



INDONESIAN FOREIGN POLICY ON COVID-19 VACCINE PROCUREMENT

Deasy Silvy Sari^{1*}, Mas Halimah², Akim¹, Ali Zahid Habibullah³

^{1,3}Department of International Relations; Universitas Padjadjaran; Indonesia

²Department of Public Policy; Universitas Padjadjaran; Indonesia

³Magister of International Relations; Universitas Padjadjaran; Indonesia

*email: deasy.silvy@unpad.ac.id

Abstrak

Artikel ini bertujuan untuk menjelaskan kebijakan luar negeri Indonesia dalam pengadaan vaksin Covid-19. Artikel ini menggunakan konsep kebijakan luar negeri dan metode kualitatif untuk mengarahkan, mengumpulkan, dan menganalisis data. Pengumpulan data dilakukan melalui diskusi kelompok terfokus dan wawancara terstruktur. Hasil penelitian menunjukkan bahwa kebijakan luar negeri Indonesia dalam penanganan Covid-19 memiliki kepentingan nasional untuk melindungi masyarakat dari tertularnya virus tersebut. Indonesia telah mempergunakan 10 vaksin, yakni: Sinovac, AstraZeneca, Pfizer, Moderna, Sinopharm, Johnson & Johnson, Sputnik V, CanSino, Novavax, dan Zifivax. Pengadaan vaksin Covid-19 dilakukan melalui jalur bilateral dan multilateral. Pembiayaan pengadaan vaksin dilakukan melalui pembelian dan hibah. Negara-negara pemberi hibah antara lain China, Jepang, Belanda, Amerika Serikat, dan Uni Emirat Arab; sedangkan Covax Facility memberikan hibah multilateral.

Kata Kunci: covid-19; Indonesia; kebijakan luar negeri; vaksin

Abstract

This study aimed to explain Indonesia's foreign policy on Covid-19 vaccine procurement. It applied foreign policy concepts and qualitative methods to direct, collect, and analyze data. The data were collected through focus group discussions and structured interviews. The results showed that Indonesia's foreign policy on Covid-19 management had a national interest in protecting the public from contracting the virus. The country had 10 vaccines, including Sinovac, AstraZeneca, Pfizer, Moderna, Sinopharm, Johnson & Johnson, Sputnik V, CanSino, Novavax, and Zifivax. The procurement of the Covid-19 vaccine is carried out through bilateral and multilateral channels. The vaccine procurement financing was through buying and grants. The granting countries included China, Japan, the Netherlands, the United States, and the United Arab Emirates; while Covax Facility provided the multilateral grant.

Keywords: covid-19; foreign policy; Indonesia; vaccine

Introduction

The Indonesia Government confirmed the first Covid-19 case on March 2, 2020. There were two citizens who contracted the virus after interacting with a Japanese person. They both had cold, cough, and fever symptoms (Nuraeni 2020). The Government showed concern since its first case on preventing the Covid-19 spread. However, the spread of this disease takes place very quickly and takes quite a lot of victims. There were 4.251.076 positive cases, 4.098.884 recovered and 143.640 deaths on November 15, 2021.

In order to stop the spreading of Covid-19, the Indonesia Government has implemented a Social Distancing policy. However, this policy has more or less affected the condition of the Indonesian economy. It is slumped. The poverty is increasing because many people lose their jobs after several companies decided to lay off their employees due to heavy production costs. The decision is an unavoidable choice because companies are unable to cover production costs (SMERU Research Institute, 2021). Because the effects of Covid-19 are quite severe for Indonesia and do not only attack the health sector, the Indonesian government is trying hard to contain its spread. One of the efforts is vaccination.

However, the vaccination policy by the Indonesian Government faces many challenges, namely: i) the number of vaccines that must be provided for 270 million population, ii) Indonesia has not been able to produce its own vaccines, and iii) funds for vaccines procurement. How does the Indonesian government seek to procure a Covid-19 vaccine? This article will answer it from the aspect of foreign policy.

During the Covid-19 pandemic, there were interesting developments in the study of Foreign Policy. Eberle & Miskimmon (2020) examined the dimensions of Germany's foreign policy during Covid-19, namely: individual level, party politics, domestic institutions, external environment and domestic consensus building. Kobierecka (2022) found that vaccines are a new tool or element of China's foreign policy during the Covid-19 pandemic, especially in providing foreign aid and assistance to developing countries. Batchway & Hlovor (2022) examined Ghana's foreign policy during the Covid-19 pandemic and found that there is a need to balance national interests with international obligations as part of the responsibilities of members of the international community. Taneja & Bali (2021) found that in response to Covid-19, India's foreign

policy in South Asia and globally is to develop various diplomatic opportunities, such as through the Non-aligned Movement and G20. Raman & Mukherjee (2021) examines the assertive style of China's foreign policy while dealing with Covid-19 in the form of Wolf-warrior diplomacy.

The discussion in this article is divided into three sections, namely: the spread of Covid-19 in Indonesia, the Covid-19 vaccination program, and the foreign policy for the procurement of Covid-19 vaccine in Indonesia. We believe that this article contributes to the study of foreign policy, especially in the handling of pandemic by a state.

Method

Foreign Policy is the sum of official external relations conducted by an independent actor (usually a state) in international relations (Hill, 2003). Foreign policy is a method adopted by a state to engage with other states through discussion and negotiation (Khara, 2018). Foreign policy is related to the state behavior towards others as a product of political level decisions, both individuals and groups, in order to harmonize their own activities with the international environment. Foreign Policy is determined by external factors (international power systems or structures, international law, international organizations, alliances, and military strategy/arms race) and internal (culture and history; geography and population; economic development and natural resources; military capability; political system). , personality and character of leaders; political parties and interest groups; mass media and public opinion; and science and technology) (As, 2018).

