

Strategic Health Diplomacy: An Indonesia's Approach in Securing COVID-19 Booster Vaccine Supplies

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Abstrak

Pandemi Covid-19 memerlukan respons internasional yang cepat dan terkoordinasi, khususnya dalam pengadaan vaksin. Ketika negara-negara berupaya melindungi masyarakatnya, diplomasi kesehatan menjadi strategi yang sangat penting. Studi ini memberikan analisis mendalam mengenai strategi diplomasi kesehatan Indonesia dalam mendapatkan vaksin booster COVID-19, yang merupakan komponen penting dalam memitigasi dampak pandemi. Dengan menggunakan metodologi penelitian kualitatif, penyelidikan ini mensintesis data dari tinjauan literatur yang komprehensif dan diskusi kelompok terfokus untuk membangun pemahaman yang berbeda tentang pendekatan yang dilakukan di Indonesia. Temuan ini menjelaskan sifat diplomasi kesehatan Indonesia yang beragam, yang beroperasi pada tahap bilateral, regional, dan global. Hasil penting dari upaya diplomatik ini adalah perolehan 510 juta dosis vaksin booster yang dijadwalkan untuk didistribusikan pada akhir tahun 2022. Penelitian ini mengidentifikasi ekosistem diplomatik yang mendukung yang didukung oleh kebutuhan universal akan akses vaksin, yang melampaui batas negara. Kondisi ini ditandai dengan adanya koalisi peneliti yang memajukan pengetahuan vaksin, kompleksitas seputar pengadaan vaksin, dan operasionalisasi inisiatif internasional seperti fasilitas COVAX dan Dana Respons COVID-19 ASEAN. Studi ini berkontribusi pada wacana diplomasi kesehatan dengan menyoroti mekanisme dan hasil strategi pengadaan vaksin di Indonesia, serta memberikan wawasan mengenai peran diplomasi dalam kesiapsiagaan dan respons terhadap pandemi.

Kata Kunci: vaksin booster, COVID-19, diplomasi kesehatan, Indonesia.

Abstract

The COVID-19 pandemic has necessitated a rapid and coordinated international response, particularly in the procurement of life-saving vaccines. As nations endeavor to protect their populations, health diplomacy emerges as a pivotal strategy. This article provides an in-depth analysis of Indonesia's health diplomacy strategy in securing booster vaccines for COVID-19, a critical component in mitigating the impact of the pandemic. Employing a qualitative research method, this investigation synthesized data from comprehensive literature reviews and focus group discussions (FGDs) to construct a nuanced understanding of Indonesia's approach. The findings illuminated the multifaceted nature of Indonesia's health diplomacy, operating on bilateral, regional, and global stages. A notable outcome of these diplomatic efforts was the acquisition of 510,000,000 doses of the booster vaccines scheduled for distribution by the end of 2022. The research identified a supportive diplomatic ecosystem underpinned by the universal necessity for vaccine access, transcending national borders. This environment was characterized by a coalition of researchers advancing vaccine knowledge, complexities surrounding vaccine procurement, and the operationalization of international initiatives such as the COVAX Facility and the ASEAN COVID-19 Response Fund. The intricacies of Indonesia's diplomatic engagements revealed the importance of collaborative frameworks in addressing global health crises. This paper contributes to the

discourse on health diplomacy by highlighting the mechanisms and outcomes of Indonesia's vaccine procurement strategy, offering insights into the role of diplomacy in pandemic preparedness and response.

Keywords: booster vaccine, COVID-19, health diplomacy, Indonesia.

INTRODUCTION

The COVID-19 pandemic, caused by the SARS-CoV-2 virus, has unleashed a global health emergency, evolving through various strains from Alpha to Omicron (WHO, 2022a). The pandemic has precipitated an urgent response from governments worldwide, including mandates for mask-wearing, social distancing, and extensive vaccination campaigns to establish herd immunity, paralleling efforts of nations like China, the United Kingdom, Argentina, and Rwanda (BBC News, 2020). The provision of vaccines has thus become a crucial policy for all countries.

In Indonesia, the government's strategy to combat the COVID-19 crisis has been multifaceted. It commenced with the issuance of Presidential Decree No. 11 of 2020, declaring a public health emergency in response to the virus (Presidential Decree, 2020). Following this, the government introduced social distancing measures and community activity restrictions under Government Regulation No. 21 of 2020, instituting Large-Scale Social Restrictions (PSBB) to expedite COVID-19 management and curtail the spread (Government Regulation, 2020).

The resurgence of cases in mid-2021 prompted the Indonesian government to reinforce restrictions on community activities via the Minister of Home Affairs Instruction No. 24 of 2021. This policy adjusted community activity restrictions based on regional virus transmission levels, shifting educational and workplace activities online and mandating a reduction of public and religious gatherings by 50% (Ministry of Home Affairs of the Republic of Indonesia, 2021).

