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Disease Control and Prevention: New Avenue for the ASEAN-India Cooperation in Post-Covid Era

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Disease Control and Prevention: New Avenue for the ASEAN-India Cooperation in Post-Covid Era[#]

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Abstract

From containing the outbreak to total elimination of pandemic is full of complexity. Preventing foreign visitors from entering a country and at the same time establishing quarantine facilities are not easy. Entry refusal is politically correct, but diplomatically incorrect. Just as important, developing a medicine for curing coronavirus is time consuming not only in research and development but also clinical trials before it can be prescribed to the rising number of infected people over time. The complexity needs concerted efforts from all countries concerned. Against this background, this paper aims to examine why it is crucially relevant for enhancing the ASEAN-India cooperative relations not only in tackling Covid-19, but also in strengthening disease control and prevention in post-Covid era. Also, this paper plans to suggests specific modalities in undertaking the task, which is of extreme importance for member countries of the Framework Agreement of Economic Cooperation between India and the ASEAN.

Keywords: Covid-19, ASEAN, India, Regional integration,
JEL codes: F0, F6

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1. Introduction

At the time of writing, the world already is infected with more than 21.83 million coronavirus cases. While there were roughly 14.56 million recovered, the deaths were more than 773,000. About 67.9 per cent and 3.5 per cent of total infected cases. U.S. is leading in this "marathon race of Covid-19", but sadly with more than 5.5 million infected cases and worst still with more than 173,000 deaths[1]. Living with the pandemic is not "Game of Thrones" that the story line twists here and there among competing claimants.

From containing the outbreak to total elimination of pandemic is full of complexity. Preventing foreign visitors from entering a country and at the same time establishing quarantine facilities are not easy. Entry refusal is politically correct but diplomatically incorrect. Quarantine is a necessary evil but humanely wrong. They are not the best countermeasures, but they are understandably acceptable even though there are people who disagree. Just as important, developing a medicine for curing coronavirus is time consuming not only in research and development but also clinical trials before it can be prescribed to the rising number of infected people over time. The complexity needs concerted efforts from all countries concerned.

Against this background, this paper aims to examine why it is crucially relevant for enhancing the ASEAN-India cooperative relations not only in tackling Covid-19, but also in strengthening disease control and prevention in post-Covid era. Also, this paper plans to suggests specific modalities in undertaking the task, which is of extreme importance for member countries of the Framework Agreement of Economic Cooperation between India and the ASEAN.

2. Globalization and Covid-19

While this pandemic is well reported and updated in media but its linkages with globalization has not attracted serious discussion. Technological change has driven and will continue to

[1] https://www.worldometers.info/coronavirus/(accessed 17 August 2020). However, at the time of revision, infected cases have exceeded 91 million—more than 4-fold increase in less than half a year. There are 90 million recovered cases, with 2.5 million deaths representing 2.7% of total infected cases. The U.S. was, sadly, leading with more than 26 million infected cases and even worse, about 380,000 deaths (same URL, accessed 10 January 2021).

accelerate globalization, in which the intensity of cross border exchanges of goods, services and capital has risen amazingly in the last quarter of century. Moreover, movement of people across national boundaries has increased rapidly. These two forces have indeed flattened our planet. Equally serious, the quest for a higher level of living standards has lifted our income but it has also triggered a spectrum of events such as intensified mass production and consumption spanning the globe. Both aspects also induce cross border movement of people. Positive results from travelers and the host are well discussed but stories about illicit activities such human trafficking, money laundering, smuggling of precious stones and drugs and spread of human-to-human infection diseases are, unfortunately, mostly kept under the carpet.

A few important premises—such as nation-state, market economy, humanitarian requisites such as fundamental human rights, civil society, fairness of distribution, social justice, social well-beings in individual health and hygiene—have become obscure. It has become doubtful whether everyone understands in the same meaning, even those related to the inside. This question is not only necessarily caused by differences in civilization, culture, and values, but also on the meaning of the word "sustainable social well beings".