This study used a qualitative method through primary and secondary data collection. Primary data included Focus Group Discussion (FGD) with key informants are: i) a Senior Manager in PT Biofarma Marketing Communication and Distribution. He explained Biofarma's role in vaccine procurement and production, specifically the vaccine role in procurement, diplomacy, regulation, delegation, types, and quantities, distribution, and others; ii) a Global Political Economy expert from Universitas Padjadjaran, explained the vaccine and Contemporary Political Economy of International Relations. He stated that Covid-19 affected global international affairs where no country had prepared for this condition. Various international affairs aspects were affected by Covid-19, namely: science vs. faith, unilateralism vs. multilateralism,

developed vs. developing countries, and new international competition structures. He also explained the emergence of a vaccine cold war, 'apartheid' (separation based on race), and gravity in the science and pharmaceutical industry. The foreign policy lacked medical research and development (Indonesia as a consumer rather than producer), domestic foreign policy (defensive), and international development cooperation; and iii) the last is a key informant from the Russian Embassy representative. He explained Russia's global vaccination campaign contribution. The country produced the Sputnik V vaccine distributed to almost 70 countries. Additionally, it collaborated with various countries for vaccine production, such as India, China, Brazil, Mexico, South Korea, Egypt, Turkey, and others. Sputnik V had international recognition and was legally registered with BPOM in Indonesia. He concluded that Russia does not discriminate against any country.

The secondary data included the Government's regulations through reports, news, and video analysis of the Vaccine Importation Webinar in the Middle of Recovery. The data analysis codes included the Covid-19 spread, vaccine, regulation, vaccine producer and types, and Foreign Policy. After data analysis, the researcher interprets the coding results.

Covid-19 as the External Factors in Indonesian Foreign Policy

A pneumonia case emerged in Wuhan, China, in December 2019. Initially, this disease attacks animals, but then infects humans (Nuraini, 2020). China has various open-air markets selling wild species such as bats, cobras, boars, and raccoon dogs that spread animal viruses to exchange genes. It was speculated that the first infection was from the Wuhan market animals infected with SARS-CoV-2. However, bats were not sold at the market, meaning pangolins started the transmission (Rath, 2020). This transmission was through human contact because not all infected individuals had contact with animals.

The China Government determined this disease is caused by a coronavirus. They named this disease as nCoV-2019/2019-nCoV in January 2020 (Moore, 2021) which was renamed SARS-CoV-2 by the International Committee on Taxonomy of Viruses (ICTV). The World Health Organization (WHO) named Coronavirus Disease (Covid-19) on February 11 2020, meaning an infectious disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus belonged to the genus

Betacoronavirus and subgenus Sarbecovirus, becoming the third-largest coronavirus outbreak after SARS-CoV—the virus causing SARS, and MERS-CoV—causing MERS. The Wuhan Municipal Health Commission announced the first death of a 61-year-old man from severe pneumonia on January 11 (CNN, 2021).

It did not take long for this disease to spread outside of China. Various countries confirmed Covid-19 cases in January 2020, such as: Thailand, Japan, and Korea (Wang, et al. 2020), and also cases in Italy, America, and 199 other countries in March 2020 (Handoyo 2020). Singapore announced its first case on January 23 (Hirschmann, 2021). The WHO report showed 282 confirmed cases from four countries, including China (278 cases), Thailand (2 cases), Japan (1 case), and Korea (1 case), on January 20, 2020. The worldmeters showed more than 640,000 infections and a >18% mortality rate by the end of March. The virus rapidly spread to the African region, with various countries announcing their quarantine policies following the increased infections (Khan et al., 2020). Due to the widespread spread of the disease, the World Health Organization (WHO) declared the Coronavirus as global pandemic in March 2020 (Susilo et al. 2020).

March 2, 2020, Indonesia Government announced the first Covid-19 case. There were two Indonesian citizens who traveled and were infected with Covid-19 after having contact with a Japanese citizen. These two patients were then labeled patients 001 and 002. Their symptoms, such as: cough, runny nose, and fever (Nuraini, 2020). Covid-19, then, spread rapidly in Indonesia. On September 2, 2021, the number of confirmed COVID-19 positive was 4.109.093 cases, recovered cases was 3.798.099, and the deaths were 134.356 cases. However, on November 15, 2021, showed 4.251.076 confirmed cases, 4.098.884 recovered, and 143.640 deaths (Kemenkes, covid19 2021).

Apart from the health sector, the most affected sector in Indonesia is the economy. To deal with the spread of Covid-19, the Indonesian government has implemented several policies that reduce people's interactions. This policy has more or less effect on the economic sector in the form of limiting working hours, or even closing companies. During October 2020, on a national scale, there were 6.78% of entrepreneurs who stopped operating, 11.13% temporarily opened, 63.44% never closed, 4.56% temporarily stopped due to regulatory factors, and 14.09% stopped while due to non-

regulatory factors. Some companies that never close are electricity & gas, financial services & insurance, and real estate. Meanwhile, companies temporarily operating due to regulatory factors include: education services, accommodation & food and drink, and company services (BPSRI, 2020).

The pandemic affected the Indonesian population, including increased poverty rates, where one in 10 people live below the national poverty line. The negative pandemic impacts included increased layoffs and reduced traders' sales (SMERU Research Institute, 2021). The pandemic reduced the number of tourists, affecting the tourism supporting sectors such as restaurants, hotels, and retail entrepreneurs. Hotel profits decreased by 40%, affecting operations and business continuity. Additionally, reduced foreign visitors affected restaurants' income dominated by international customers (Nasution, Erlina, & Muda, 2020). The Central Statistics Agency showed a 2.97% economic growth increase in the first quarter (January-March) 2020, which reduced from 4.97% in the 2019 fourth quarter (Wuryandani, 2020).