Despite a decline in cases in early 2022, the government maintained a cautious approach, implementing the Minister of Home Affairs Instruction No. 18 of 2022 to prevent a case surge reminiscent of mid-2021. The instruction allowed for relaxation in restrictions, enabling limited in-person learning,

reopening of offices at reduced capacity, and use of the PeduliLindungi application for health protocol enforcement (Cabinet Secretariat, 2022). This stance was further adjusted in Minister of Home Affairs Instruction No. 40 of 2022, permitting full offline educational activities, office operations at maximum capacity, and unrestricted public activities (Permayasari, 2022).

Beyond activity restrictions, the government's vaccination policy aims to reduce active cases and prevent the spread of COVID-19, as outlined in the Minister of Health Regulation No. 10 of 2021. It included vaccination planning, target implementation, distribution logistics, and collaboration on vaccine rollouts. The policy was updated by the Minister of Health Regulation No. 18 of 2021 to include vaccination protocols for foreign nationals and healthcare services for vaccine recipients (Ministry of Health of the Republic of Indonesia, 2021). Moreover, Presidential Regulation No. 14 of 2021 delineates vaccine procurement strategies, designating State-Owned Enterprises (SOEs) for distribution and outlining international research and development collaborations (Presidential Decree, 2021).

However, the development of new variants of COVID-19 demanded further strategies, one of which was the policy of giving booster vaccines. Existing policies regarding restrictions on community activities and vaccinations were deemed unable to produce maximum results. Moreover, the development of this variant of COVID-19 required more handling, triggered by the presence of various new variants or subvariants, especially Omicron (Hasibuan, 2022). In response to these conditions, the Indonesian government has been pursuing a booster vaccine policy. It can be seen in the Circular of the Directorate General of Disease Prevention and Control of the Ministry of Health of the Republic of Indonesia, containing the implementation of *booster vaccines* for all Indonesian people. This circular encompasses several requirements regarding the main

targets of vaccination and vaccines utilized by the government, including Moderna, AstraZeneca, and Pfizer (Ministry of Home Affairs of the Republic of Indonesia, 2022a). In connection with the vaccines needed in the booster not being produced by Indonesia, the Indonesian government then carried out health diplomacy for their procurement.

This article discusses the availability of booster vaccines, which is urgent for the recovery of the Indonesian people from the threat of COVID-19. It is undeniable that there is a gap in fulfilling the need for booster vaccines. Some countries have access to and opportunities for booster vaccines for their citizens, while others do not (WHO, 2020b). It is inseparable from the politicization of vaccines among producing countries against other countries (Lumanauw, 2021; Qobo et al., 2022). Hence, it is crucial and interesting to discuss the issue as a form of assessment of diplomatic actions or actions that a country, especially Indonesia, has carried out. For this reason, each country sought to have access to procuring booster vaccines, with the aim of protecting its citizens through herd immunity. One of the efforts made by Indonesia was through health diplomacy toward countries producing the COVID-19 vaccines.

Health diplomacy itself has existed together with the emergence of global health cooperation, which is also integrated with the development of global health diplomacy (Kickbusch & Ivanova, 2013). Moreover, in line with international developments and dynamics—such as multilateralism and the economy—which allow the involvement of other actors (non-state), it has led to the development of this concept, especially in facing the COVID-19 pandemic.

Health diplomacy is seen as a form of diplomacy not always related to health; it is rather assistance or cooperation carried out to promote health or the use of health programs to promote foreign goals not related to health (Fazal, 2020). This article discusses health diplomacy in procuring booster vaccines in Indonesia based on health, economic, and political dimensions to public and foreign policies to improve health. It has been performed by increasing commitment and agreement by various public and private actors at various levels for the

sake of global health, especially highlighting the COVID-19 pandemic.

Theoretically, this article aims to contribute to the development of the concept of health diplomacy in dealing with pandemic conditions. Furthermore, practically, this is expected to be useful, especially for the government, in carrying out diplomacy to overcome domestic health problems. Addressing a research gap, the value of this paper lies in the fact that it tackles health diplomacy in the context of the recent COVID-19 pandemic, a subject that has not been thoroughly investigated.

LITERATURE REVIEW

This section explains the state of the art of the concept of health diplomacy in the study of international relations and its operationalization.

HEALTH DIPLOMACY AND INTERNATIONAL RELATIONS

One area of diplomacy that has expanded in international relations studies is health diplomacy (Constantinou & Sharp, 2016). Through a bibliometric search on scopus.com with keywords: health diplomacy and international relations, these two concepts are directly related. Several other concepts accompany it, including international cooperation, international health, public health, health policy, global health, diplomacy, and COVID-19. Related to the issue of COVID-19, these two concepts are also directly related. It signifies that COVID-19 has indeed become both a phenomenon and a theoretical study in international relations, as illustrated in Figure 1.

The link between the concept of health and international relations gave rise to the term global health diplomacy as an interdisciplinary concept. The globalization intensification has made several diseases (for example, HIV/AIDS, tuberculosis, influenza, severe acute respiratory syndrome, Ebola, and Zika) a health threat, framed as a new politics (Chattu, 2017).