No one wants to dispute that globalization means openness. This process at least implies to the extent of borderless economy. The supporters insist that openness or free trade pushes up competitiveness, but they have not examined its shadow sufficiently. The shadow comprises situation where government losses room for maneuvering policy intervention to support some citizens who are affordable to surf along with globalization waves but infected contiguous diseases abroad. Equally critical, if not more, there are also some citizens who are poorer but infected contiguous diseases at home. Hence, while government encourages openness on one hand, it losses the control of a better governance that add misery to vulnerable people who live in the sovereign territory, on the other hand.

Dani Rodrick shows that the nation state, democratic politics, and deep integration are in a triangular relation, but these ideals also create a "trilemma" in political economy. Openness brings about deeper integration with the rest of the world. Democratic politics promote policies that support openness and enhanced competitiveness in international marketplace. However, nation state is the foundation for democratic politics, but it is against immoral and unethical competition that produces a large share of the have not that defeats the greater good of fairness, equality, social well-beings within the sovereign territory. Hence, two elements can be mutually inclusive, but not three. Democratic politics enhances deep integration and vice versa, but nation state does not respond to deep integration because it is obliged to

support a large group of vulnerable citizens—both with and without globalization. Nation state and democratic politics are also mutually inclusive if deep integration with the rest of the world is not included[2].

There are involved in activities related to those issues still give diversified opinions to the extent of disagreement instead of "agree to disagree." This is not only truly unproductive but also sometimes it is the inconvenience truth of globalization that often being avoided in public policy and discourse. Even when the inconvenience truth is spoken out, but still the discussion often has left unclear with what kind of priority is to be undertaken for achieving sustainable social well beings. Even if there was an agreement on the type of mechanism for enabling who and how to realize the undertaking, one still could not overlook the fact that, quite often, it did not resolve convincingly because in fact that is by itself an inconvenience truth.

The question to ask is how can governments, international organizations, scientists, medical and health professionals, and the like work together to contain and then to arrest Covid-19 in coming months? The inconvenience truth must not obstruct the mission. The goal instead is clear although the roadmap still requires well-defined milestones for accomplishing it. The journey ahead might be a long and winding one but prevention no doubt is of an utmost important effort to begin with. Louis Pasteur said: "When meditating over a disease, I never think of finding a remedy for it, but, instead, a means of preventing it." Furthermore, in the post-Covid days, with hindsight, to deal with another disease of equivalent scale of coronavirus, a stronger cooperation between countries and among a group of countries requires forward-looking with specific—in enhanced institutional, in organizational, and in technical capability—in disease control and prevention. We shall examine the relationship between globalization and pandemic or a large scale of outbreak of life-threatening diseases.

3. Is There a Causality?

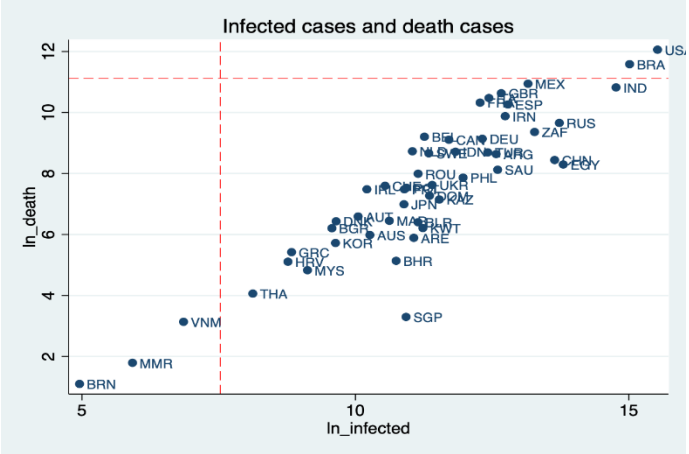
This section analyses the relationship between international travelers or tourists and Covid-19 in terms of infected cases and death. This analysis selected 51 countries (see Table A1 in Appendix). This investigation focuses on the relationship between international travelers, infected cases, and deaths. Figure 1 shows the relationship between infected cases and deaths.

[2] Refer, Rodrick (2012)

This scatter diagram illustrates the US and Brazil are both above average values of infected cases and deaths. This is not surprising because they are two front runners in this "marathon".