Domestic Policy of Indonesia on Covid-19 Handling

Physical Distancing Policy

The first policy regarding Physical Distancing is the Governor Appeal of DKI Jakarta No. 5 of 2020 regarding the *Temporary Elimination of Worship and Religious Activities in Houses of Worship in Order to Prevent the Spread of The Corona Virus Disease (Covid-19) Outbreak* on March 19, 2020 (DKIJakarta, 2020). This policy is specific for Jakarta and the surrounding areas, namely: Bogor, Depok, Tangerang, and Bekasi.

Previously, on March 16, 2020, the Indonesian Ulema Council (Majelis Ulama Indonesia, MUI) issued a Fatwa No. 14 of 2020 concerning *The Implementation of Worship in the Situation of the Covid-19 Outbreak*. However, this fatwa from the MUI is limited in nature and is not a government policy. It recommended three important things, namely (MUI 2020):

1. *The government is obliged to carry out super tight restrictions on the entry and exit of people and goods to and from Indonesia, except for medical personnel and goods for basic needs and emergency needs.*
2. *Muslims are required to support and obey government policies that isolate and treat people exposed to Covid-19, so that the spread of the virus can be prevented.*
3. *The public should be proportional in responding to people who suspect or are exposed to Covid-19. Therefore, the community is expected to be able to accept*

back people who are declared negative and/or declared cured to the community and not treat them badly.

On April 3, 2020, the Health Minister of the Indonesia Republic issued Ministerial Regulation No. 9 of 2020 concerning Guidelines for Large-Scale Social Restrictions in the context of Accelerating the Covid-19 Handling (known as the policy of PSBB: Pembatasan Sosial Berskala Besar). Implementation of PSBB includes: school and workplace holidays, restrictions on religious activities, restrictions on activities in public places or facilities, restrictions on social and cultural activities, restrictions on transportation modes, and restrictions on other activities specifically related to defense and security aspects (Kemenkes, 2020).

The PSBB policy has been extended several times. Naturally, there are two types of PSBB, namely: Transitional PSBB and Strict PSBB. The transitional PSBB is marked by the opening of public activities (places of worship, public spaces, shopping centers) with a capacity of 50%, WFH 50% and learning activities 100%. Meanwhile for strict PSBB, learning activities are carried out 100% online and 75% WFH activities; shopping centers, public places and public spaces are closed; traditional markets are restricted; places of worship only accept local residents; restaurant operates but dine-in is prohibited (Permatasari, 2021).

In its implementation, the PSBB policy received a response that was not always positive. The Indonesian people can indeed comply with this policy because of the death threat from Covid-19. However, people who work in the informal sector are very burdened because they cannot work and are unable to meet their daily needs (Nasruddin & Haq, 2020). PSBB is considered less effective in carrying out the mandate of the 1945 Constitution because there is no legal protection for the society related to inability to meet daily needs. Therefore, the Government needs to ensure the transparency of public information and guarantee the certainty of the fulfillment of daily needs in order to guarantee the right to life, especially for the lower middle class (Ristyawati, 2020). The lives of coastal communities during the Covid-19 pandemic were in dire straits because the supply of daily necessities depended on urban supplies. However, they can survive by relying on natural fisheries and marine resources (Setiani and Yulianto, 2021). Seeing the condition of the community during the Covid-19 pandemic, on April 20, 2020, the Indonesia Government issued funding in the form of a Social Safety Net

based on the Finance Minister Regulation of the Indonesia Republic No. 38 of 2020, in the form of: additional Social safety net funds (Hope Family Program, basic necessities, additional Pre-Employment Card program, exemption from electricity tariffs for RI-450 customers and 50% discount for RI-900 customers, additional housing incentives for low-income people), reserves for meeting the needs of market/logistics operations, and adjustment of the education budget (Kemenkeu RI, 2020).

In 2021, the physical distancing policy was issued by the Ministry of Domestic Affairs in the form of a Ministerial Instruction. These instructions were known as the Policy for the Enforcement of Community Activities Restrictions (Pemberlakuan Pembatasan Kegiatan Masyarakat/PPKM). The first policy was issued on January 6, 2021. Until June 2022, there are 54 instructions. In general, there are two types of PPKM policies. *First*, PPKM based on level, namely: level 1-4 with the following elements in every provincial/district category: i) death rate above the national average death rate, ii) recovery rate below the national average cure rate, active cases above the national average case rate, and iv) hospital Bed Occupation room (BOR) for the Intensive Care Unit (ICU) and isolation rooms above 70%. *Second*, Micro PPKM, namely the classification of local district (Rukun Tetangga/RT) based on Covid-19 cases: i) green zone if there is no Covid-19 cases in one RT, ii) yellow zone if there are 1-5 houses with positive confirmed cases in one RT for 7 days lastly, iii) orange zone if there are 6-10 houses with positive confirmed cases in one RT for the last 7 days, and iv) red zone if there are more than 10 houses with positive confirmed cases in one RT for the last 7 days (Mendagri RI, 2021). This policy is not without risk. PPKM had an impact on society, economically & socially. Economic impacts, such as: layoffs, closing and loss of companies and factories, and the collapse of the tourism and transportation sectors. Socially, PPKM policies affect people's mental health, in the form of: boredom, paranoia about contracting Covid-19 from other people, even divorce (Mawar, et al., 2021).