Global health diplomacy is also associated with policies, both public and foreign policies (Fidler, 2011) (Labonte & Gagnon, 2010) (Kevany, 2014) (Runnels, Labonté, & Ruckert, 2014) (Brown, Bergmann, Novotny,

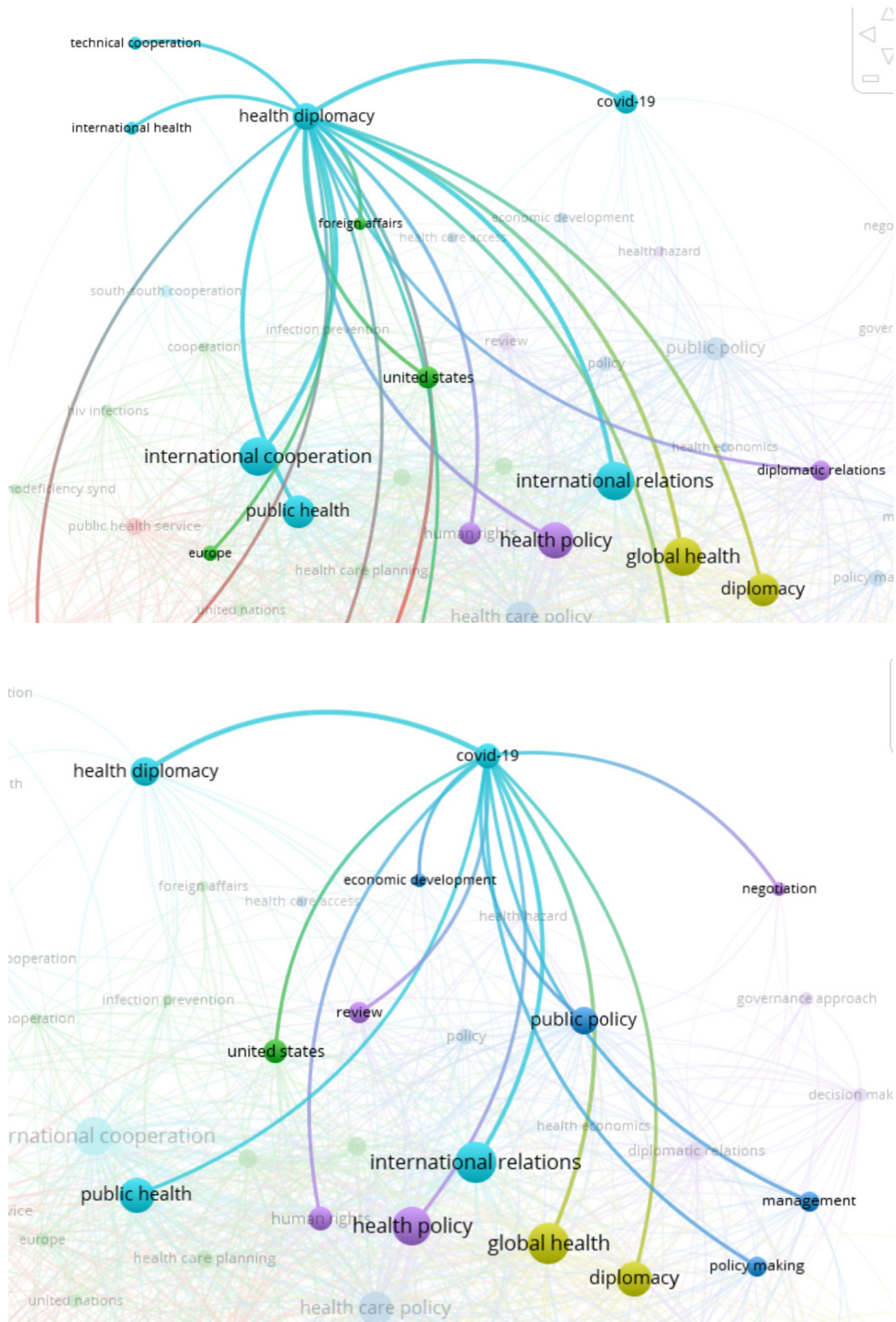


Figure 1: The Bibliographic Mapping Source: Processed by Authors, 2023

& Mackey, 2018) (Ramírez et al., 2018) (Chattu, Knight, Reddy, & Aginam, 2020) (Ruckerta et al., 2021) (Ruckert, Labonté, Lencucha, Runnels, & Gagnon, 2016).

Furthermore, global health diplomacy is linked to cooperation (Ramírez et al., 2018), development (Chattu, *The Rise of Global Health Diplomacy: An Interdisciplinary Concept Linking Health and International Relations*, 2017), conflict (Kevanya, Sahaka, Gobezie, & Saedzaic, 2014) (Kevanya et al., 2014), power (Kevany, *Global Health Diplomacy, ‘Smart Power’, and the New World Order*, 2014) (Kickbusch & Liu, *Global health diplomacy—reconstructing power and governance*, 2022), and politic (Anderson & Emma-Louise, 2018).