Results in Table 1 are quite indicative. This regression explains about 87 per cent of the relationship between deaths and infected cases. The estimated coefficient, viz., infected cases is statistically significant below 1 per cent. Independent variable in Table 1 shows the estimated coefficient suggests 100 infected cases increment influences a rise of about 3 deaths. The estimated coefficient may be higher because as shown in Figure 1, the US and Brazil are both higher than mean of infected cases and deaths. We have conducted a robust regression test as shown in Figure 2. Normalized residual squared is the difference between the predicted value and the actual (or observed) value. Leverage means the distance between independent variable and its mean. A high leverage point can influence the estimation (i.e., the estimated coefficient).

Figure 1. Scatter diagram of infected cases and death



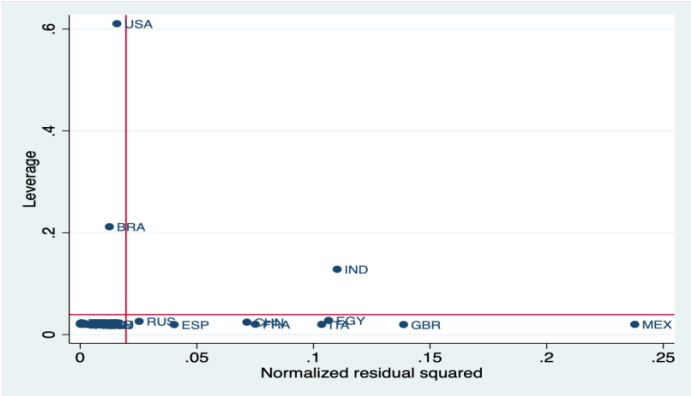
Note: vertical and horizontal dash line is mean of infected cases and deaths, respectively.

Table 1. Regression results

Dependent Variable: Death	Coef.	Std. Err.	t	p> |t|
Infected	.0297	0.0016	18.50	0.000
constant	888.86	1,755.8750	1.08	0.287

Note: Adj. R-squared=0.8699, F-value=340.10.

Figure 2. Robust regression of deaths and infected cases



Source: Authors' own

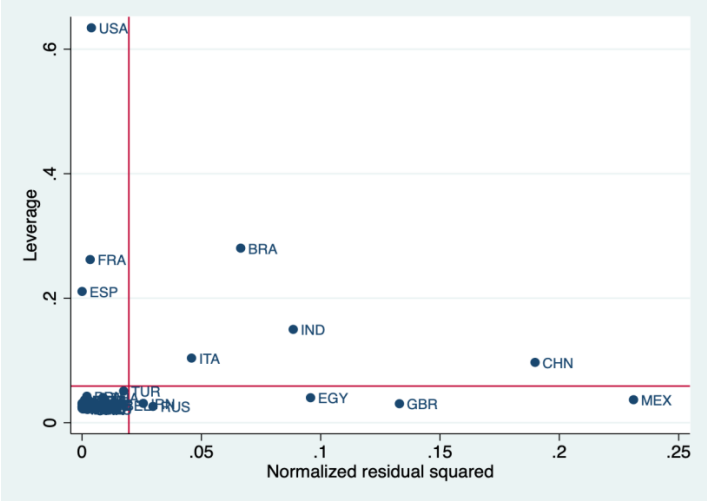
Table 2 shows the regression explains about 88 percent of the relationship between deaths, tourists, and infected cases. The estimated coefficients suggest that increase of 1 million tourists influences 300 deaths, whereas a 1,000 increment of infected cases affects 27 deaths. The latter is quite close to the estimated result shown in Table 1. The former hints that mobility in globalization has a bearing in the spread of coronavirus. When compared with the analytical sample shown in Table A1 (about 1.14 billion of tourists), the estimated coefficient for infected cases has about half of the explanatory power. Figure 3 shows the robust regression result, which clearly indicate more countries that those in Figure 2 have leverages in this sample.

Table 2. Regression results

Dependent Variable: Death	Coef.	Std. Err.	t	p> |t|
tourist	0.0003	0.0008	3.50	0.001
infected	0.0271	0.0017	16.47	0.000
constant	-3,326.875	3173.375	-1.53	0.1323

Note: Adj. R-squared= 0.8815, F-value= 178.55.