National Economic Recovery Policy

Realizing that the economy is the sector that has suffered during Covid-19 pandemic, the Indonesia Government is focusing on economic recovery. On July 20, 2020, the president issued Presidential Regulation Number 82 of 2020 concerning the Committee

for Handling Corona Virus Disease 2019 (Covid-2019) and National Economic Recovery. This Presidential Regulation was later amended by Presidential Regulation No. 108 of 2020. These two regulations complement and amend the two previous Presidential decrees, namely: Keppres No. 7 of 2020 (March 13, 2020) as amended by Keppres No. 9 of 2020 (March 20, 2020). The essence of this regulation include:

- Establishment of a Covid-19 handling unit in the form of a Committee consisting of: Chair and Deputy, Implementing Team, Covid-19 Handling Task Force headed by the Head of the National Disaster Management Agency, National Economic Recovery Task Force headed by Deputy Minister of State-Owned Enterprises, and the Secretariat.
- The focus of handling has developed, from handling Covid-19 alone to recovering the country's economy.
- Handling which was initially handled by the Central Government, in its implementation many things are the domain of the Regional Government and the Task Force. This shows efficiency and effectiveness efforts in the implementation of handling Covid-19.

In 2020, the Indonesian government has budgeted IDR 695.2 trillion (4.2% of GDP) in the Covid-19 Handling and National Economic Recovery (Pemulihan Ekonomi Nasional, PEN) program. The allocation includes various instruments related to health, social protection, MSME assistance, and tax incentives. In 2021, the PEN budget is Rp. 699.43 trillion. This budget is used to continue national economic recovery programs that have been implemented in 2020 and also for vaccination. In 2021, vaccination is the government's focus for handling Covid-19 (Kemenkeu RI, 2021).

Indonesian Policy on Vaccination

The Urgency of the Covid-19 Vaccination to Deal with Covid-19

Indonesia recorded an increased number of Covid-19 cases and deaths in various regions. The Covid-19 Task Force showed the highest number of deaths at 2,069 on July 27, 2021. In contrast, the highest number of cases was recorded at 56,757 on July 15, 2021. The country experienced two waves in January and July 2021, increasing the number of cases and deaths (Satuan Tugas Penanganan Covid-19, 2021). The central

and local governments implemented social restrictions (PSBB) and community activities (PPKM) to reduce infection cases and deaths (Permatasari, 2021). However, the central and regional Government disputes due to lack of strict regulations, as well as society pandemic contradictions and regulations, increased the virus spread and transmission. Therefore, the Government provided comprehensive Covid-19 public vaccinations.

WHO recommended drug development to manage the pandemic besides implementing rules, regulations, or health protocols. Various developed countries developed research on different Covid-19 vaccines. Furthermore, Indonesia implemented diplomatic steps to vaccinate most of the population to manage the increased infected cases and deaths, prevent transmission, protect public health, achieve herd immunity, protect and strengthen the health system, as well as minimize social and economic impacts (Marwan, 2021).

Health workers at the front-line handling Covid-19 patients were the main and initial vaccination target. They have a high possibility of contracting the virus from the patients, specifically those vulnerable, increasing their death rate. In August 2021, 1,967 health workers deaths were reported (Sahara, 2021). Therefore, they were prioritized to be vaccinated along with public officers. The second vaccination wave targeted vulnerable people and other communities (Marwan, 2021), while the health workers received booster shots as additional vaccine schemes (Kementerian Kesehatan, 2021). Over 119 million people received the first Covid-19 vaccine, while 73 million had the second, and 1 million had the third by October 31, 2021 (Satuan Tugas Penanganan Covid-19, 2021).

Vaccine Licensing Procedures in Indonesia

The BPOM government agency supervises Drugs and Food following rules and regulations, as stated in Article 2 of Presidential Regulation Number 80 of 2017. The supervision includes medicine, processed food products, and cosmetics. It is conducted before and after the circulation and the preparation and implementation of national product standards and quality (BPOM, 2021). Vaccines are included as products supervised by BPOM to be assessed before distribution and public utilization.

The initial Covid-19 vaccine processes included clinical trials to assess its benefits and efficacy. Sinovac was the country's first clinically tested vaccine by the Unpad team and Bio Farma to determine its effects on volunteers. The clinical trial included observing BPOM for 6 months after the injection to show the side effects, efficacy, and reactions. The BPOM issued an emergency permit after the trials to maintain the vaccination security for the public.

This followed the MUI as the institution conducting studies on vaccines fatwas to determine its halalness, based on in-depth studies of the joint audit report and LPPOM MUI (MUI, 2021). The Central MUI Fatwa Commission and LPPOM MUI had previous experience in the MR Vaccine audit process (MUI, 2021). Furthermore, BPJPH issued a halal certificate following Law Number 33 of 2014 on the Halal Product Guarantee that regulates halal products' certification (MUI, 2021). The vaccine halal certification process began with an application submitted by the relevant vaccine production agency to BPJPH. This followed the LP-POMUI as the Halal Inspection Agency (LPH) to test the vaccine products and reported to the MUI Fatwa Session for considerations.

Types of Vaccines Used in Indonesia

The country had 10 types of emergency vaccines authorization (EUA) from BPOM (Rafie 2021).

- a. Sinovac. This was the county's first vaccine with a 91% efficacy by the Tiongkok company. It was developed from a dead virus given intramuscularly. The dosage was issued twice at 0,5 ml within 28 days. The vaccine costs IDR 282,640 per dose.
- b. AstraZeneca. The AstraZeneca company and Oxford University developed this as a viral vector platform administered twice at 0,5 ml per dose within 12 weeks. It effectively overcomes the Delta and Kappa variants, with 70% efficacy, and costs from IDR 56,528 to IDR 70,660.
- c. Pfizer. It was developed by Pfizer Inc. and BioNTech, with a 95.5% efficacy popular in the United States and Europe. It has an RNA-based platform administered twice with 0.3 ml per dose within 21 to 28 days, costing IDR 282,640 per dose.

