

CHAPTER I

INTRODUCTION

In starting and opening thesis writing, this chapter will explain the basic information that will lead to the completion of thesis writing. This chapter begins with the explanation of the background of the problem and then comes the formulation of the problem that will be answered in this thesis. In answering the formulation of the problem, of course, a frame of mind is needed to produce an initial hypothesis. This chapter closes with the explanation of the research objectives, the scope of the research, and the methods used in writing the thesis.

A. Background

History of COVID-19

Rapid technological advances and globalization have many negative impacts, because they ease humans to move around, so human activities will be difficult to limit. Today, there are many diseases originating from places in certain conditions, then carried by humans with increasingly global mobility to the affected area, then unknowingly bring the disease back to where it originated. That way, the virus can easily spread and move so that it can harm other humans. The corona virus has been known to exist based on scientific research since the 1960s, but the disease caused by the spread of the virus can vary. Corona virus is one of a large family of viruses that circulate not only in animal populations, but also in humans. Therefore, the corona virus is zoonotic or can be transmitted between animals and humans. The corona virus that causes COVID-19 was only discovered at the end of 2019. This is a new type of virus that is different from the corona virus that was discovered decades ago. This new corona virus is thought to have originated from bats which was transmitted to other animals before finally infecting humans. (Singhal, 2020). One example is the COVID-19 virus which is classified as a deadly dangerous virus. This virus was first discovered in

December 2019 in Wuhan, Hubei Province, China. Initially this disease was temporarily given the name 2019 Novel Coronavirus (2019-nCoV), then WHO announced a new name on February 11, 2020, namely Coronavirus Disease (COVID-19) caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-virus CoV- 2.). However, the lack of knowledge of this virus has made people in China not limit themselves to interacting directly with suspects who have contracted the virus. Though this virus can be transmitted through direct contact, either through body fluids or blood. This virus can be transmitted from human to human and has spread widely in China and more than 190 other countries and regions including Indonesia (Singhal, 2020).

COVID-19 Outbreak in Indonesia

At the start of the pandemic, Indonesia underestimated the threat of COVID-19. This can be seen from several statements by the political elite in Indonesia, for example, Minister of Health Terawan Agus Putranto stated "The prevention of the corona virus is not to panic and be restless, just enjoy it, and eat moderately." And the Minister for Political, Legal and Security Affairs Mahfud MD who stated "Indonesia is the only big country in Asia that has not had a positive case of the corona virus." Indonesia is currently one of the countries in the world that has been affected by the COVID-19 virus. Since the virus was first detected on March 2, 2020 and announced directly by President Joko Widodo, the increase has been quite significant and stable with an average of 100 cases per day. In March-December 2020 the curve for the number of COVID-19 cases did not show a downward trend at all. Various sources, both from within and outside the country, have predicted that the number of COVID-19 cases in Indonesia will reach tens or even hundreds of thousands. As of December 3, 2020, Indonesia had recorded nearly 550,000 cases and claimed the lives of more than 17,000 residents. Both are the highest numbers in Southeast Asia (Ridlo, 2020). The ability, speed and effectiveness of the Indonesian

government's poor and slow response and decision-making which is considered full of doubts are considered responsible for the high number of cases (Ansori, 2020).

The first wave of COVID-19 cases in Indonesia occurred in January-February 2020. At that time, the highest daily COVID-19 cases occurred on January 30, 2020, with 14,528. Then, the second wave of COVID-19 cases occurred in Indonesia in June-July 2021 due to the Delta variant. The highest cases occurred on July 15, 2021 with the addition of 56,757 cases. The latest, Indonesia was faced with the third wave triggered by the Omicron variant. So far, the highest addition of COVID-19 cases occurred on February 17, 2022, with 63,956 cases. As of March 2, 2022, a total of 5,589,176 confirmed cases of COVID-19 were recorded in Indonesia. Meanwhile, the total number of recovered cases was 4,944,237 and 149,036 cases died. This data shows that Indonesia is the highest country in Southeast Asia by COVID-19 cases (Nurita, 2022).

