibility for health workers from other ASEAN member states to work in Indonesia, and vice versa. In addition, Indonesian commitment to AEC's investment clause would enable foreign investment in Indonesia's health sector. Furthermore, a study by Effendi et al. (2018) highlights the benefits of AEC in terms of licensing criteria for nursing staff in both origin and destination countries. Mutual Recognition Agreements (MRAs) on nursing services should aid with the supply and demand of nurses between ASEAN members.

Although studies have been conducted by several authors, as it has been shown above, this problem is still insufficiently explored. Previous studies on the impacts of AEC on Indonesian healthcare were only constrained on the service aspect of the Indonesian health system. The problems ingrained within the Indonesian health system

is not only limited to the lack of doctors and nurses in the medical field. Thus, there is a lack of study in other parts of the problem such as the lack of medical provisions and devices. This is a contrast to what ASEAN Blueprint 2025 had envisioned regarding the harmonization of ASEAN's health system. It does not only include the sector of health services, but also in the provision of medical goods. Furthermore, previous studies on this topic have only been published before the immersion of COVID-19 pandemic in 2020. While, the problems and challenges of the Indonesian health system have become more acute and incisive since then. Therefore, the study of AEC on the Indonesian health system needs to be refurbished and updated to address the increasing problem brought by COVID-19 pandemic.

The Theory of Liberal Intergovernmentalism and ASEAN Economic Community

The popular belief that world politics is being restructured along global lines is being challenged by the rising image of a "world of regions." In this view, regionalism serves as both a replacement to the nation-state and a counter-to-globalization alternative. Regional groups have grown up all across the world since 1945. The initial phase of this trend culminated in the 1960s, but since the late 1980s, regionalism has accelerated significantly (Heywood 2011). Consequently, in recent years, there has been a plethora of literature devoted to the study of regional integration and cooperation, much of which focuses on the theoretical perspectives of regional cooperation and its implications for member states (Li 2020). Amongst all of the theories, liberal governmentalism would be suitable to be used in this research.

Liberal intergovernmentalism, as a mid-range theory, emerged as an offshoot of an intergovernmentalism theory. Essentially, the main notion of this theory is state-centrism. Nuggent (2003) explained that intergovernmentalism refers to the arrangements of regional cooperation where national interest of each involved state is the highest priority and full control to set the "level of cooperation" available for national government. Despite having the same proposition, it would be a mistake to lump intergovernmentalism with its realist counterparts. Intergovernmentalism should be distinguished from realism because intergovernmentalism recognizes the importance of regional institutions for national states (Rosamond 2000).

The theory was further developed by Andrew Moravesik in 1993 as a way to provide a more comprehensive explanation on EU integration. There are several assumptions that characterize liberal intergovernmentalism. First, similar to its antecedent, rational state behavior is the major predictor of national choices, which entails the costs and advantages of economic interdependence. Second, internal political interaction shapes national state goals and preferences. Domestic preference formation identifies the possible advantages of programs that the national government perceives to be beneficial to be put in regional institutions. Third, liberal intergovernmentalism is basically an interstate negotiating system. This model indicates that governments determine a set of interests first, then bargain amongst themselves to achieve those objectives. Fourth, those interests are not constrained to solving conflict, and creating peace, but also encompass low-politic sectors and non-traditional threats, such as human rights, environment, migration, cross-borders crime and epidemic (Moravcsik 1993).

In the context of ASEAN and its subsequent economic integration ingrained in AEC, liberal intergovernmentalism would be the most suitable theory to explain the characteristics and the impacts of regional integration in Southeast Asia (Meyer,

Marques & Telò 2020). Derived from the previous accounts on AEC done by Macdonald (2019), AEC is directed for the individual member state's interest. During the process of formulation, AEC is essentially a continuous discussion of competing economic agendas and priorities of ASEAN member countries (Chia, 2013). It is compounded by the lack of supranational authority, like what the European Commission is possessed, within the organization. Moreover, the dominance of the national governments in the implementation of AEC can be identified in one of ASEAN's principles, the ASEAN Way - principle of non-interference among its member states. According to Yudhawirawan (2016), a unified economy and a common market brought by AEC must be consistent of ASEAN Way, by allowing ASEAN member countries to have their own way of integrating the economy. Furthermore, integration brought by AEC is not strictly a traditional integration, but also touches other sectors such as the welfare of the society such as - particularly in the context of this research - health issues amidst COVID-19 pandemic (Macdonald 2019). It coincides with Moracvscik's argument that, even though the integration of ASEAN, generally, and of AEC, specifically, is oriented on members' domestic interest, the integration can bring gains in wide sectors inclusive of low politics.