- d. Moderna. It was produced by the US Moderna Incorporation effective against Kappa, Delta, and Gamma variants. It is based on messenger RNA (mRNA) with 2 doses of 0.5 ml within 28 days. It has a 94.5% efficacy priced at IDR 452,224 to IDR 522,884 per dose.
- e. Sinopharm. It was produced by a Chinese pharmaceutical company with similar characteristics as Sinovac, based on the inactivated virus, and 2 doses of 0.5 ml. It is priced at IDR 2.15 million for both injections.
- f. Johnson & Johnson. Janssen Pharmaceutical Companies developed it with 66.1% efficacy and a Non-Replicating Viral Vector platform. It is administered in a single dose of 0.5 ml priced at Rp. 142,594.
- g. Sputnik V. It was developed in Russia by Gamaleya Research Institute of Epidemiology and Microbiology. It has a 96.1% efficacy with a non-replicating viral vector platform. It is administered in 2 doses at 0.5 ml each within 3 weeks, priced at Rp. 142,594 per dose.
- h. CanSino. It was trademarked as Convidencia and developed by CanSino Biological Inc. and the Beijing Institute of Biotechnology. It has a 90.98% efficacy with a single dose of 0.5 ml, using an Adenovirus (Ad5) based vector viral platform.
- i. Novavax. It was produced by an American biotechnology company called Novavax with a 90.4% efficacy administered in 2 doses of 0.5 ml within 21 days. It has a protein-based platform and is priced at Rp. 228,281 per dose.
- j. Zifivax. It was produced by Anhui Zhifei Longcom Biopharmaceutical in China using a recombinant protein platform. It has an 81.7% efficacy administered thrice at 0.5 ml per dose within a month.

Vaccination Implementations in Indonesia

The country targeted vaccinating 70% of the population by the end of 2021 (Kominfo, 2021). This followed the government's implementation of two programs through the Ministry of Health and Kamar Dagang dan Industri (Kadin) on the Mutual Cooperation Vaccination Program (Program Vaksinasi Gotong Royong). The vaccination program regulations stipulated the Minister of Health Decree Number 10 of 2021 on vaccination Implementation to Combat the Pandemic on February 24, 2021.

The vaccine procurement was through business schemes or direct purchase, bilateral and multilateral cooperation, and grants from other countries. Four vaccines were imported through direct purchase, AstraZeneca, Sinovac, Pfizer, and dan Novavax. The country acquired vaccines through multilateral cooperation in the GAVI Vaccine Alliance by WHO and grants from other countries (Firdaus, 2021).

The vaccination program began on January 13, 2021, targeting 181,5 million people. The current government vaccination program includes 4 stages on recipients' priority (Bidang Perubahan Perilaku Satuan Tugas Penanganan Covid-19, 2021).

Phase 1 began in January to April, targeting health workers, assistants, support personnel, and medical students in Health Service Facilities. This stage had three priority groups: public officials, health worker administrators, as well as key and religious leaders. Phase 2 began in January to April 2021, targeting the public service officers such as military and police, law enforcement officers, and others working at the airports, ports, stations, terminals, banks, state electricity companies, and municipal waterworks. The recipients included the elderly aged above 60 years. Phase 3 was implemented from April to March 2022, targeting the vulnerable population from geospatial, social, and economic aspects. Phase 4 was implemented from April to March 2022, targeting the community and economic actors through the cluster approach depending on availability.

The vaccination program achieves herd immunity through the Government's roadmap, targeting those above 18 years estimated at 181,554,465. The under-aged are vaccinated with sufficient safety data on vaccines through an emergency use authorization (EUA) or BPOM permit (Nomor Izin Edar) (Kemenkes n.d.). The current data shows an increased government vaccination target from 181 million to 208,265,720 people, divided into several stages, the first targets 1,468,764 health workers. The second targets 21,553,118 older people and 17,327,167 public officers, while the third is for vulnerable and general communities at 141,211,181 people and 26,705,490 children as well as adolescents aged 12-17 (Satuan Tugas Penanganan Covid-19, 2021).

Indonesia's Foreign Policy on the Procurement of Covid-19 Vaccine

The global pandemic effects have forced countries to manage the spread and implement preventive measures, including vaccine procurement believed to reduce the rapid spread

of the virus. Indonesia procured vaccines as a cross-ministerial and institutional work to cooperate and end the pandemic. The vaccine procurement was issued in Presidential Regulation Number 99 of 2020 on Vaccine Procurement and Implementation to Combat the 2019 Covid-19. Article 1 stated that the government accelerated the virus management through vaccine procurement, implementation, and funding by the ministries, institutions, and local governments support (Peraturan Presiden Republik Indonesia Nomor 99, Pengadaan Vaksin dan Pelaksanaan Vaksinasi dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (Covid-19) 2020). The Government procured the vaccines through supporting equipment, including syringes, alcohol cotton, personal protective equipment (face shield, hazmat, gloves, and surgical mask), cold chain, electrical resources reserves (gensets), hazardous and toxic waste materials (safety box), and alcohol-based antiseptic liquid.