Even though Indonesia has taken several actions such as making PSBB and PPKM policies, from time to time the number of COVID-19 cases always increases. It can be concluded that the two policies made by the government were not very effective.

This can happen because Indonesia was very short of supply in the medical sector, such as a shortage of hospitals or full due to soaring cases, not supporting hospital equipment, inadequate lab equipment, etc. Of these various problems, Indonesia really needs help from international health service providers such as WHO and assistance from other countries that can handle COVID-19 cases earlier.

NGOs and International Response due COVID-19 Outbreak in Indonesia

This research is important considering the ever-increasing human mobility and an increasingly integrated world will always lead to various health problems. The author found that the vaccine had not yet been found when the COVID-19 pandemic spread in Indonesia in 2020, even though the number of victims continued to grow. Indonesia's failure to contain the COVID-19 pandemic in 2020 is included in the scope of the International Security study. International Security Studies will be used in this thesis, including those related to Global Health Security which encourages state and non-state actors to respond in dealing with infectious diseases. In addition, there was also a discussion regarding the involvement of WHO, NGOs, and other international organizations in controlling the COVID-19 virus in Indonesia.

Because the COVID-19 outbreak in Indonesia was already worrying, various assistance has also come from various elements such as WHO, other countries, and NGOs. Their involvement was nothing but helping countries experiencing difficulties such as Indonesia, which is a developing country. In the concept of International Relations and Global Health Security, assistance from international elements and other countries is very much needed. Indonesia also received various kinds of assistance from international elements.

B. Research Question

Based on the background of the problem that has been discussed above, the research question proposed by the author is: "How did Indonesia and International response to decrease the number of COVID-19 cases in 2020?"

C. Theoretical Framework

Global health security has become a serious threat to national health systems. This problem can lead to chaos in the welfare of society. To understand the concept of Global health security, the author refers to a concept of Health Security in International Relations. One of the figures trying to define the concept of Global Health Security is Simon Rushton. In his writings, Rushton argues that global health security is a threat that stems from the spread of infectious diseases across borders or is the result of a health crisis caused by the instability and insecurity of a country and also global health security explicitly identifies global health security as part of human security which includes economic, food, environmental, personal, community, and political (Rushton, SECURITY AND PUBLIC HEALTH, 2019).

Global Health Security is defined as security from diseases that threaten human health, both individuals and populations. In this context, countries generally view international cooperation as the right place to protect their country's interests to control the spread of disease, especially diseases that have the potential to be classified as Public Health Emergency International Concerns (PHEIC). Diseases belonging to the PHEIC have characteristics with a high mortality impact on individuals that endanger the population and have the potential to spread across borders and enter into travel restrictions (World Health Organization, 2016). This certainly threatens health security which can affect economic stability, politics, trade, tourism, as well as access to goods and services as international trade increases.

Global Health Security management is mapped into two namely, State-Centric and Human-Centric. At the State-Centric point, the concept of global health security adheres to the state as the object of reference. Meanwhile, in the context of the 2005 International Health Regulations (IHR), countries are required to report all forms of disease classified as PHEIC to WHO. However, health priorities in State-Centric countries

highlight the threat of disease that threatens the population and has the potential to spread across borders to be of domestic concern. In the State-Centric point, the spread of the threat is monitored on a national scale with an emphasis on the ability of the state to monitor the spread of the disease. The ability of the state can be measured from the State Budget (APBN), Human Resources (HR), literacy levels, access to health and others. The State-Centric point also emphasizes the strong state response by relying on the ability of domestic health services to stem diseases classified as PHEIC (Rushton, Security and Public Health , 2019).