3. Research Methods

This research employs qualitative methods to delve deeply into the AEC and the problems of Indonesian health system problems. Qualitative method is a category of research method commonly used in social studies with the aim to derive meanings and interpretations from narrative data in order to have better understanding on various social phenomenon (Crossman 2020). Quantitative method, which relies on numerical data to uncover sizable patterns and mathematical procedures to discover causative and associative links between variables in question, is sometimes pitted against qualitative method (Creswell and Creswell 2018). Qualitative method is often outlined because the study of the character of phenomena is particularly applicable for respondent queries of why one thing is (not) observed, assessing complicated multi-component interference, and immersion on intervention improvement (Busetto, Wick and Gumbinger 2020).

The types of data used in general can be distinguished into two parts, namely primary data and secondary data. In this research, secondary data can be obtained through library research with the following materials: libraries such as books, scientific journals, newspapers, articles and official internet sites (Bandhari 2020). The usage of secondary data in this research on AEC is because the majority of data in regards to this study can be found in the form of secondary data. Also, through secondary data, this study can be completed without taking too much time and effort collecting data which would have to be gathered personally otherwise (Emerald Publishing 2022). For such reasons stated above, the authors decided to use the qualitative research method and secondary data to support this research.

In this research, a diagnostic research design is used to answer the research question above. Through diagnostic research design, the authors are trying to evaluate the specific problems of certain events, phenomena, or objects that want to be analyzed (Leverage Edu 2021; Wisdom Jobs, 2022). The chosen research design is utilized to discover further about the components that might cause the problems and difficulties in much more depth. It involves three several stages: the onset of the problem, the

assessment of the problem, and the remedy to the problem (Voxco 2022; Jovancic 2020). The authors use this research design to find out more about the factors that lead to specific problems that the authors try to explain in this research. This paper identifies the entrenched problems of the Indonesian health system that were especially critical during the COVID-19 pandemic and uses AEC as the cure for the problems.

4. Results and Discussions

4.1. Tackling The First Problem: Lack of Medical Equipment

4.1.1. Increase Access of Medical Devices through ASEAN Medical Device Directive (AMDD)

The ASEAN Medical Device Directive, or AMDD, was created under the umbrella of AEC in 2014 and entered into force in January 2015. AMDD is an agreement between 10 ASEAN members in order to harmonize the regulatory framework of medical device. The main goal of this agreement is to facilitate greater trade and market access of medical equipment and devices amongst the ASEAN countries by curbing technical barriers (ASEAN Secretariat, 2015c). The objective of AMDD is mainly carried out by establishing common understand (standard and requirements) of medical devices amongst ASEAN countries, but as well as, assessing the safety and the effectiveness of certain medical devices, determining clinical and distribution licenses of equipment, dictating the fee of marketization and distribution, lists product registration, and implementation of guidelines on post market surveillance (Gross, 2014).

The homogenous standards for medical devices across ASEAN member countries help the circulation of the equipment. Before AMDD was established, trade in regards to medical devices was mainly impeded due to the lack of homogeneity of standards, distinct license between ASEAN countries, and a long period of time to conform those standards and requirements to align to specific country's guidelines (Kaushi et al., 2010; Reggi, 2016). In the case of oxygen cylinders, protective suits and masks, these devices and equipment can be circulated easily between ASEAN countries if standards and requirements of medical devices between Indonesia and other ASEAN countries are the same. Curtailing unnecessary licenses of distribution of these equipment help Indonesian doctors and hospitals in providing care for COVID-19 patients. Reducing the fee in distribution can ease the trade of these devices and equipment between ASEAN countries, preventing the technical barriers to become a major obstacle in medical provision.