The vaccination procurement implementation in article 3¹ was through assignment to state-owned enterprises; direct appointment of business entity providers; and international institutions/agencies cooperation. For example, PT Bio Farma (Persero) collaborated with domestic and international business entities and institutions to procure Covid-19 vaccines, based on its cooperation provisions. Additionally, it follows the objectives, principles, and procurement ethics (Peraturan Presiden Republik Indonesia Nomor 99, Pengadaan Vaksin dan Pelaksanaan Vaksinasi dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (Covid-19) 2020). Article 6 of Presidential Regulation Number 99 of 2020 states that the Minister of Health directly appoints the business entity provider. This is regulated in article 14, stating that the Ministry of Health can cooperate with ministries/agencies, provincial, regional governments, district/city government, state-owned enterprises or private businesses of professional/social organizations, and other relevant parties to implement the Covid-19 Vaccination. The Government made various efforts to manage the pandemic, including vaccinations procurement.

The pandemic challenges have shown that multilateral cooperation is essential to address global problems. Therefore, international cooperation is important, specifically multilateralism (United Nations, 2020). Most countries addressed the immediate virus

¹ Procurement of the Covid-19 Vaccine as intended in Article 2 paragraph (1) includes:

- a. provision of Covid-19 vaccine and equipment necessary support and logistics; and
- b. distribution of the Covid-19 vaccine to the point of delivery determined by the Minister of Health.

effects through unprecedented executive measures such as closing borders. However, the virus can spread through borders (United Nations, 2020). The global pandemic, which caused high fatalities and challenged society, shows the importance of multilateral cooperation and global solidarity (W., 2020). Effective multilateral cooperation requires global governance support.

Indonesia has increased multilateral cooperation to overcome the pandemic with various countries and international organizations. The vaccine diplomacy reflects its commitment to obtain vaccines and equal distribution (Piri, 2021). Furthermore, WHO urged global countries on vaccination benefits in managing the pandemic. Therefore, the country expressed the importance of multilateral cooperation to end the virus.

The intensive multilateral diplomacy in the past year will improve virus management. The country expects vaccine shipments in the third or fourth quarter of 2021 following talks with the World Health Organization (WHO) and Global Alliance on Vaccination and Immunization (GAVI) in 2020. Procuring vaccines for 20% of the population takes time, requires resources, and the country's readiness for the vaccine. Furthermore, Indonesia signed a request form with COVAX AMC EG to obtain 108 million doses of the Covid-19 vaccine (Wirajuda, 2021). It aimed to procure 371 million vaccination doses from GAVI COVAX and pharmaceutical companies such as Sinovac, AstraZeneca, and Pfizer.

The country's vaccine diplomacy efforts strengthen multilateral cooperation as the main strategy to manage the pandemic. It believes that strong diplomacy integrity can effectively manage the virus with consistent coordination and supervision based on its foreign policy. Therefore, multilateral cooperation can positively impact and improve progress on handling the pandemic because human health is the key in the global mobilization movement.

The country received other grants through 500,000 doses of Sinopharm by the United Arab Emirates government. The grant caused Government challenges on the National Vaccine Mutual Cooperation program under the Minister of State-Owned Enterprises auspices (BUMN). The program facilitates vaccine distribution in the community among workers paid by the company or legal entity (Makarim, 2021). The challenge included distinguishing the vaccine distributed through grants and other schemes because the vaccine cannot be traded and free for the public (ROKOM, 2021).

Other grants included 8 million doses of Moderna by the Covax Facility (ROKOM, 2021) for health workers and support personnel as a third dose or booster. Additionally, Japan provided 998,400 doses of the AstraZeneca vaccine due to the closeness between both countries (Bardan & Rahmawati, 2021). The country received 200,000 doses of the Sinopharm vaccine as a gift from the China Red Cross Society through bilateral cooperation on September 21, 2021 (JabarProv, 2021). Furthermore, America and Australia provided vaccine grants, including the Australian Government's 10 million doses of AstraZeneca vaccine through the intermediary of Covid-19 Vaccines Global Access called Covax (Yanwardhana, 2021). In contrast, the US government plans to issue 4 million doses of the Moderna vaccine.

The criteria used by Indonesia in procuring vaccines basically refer to international standards such as:

1. Vaccine quality that has passed clinical trials globally by both WHO and GAVI
2. Meets halal criteria in terms of materials, manufacturing processes, packaging, and distribution
3. already has Emergency Use Authorization (EUA)

In the evaluation process for the issuance of the EUA, National Agency of Drug and Food Control conducted a study with the National Committee for Drug Evaluation and a team of experts in the field of immunology and vaccines who are members of the Indonesian Technical Advisory Group on Immunization, as well as other related expert teams (KPCPEN, 2021).

As previously mentioned, Indonesia's vaccine procurement strategy is carried out through three schemes, namely business, grants, and multilateral cooperation. The three schemes are pursued by Indonesia by intensifying diplomatic efforts towards every country that has the capability in vaccine production and distribution. Such as the efforts made by Indonesia against China with the aim of maximizing the three schemes in order to get the maximum possible Chinese-produced vaccine. This effort was also carried out by Indonesia against other countries such as America, Britain, and Germany. The policy is quite effective with the efficacy level of all vaccines obtained by Indonesia in 2021 already exceeding 70% (Martono, 2021). In addition, Indonesia also plays an active role in the global vaccine procurement scheme through the Covax

Facility, where one of the goals is to reduce vaccine access gaps, especially for developing and poor countries.

Furthermore, in 2022 Indonesia seeks to maintain cooperative relations with countries producing the Covid-19 vaccine in the context of recovery from Covid-19 pandemic. This is in line with Indonesia which is hosting the G20 by promoting cooperation programs in the context of recovery from Covid-19 pandemic. The choice of the theme from the G20 Indonesia Presence, namely "Recover Together, Recover Stronger" is one of the descriptions of Indonesia's foreign policy in order to create sustainable relations, especially with countries producing the Covid-19 vaccine. In more detail, we can look at one of the priority sectors set by Indonesia in the G20, namely "Strengthening of Global Health Architecture" which aims to improve the preparedness of the world community in facing health crisis issues in the future (Ministry of Foreign Affairs of The Republic of Indonesia, 2022).

