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Health Security In The Indo-Pacific: A Prospect For Indonesia

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Abstract

The Covid-19 pandemic that has been going on since early 2020 has made health an important issue in the Indo-Pacific Region. One of the actors developing health security in the Indo-Pacific region is QUAD (Quadrilateral Security Dialogue), a dialogue platform between the United States, Australia, Japan and India. This article aims to explain Indonesia's prospects in the field of health security in the Indo-Pacific. This article uses the concept of Health Security and regional security complex theory (rsct) and qualitative methods. Since the pandemic, QUAD has also focused on developing and procuring the Covid-19 vaccine. In this cooperation scheme, India is the country supplying the vaccine, the United States and Japan are donors, and Australia is in charge of distributing the Covid-19 vaccine. Currently, Indonesia has succeeded in developing a Covid-19 vaccine. In the context of health security in the Indo-Pacific, Indonesia's success provides an opportunity for Indonesia to play a more active role in health security issues and support QUAD's role as a vaccine supplier in the region.

Keywords: health security, Indo-Pacific, Indonesia, Regional Security Complex Theory

Introduction

Indo-Pacific refers to the region connecting the Indian Ocean and the *Pacific Ocean*, stretching from the east coast of Africa to the west coast of the United States. The term Indo-Pacific region gained popularity when former US secretary of state Hillary Clinton used the term in 2010 in a speech. Australia was the first country to reference the term Indo-Pacific in the official 2013 Defense White Paper that listed the term 58 times. Then in the 2017 Foreign Policy White Paper there is a more specific definition related to the Indo-Pacific region. According to Australian calculations, the Indo-Pacific stretches from the eastern Indian Ocean to the Pacific, linked by Southeast Asia, home to nine of Australia's top ten trading partners. The Indo-Pacific region has the most important sea routes in the world, including densely populated countries fueling high energy demand and creating global importance as well as the political and economic center of the world. (Galloway, 2021) (Das, 2019)

There are four countries considered to dominate the Indo-Pacific region. The four countries are the United States (US), Japan, India, and Australia. Furthermore, these four countries carry out an informal quadrilateral security dialogue initiative or also called the *Quadrilateral Security Dialogue*, therefore these four countries have the term "*Quad*". As for ASEAN, which is a regional organization in the middle of the Indo-Pacific region, it has its own views related to the region written in the "ASEAN Outlook on the Indo-Pacific". Of the five actors mentioned, there are three definitions related to the Indo-Pacific region. The differences are between the US, Japan-India-Australia, and ASEAN. (Yansim, 2020)

Regarding the issue of health security in this region, Australia is one of the countries that has the initiative in accommodating the issue. The initiative can be seen from The Australian Government's Indo-Pacific Centre for Health Security and the Quad which was established on October 8, 2017. This effort is a renewal of the Australian Government's efforts to strengthen regional pandemic preparedness that began in 2005 under John Howard in the form of the Asia-Pacific Strategy for Emerging Infectious Diseases (APSED). With \$300 million in funding from 2017-2022, The Australian Government's Indo-Pacific Centre for Health Security seeks to produce evidence-based planning and policies to help prevent epidemics, strengthen early detection capacity, and support rapid and effective national and international outbreak responses. (Kamradt-Scott, 2018) (Australian Aid, 2022)

The Indo-Pacific region is an arena for hegemon struggles between a number of powerful actors, especially China and the United States. To *counter-hegemony* China, the United States, Japan, India, and Australia formed an informal quadrilateral security dialogue initiative or also called the *Quadrilateral Security Dialogue* termed "*Quad*". The feud between China and the Quad was seen when on May 25, Quad leaders met in Tokyo and announced several new initiatives, among them plans to oversee deep-sea fishing in the Pacific and an education exchange program. China commented on this initiative by stating that the alliance has become "hyper-militarized" and become a force causing instability in the region (Nagar & Imperato, 2022).