OPERATIONALIZATION OF HEALTH DIPLOMACY CONCEPT

The current references are predominantly from the early and mid-2010s. Adding more recent literature, particularly from the late 2010s and early 2020s, could provide updated insights into the evolving nature of health diplomacy. While the framework sets the stage for a theoretical analysis, it may require further empirical grounding. For instance, demonstrating the practical application of each instrument through case studies or examples would strengthen the framework’s applicability.

Health diplomacy is a way to manage hazards to health that could arise anywhere (Dagler and Fiddler in Fazal, 2020, p. 80). In a global scope, the term global health diplomacy is known for the environmental conditions that support it, including the following (Kickbusch, 2013):

1. The nature of the subject matter where health is a transboundary issue and requires joint action
2. The science and scientists’ roles
3. The complexity of negotiation
4. The unique equity issues involved
5. The innovative features and approaches characterizing global health

Additionally, Novotny, Kickbusch, and Told (2013) divided health diplomacy into four instruments: advisory, operative, collaborative, and normative. Details of the instrument are attached in Figure 2.

The text refers to figures obviously central to the framework but excluded in the text provided for review. Hence, ensuring that these figures are well-integrated into the narrative and effectively interpreted in the text is crucial. The framework seems to imply a linear development of global health diplomacy. However, the dynamic and often non-linear nature of international relations and policy responses to health crises could be acknowledged and explored.

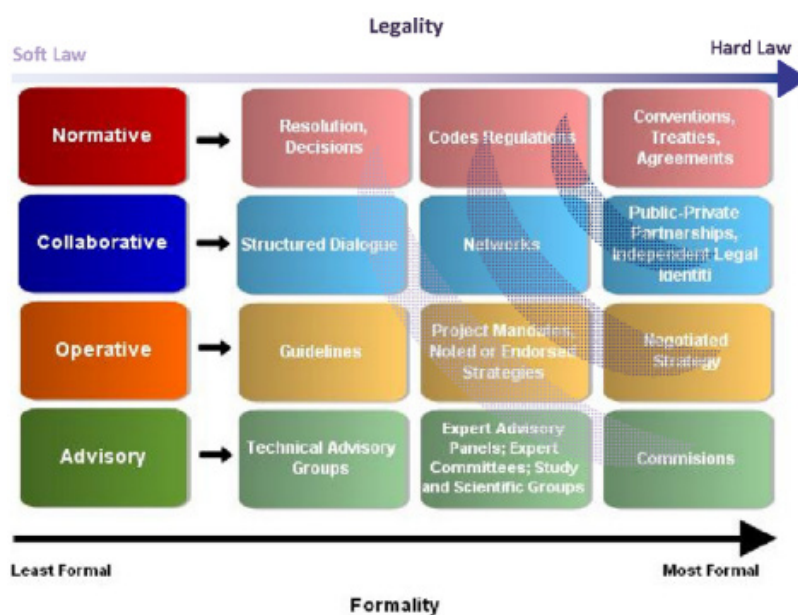


Figure 1: Health Diplomacy Instrument (Novotny, Kickbusch, and Told, 2013)

Advisory instruments may play a role in translating science into action. In order to solve global health issues, these activities necessitate research, problem identification, database creation, and strategic assessments. Many different types of players, such as policy-makers, NGOs, governments, and researchers, could utilize them to support efforts on health-related issues in pertinent fora. This research employed advisory instruments to examine actors related to health diplomacy carried out by Indonesia, both the government and private sectors and the roles carried out by each. Operative instruments operationalize norms through plans of action and strategies. Fundamentally, they outline precise standards and practices for addressing global health concerns. These instruments were applied to identify the basic values and principles adopted by the government of Indonesia in conducting health diplomacy—collaborative instruments between actors. Traditional players (states) have acknowledged the need to comprehend, take into account, and affect the actions of emergent actors, while nontraditional actors (IO, expert community) have stated a need to be more clearly integrated into formal policy-making and discussions. The need for tools to promote global cooperation is growing increasingly critical as cross-border health concerns and new participants in global health rise. The creation of multilevel collaborations and decision-making mechanisms must be the primary emphasis of new instruments. These instruments were employed to analyze the collaborative efforts of the Indonesian government. Normative instruments apply both binding and nonbinding legal frameworks to specify the obligations, rights, and duties that actors authorize and enforce. These instruments were deployed to examine agreements made by the government of Indonesia in conducting health diplomacy. However, perhaps not all instruments were utilized to analyze research problems.