Figure 3. Robust regression of deaths, tourists, and infected cases



Source: Authors' own

4. Present Covid-19 Situation in ASEAN and India: Fact and Implication

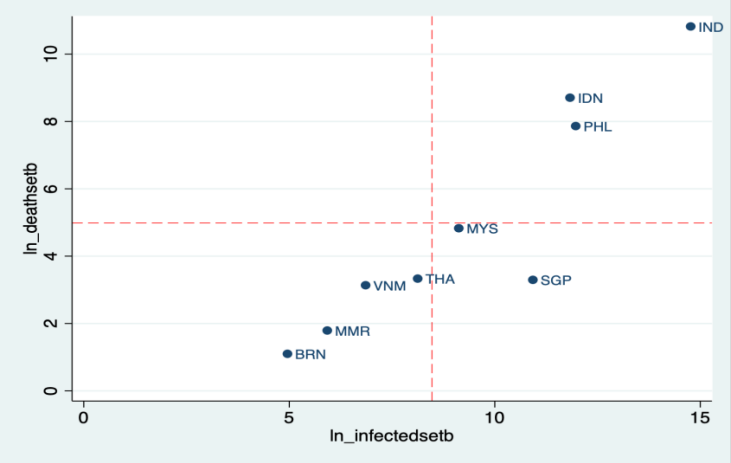
Table 3 shows the basic facts of Covid-19 pertaining to ASEAN and India. There were about 148 million (11 percent of world total) international tourists visited these 13 countries (in 2018). There are roughly 2.95 million (20.3 percent of world total) infected cases as of 16 August 2020. The deaths are approximately 59,000 (about 8 per cent of world total).

Table 3. ASEAN-India tourists, infected cases and deaths (person)

	Tourist	Infected	Death
Lao PDR	37,70,000	22	0
Brunei	2,78,000	142	3
Cambodia	62,01,000	273	0
Indonesia	1,58,10,000	1,37,468	6037
Malaysia	2,58,32,000	9,175	125
Myanmar	35,51,000	374	6
Philippines	71,68,000	1,57,918	2600
Singapore	1,46,73,000	55,661	27
Thailand	3,81,78,000	3,376	28
Vietnam	1,54,98,000	951	23
sub-total	13,09,59,000	3,65,360	8913
India	1,74,23,000	25,89,208	50,084
Total	14,83,82,000	29,54,568	58,997

Source: Same as Table A1.

Figure 4. Scatter diagram of the Infected Cases and Death in ASEAN and India



Source: Author's own

Scatter diagram (Figure 4) has three distinct groups: India, Indonesia, and the Philippines are quite far away from the means of infected cases and deaths; Malaysia and Singapore are situated above the mean of infected cases but lower than the mean of deaths; Thailand, Vietnam, Myanmar, and Brunei are all below the means of infected cases and deaths. The first group of countries have done relatively well in either complete lock-down or strict movement control[3]. But, population size, giving non-existence of medicines and vaccines, inevitably caused quite many deaths in each respective country. Lower deaths in Malaysia and Singapore are the results of imposed movement control and strict quarantine measures[4]. However, pockets of infected clusters have caused many infected people. In the third group, Thailand and Vietnam have done well in containing the spread[5]; whereas Myanmar and Brunei are not seriously affected because of their lesser exposure to globalization waves.

Our regression results are quite interesting too. The model explains about 99 per cent of the relationship between deaths, inbound international travelers, and infected cases. The estimated independent variable—infected cases—is statistically significant at 1 per cent, whereas international inbound travelers are not statistically significant. The former suggests that a 1,000 increment of infected cases influences about 19 deaths. This is about 10 lesser

[3] South Morning China Post, Free Malaysia Today, New Straits Times, New York Times, *The Economist* and other news media.

[4] Ibid.

[5] Ibid.

deaths than the estimated results of 51 countries shown earlier. International inbound travelers do not influence death cases because of strict border controls.