According to Halton, the Indo-Pacific region has its own challenges and opportunities in dealing with health security issues. Some of the challenges in the Indo-Pacific region are related to population density, climate change, cigarette consumption, and diseases such as SARS and Malaria. These challenges present a need to build an integrated security system in the Indo-Pacific region. With an integrated health security system, one of the benefits is that it can easily increase public awareness in dealing with health security issues. Furthermore, the results of Rendell and Sheel's analysis write that in order to strengthen the health system in the context of post-COVID-19 health security in the Pacific region, there are four areas that must be prioritized. The four areas are increasing workforce capacity and capability, building awareness, public health surveillance, and laboratory capacity building. (2017) (2022)

Basically, the Quad is known by experts as a mechanism to minimize China's hegemony in the Indo-Pacific region in the security sector. The COVID-19 pandemic provides a good opportunity for the Quad to strengthen its influence in the Indo-Pacific region. The opportunity in question is related to health diplomacy activities that have become popular since the onset of the COVID-19 pandemic. Countries around the world are facing unprecedented outbreaks of transnational diseases. (Anuar & Hussain, 2022)

In the context of Covid-19, QUAD has a role to play in supporting the alleviation of Covid-19. This effort began in 2020 to assist Australia's partner countries in developing and implementing national Covid-19 response plans, focusing on strengthening laboratories, surveillance, disease impact modelling, medical supplies and health emergency response training. The program is also implementing support for Australia's Covid-19 vaccine access to countries in the Pacific and Southeast Asia, with funding of \$623 million until mid-2023. As of mid-2022, Australia has distributed nearly 50 million Covid-19 vaccines to partner countries. (Australian Aid, 2022)

More precisely, in March 2020, the Quad collaborated with South Korea, New Zealand, and Vietnam in efforts to contain COVID-19. The Quad Plus is a series of weekly meetings covering topics such as trade facilitation, vaccine development, challenges for displaced communities, aid to countries in need, and technological cooperation. Then, in March 2021 Quad again collaborated with the title Vaccine Partnership and Vaccine Expert Group. The program provides an opportunity for Quad members to collectively have an enormous capacity to provide vaccines as a global public good thanks to a significant vaccine development and manufacturing base. (Hussain & Anuar, 2020) (The White House, 2021)

Seeing this phenomenon, Indonesia has the opportunity to change the order of influence in the context of health security in the Indo-Pacific region. This opportunity is related to the Indovac vaccine which began to be produced by Indonesia at the end of September 2022 through Bio

Farma. Coupled with the international network already owned by Indonesia through its responsibility as (Anna, 2022) a Center of Excellence (CoE) given by the Organization of Islamic Cooperation (OIC). As is known that OIC countries are spread across the continents of Asia and Africa, making it a potential strength for Indonesia in terms of increasing its influence in the Indo-Pacific region.

Health Security

Traditional security studies have evolved since the end of the Cold War, along with the emergence of threats stemming from warfare. The establishment of the concept of global security in the 1990s is a sign that countries are now beginning to pay attention to social, environmental, health, and economic issues that fall into the category of security studies (Buzan, 1991; Hough, 2008). Everything both visible and invisible, which can threaten one's security, can become a security issue after passing the securitization stage so as to produce the concept of human security. According to UNDP, human security is protection from the threat of disease, hunger, unemployment, social conflict, crime, and political repression which means this concept deals with issues of life and human dignity. (Yani, Montratama, & Mahyudin, 2017) (UNDP, 1994) In the context of security, health has become a securitized issue at the global level. Some types of infectious diseases that have been collectively securitized at the ASEAN level over the past decade include HIV/AIDS that occurred between the 1990s and 2000s, SARS, H5N1, and H1N1. Meanwhile, infectious diseases securitized by countries in the world are diseases that are at risk of becoming pandemics and threatening the stability of a region. (Azmi, 2020)

Basically, the term health security is still a debate for academics and international relations actors around the world so it does not have a definite definition. Like some researchers who have defined health security as health insurance in terms of providing health services and life protection in a health emergency. As for those who argue that health security is a health guarantee is a guarantee from the government for health services and life protection. Then there is also another definition that says that health security is a continuous process of action from countries and individuals in order to meet health needs. (Augustynowicz, Opolski, & Waszkiewicz, 2022)

The World Health Organization (WHO) itself has a slightly different term in explaining health security issues. The term that WHO uses is "global public health security" is defined as the activities required, both proactive and reactive, to minimize the harm and impact of acute public health events that harm public health across geographical regions and international boundaries. A slightly different definition put forward by the Centers for Disease Control and Prevention uses the term "global health security", namely the presence of strong and resilient public health systems in order to prevent, detect, and respond to infectious disease threats around the world. (WHO, 2022) (CDC, 2022)

Furthermore, Augustynowicz et al. wrote that there is a need for discussion on the definition of the concept of health security with the widest possible participation from representatives of various disciplines, taking into account public health knowledge and practice. The definition of this concept becomes important in order to discuss health security issues at the international level. One of the factors that causes the unclear definition of the concept of health security is the low level of awareness of the world community on health issues, especially in the period before the COVID-19 pandemic, so research in this field is still relatively low. (2022) (Almeida, 2021)