RESEARCH METHOD

This study employed a qualitative method to provide deeper emphasis and elaboration regarding the phenomenon of procuring booster vaccines through textual analysis and interpretation (Creswell, 2017). This study utilized primary data obtained through focus group

discussions (FGDs) with the Indonesian Ministry of Health, Indonesian Ministry of Foreign Affairs, and Biofarma, as well as documents and websites of related official ministries or agencies. These FGDs were held online via Zoom. The Indonesian Ministry of Foreign Affairs focused on discussing Indonesia's strategies and steps in procuring COVID-19 vaccines and assisting Indonesian government agencies in dealing with foreign parties, for example, during vaccine research, certificate registration, preparation of cooperation agreements, vaccine delivery documents, and others. Meanwhile, the Indonesian Ministry of Health, focused on vaccine testing, procurement, and distribution, sought to reach all communities through a network of community health centers, clinics, and procurement of vaccination campaigns organized by government agencies such as the police, schools, campuses, and malls. Moreover, it also bore the responsibility for program evaluation, data collection, and data display that could be accessed publicly by all Indonesians. Biofarma, as an Indonesian SOE producing vaccines, focused on providing vaccines, starting from research, testing, vaccine propagation, and independent production of COVID-19 vaccines called Indovac.

Meanwhile, the secondary data, taken from reports, news, and articles through literature study, were grouped into three: (1) booster vaccine types in Indonesia, (2) booster vaccine needs and fulfillment in Indonesia, and (3) booster vaccine procurement policy in Indonesia. Table 1 lists the details of the research data.

RESULT AND ANALYSIS

This section discusses the diplomacy environment of COVID-19 booster vaccine procurement carried out by the Indonesian government and the health diplomacy performed by Indonesia, focused more on collaborative tariff instruments.

DIPLOMACY ENVIRONMENT OF COVID-19 BOOSTER VACCINE PROCUREMENT

Procurement of COVID-19 vaccines has become a transboundary issue, especially for countries unable to produce their own vaccines. Indonesia has been unable to produce COVID-19 vaccines independently, making it

Table 1. Research Data

No	Theme of Data	Detail of Data	Data Source	Data Collection Technique
1.	Booster Vaccines	<ul style="list-style-type: none"> - Types of booster vaccines in Indonesia - Amount of booster vaccine procurement in Indonesia - Vaccine policy for booster vaccine procurement in Indonesia 	<ul style="list-style-type: none"> - Ministry of Health and COVID-19 Task Force Website - News - Journal articles 	<ul style="list-style-type: none"> - E-research - Literature study - Interview
2.	Health Diplomacy	Environmental diplomacy and the instrument of Indonesia's health diplomacy	<ul style="list-style-type: none"> - News - Journal articles - Whitepaper 	<ul style="list-style-type: none"> - E-research - Literature study - Interview

Source: Processed by Authors, 2023

dependent on imported vaccines. The legal basis for the procurement of COVID-19 vaccines is related to government regulations and policies regarding the handling of the COVID-19 pandemic. For example, specifically, there is Presidential Regulation No. 14 of 2021 concerning Amendments to Presidential Regulation No. 99 of 2020 concerning Procurement of Vaccines and Implementation of Vaccinations in Combating the COVID-19 Pandemic. Article 21 states that ministries or agencies, provincial and regional governments, and regency or city regional governments should provide support in accordance with statutory provisions to support the acceleration and smooth implementation of the procurement of the COVID-19 vaccines and COVID-19 vaccination. Several vaccines need to be provided for boosters, including AstraZeneca, Pfizer, Moderna, Sinopharm, Sinovac, Zifivax, and Covovax (Ministry of Home Affairs of the Republic of Indonesia, 2022a).

Procurement of booster vaccines, of course, involves scientists with new knowledge developing along with the research being carried out. Vaccine research in Indonesia involved the following actors.

- A research team from universities: Universitas Padjadjaran played a role in conducting clinical trials of COVID-19 vaccines in the early days of the pandemic (KKPUmpad, 2020), and Universitas Airlangga developed the Inavac vaccine (Red and White vaccine) (CNN Indonesia, 2022).
- Biofarma. As an SOE engaged in the biopharma vaccine industry, it played a role in clinical trials of COVID-19 vaccines employed in Indonesia and the research and development of self-made COVID-19 vaccines.
- BPOM issuing Emergency Use Authorization (EUA) permits
- Halal Product Guarantee Organizing Agency (BPJPH), as a unit of the Ministry of Religion, researching the halal status of vaccines

Research on COVID-19 vaccines has become the responsibility of the Ministry of Health of the Republic of Indonesia, which is also responsible for issuing policies. The types of vaccines and doses for the booster stage have been stipulated in a Circular Letter from the Director General P2P No. SR.02.06/C/3934/2022, dated August 22, 2022, concerning Addition of an

Table 2. Vaccine Types and Doses for Booster

Primary Vaccine	Booster Vaccine	Booster Vaccine Dose
Sinovac	AstraZeneca	½ dose (0.25ml)
	Pfizer	½ dose (0.15ml)
	Moderna	Full dose (0.5ml)
AstraZeneca	Moderna	½ dose (0.25ml)
	Pfizer	½ dose (0.15 ml)
	AstraZeneca	Full dose (0.5ml)
Pfizer	Pfizer	Full dose (0.3ml)
	Moderna	½ dose (0.25ml)
	AstraZeneca	Full dose (0.5ml)
Moderna	Moderna	½ dose (0.25ml)
	Janssen (J&J)	½ dose (0.25ml)
Sinopharm	Sinopharm	Full dose (0.5ml)
	Zifivax	Full dose (0.5ml)

Source: Ministry of Home Affairs of the Republic of Indonesia, 2022b

Advanced Dose (Booster) COVID-19 Vaccination Regimen. Table 2 describes the details.