However, Indonesia's position as the host of the G20 in 2022 has quite difficult challenges, especially in maintaining good relations with countries producing Covid-19 vaccines. Various political conflicts between countries that occurred in 2022 are the biggest challenges for Indonesia in order to make post-pandemic recovery efforts, especially in terms of vaccine procurement. In this case, Indonesia is led to become a bridge for countries in conflict to be able to focus on efforts to recover from the pandemic. Among them are the tensions between America, Russia, and China, all of which have high capabilities in terms of global vaccine production and distribution.

Seeing these dynamics, Indonesia's "Free and Active" foreign policy is still very relevant as an effort to fulfill national interests (Nguyen, 2022). The meaning of a free and active foreign policy is freedom to establish relations and cooperate with any country and be active in carrying out positive activities or activities in the context of fulfilling Indonesia's national interests. Where Indonesia can maintain good relations with countries that are in conflict in order to fulfill national interests but still have a great opportunity to create peace. One of the most important things is how skillful the policy makers are in implementing them so that these two things can be achieved without causing new conflicts in the future.

On the other hand, Indonesia is dependent on the Covid-19 vaccine producing countries because it has not been able to produce its own. Therefore, Indonesia's

relationship with vaccine-producing countries is important and needs to be maintained properly. Moreover, these vaccine producing countries are generally developed countries that have high technological capabilities. Luckily, the Covid-19 vaccine manufacturers also compete with each other, both in terms of vaccine technology and distribution and sales throughout the world. The large number of Covid-19 vaccine producers among developed countries gives Indonesia the option to establish cooperation in the procurement of vaccines and does not make Indonesia dependent on one particular country.

Conclusion

Vaccination is one of the efforts to prevent the spread of Covid-19. With a population of 280 million and a Covid-19 vaccination target of 70%, Indonesia needs a large number of Covid-19 vaccines. For this reason, the existence of a Covid-19 vaccine during a pandemic is one of the national interests that the Indonesian government is fighting for to maintain the health of the Indonesian people.

Indonesia has not been able to produce its own Covid-19 vaccine. Therefore, to procure the Covid-19 vaccine, Indonesia imports vaccines from producing countries, such as: China (Sinovac, Sinopharm, CanSino, and Zifivax), England (Astrazeneca), the United States (Pfizer (in collaboration with Germany), Moderna, Novavax), the Netherlands (Johnson & Johnson), and Russia (Sputnik). The imported vaccines have an Emergency Use Authorization certificate from BPOM and, in particular, a Halal certificate. The vaccine is procured through a grant and purchase scheme bilaterally (in cooperation with producing countries directly) or globally through Covax. The allocation of funds to buy vaccines comes from the budget of the central government and local governments. Meanwhile, for the distribution of vaccines and vaccination activities, more funding allocation is borne by local governments. Several countries that have provided grants for Covid-19 vaccines include: China, Japan, the Netherlands, the United States, and the United Arab Emirates.

We hope the results of this article can help policymakers urgently develop bilateral and multilateral cooperation during a pandemic, especially specifically with insufficient national capabilities. Indonesia did not develop its vaccines and imported them abroad. However, the limited global vaccine availability led to the government

strategies on foreign policy to procure vaccines through bilateral cooperation with other countries, multilateral cooperation with international organizations, and facilitating domestic regulations on licensing and procurement. The anticipated fundamental weakness is vaccine dependence on other countries or international organizations. Therefore, further research is required on vaccine production in Indonesia to achieve independence. Additionally, the country can produce Covid-19 vaccines exported to other countries and assist international organizations to provide vaccine stocks for the international community.

References

- Bidang Perubahan Perilaku Satuan Tugas Penanganan Covid-19. (2021). *Pengendalian Covid-19 dengan 3M, 3T, Vaksinasi, Disiplin, Kompak, dan Konsisten*. Jakarta: Satuan Tugas Penanganan Covid-19.
- EKONID AHK. (2021, September 6). *Covid-19 developments in Indonesia*. Retrieved from: EKONID: German-Indonesian Chamber of Industry and Commerce : <https://indonesien.ahk.de/en/infocenter/news/news-details/covid-19-developments-in-indonesia>
- Firdaus, A. (2021, August 19). *Kebutuhan vaksin Indonesia didapat dari transaksi bisnis hingga hibah*. Retrieved from Antara News: <https://www.antaranews.com/berita/2338266/kebutuhan-vaksin-indonesia-didapat-dari-transaksi-bisnis-hingga-hibah#mobile-nav>
- Kemendes. (t.thn.). *Frequently Asked Question Seputar Pelaksanaan Vaksinasi Covid-19*. Retrieved from https://kesmas.kemkes.go.id/assets/uploads/contents/others/FAQ_VAKSINASI_COVID_call_center.pdf
- Kementerian Kesehatan. (2021, Agustus 1). *Kemendes Tegaskan Vaksinasi Booster Hanya Untuk Tenaga Kesehatan*. Retrieved November 16, 2021, from Kemkes: <https://www.kemkes.go.id/article/view/21080200001/kemendes-tegaskan-vaksinasi-booster-hanya-untuk-tenaga-kesehatan.html>
- Kemkes. (2021, September). *Surat Edaran Batas tertinggi Rapid Test Antigen*. Retrieved from sehat negeriku: <https://sehatnegeriku.kemkes.go.id/wp-content/uploads/2021/09/SE-Batas-tertinggi-Rapid-Test-Antigen.pdf>
- Kominfo. (2021, July 7). *Target Vaksinasi 70% Penduduk, Menkominfo: Butuh Kolaborasi Lebih Masif*. Retrieved from Kominfo: https://kominfo.go.id/content/detail/35518/siaran-pers-no-238hmkominfo072021-tentang-target-vaksinasi-70-penduduk-menkominfo-butuh-kolaborasi-lebih-masif/0/siaran_pers
- Marwan. (2021). *Peran Vaksin dalam Penanganan Pandemi C19*. Retrieved November 16, 2021, from unmul: <http://lp2m.unmul.ac.id/webadmin/public/upload/files/9584b64517cfe308eb6b115847cbe8e7.pdf>