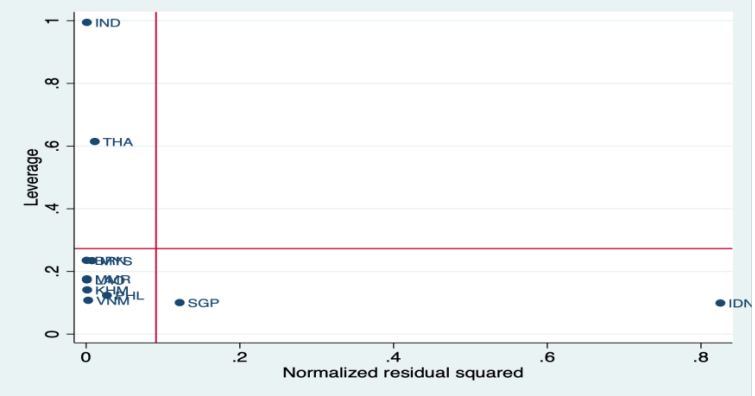
Statistically, India and Indonesia may have influenced substantially on the estimated results. Figure 5 shows the leverage point of India, whereas normalized residual square of Indonesia is quite high. Interestingly, Thailand, despite her position shown in Figure 4, has a quite a high leverage point.

Table 4. Regression results

Dependent Variable: Death_setb	Coef.	Std. Err.	t	p> |t|
tourist_setb	6.65e-06	0.0004	0.19	0.856
infected_setb	0.0193	0.0052	37.65	0.000
constant	81.7259	610.7531	0.13	0.897

Note: Adj. R-squared= 0.89934, F-value= 718.64.

Figure 5. Robust regression of deaths, tourists, and infected cases in ASEAN and India



Source: Authors' own.

In comparing two sets of countries, the findings show international inbound tourists did not affect deaths in the ASEAN-India regional group. This implies the border control and the strict domestic movement restriction in each country in the last few months have helped to contain the spread of Covid-19. Many countries in another set have lifted the restrictions earlier than necessary. Consequently, instead of reinvigorating economic activities and a freer mobility for normalizing social interactions among citizens, it is quite apparent that the reemergence of transmission has become alarming. The uncertainty has not diminished yet.

Regardless, it is not an exaggeration in saying it is politically incorrect to ignore the clear and present danger creates by the invisible Covid-19.

5. ASEAN-India: Prospects for Closer Integration

The ASEAN was established in 1967. Since then, notwithstanding the First-Second divide, the collapse of the Berlin Wall, this regional group has grown with leaps and bounds. The accession of Vietnam, Lao PDR, Myanmar, and Cambodia in 1990s have elevated the intensity of integration in the last two decades. Their sails were not necessarily smooth. Occasionally, tides were high, and wind was strong. Every member country is pushing deeper and wider regional integration with pragmatic approach based on market-based principles. Each country also adheres to the principle of non-interference. Equally crucial, this group of countries abides by "agree to disagree". The code of conducts, without question, have facilitated the creation of the ASEAN Community—Political-Security Community, Economic Community, and Socio-Cultural Community—in 2015. A wide variety of regional fora is created for transforming the diversity to "One Vision, One Identity, One Community"[6].

India's Look East Policy, launched in 1991, has not only reignited but it has shortened both the socioeconomic and psychological distance with countries in Southeast Asia region. French oriental scholar George Cœdès' theory of "Indianized Kingdom" claimed Southeast Asia region was influenced by Indian civilization before Common Era. Although this theory was eloquent, but it could not explain the spread of Theravada Buddhism in the continental Southeast Asian countries (Myanmar, Thailand, Cambodia, Laos). Instead, strong influence of "Pali-ism" (Pali Canon) caused these countries to spontaneously receptive to Indian civilization in the 4th and the 5th Century[7]. From this historical context, India indeed has rediscovered the long lost cultural and trade linkages with Southeast Asia.

Impressive Indian diplomacy and long historical relationship have cemented the establishment of the "Framework Agreement on Comprehensive Economic Cooperation Between the Republic of India and the Association of Southeast Asian Nations" (Framework

[6] https://asean.org/storage/2012/05/7.-Fact-Sheet-on-ASEAN-Community.pdf (accessed 15 August 2020).

[7] Kiriyama et al. (2019)

Agreement) on 1 July 2004[8]. The Framework Agreement led to the creation of the ASEAN-India Free Trade Agreement (AIFTA) on 1 January 2010[9].