4.1.2. Reduce Technical Barriers on Pharmaceutical Product through Pharmaceutical Product Working Group (PPWG)

The ASEAN Glossary of Terms, the ASEAN Common Technical Dossier (ACTD), the ASEAN Common Technical Requirements (ACTR), and the PPWG's guidelines were all produced by the PPWG (Papademetriou et al. 2015). Through these policies, the PPWG will serve as a focal point within the ASEAN Economic Community (AEC) for the formulation of guidelines and connectivity initiatives to: 1) reduce of technical barriers to pharmaceutical product trade; and 2) access to pharmaceutical products without jeopardizing the safety, efficacy, and quality of pharmaceutical products placed on the ASEAN market (Macdonald, 2019).

Harmonizing the regulation on pharmaceutical products, such as COVID-19 vaccine, hand sanitizers, or other medical product essential during COVID-19 pandemic, enable ASEAN countries to allocate these products from country with a surpluses to a country with shortages, without any regulation barriers that would obstruct the process (Papademetrious et al. 2015). As a case in a point, Indonesia - as a country with the majority of its population is Muslim - requires the available products in Indonesia are halal (deemed permissible according to Islamic Law). This is extended to many kinds of products, including medical products (Pacific Bridge Medical, 2021). Without any consensus on pharmaceutical products across ASEAN member countries, Indonesia would face difficulties in acquiring such products from its neighbor, considering "halal" is not an absolute requirement in most of ASEAN countries (Al-Fatih & Esfandiari, 2020). By applying the standard of "halalness" in all of ASEAN countries, pharmaceutical products, like hand sanitizer or COVID-19 vaccines, can be traded easily.

4.2. Tackling the Second Problem: Lack of Medical Workforce

4.2.1. Comparable Standards and Qualifications of Medical Workers Through MRAs (Mutually Recognized Agreements)

The ASEAN Economic Community (AEC) created a framework of labor mobility among ASEAN member states in 2015. This framework was eventually expanded and encapsulated in a policy called MRAs (Mutually Recognized Agreements). This agreement is the first step to promote movement of skilled labor in ASEAN (Pachanee et al., 2019). In ASEAN itself, there are already 8 MRAs. One of which is the MRA for medical profession. Objective of the MRA for medical personnel in ASEAN is to exchange information and increase economic cooperation in terms of MRA mobility services, promote best practice with standards as well as providing education for medical personnel (Te et al. 2018).

The Mutually Recognized Agreements (MRAs) are complemented by the ASEAN Joint Coordinating Committee on Medical Practitioners (AJCCM), and the ASEAN Joint Coordinating Committee on Nursing (AJCCN). Regularly, this committee produces an analysis on the existing domestic rules, processes, and practices in regard to health professional registration and licensing. This allows doctors and nurses that intend to work in other ASEAN countries to have the required toolbox of understanding, capacity, and skill on health processes applied to the destination countries (Mendoza & Sugiyarto, 2017). The ASEAN Qualification Reference Framework (AQRF), established in 2014 to measure educational or training success across all MRA sectors, particularly in the medical profession, also supports this ultimate objective. The AQRF tries to construct regulatory arrangements across member nations comparable by developing national qualifications frameworks based on a common reference framework (ASEAN Secretariat, 2020b; Ferry et al. 2018; Batman & Coles, 2015). As a result, these complementary policies assist doctors and nurses to operate and work effectively and efficiently in any ASEAN member countries.