Regional Security Complex Theory

A region can be defined as a number of countries that have geographical similarities. After the end of the Cold War, the regional system became crucial for understanding security dynamics in International Relations. The idea of (Amable, 2022) *Security Complex* put forward by Buzan and Wæver (2003) is a comprehensive framework that outlines the various variables necessary to analyze regional security, explaining how countries have interdependence between each other in terms of security geographically. (Amable, 2022) In security interdependence, the external power of a country becomes a penetration for the establishment of regional security. Therefore, the RSC analytical framework offers a view of how regional security is interdependent between one country and another in one region so that security can be created in the region.

In 1998, the RSCT underwent an update, in which regional security was characterized as a group of actors who carried out the process of securitization, desecuritization, or both as the main

processes in this theory. From these processes, RSCT shows that regional security is socially created; States can obtain support to designate an action taken by an external actor as a threat that requires emergency action from the region so that this threat is framed as a regional security threat. This new concept underscores the importance of non-state players in international relations and begins to prioritize non-traditional security sectors over military security, one of which is human security which includes health security. Therefore, RSCT can be used in analyzing how Indonesia's prospects as a vaccine producer contribute to (Amable, 2022) *health security* in the Indo-Pacific. For example, RSCT was first designed by Buzan and Wæver using case studies in South Asia. The perspective of security complexity in a region opens the views of researchers in understanding the dynamics of regional security, where the penetration of external forces can lead the region to the securitization process so that countries in the region can create regional security. Moreover, the Indo-Pacific region has become a (Amable, 2022) *pivot* of forces from outside the region, making the security of the Indo-Pacific region more complex and creating interdependence of countries within it.

The main idea of RSCT is the idea that the magnitude of potential threats faced by a country is highly correlated with the geographical proximity of the country to neighboring countries, which leads to security dependence on a regional scale (Buzan & Waever, 2003). Through RSCT, Buzan and Weaver tried to create urgency so that the focus on security analysis can also be seen from the regional level. The essence of RSCT is three variables, namely: *anarchic structure*, polarity, and social construction (Buzan & Waever, 2003). The operationalization of the three variables can be seen in table 1 below:

Table 1 RSCT Variable Operationalization

Variables in RSCT	Parameter
Boundary	Geographical proximity among countries within a region
Anarchical structure	Consists of at least two autonomous units
Polarity	Power distribution among units within the RSCT
Social Construction	Map of <i>amity</i> and <i>enmity</i>

Source (Buzan, 1991)

The category of actors in RSCT consists of *super powers*, *great powers*, and *regional powers* (Buzan & Waever, 2003). The interaction between the three actors forms a pattern that has consequences for *security independence* in certain regions. This pattern of interaction is *amity* and *enmity*. The existence of a special relationship of a country in a region with a certain great power will provoke members of other countries to befriend a great power or even a super power. This is the reason why Buzan & Waever included the term complex in this theory, where the pattern of relationships within a region is not only defined by geographical proximity, but also social construction and the fact that there are external actors such as great power and super power that also enliven the security dynamics of a region.

Table 2 of Actors in RSCT

Actor	Criterion	Examples of countries
Superpower	<ul style="list-style-type: none"> • Have the best military capacity • The best economic power • Global political influence • Active in securitization and desecuritization processes • Reference of universal values 	USA
Greatpower	Has the economic, military, and political potential to become the next <i>superpower</i>	China & Russia
Regional power	Have great influence and capability on a regional scale	Indonesia in ASEAN, Brazil in South America

Source: (Buzan, 1991)

Method

The method used is qualitative. The sources of data collected are: i) primary data in the form of data collection techniques with FGD with speakers from the Ministry of Health of the Republic of Indonesia, Ministry of Foreign Affairs of the Republic of Indonesia, and Biofarma; and ii) secondary data in the form of reports, news, press releases from official and informal websites.

Health Security in the Indopacific during the Covid-19 pandemic

As explained earlier, it would be difficult to explain the phenomenon of health security with uncertain definitions related to the concept. Therefore, this study seeks to explain the phenomenon at the regional level using the RSCT point of view. Basically, this section aims to explain in general about the state of health security in the Indo-Pacific region during the COVID-19 pandemic. This explanation is needed in order to better understand Indonesia's position and prospects in the field of health security in the Indo-Pacific region, especially related to the COVID-19 vaccine.