Table 5. Total Trade in 2019: ASEAN and India (US$ billion)

	Import	Export
Brunei Darussalam	5.10	7.04
Cambodia	23.97	19.24
Indonesia	170.73	167.00
Lao PDR	5.80	5.81
Malaysia	204.91	238.09
Myanmar	18.58	18.00
Philippines	117.25	70.93
Singapore	358.97	390.33
Thailand	216.80	233.67
Vietnam	253.44	264.61
India	478.88	323.25
Total	1,854.43	1,737.98

Source: https://databank.worldbank.org/source/world-development-indicators (retrieved 13 August 2020)

Since then, trade flows between the ASEAN-India have picked up notably. Total trade value of this group of countries in 2019 was US$ 3,590 billion, which equates about 9.5 per cent of total world trade[10]. This is a substantial share from a group of 11 countries. Indian exports to and imports from the ASEAN in 2019 was US$ 33.80 billion and US$ 57.49 billion, respectively. India's trade deficit was US$ 23.7 billion, quite an alarming situation. On the contrary, the ASEAN's exports to and imports from India were US$ 360.9 billion and US$ 337.20 billion, respectively (see Table A2 for the intra-ASEAN-India trade). The ASEAN's trade surplus was equivalent to India's trade deficit. Therefore, Indian government is presently asking for the reduction of trade deficit from her counterparts in Southeast Asia. Although this is an alarming situation, but this regional grouping must not let it blur their quest for a deeper and a broader economic integration in the spirit of Framework Agreement.

[8] https://asean.org/?static_post=framework-agreement-on-comprehensive-economic-cooperation-between-the-republic-of-india-and-the-association-of-southeast-asian-nations-2 (access 14 August 2020).

[9] https://www.asean.org/wp-content/uploads/images/2015/October/outreach-document/Edited%20AIFTA.pdf (retrieved 14 August 2020).

[10] https://www.trademap.org/ (accessed 14 August 2020)

Total exports balance total imports in theory. The deficit between India and the ASEAN is compensated by the former's surplus with other countries or regional groups. In this respect, the parties concerned must work together in leveling the imbalance. Otherwise, everyone is "not seeing the wood for the trees", which will defeat the spirit enshrines in the Framework Agreement.

More importantly, trade of itself and by itself are not the sole purpose for a closer integration between the ASEAN and India. There is a broad spectrum of mutually beneficial cooperative issues that require equal attention as in the trade front. In this regard, stronger ASEAN-India cooperative relations in general, and especially pushing for new cooperation in disease control and prevention in the post-Covid era is surely mutually beneficial.

6. Disease Control and Prevention in the Post-Covid Era

The ASEAN and India have defined the objectives of Framework Agreement[11]:

- Strengthen and enhance economic, trade and investment co-operation between the Parties;
- Progressively liberalize and promote trade in goods and services as well as create a transparent, liberal and facilitative investment regime;
- Explore new areas and develop appropriate measures for closer economic co-operation between the Parties; and
- Facilitate the more effective economic integration of the new ASEAN Member States and bridge the development gap among the Parties.

The Parties are working diligently in achieving them in the last decade. The ferociousness of invisible Covid-19 is unparalleled in recent history. Thus, mutual exploration for specific field of cooperation in not in the radar. It is certainly "better late than never" to work together in determining what kind of modalities for cooperating in disease control and prevention in the post-Covid era. We must not ignore there are many known unknowns in life-threatening diseases or viruses. For this reason and others, it is politically, socioeconomically, and morally right for member states of the ASEAN-India to iron out the details in realizing this area of cooperation.

The ASEAN has a regional setup known as "The ASEAN Emergency Operations Centre Network for Public Health Emergency" (ASEAN EOC Network). It falls within the purview

[11] https://asean.org/?static_post=framework-agreement-on-comprehensive-economic-cooperation-between-the-republic-of-india-and-the-association-of-southeast-asian-nations-2

of the ASEAN Health Ministers Meeting, under the umbrella of the ASEAN Socio-Cultural Community. In addition, each member state has a national organization for working closely with the ASEAN EOC Network. From the early stage of Covid-19, the ASEAN EOC Network has contributed enormously to data collection, information sharing, expertise and experience sharing among member states and many other dialogue partners such as China, Korea, Japan, Australia, France, EU and others. It also disseminates information regularly for raising awareness and strengthening information flows of disease control and prevention.