4.2.2. Facilitating Movement and Temporary Stay Based on the Movement of Natural Person (MPN) Agreement

MNP (Movement of Natural Persons) alludes to the conditions that permit foreign individuals to relocate and temporarily reside in the destination country in terms of giving their skills. It is one of the primary tools for delivering services over country boundaries. On November 19, 2012, the Minister of Finance from ASEAN member countries signed the MNP, and the AEC later accepted the MNP's commitments in the next year. (Nathanel & Kiki, 2019). This agreement is supposed to address the scarcity of doctors in Indonesia, particularly during the COVID-19 Pandemic, due to the liberalization of labor movement. Additionally, under the MFN agreement, foreign doctors wishing to practice in Indonesia must be willing to be reassigned to remote areas or provinces that do not yet have a medical specialty and have become the epicenter of COVID-19. Correspondingly, the surge in the number of doctors in Indonesia and ASEAN member countries and the still lack of medical staff can be dealt with, not just concentrated in big cities. The shortage of medical equipment, especially personal protective equipment (PPE), will continue to be a hurdle that Indonesia must overcome.

4.2.3 Limitations and Considerations: An Auto-Critic

As there is no perfect product of intellectual writing and study, the authors acknowledge that there are faults, flaws, and foibles in this study. The findings of this study have to be seen in light of some limitations. The potential limitation is the short supply of data on how the performance of each policies and initiatives mentioned above (Ironically, "short supply" of things seem to be the occurring theme of this study). In general, the obstacles to AEC have been successfully identified by the authors through deliberate research and personal study. However, the "scorecards" of these policies are considerably lacking, both owing to the authors' lack of personal access to the restricted ASEAN's database and the absence of comprehensive review by the respective organization. The authors initially hoped that data on the performance of each policy could be a complementary argument in answering our research question. But, because of this limitation, the authors decided that this study can be a "stepping stone" for the authors - or any other researchers - in the study on AEC's contribution to the Indonesian health system. This limitation can become the authors' subsequent research attempts and endeavors in the near future.

Besides the potential limitations on the content, "human limitation" is apparent, considering the authors did not have extensive education and knowledge on academic research. Designing this study is an immensely difficult task, as the authors were seemingly uncertain on numerous things. However, the authors have made many attempts to learn how to make a good research paper through specific classes on research or personal study through the search engine. The authors' efforts also have been helped by the guidance and the helping hand of Mr. Verdinand Robertua, as our lecturer on this respective subject, who genuinely provided constructive feedback and guidelines on making this research.

5. Conclusions and Recommendations

In the year 2020, COVID-19 was declared as a global pandemic by the World Health Organization (Cucinotta and Vanelli 2020, 157-160). In Indonesia, COVID-19 pandemic, without a shadow of a doubt, poses massive obstacles and impediments for

the Indonesian people. So acute, in 2022, the WHO dubbed Indonesia as one of the worst COVID-19 pandemic cases in Southeast Asia (WHO, 2022). This condition partially arises from the problems faced by the Indonesian government in regards to its health system (Medical Tourism Magazine, 2020). First, the lack of medical equipment is an ongoing health barrier that Indonesia is battling against during the time of pandemic. Reportedly, since the first COVID-19 case emerged to the public, many hospitals have experienced dire supply of oxygen cylinder, COVID-19 vaccine, and even face masks (Cahya, 2020). Second, the Indonesian medical workforce, such as professional doctors and nurses, is very strained. (Ghaliya 2020) The small numbers of Indonesian medical workforce is depleting due to the rising figures of medical officers' death - mainly caused by the lack of personal protective equipment (PPE).

To overcome these two issues, Indonesia could utilize the provisions of the AEC on medical supplies and services. Previous studies claim that AEC can be a momentous relief for Indonesia's problem on its health system (Gunawan & Aungsuroch, 2015). Not to mention, taking into consideration the account of (Gunawan & Aungsuroch, 2015; Ishikawa, 2021), that stated ASEAN members have not full-heartedly implement many provisions of the AEC's fundamental pillars. Increased access to intra-regional transactions on medical devices can take advantage of the ASEAN Medical Device Directive (AMDD). While, in the case of pharmaceutical products like hand sanitizers and vaccines, are provisioned by the, the ASEAN Common Technical Dossier (ACTD), the ASEAN Common Technical Requirements (ACTR), produced by the PPWG (Pharmaceutical Product Working Group). Apart from medical goods, medical services also has been the main focus of the AEC since the inception of the institution. Mutually Recognized Agreements (MRAs) have endowed ASEAN member countries with the harmonization of ASEAN's national regulations on health processes to benefit foreign doctors and nurses. Over and above, the Movement of Natural Persons (MPN) agreement by ASEAN, later adopted by the AEC, authorized mobility and stay of person to supply services demands in a specific ASEAN country.