In terms of the complexity of negotiations, the procurement of the COVID-19 booster vaccines was the same as vaccines 1 and 2, which was by (1) direct procurement (purchasing and production) through Biofarma and by the Indonesian Ministry of Health; (2) receipt of bilateral grants (dose sharing); and receipt of grants through GAVI funds and the COVAX Facility in multilateral negotiations. The second and third methods could happen through cooperation both bilaterally and multilaterally carried out by the Ministry of Foreign Affairs together with the Ministry of Health, the Food and Drug Supervisory Agency (BPOM), and the Ministry of Finance.

The unique equity issues involved for Indonesia lie in the halal vaccine aspect. The rapid spread of COVID-19 and the loss of many lives prompted the government of Indonesia to issue an Emergency Use Authorization (EUA) certificate by BPOM as the initial permit for the use of the COVID-19 vaccines for the Indonesian people. It is just that, along with the development of research on the COVID-19 vaccines and also the handling of the spread of COVID-19, demands for the halal aspect of the COVID-19 vaccines have been increasingly surfacing from both the clergy and the general public. Responding to

this, the Indonesian Ulema Council (MUI) issued a fatwa regarding vaccines that have been halal for consumption through a halal certification test. Advocacy for the “halalness” of the COVID-19 vaccines, which is the main principle for a Muslim in consuming a product, was also carried out by Commission IX of the Indonesian Parliament, recommending that the Indonesian government prioritize halal-certified vaccines (DPRRI, 2021). The determination of MUI’s vaccine halalness was based on three things: raw materials, additives, and auxiliary materials, which must be halal. Second, the halal production process must be guaranteed not to be contaminated with unclean. Third, there was a system within the company guaranteeing halalness from upstream to downstream. The following are vaccines for COVID-19 obtaining halal certification (Nurhanisah, 2022).

- a. Sinovac vaccine. Its halalness was decided in MUI Fatwa No. 2 of 2021 concerning COVID-19 Vaccine Products from Sinovac Life Sciences, Co. Ltd China and PT Biofarma, dated January 11, 2021. Through this fatwa, MUI decided that the three vaccine brands from Sinovac, encompassing CoronaVac, COVID-19 vaccine, and Vac2Bio, are holy and halal.

- b. Zifivax vaccine. Its halalness has also been stated in MUI Fatwa No. 53 of 2021 concerning COVID-19 Vaccine Products from Anhui Zhifei Longcon Biopharmaceutical Co., Ltd. Red and White vaccine.
- c. The COVID-19 vaccine made by PT Biotis Pharmaceuticals, together with Universitas Airlangga (Unair), has also been declared halal and holy. This decision is stated in MUI Fatwa No. 8 of 2022 concerning COVID-19 Vaccine Products from Biotis Pharmaceuticals Indonesia.
- d. AstraZeneca vaccine. Referring to Fatwa No. 14 of 2021 concerning the Law on the Use of the AstraZeneca Product COVID-19 Vaccine, its use is permitted due to urgent conditions.

The innovative feature and approach characterizing global health in providing both primary and booster COVID-19 vaccines was the existence of the COVAX Facility formed by WHO, GAVI, CEPI, and also UNICEF to administer the COVID-19 vaccines on a global scale. Its management was not only a matter of providing the vaccines itself but also initiating vaccine funding schemes, especially for poor and developing countries, allowing them to obtain the COVID-19 vaccines. In this case, the international community has a shared desire regarding vaccine justice.

Another innovation was the development of COVID-19 vaccines made in Indonesia, such as Indovac, made by Biofarma, with a 1.5-year research and vaccine trial process. This Biofarma innovation has given hope for Indonesia to become one of the global vaccine producers because the Biofarma network has reached 153 countries (Brilyana, 2022).

A COLLABORATIVE INSTRUMENT OF INDONESIA'S HEALTH DIPLOMACY

In procuring the COVID-19 vaccines, Indonesia has carried out health diplomacy with a collaborative instrument pattern bilaterally, globally, and regionally. In a bilateral order, Indonesia took a vaccine cooperation approach with related countries or agencies to secure national vaccine supply needs. Referring to data from the Ministry of Foreign Affairs of the Republic of Indonesia, several types of vaccines successfully obtained through

this bilateral scheme were AstraZeneca, Novavax, Sinovac, Sputnik, Pfizer, and Anhui Zhifei.

At the global level, the state, as a traditional actor, recognized and understood that the COVID-19 vaccines have been a common need globally. The existence of a global actor facilitating global cooperation in dealing with COVID-19 vaccines was urgent. COVAX Facility has answered this global need.