In the previous explanation, it was known that the countries that are among the most actively influential in conducting securitization efforts in the Indo-Pacific region are Australia, the US, India, and Japan which are members of the Quad and are part of the Indo-Pacific Centre for Health Security. The most vigorous effort made by the Quad is the procurement and distribution of COVID-19 vaccines in the Indo-Pacific region. Related to how far the Quad has made these efforts can be seen in the following table:

Table 3 of Vaccine Distribution and Health Security Initiative Funding Through Indo-Pacific Centre for Health Security

Country	Total Funding 2017-2022	COVID-19 Vaccines Delivered	Vaccines Sources
Cambodia	\$10.06 million	2,830,530 doses	Australia's agreement with UNICEF
Cook Island	\$2.21 million	-	-
Fiji	\$17.74 million	1,400,000 doses	Australia's own supply line Australia's agreement with UNICEF
Indonesian	\$18.58 million	8,395,000 doses	Australia's supply
Kiribati	\$3.5 million	50,500 doses	Australia's own supply line
Laos	\$10.69 million	1,389,580 doses	Australia's own supply line Australia's agreement with UNICEF
Malaysia	\$2.9 million*	-	-
Myanmar	\$13.33 million	-	-
Nauru	\$2.28 million	19,300 doses	Australia's own supply line
Palace	\$2.21 million	-	-
PNG	\$26.35 million	335,270 doses	Australia's own supply line Australia's own supply line
Samoa	\$3.5 million	175,150 doses	Australia's agreement with UNICEF
Solomon Islands	\$7.05 million	618,200 doses	Australia's own supply line Australia's agreement with UNICEF
Thailand	\$4.29 million	452,790 doses	Australia's agreement with UNICEF
The Philippines		7.1 million doses	Australia's agreement with UNICEF
East Timor	\$10.86 million	1,190,040 doses	Australia's own supply line Australia's agreement with UNICEF
Tonga	\$2.78 million	64,000 doses	Australia's own supply line Australia's agreement with UNICEF
Tuvalu	\$2.88 million	20,500 doses	Australia's own supply line Australia's agreement with UNICEF
Vanuatu	\$5.43 million	160,000 doses	Australia's own supply line
Vietnam	\$8.88 million	26,461,860 doses	Australia's own supply line Australia's agreement with UNICEF

* Total Vaccine Access funding: Australia has committed \$2.9 million for COVID-19 vaccine access during 2020-23 in Malaysia.

Source: (Indo-Pacific Centre for Health Security, 2022)

In its implementation, the Quad Vaccine Partnership experienced several obstacles. Among other things, soon after the partnership announcement, India faced a massive increase in COVID-19

cases that led the country to change its policy by prioritizing the production of their vaccines for domestic use and reducing donations. Another issue is the choice of donated vaccines. Initially, the Quad decided to donate Johnson & Johnson and the experimental vaccine Corbevax. Production of the two Quad vaccines was scheduled to begin in India by a company called Biological E. But then the U.S. Food and Drug Administration (FDA) restricted the use of the Johnson & Johnson vaccine because it was shown to cause blood clots. Faced with this risk, India refused to sign a clause protecting Johnson & Johnson from lawsuits over vaccine side effects. Eventually, Biological E stopped production of the Johnson & Johnson vaccine and switched to manufacturing the Corbevax vaccine. However, Corbevax is still experimental and has not received permission from the WHO so it cannot be used in the Quad vaccine donation program. These obstacles give China an opportunity to take a more strategic role. The US also separately from the Quad scheme provides vaccine donations (Nagar & Imperato, 2022).

In addition to the problematic Johnson & Johnson vaccine, actually over time there are also many post-immunization follow-up events (KIPI) for other vaccines. Covid vaccines are known to consist of 3 types of platforms, namely (1) mRNA vaccines that use lab-made RNA to teach immune cells to make proteins that trigger immune responses; this platform is used, among others, by Pfizer. (2) A viral vector vaccine that uses another virus (i.e. adenovirus) modified to give instructions to immune cells to trigger them to produce antibodies to fight the infection; this platform is used by Astrazeneca. (3) *Inactive virus* vaccines that use a deadly, intact virus that cannot replicate but can trigger the immune system to make antibodies to protect against live viruses if it wants to attack. An adenovirus-based vaccine (Astrazeneca) has been linked to the incidence of blood clotting disorders. Various studies have also found a link between mRNA-based vaccines and an increased risk of myocarditis (inflammation of the heart muscle). This condition provides an opportunity for Indonesia to contribute to improving health security in the Indo-Pacific region by providing Indonesian-made vaccines. (Medicalnews, 2022) (Husby & Kober, 2022)