As an endnote, as the authors have mentioned in the previous part, general problems can be identified in the implementation of the AEC - encompassing the results that the authors have mentioned in the previous part. Institutional reluctance is a major bottleneck in the development of Indonesia's services and trade sectors, including the implementation of AEC commitments in the health sector. Regulators appear to lack political incentives to further liberalize the sector to meet these obligations. The Indonesian government remains reluctant to commit to further liberalization, even in sectors and subsectors that have few or no restrictions on foreign investment. This lack of political motivation appears to stem from the view that regional commitments are not in the national interest or the specific interests of regulators. Moreover, authorities may still generally believe that integration is doing more harm than good to the country. In order to commit to these policies, these bottlenecks must be overcome by the Indonesian government by seeing the massive benefits and advantages these policies can create. In addition, the Indonesian government must constantly conduct dissemination by providing the right information on these integration commitments to prevent widespread lies and mistaken perspectives amongst the population.

Bibliography

Books

Abudullah, Moa, Siddique, A. 2020. Halal Industry in ASEAN: Issues and Challenges.

Adisasmito, Miku. 2009. *Sistem Kesehatan Edisi Kedua.* Depok: Raja Grafindo Persada.

Anite Betri., Henni Febriawati., and Yandriza. 2019. *Puskesmas dan Jaminan Kesehatan Nasional*. Jakarta: Deepublish

ASEAN Secretariat. 2015a. *ASEAN Economic Community Blueprint*. Jakarta: ASEAN

ASEAN Secretariat. 2015b. *ASEAN Economic Community Blueprint 2025.* Jakarta: ASEAN

ASEAN Secretariat. 2015c. *ASEAN Medical Device Directive*. ASEAN Secretariat

ASEAN Secretariat. 2020a. *ASEAN Comprehensive Recovery Framework*. Jakarta: ASEAN

ASEAN Secretariat. 2020b. *ASEAN QUALIFICATIONS REFERENCE FRAMEWORK (AQRF)*. Jakarta: ASEAN Secretariat

Bateman, Andrea and Mike Coles. 2015. *ASEAN Qualifications Reference Framework and National Qualifications Frameworks: State of Play Report*. Jakarta: Deutsche Akademischer Austuachdienst (DAAD). www.shareasean.eu/wp-content/uploads/2015/10/AQRF-NQF-State-of-Play-Report.pdf.

Chia, Slow Yue. 2015. *The ASEAN Economic Community: Progress, Challenges, and Prospects*. Tokyo: ADB

Creswell, John., and J. David Creswell. *Research Design: Qualitative, Quantitative, and Mixed Method Approaches*: London: SAGE Publication

Heywood, Andrew. 2011. *Global Politics*. New York: Palgrave Macmillan

Jetin, Bruno., and Mia Mikic. 2016. *ASEAN Economic Community: A Model For Asia - wide Regional Integration?*. New York: Palgrave Macmillan

Koentjoro, Tjahyono. 2011. *Regulasi Kesehatan di Indonesia*. Jakarta: Tjahyono Koentjoro

Macdonald, Roderick. 2019. *Southeast Asia and The ASEAN Economic Community*. London: Palgrave Macmillan

Mendoza, D., and Sugiyarto G. 2017. *The Long Road Ahead: Status Report on The Implementation of the ASEAN Mutual Recognition Arrangements on Professional Services*. London: ASIAN Development Bank

Maria, Rebecca Fatima Sta, Shujiro Urata, and Ponciano S. Intal Jr. 2017. *The ASEAN Economic Community Into 2025 and Beyond.* Philippines: Economic Research Institute for ASEAN and East Asia (ERIA).