The COVAX Facility was established in April 2020 as an accelerator instrument handling COVID-19 vaccines on a global scale. It was formed by GAVI, WHO, CEPI, and UNICEF. Its objectives included accelerating the development and production of COVID-19 vaccines and ensuring fair and equal access for all nations worldwide by accelerating the development, production, and equitable access to COVID-19 tests, treatments, and vaccines (Gavi, 2022). Indonesia has been actively contributing to the COVAX Facility. Indonesian Foreign Minister Retno L.P. Marsudi was the co-chair of the COVAX Advance Market Commitment Engagement Group (COVAX-AMC EG) (Ministry of Foreign Affairs of the Republic of Indonesia, 2021).

Based on these two schemes, as of April 3, 2022, Indonesia managed to acquire a total of 510,351,225 vaccine doses. Of this total, 103,939,495 doses were obtained through the multilateral scheme, and 406,411,730 doses were through the bilateral scheme. Bilaterally, diplomacy was carried out by directly producing countries, reviewing the production process, accompanying vaccine manufacturers to research vaccines, and assisting the certification process of clinical and halal trials, for example, for vaccine procurement from China. Bilateral efforts were made, especially at the beginning of the pandemic. Multilaterally, after several COVID-19 vaccines began to attain certificates, Indonesia actively, with other countries, initiated the establishment of the COVAX Facility as a joint forum to ensure the availability and equal access of all citizens of the world to the COVID-19 vaccines. The following are some of these bilateral and multilateral schemes.

1. AstraZeneca vaccine was obtained bilaterally from the Australian government in 3,500,000 and 500,000 doses (Office of Assistant to Deputy Cabinet Secretary

for State Documents & Translation, 2021b & Office of Assistant to Deputy Cabinet Secretary for State Documents & Translation, 2021a) and 684.400 vaccine doses from the New Zealand government (Jakarta Globe, 2021). Meanwhile, multilaterally, Indonesia received 3,500,000 doses of the AstraZeneca vaccine from the COVAX Facility (Cabinet Secretariat, 2021).

2. The Indonesian government acquired the Pfizer vaccine through bilateral and multilateral cooperation schemes, but mainly through bilateral ones. A total of 3,400,000 doses of the Pfizer vaccine were obtained through a bilateral scheme with the United States (Sari, 2022). Then, Indonesia also received 998,000 doses of the Pfizer vaccine from Italy through multilateral cooperation (Masaharu, 2022). It was depicted through the delivery of more than 1,200,000 doses of the Pfizer vaccine to Indonesia through the COVAX institute (CNN Indonesia, 2022). Moreover, through the Ministry of Health, Indonesia also cooperated directly with related companies in the procurement of the Pfizer vaccine. In July 2021, PT Pfizer Indonesia and BioNTech SE agreed to cooperate in the procurement of 50,000,000 doses of the Pfizer vaccine (Ministry of Health of the Republic of Indonesia, 2021).
3. The Moderna vaccine was obtained through bilateral and multilateral schemes to meet national vaccine needs. In the bilateral scheme, Indonesia received more than 3,000,000 vaccine doses of the Moderna vaccine from the United States and 5,000,000 doses from Germany (Febriani, 2021). In addition to a bilateral scheme, Indonesia also attained a supply of

vaccine doses through multilateral cooperation, COVAX. Through this cooperation scheme, the government of Indonesia received 1,300,000 doses of the Moderna vaccine (Berty, 2022).

4. The Sinovac vaccine used by Indonesia in primary, secondary, and booster vaccination programs was also obtained from bilateral and multilateral schemes. After being announced by the Indonesian government as one of the useable vaccines in booster vaccinations, the Chinese government sent 2,000,000 doses to Indonesia through bilateral channels. The total grant of the Sinovac vaccine from China reached 4,000,000 doses (Yuliatwati, 2021). Moreover, the Indonesian government has also been preparing for the next step, such as doing AMA work for the development of vaccine production. It was performed to strengthen vaccine independence in Indonesia (Zuraya, 2022).

Regarding the health diplomacy in bilateral and multilateral vaccine procurement, the detailed data on the number of vaccines received as of April 3, 2022, by Indonesia are as follows.

Regionally, Indonesia has actively participated in conducting health diplomacy in ASEAN, as evidenced by the establishment of the COVID-19 ASEAN Response Fund. Indonesia was the initiator of the ASEAN Response Fund. It was performed based on Indonesia's experience in participating in managing the COVAX Facility.