To stimulate construction deliberation among the Parties, this paper proposes the establishment of the "ASEAN-India Disease Control and Prevention Center (AI-DCPC)". In this respect, member states of the ASEAN-India not only can expand the ASEAN EOC Network, but also add new specific response measures in establishing a permanent, action-oriented, information and expertise sharing, strengthening hard and soft institutional and organizational infrastructures, capacity building human resources (including leadership in disease control and prevention) both at national and local levels in each member country. Equally important, the proposed AI-DCPC can solicit cooperation from the established institutions of the same kind in each dialogue partner (such as Australia, China, EU, Korea, Japan, Russia, the U.S.).

There remains a broad spectrum of specific issues of greatest concern such as financial and human resources, medical and health expertise, and others that require detailed study. This task is beyond the scope of this paper.

7. Concluding Remarks

This paper has examined, alas narrowly, the imperative and urgent subject matter that is of extreme relevance to the home of 2 billion citizens. The main intention is to raise the awareness of urgency in establishing a regional center in the form of hub with extended pipes to each member states of the ASEAN-India regional group.

Covid-19 will persist beyond 2020. Even when this pandemic is contained, everyone must remain resilience in facing new challenges that are of life-threatening in coming period. We certainly feel rewarded with new hope if this paper generated new interests in academic and public discourse of minimizing uncertainty of the mercilessness of any invisible enemy like coronavirus.

The journey to the realization of the proposed AI-DCPC is likely to be long and winding one. However, we are confident that with the committed dedication from individuals, institutions and the business community will surely lay down specific milestones towards the goal. The transformation from unknowns to known knowns without question will make our livelihoods healthier, safer, and rewarding.

References

Kiriyama, Noboru and others (2019) A History of Southeast Asia 2nd Edition (in Japanese), Yuhikaku.

Kiriyama Noboru and others (2019) *A History of Southeast Asia* 2nd Edition (in Japanese), Yuhikaku

Rodrick, Dani (2012) *The Globalization Paradox: Democracy and the Future of the World Economy*, W. W. Norton.

The Economists, various issues.

News Portals:

Free Malaysia Today, Malaysia.

New Straits Times, Malaysia.

New York Times, the U.S.

South Morning China Post, Hong Kong.

URL resources:

Source: https://data.europa.eu/euodp/en/data/dataset/covid-19-coronavirus-data (retrived 14 August 2020).

https://www.worldometers.info/coronavirus/(accessed 17 August 2020).

https://www.trademap.org/ (accessed 14 August 2020).

https://asean.org/storage/2012/05/7.-Fact-Sheet-on-ASEAN-Community.pdf (accessed 15 August 2020).

https://asean.org/?static_post=framework-agreement-on-comprehensive-economic-cooperation-between-the-republic-of-india-and-the-association-of-southeast-asian-nations-2 (access 14 August 2020).

https://www.asean.org/wp-content/uploads/images/2015/October/outreachdocument/Edited%20AIFTA.pdf (retrieved 14 August 2020).

Appendix

Table A1 Tourists, infected cases and deaths (person)