Meyer, Thomas, José Luis de Sales Marques, and Mario Telò. 2020. *Regionalism and Multilateralism: Politics, Economics, Culture*. London: Routledge

Nugent, Neill. 2003. *Government and Politics of The European Union*. Basingstoke: Palgrave Macmillan.

Papademetriou, D., Guntur, S., Dovelyn, M., and Brian S. 2015. *Achieving Skill Mobility in The ASEAN Economic Community: Challenges, Opportunity, and Policy Implications*. ADB

Rosamond, Ben. 2000. *Theories of European Integration (The European Union Series)*. London: Palgrave Macmillan.

Writz, Thomas. 2015. *Ripe for Investment: The Indonesian Health Care Industry Post-Introduction of Universal Health Coverage*. London: Ernst & Young Global Limited

To, Lee Lai, Zarina Othman. 2016. *Regional Community Building in East Asia*. New York: Routledge (To, Lai, and Othman 2016)

Journals

Aeni, Nurul. 2021. "Pandemi COVID-19: Dampak Kesehatan, Ekonomi, dan Sosial." *Jurnal Litbang: Media Informasi Penelitian, Pengembangan dan IPTEK* 17 (1): 17-34. Accessed on March 05, 2022. doi:10.33658/jl.v17i1.249.

Al-Fatih S., and Fitria E. 2020. "Halal Food in South East Asia: Are We Looking Forward?" *Advances in Economics, Business and Management Research 121: 166-169*. Accessed on 12 April 2022. -http://creativecommons.org/licenses/by-nc/4.0/

Agustina, Rina., Teguh Daryanto., Ratna Sitompul., Kun A. Susiloretni., SuparmiMKM., Endah Achadi., Akmal Taher., Fadila Wirawan., Saleha Sungkar., Pratiwi Sudarmono., Anuraj Shankar., and Hasbulah Thabrany. 2019. "Universal health coverage in Indonesia: concept, progress, and challenges." *The Lancet* 292 (10166): Accessed on 17 March 2022. https://doi.org/10.1016/S0140-6736(18)31647-7

Busetto, Loraine, Wolfgang Wick, and Christoph Gumbinger. 2020. "How To Use And Assess Qualitative Research Methods." *Neurological Research And Practice 2* (1). Accessed on 03 April. doi:10.1186/s42466-020-00059-z.

Effendi, Ferry., Nursalam Nursalam., Anna Kurniati., & Joko Gunawan. 2018. "Nursing Qualification and Workforce For The Association of Southeast Asian Nations Economic Community." *Nursing Forum* 53 (2): 197-203. Accessed on 17 March 2022. DOI: 10.1111/nuf.12243

Cucinotta, Domenico, and Maurizio Vanelli. 2020. "WHO Declares COVID-19 a Pandemic." *Acta Biomed* 91 (1): 157-160. Accessed on 14 March 2022. doi:10.23750/abm.v91i1.9397. PMID: 32191675; PMCID: PMC7569573.

Curie, Marie. 2018. "Causes, Origins, and Possible Effects of the ASEAN Economic Community." *Journal of ASEAN Studies* 6 (1): 1-23. https://doi.org/10.21512/jas.v6i1.3897

Gunawan, Joko., and Yupin Aungsuroch. 2015. "Indonesia Health Care System and ASEAN Economic Community." *International Journal of Research in Medical Sciences* 3 (7): 1571-1577. Accessed on 04 March 2022. doi:10.18203/2320-6012.ijrms20150231

Ishikawa, Koichi. 2021. "The ASEAN Economic Community and ASEAN Economic Integration." *Journal of Contemporary East Asia Studies* 10 (1): 24-41. Accessed on March 18 2022. https://doi.org/10.1080/24761028.2021.1891702

Mahendradhata, Yodi., Ni Luh Putu Eka Andayani., Eva Tirtabayu Hasri., Mohammad Dzulfika Arif., Renova Glorya Montesori Siahaan., Dewi Amila Solikha., and Pungkas Bahjuri Ali. 2021. "The Capacity of the Indonesian Healthcare System to Respond to COVID-19." *Front Public Health* 9:649819. Accessed on 05 March 2022. doi:10.3389/fpubh.2021.649819.