- Nasution, D. A., Erlina, E., & Muda, I. (2020). Dampak Pandemi Covid-19 terhadap Perekonomian Indonesia. *Jurnal Benefita*, 212-224. doi:<http://doi.org/10.22216/jbe.v5i2.5313>
- Nuraini, R. (2020, March 2). *Kasus Covid-19 Pertama, Masyarakat Jangan Panik*. Retrieved from INDONESIA.GO.ID Portal Informasi Indonesia: <https://indonesia.go.id/narasi/indonesia-dalam-angka/ekonomi/kasus-covid-19-pertama-masyarakat-jangan-panik>
- (2020). *Peraturan Presiden Republik Indonesia Nomor 99, Pengadaan Vaksin dan Pelaksanaan Vaksinasi dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (Covid-19)*.
- (2020). *Peraturan Presiden Republik Indonesia Nomor 99, Pengadaan Vaksin dan Pelaksanaan Vaksinasi dalam Rangka Penanggulangan Pandemi Corona Virus Disease 2019 (Covid-19)*.
- Permatasari, D. (2021, Juli 31). *Kebijakan Covid-19 dari PSBB hingga PPKM Empat Level*. Retrieved November 16, 2021, from Kompaspedia: https://kompaspedia.kompas.id/baca/infografik/kronologi/kebijakan-covid-19-dari-psbb-hingga-ppkm-empat-level?status=sukses_login&status_login=login
- Piri, D. R. (2021, January 7). *Indonesia Signs Request Form to Access Up To 108 Million Doses of Free Covid-19 Vaccine*. Retrieved from <https://go.kompas.com/read/2021/01/07/201709674/indonesia-signs-request-form-to-access-up-to-108-million-doses-of-free-covid-19>
- Rafie, B. T. (2021, October 18). *10 Jenis vaksin Covid-19 yang dipakai di Indonesia, dosis hingga efek sampingnya*. Retrieved from News Setup: <https://newssetup.kontan.co.id/news/10-jenis-vaksin-covid-19-yang-dipakai-di-indonesia-dosis-hingga-efek-sampingnya?page=all>
- Sahara, W. (2021, Agustus 27). *Hingga Akhir Agustus 2021, 1.967 Tenaga Kesehatan di Indonesia Meninggal akibat Covid-19*. Retrieved November 16, 2021, from Kompas: <https://nasional.kompas.com/read/2021/08/27/19573891/hingga-akhir-agustus-2021-1967-tenaga-kesehatan-di-indonesia-meninggal?page=all>
- Satuan Tugas Penanganan Covid-19. (2021, July 22). *208.265.720 Orang Target Sasaran Vaksinasi Covid-19 di Indonesia*. Retrieved from Covid19.go.id: <https://covid19.go.id/masyarakat-umum/208265720-orang-target-sasaran-vaksinasi-covid-19-di-indonesia>
- Satuan Tugas Penanganan Covid-19. (2021, Oktober 31). *Data Vaksinasi Covid-19 (Update per 31 Oktober 2021)*. Retrieved November 16, 2021, from covid-19: <https://covid19.go.id/berita/data-vaksinasi-covid-19-update-31-oktober-2021>
- Satuan Tugas Penanganan Covid-19. (2021). *Peta Sebaran*. Retrieved November 15, 2021, from covid-19: <https://covid19.go.id/peta-sebaran>
- SMERU Research Institute. (2021). *Ringkasan Eksekutif: Dampak Sosial Ekonomi Covid-19 terhadap Rumah Tangga dan Rekomendasi Kebijakan Strategis untuk Indonesia*. Retrieved from SMERU Research Institute: <https://smeru.or.id/id/content/ringkasan-eksekutif-dampak-sosial-ekonomi-covid-19-terhadap-rumah-tangga-dan-rekomendasi>
- United Nations. (2020, April 30). *Covid-19 and the Alliance for Multilateralism*. Retrieved from <https://www.un.org/en/un-chronicle/covid-19-and-alliance-multilateralism>
- United Nations. (2020, September 29). *Covid-19 Pandemic Demonstrates Multilateral Cooperation Key to Overcoming Global Challenges, President Stresses as*

- General Assembly Concludes Annual Debate.* Retrieved from <https://www.un.org/press/en/2020/ga12273.doc.htm>
- W., J. C. (2020). *The Covid-19 Pandemic, International Cooperation, and Populism.* Cambridge University Press, 74, 191-212. doi:10.1017/S0020818320000399
- Wirajuda, T. (2021, January 14). *Indonesia to Receive Vaccines from Multilateral Diplomacy in 2021.* Retrieved from <https://go.kompas.com/read/2021/01/14/032149374/indonesia-to-receive-vaccines-from-multilateral-diplomacy-in-2021?page=2>
- Wuryandani, D. (2020, August). *Dampak Pandemi Covid-19 Terhadap Pertumbuhan Ekonomi Indonesia 2020 dan Solusinya.* Retrieved from Info Singkat DPR: http://berkas.dpr.go.id/puslit/files/info_singkat/Info%20Singkat-XII-15-I-P3DI-Agustus-2020-206.pdf?1636981607