	Tourist	Infected	Death
United States	79.75	5.53	172.61
Brazil	6.62	3.32	107.30
India	17.42	2.59	50.08
Egypt, Arab Rep.	11.20	0.99	4.00
Russian Federation	24.55	0.92	15.62
China	62.90	0.84	4.63
South Africa	10.47	0.58	11.62
Mexico	41.31	0.52	56.54
Spain	82.77	0.36	28.62
Iran, Islamic Rep.	7.30	0.34	19.49
United Kingdom	36.32	0.32	41.36
Saudi Arabia	15.33	0.30	3.37
Argentina	6.94	0.29	5.64
Italy	61.57	0.25	35.39
Turkey	45.77	0.25	5.96
Germany	38.88	0.22	9.29
France	89.32	0.22	30.41
Philippines	7.17	0.16	2.60
Indonesia	15.81	0.14	6.07
Canada	21.13	0.12	9.02
Kazakhstan	8.79	0.10	1.27
Ukraine	14.10	0.09	2.04
Dominican Republic	6.57	0.09	1.44
Sweden	7.44	0.08	5.78
Belgium	9.12	0.08	9.94
Kuwait	8.51	0.08	0.50
Romania	11.72	0.07	2.95
Belarus	11.50	0.07	0.60
United Arab Emirates	21.29	0.06	0.36
Netherlands	18.78	0.06	6.17
Poland	19.62	0.06	1.87
Singapore	14.67	0.06	0.03
Portugal	16.19	0.05	1.78
Japan	31.19	0.05	1.09
Bahrain	12.05	0.05	0.17
Morocco	12.29	0.04	0.63
Switzerland	10.36	0.04	1.99
Australia	9.25	0.03	0.40
Ireland	10.93	0.03	1.77
Austria	30.82	0.02	0.73
Denmark	12.75	0.02	0.62
Korea, Rep.	15.35	0.02	0.31
Bulgaria	9.27	0.01	0.50
Malaysia	25.83	0.01	0.13
Greece	30.12	0.01	0.23
Croatia	16.65	0.01	0.17
Thailand	38.18	0.00	0.06
Vietnam	15.50	0.00	0.02
Myanmar	3.55	0.00	0.01
Cambodia	6.20	0.00	0.00
Brunei	0.28	0.00	0.00

Source: https://data.europa.eu/euodp/en/data/dataset/covid-19-coronavirus-data (retrived 14 August 2020);

https://www.worldometers.info/coronavirus/(retrived 14 August 2020)

Table 2A Intra-ASEAN-India Trade in 2019 (US$ billion)

	India	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam	Total exports
India		0.057	0.204	4.515	0.029	6.269	0.507	1.636	10.739	4.332	5.513	33.799
Brunei	0.581		0.000	0.039	0.000	0.612	0.000	0.119	0.967	0.552	0.199	3.068
Cambodia	0.047	0.020		0.043	0.000	0.165	0.002	0.085	2.099	2.048	0.902	5.411
Indonesia	15.564	0.131	0.619		0.031	8.942	0.873	6.758	12.929	6.213	5.150	57.210
Lao PDR	0.003	0.000	0.017	0.002		0.015	0.002	0.000	0.015	2.407	1.055	3.515
Malaysia	10.408	0.605	0.602	7.737	0.023		0.668	4.387	33.036	13.480	8.383	79.328
Myanmar	0.957	0.001	0.017	0.183	0.003	0.263		0.124	0.327	3.229	0.228	5.331
Philippines	0.557	0.009	0.026	0.821	0.002	2.179	0.048		3.832	2.972	1.270	11.715
Singapore	14.894	0.640	2.270	17.305	0.088	21.606	3.387	6.935		15.354	12.961	95.440
Thailand	7.034	0.118	6.949	9.463	2.916	10.677	2.171	7.249	7.657		11.608	65.843
Vietnam	7.446	0.115	4.311	3.842	0.451	4.726	0.625	3.860	3.647	5.010		34.034
Total imports	57.490	1.694	15.015	43.950	3.544	55.453	8.283	31.152	75.246	55.597	47.268	

Source: https://comtrade.un.org/data/ (retrieved 13 August 2020)

About AIC

Considering the work of the ASEAN-India Eminent Persons Group (AIEPG), and its Report with recommendations for forging a closer partnership for peace, progress and shared prosperity, the Heads of the State/Government of ASEAN and India at the ASEAN-India Commemorative Summit 2012, held at New Delhi on 19-20 December 2012, recommended the establishment of ASEAN-India Centre (AIC), which was formally inaugurated by the External Affairs Minister of India on 21 June 2013 at RIS. AIC serves as a resource centre for ASEAN Member States and India to fill the knowledge gaps that currently limit the opportunities for cooperation. The AIC is closely working with the Indo-Pacific Division of the Ministry of External Affairs (MEA), Government of India to undertake and disseminate evidence-based policy research and provide policy recommendations.

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