Biopharma and Indovac Vaccine

PT Bio Farma is an Indonesian state-owned pharmaceutical enterprise established by the Dutch East Indies government on August 6, 1980. The company is the only human vaccine manufacturer in Indonesia and the largest vaccine producer in Southeast Asia. In 2018, in order to welcome Indonesia as the Center of Excellence (CoE) of The Organization of Islamic Cooperation (OIC), Bio Farma has prepared concrete steps as a mechanism for cooperation between OIC member countries. Meanwhile, the existence of CoE OIC plays an important role in supporting vaccine research and development and the availability of biotech products that are more efficient in anticipating unpredictable disease outbreaks. (Bio Farma, 2022) (Arief, 2018) At the beginning of the COVID-19 period in Indonesia, Bio Farma played a role in the procurement of vaccines obtained from the results of a cooperation agreement with Sinovac. The collaboration produced 40 million vaccine doses for Indonesia from November 2020 to March 2021. In addition, Bio Farma also collaborates with G42 which is a health technology company from the United Arab Emirates (UAE) in the field of research, development, production, and distribution based on laser technology and Artificial Intelligence (AI) for the COVID-19 detection program in Indonesia. Bio Farma also collaborates with the Coalition for Epidemic Preparedness Innovation (CEPI) in the context of transferring vaccine formulation technology, with the hope that Bio Farma can become a company that produces CEPI vaccines in the future. (Setiawan, 2020)

Another role carried out by Bio Farma in tackling COVID-19 in Indonesia is to carry out crisis communication strategies in order to deal with anti-vaccine groups. Furthermore, Bio Farma has made various efforts in the context of socialization and education related to the COVID-19 vaccine to the people of Indonesia. In making these efforts, Bio Farma uses the Pentahelix Communication method together with the POM Agency, the Unpad Faculty of Medicine Clinical Trial Team, the Ministry of Health, and other related parties in order to disseminate valid information about COVID-19 vaccination. (Nafisah, 2021)

Basically, Bio Farma as a vaccine CoE provides its own potential for Indonesia such as the opportunity to promote pharmaceutical products, and encourage the independence of

pharmaceutical products within the OIC framework. Another potential is to encourage collaboration between OIC countries in order to meet Indonesia's national interests. Both potentials could affect the hegemony of COVID-19 vaccine diplomacy in the Indo-Pacific region. Changes in the hegemony of vaccine diplomacy can occur because Indonesia's capability in the production and distribution of COVID-19 vaccines through Bio Farma increases the number of vaccine producing countries in the Indo-Pacific region. (Iswati, Sari, & Rezasyah, 2022)

Indovac is a COVID-19 vaccine from Indonesia produced by the Bio Farma company and has received emergency use authorization from the Food and Drug Supervisory Agency (BPOM) on September 24, 2022 for primary vaccination doses one and two for people over the age of 18 years. Indovac has also received halal certification from the Indonesian Ulema Council. The vaccine rollout was carried out in Bandung by President Joko Widodo on October 13, 2022. During clinical trials, Indovac had good results against the Wuhan, Delta and Omicron variants of COVID-19. As for the initial stage, Bio Farma targets the production of the Indovac vaccine as many as 20 million doses. (Anna, 2022)

In the early stages of Indovac vaccine development, Bio Farma collaborated with the Baylor College of Medicine laboratory from Houston, Texas. Phase one (safety), phase two (efficacy), and phase three (efficacy) clinical trials were conducted in Bandung, involving 175,360 and 4,050 volunteers, respectively. In immunobridging trials with comparison vaccines that have efficacy above 80 percent, the Indovac vaccine was shown to be noninferiority. This means that IndoVac has better effectiveness than comparable vaccines. In October 2022, Bio Farma seeks to pursue the target of shortening the first 6.9 million doses of Indovac which must be available until the end of 2022, to be immediately distributed throughout Indonesia. The target is in order to meet the needs of domestic booster vaccines in Indonesia. (Trihusodo, 2022)