Moravcsik, Andrew. 1993. "Liberalism and Power in the European Community: A Liberal Intergovernmentalist Approach." *Journal of Common Market Studies* 31 (4): 473-542. Accessed on 17 March 2022. https://doi.org/10.1111/j.1468-5965.1993.tb00477.x

Nathanael, Y., and Kiki V. 2019. "The Impact Analysis of ASEAN movement of natural person in ASEAH-5 countries skilled workers mobility to Indonesia." *International Journal of Economics* 12(6): 523-541. 10.1504/IJEPEE.2019.105206

Pachanee, C., Te, V., Miyashita, Y., Law, K., Khunakorncharatphong, A., and Hill, P. 2019. "ASEAN Mutual Recognition Arrangements for Doctors, Dentists, and Nurses." *Asia Pasific Observatory on Health Systems and Policies* 6(3). Accessed on April 20, 2022. https://apps.who.int/iris/handle/10665/327146

Reggi, Valerio. 2016. "Medicines Regulatory Harmonization: International Collaboration as a Key to Improve Public Health." *Journal of Medicine* 1(1):119-129. Access on 17 March 2022. https://doi.org/10.5301/maapoc.0000001

Te, Vannarath, Rachel, G., Law, K., Hill, P., and Peter A. 2018. "The Impact of ASEAN economic integration on health worker mobility: a scoping review of the literature." *Health Policy and Planning* 33: 957-965. https://doi.org/10.1093/heapol/czy071

Thesis and Dissertation

Augustine, Irene Rachmawati. 2017. "KESIAPAN TENAGA MEDIS DOKTER INDONESIA DALAM MENGHADAPI LIBERALISASI JASA ASEAN PERIODE 2011-2014." Thesis, Universitas Pembangunan Nasional Veteran Jakarta

Li, Chenchen. 2020. "Regional Integration: Forum the European Experience to Southeast Asia." Bachelor Thesis Malmo University

News

ASEAN Post. "ASEAN'S Harmonization Towards Healthcare." *ASEAN Post*. 14 January. Accessed on 17 March 2022. https://theaseanpost.com/article/aseans-harmonisation-towards-healthcare

Bestari, Novina Putri. 2022. "Menkes Curhat Dokter Spesialis RI Kurang, Apa Solusinya?" CNBC Indonesia. 17 Januari. Accessed on 16 March 2022. https://www.cnbcindonesia.com/tech/20220117180818-37-308104/menkes-curhat-dokter-spesialis-ri-kurang-apa-solusinya

Cahya, Gemma Holliani. 2020. "Indonesia scrambles to contain coronavirus as most hospitals are not ready." Jakarta Post. 14 March. Accessed on 16 March 2022. https://www.thejakartapost.com/news/2020/03/13/indonesia-scrambles-to-contain-coronavirus-as-most-hospitals-not-ready.html

Fadli. 2020. "Indonesia to turn former Vietnamese Refugee camp into hospital for Covid-19 patients." Jakarta Post. 4 March 2020. https://www.thejakartapost.com/news/2020/03/04/former-vietnamese-refugee-camp-near-batam-to-be-transformed-into-hospital-for-covid-19-patients.html

Fauzan, Rahmad. 2021. "Kasus COVID-19 Menjolak, Persi: Butuh Tambahan Oksigen Dalam Sepekan." Bisnis. 25 June. Accessed on 17 March 2020. https://ekonomi.bisnis.com/read/20210625/12/1409953/kasus-covid-19-melonjak-persi-butuh-tambahan-oksigen-dalam-sepekan

Ghaliya, Ghina. 2020. "COVID-19 task force issues call for 4,000 more medical workers." Jakarta Post, 27 March. Accessed on 17 March 2022. https://www.thejakartapost.com/news/2020/03/27/covid-19-task-force-issues-call-for-4000-more-medical-workers.html.