It was an effort to cooperate between ASEAN countries in the health sector, especially in overcoming the COVID-19 pandemic. The FGD results uncovered that around USD 30,000,000 has been raised, consisting of contributions from various countries used to procure

Table 4. Vaccines Received by Indonesia as of April 3, 2022

Dosage Description	Dose
Vaccine Purchase	379,688,250
Vaccine Donation or Sharing (free)	94,731,155
COVAX Vaccine AMC (free)	35,931,820
Total	510,351,225

Source: Ministry of Foreign Affairs of the Republic of Indonesia (2022) on FGDs

vaccines or other medical supplies for ASEAN member states and the ASEAN Secretariat. Vaccine support through the COVID-19 ASEAN Response Fund in collaboration with UNICEF as an implementing agency continued. This fund has been utilized by USD 10,500,000 for the procurement of vaccines. The fund was utilized for vaccine purchases, transportation, storage and distribution, and monitoring of vaccines, where each member state attained around 100,000-150,000 vaccine

doses. Indonesia donated its vaccine rations from the COVID-19 ASEAN Response Fund to Myanmar and Laos without obstacles. However, its assistance to Laos was rejected due to the unqualified storage capacity, especially for the Pfizer vaccine, requiring special storage treatment.

Table 5 presents a list of countries contributing to the COVID-19 ASEAN Response Fund. It depicted that Indonesia has also contributed to health diplomacy at the regional level.

Table 5. COVID-19 ASEAN Response Fund Statement of Account As of December 31, 2021

Balance as of January 1, 2021		Amount in USD 460,939.40
Receipts:		
- January 18, 2021	Contribution from the People's Republic of China	1,000,000.00
- January 19, 2021	Contribution from Singapore	100,000.00
- March 22, 2021	Contribution from India	1,000,000.00
- March 23, 2021	Contribution from Korea	1,000,000.00
- April 8, 2021	Contribution from Vietnam	100,000.00
- June 21, 2021	Contribution from Indonesia	149,990.00
- June 24, 2021	Contribution from Japan	1,000,000.00
- June 28, 2021	Contribution from Australia	755,390.00
- June 30, 2021	Contribution from New Zealand	696,190.00
- July 5, 2021	Contribution from Myanmar	100,000.00
- July 5, 2021	Contribution from Philippine	99,980.00
- July 6, 2021	Contribution from the United Kingdom	1,394,600.00
- July 13, 2021	Contribution from Brunei Darussalam	100,000.00
- July 16, 2021	Contribution from ASEAN Plus Three Cooperation Fund	392,065.44
- August 6, 2021	Temporary ASEAN Bridging Fund (to be returned once pledge materialized)	800,000.00
- August 16, 2021	Contribution from Canada	1,382,306.48
- August 20, 2021	Contribution from Malaysia	100,000.00
- September 15, 2021	Contribution from Cambodia	100,000.00
- November 4, 2021	Contribution from Korea (2)	5,000,000.00
- December 9, 2021	Contribution from Bangladesh	10,526.32
- December 24, 2021	Contribution from the United States	493,827.00
- December 24, 2021	Contribution from Lao PDR	99,990.00
- Interest Income		1,527.77

Source: ASEAN Secretariat (2022)

CONCLUSION

In confronting the global COVID-19 pandemic, Indonesia has engaged in strategic health diplomacy to secure vaccine availability. It has been of paramount importance not only for its national interests but also in championing the cause for equitable vaccine access among ASEAN member states, particularly those without domestic vaccine production capabilities.

The diplomatic efforts surrounding the procurement of COVID-19 vaccines represented a challenge transcending national borders, necessitating a concerted, collaborative international response. Indonesian academia, industry leaders, and government entities, coordinated under the Ministry of Health, have collectively contributed to the development of indigenous COVID-19 vaccines. A notable facet of these negotiations has been the dual requirement of securing halal certification alongside Emergency Use Authorization (EUA), reflecting the unique societal considerations within Indonesia.

Innovative global mechanisms like the COVAX Facility and, regionally, the COVID-19 ASEAN Response Fund were reflective of the new strategic approaches to vaccine procurement and distribution. Indonesia's approach to health diplomacy has been predominantly collaborative, with bilateral negotiations securing vaccine grants from producing countries during the pandemic's initial stages. On the global front, Indonesia has actively participated in the COVAX Facility, aiming to facilitate vaccine acquisition for its populace and broader distribution through the COVAX-AMC Eligibility Group (EG). Regionally, Indonesia has been instrumental in establishing the COVID-19 ASEAN Response Fund, reinforcing its commitment to collective regional health security.

Through these multifaceted diplomatic initiatives, Indonesia has successfully secured 510,000,000 vaccine doses for its citizens, illustrating a significant achievement in its public health efforts. Moreover, Indonesia's capacity to produce vaccines domestically, epitomized by Biofarma's contributions, has represented a strategic asset in enhancing the nation's self-reliance and its diplomatic leverage. It is recommended that Indonesia continues to leverage this capability in health

diplomacy, promoting its vaccine products bilaterally, within ASEAN frameworks, and through global platforms like the COVAX Facility.

While this research has primarily focused on the collaborative dimension of health diplomacy as conceptualized by Novotny, Kickbusch, and Told, the other three instruments—advisory, operative, and normative—offer fertile ground for further scholarly exploration. Future research could provide a more comprehensive understanding of how Indonesia and other nations employ these instruments in the intricate landscape of health diplomacy.

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