Prospects for Indonesia's Contribution to Health Security in the Indopacific

Indonesia as a country that has an active free foreign policy doctrine, has traditionally tried to avoid domination or hegemony from other parties. Within the Indo-Pacific framework, Indonesia has initiated the *ASEAN Outlook on Indo-Pacific* (AOIP). The AOIP initiative was originally proposed by former Indonesian Foreign Minister Marty Natalewaga in 2013. In 2017, this idea was developed again and finally officially conveyed by President Joko Widodo at the ASEAN-India Summit in 2018. AOIP became important in ASEAN's efforts to maintain its centrality. As stated by President Joko Widodo, in the plenary session of the 33rd ASEAN Summit in Singapore (2018), the Indo-Pacific region faces great uncertainty and challenges, so "ASEAN, which is in the middle of the Indo-Pacific region, must also be able to become a hub to play its role and turn potential threats into increased cooperation". (Setkab, 2018)

In her statement on February 8, 2022, Indonesian Foreign Minister Retno Marsudi **also** touched on the importance of the active role of Pacific countries to make the Indo-Pacific region a peaceful and prosperous region, among others through cooperation under the framework of the ASEAN Outlook on the Indo-Pacific (AOIP). The statement also discussed the handling of the Covid-19 pandemic, where according to Foreign Minister Retno, the issue of equal access to vaccines for all countries has become increasingly important, including in Pacific countries. (KemluRI, 2022) In this context, Indonesia has great prospects to contribute to health security in the Indo-Pacific because it has been able to produce vaccines. In addition to being able to produce the Indovac brand vaccine, which is made from the active substance of the recombinant Receptor-Binding Domain (RBD) protein S of the SARS-Cov-2 virus, Indonesia has also succeeded in making the Inavac vaccine with an *inactivated virus platform*. Inavac was developed by researchers at Airlangga University and produced and registered by PT Biotis Pharmaceuticals Indonesia (PT Biotis). Inavac has also received *Emergency Use Authorization* (EUA) approval for the Inavac Vaccine issued by BPOM on November 1, 2022. The difference between these two platforms is from the *vaccine seed* used. Indovac is made from the SARS-Cov-2 virus S protein which is 2% of the virus body while Inavac is made from the isolation of the SARS-CoV-2 intact virus. In accordance with Indonesia's foreign policy that wants to avoid ASEAN and the Indo-Pacific from the hegemonic power struggle (US versus China), independence efforts are important to do. On the issue of health security, the motivation of the Quad from the beginning was (POM-RI, 2022) *China's counter-hegemony*, as Singh (2022) wrote, "This was a clear move against China and caused consternation among ASEAN countries which did not have a coordinated response. Some

welcomed, some were ambivalent and others apprehensive that it will stoke a US-China contention further." Thus, hanging the fate of the region's health security on either of these two hegemon risks leaving the Indo-Pacific region no longer neutral and ASEAN no longer able to maintain its centrality. (Singh, 2022)

Indonesia in relations with Indo-Pacific countries has advantages in terms of boundary (geographical proximity) with countries in the region, and has an *amity* position in social construction in the region. Indonesia can play a role as a regional power that is able to minimize the other two actors involved in the region, namely super powers (US) and great powers (Russia and China). As stated by Buzan & Waeber (2003), the existence of a special relationship of a country in a region with a certain great power will provoke members of other countries to befriend a great power or even a *super power*. If Indonesia wants to maintain the concept of ASEAN neutrality through AOIP, especially in health security issues, of course there needs to be an implementative solution in solving health problems in the region.

Indonesia's ability to produce vaccines with a safe platform, namely based on recombinant Receptor-Binding Domain (RBD) protein S of the SARS-Cov-2 virus (Indovac) and vaccines with an *inactivated virus platform* (Inavac) provides a great opportunity for Indonesia to contribute to strengthening the health security structure in the region through independence and independence.

Conclusion

In the field of health security, Australia is a country that is quite active in initiating health security platforms in the Indo-pacific. QUAD, which was originally engaged in *high-politics*, developed a focus on the health sector, especially after the Covid-19 pandemic took place and hit several countries in the Indo-pacific. The motivation of the QUAD is directed at stemming China's influence in the Indo-pacific Region. During the pandemic, concerns about China's influence in the region remain, especially since China is one of the countries producing Covid-19 vaccines. This vaccine is very much needed to eradicate the spread of Covid-19.

Indonesia in November 2022 has successfully developed its own Covid-19 vaccine. The existence of this vaccine is Indonesia's capital to contribute to the health security platform in the Indopacific. Indonesia can support the QUAD program, especially in terms of vaccine provision in the Indo-Pacific, but without getting further involved in *containment policy* issues against China.

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