Sari, Haryanti Puspa. 2022. "751 Dokter Meninggal Dunia Sejak Awal Pandemi Covid-19 hingga 13 Maret 2022." Kompas. 14 March. Accessed on 17 March. : https://nasional.kompas.com/read/2022/03/14/21195961/751-dokter-meninggal-dunia-sejak-awal-pandemi-covid-19-hingga-13-maret-2022

Siregar, Kiki. 2020. "From athlete's village to hotel, Indonesian government prepares makeshift facilities for Covid-19." Channel News Asia. 23 March. Accessed on 15 March 2020. https://www.channelnewsasia.com/asia/indonesia-covid19-athlete-village-hotel-makeshift-hospitals-1323831

Wardhana, Seto. 2020. "Our country is at war': Education Minister Nadiem Makarim calls on students to join fight against COVID-19." Jakarta Post, 26 March. Accessed on 17 March 2022. https://www.thejakartapost.com/news/2020/03/26/our-country-is-at-war-education-minister-nadiem-makarim-calls-on-students-to-join-fight-against-covid-19.htm

Widianto, Stanley. 2020. "Indonesia record its lowest rate of positive coronavirus tests." Reuters. 7 September. Accessed on 17 March 2022. https://www.reuters.com/world/asia-pacific/indonesia-records-its-lowest-rate-positive-coronavirus-tests-2021-09-07/

Websites

Bandhari, Pritha. 2020. "An Introduction To Qualitative Research." Accessed on 6 April. https://www.scribbr.com/methodology/qualitative-research/

BPJS Kesehatan. 2020. "Sejarah Perjalanan Jaminan Sosial di Indonesia." Accessed on 14 March. https://www.bpjs-kesehatan.go.id/bpjs/index.php/pages/detail/2013/4

Crossman, A., 2020. "What Is Qualitative Research?." ThoughtCo. Accessed on 6 April. https://www.thoughtco.com/qualitative-research-methods-3026555

Jovancic, Nemanja. 2020. "5 Research Design Types + Key Elements And Characteristics." Accessed on 6 April. https://www.leadquizzes.com/blog/research-design-types/

Kementerian Kesehatan Republik Indonesia. 2015. "PERATURAN MENTERI KESEHATAN REPUBLIK INDONESIA NOMOR 97 TAHUN 2015 TENTANG PETA JALAN SISTEM INFORMASI KESEHATAN TAHUN 2015-2019." Accessed on 17 March. https://pusdatin.kemkes.go.id/resources/download/pusdatin/lain-lain/PMK-No-97-Th-2015-ttg-Peta-Jalan-Sistem-Informasi-Kesehatan-Tahun-2015-2019.pdf

Kementerian Luar Negeri Republik Indonesia. 2015. "Masyarakat Ekonomi ASEAN (MEA)." Accessed on April 04, 2022. https://kemlu.go.id/portal/id/read/113/halaman_list_lainnya/masyarakat-ekonomi-asean-mea

Leverage Edu. 2022. "Research Design." Accessed on 6 April. https://leverageedu.com/blog/research-design/

Medical Tourism Magazine. 2020. "Indonesia's Failing Healthcare Industry and How Medical Tourism Can Help." Accessed on March 03, 2022. https://www.magazine.medicaltourism.com/article/indonesias-failing-healthcare-industry-and-how-medical-tourism-can-help

Pacific Bridge Medical. 2021. "Indonesia Extends Halal Restrictions to Medical Devices – Manufacturers will have up to Thirteen Years to Comply." Accessed on 25 April 2022. https://www.pacificbridgemedical.com/news-brief/indonesia-extends-halal-restrictions-to-medical-devices-manufacturers-will-have-up-to-thirteen-years-to-comply/

Wisdom Jobs. 2022. "Different Research Designs in Research Methodology." Accessed on 6 April 2022. https://www.wisdomjobs.com/e-university/research-methodology-tutorial-355/different-research-designs-11464.html

Voxco. 2022. "Research Design : Definition, Method, & Examples." Accessed on 6 April 2022. https://www.voxco.com/blog/research-design/#:~:text=Diagnostic%20research%20design%3A%20In%20a,creating%20problems%20in%20the%20company