Meanwhile, the Human-Centric concept tends to complement the shortcomings of State-Centric points with a more in-depth coverage. At the Human-Centric point, individuals are associated as objects of reference for determining health issues that threaten the well-being of individuals and the wider population. In the concept of Global Health Security, referrals from individuals are useful for WHO to monitor and control the spread of disease, especially when countries do not want to report PHEIC cases to WHO. References from individuals are in line with those contained in the 2005 IHR, where the IHR emphasizes that WHO has the authority to obtain relevant information from sources other than the country to then verify the disease. As for the Human-Centric concept, the form of supervision to control the spread of diseases classified as PHEIC emphasizes more on national and international surveillance. The two-way monitoring aims to complete the lack of capacity of countries that cannot unilaterally free themselves from the threat of PHEIC. International surveillance is shown to prevent PHEIC disease by identifying the disease directly from the source of the problem, because the actors involved are not only focused on the state, but non-state actors. The involvement of non-state actors contributes to providing technical and financial assistance as well as to the consolidation of domestic and cross-border safeguards to prevent the spread of PHEIC

disease. The presence of non-state actors also participates in providing recommendations on appropriate steps to prevent the spread of PHEIC disease based on previous experiences (Rushton, Security and Public Health , 2019).

	State-Centric	Human-Centric
Reference	State	Individual
Actor	<ul style="list-style-type: none"> • State 	<ul style="list-style-type: none"> • Non-State • State
Threat	<ul style="list-style-type: none"> • Population 	<ul style="list-style-type: none"> • Individual • Population
Control	<ul style="list-style-type: none"> • National 	<ul style="list-style-type: none"> • National • International
Response	<ul style="list-style-type: none"> • Preventing diseases that have the potential to be classified as PHEIC by relying on the state's ability 	<ul style="list-style-type: none"> • Preventing diseases that have the potential to enter into PHEIC • Early identification of the disease directly from the source of the problem • Provide technical and financial assistance • Domestic security

Table 1. Adapted from Simon Rushton

Based on the table above, the perspective on the COVID-19 pandemic in 2020 in Indonesia that failed to be contained can be explained through the two approaches used in Global Health Security, namely State-Centric and Human-Centric.

The author sees that the State-Centric approach can explain the factors causing Indonesia's sluggishness in dealing with the COVID-19 outbreak in the regional scope. Especially in terms of references, the state is one of the actors who play an important role for early handling in the region. In terms of threats, this theory can reveal the reason for the total number of deaths from COVID-19 in Indonesia currently occupying the second highest position in Asia, reaching 150,000 cases, so this has been declared a national and international emergency status (BBC Indonesia, 2022).

Supervision and response variables that emphasize the national level in State-Centric can explain the failure to manage the COVID-19 outbreak domestically in Indonesia, which is classified as a developing country. While in the Human-Centric approach, supervision and response are carried out not only nationally but also internationally. This point can describe the significance of the existence of WHO and other international organizations involved in managing this crisis. This significance is measured from disease identification, technical and financial assistance, cross-border and domestic security as well as recommendations for appropriate steps based on experience in managing previous outbreaks such as bird flu that hit Indonesia.

D. Hypothesis

Based on Research Question that has mentioned above, the author obtained a hypothesis as follow:

The Indonesia's response to the COVID-19 pandemic is not effective because the number of cases continues to rise so that Indonesia needs assistance from various aspects such as

international assistance from various countries, international organizations and NGOs.

E. Research Purpose

The research conducted has the following objectives:

1. To find out how the response made by Indonesia government is effective or not so that caused the failure of decreasing the number of COVID-19 cases pandemic in Indonesia in 2020.
2. To link global health security to the control of the COVID-19 outbreak in Indonesia.

F. Research Methodology

This study will use a qualitative method using several data and indicators to meet the research objectives. Qualitative methods are considered appropriate to be used in the development of research and analysis of socio-political phenomena. This study contains a convincing descriptive analysis that is supported by data and evidence that are arranged sequentially to convey well to the reader. Facts and evidence are very important in assessing problems and looking for results, the credibility of qualitative research results will be higher if it involves or uses document or literature studies. The explanation in this paper will be in accordance with the facts on the ground that can be found in online news, books, and journals. Secondary data will also be used in this paper to construct arguments. Secondary data mostly comes from journals and news related to this case.

The author will set some assumptions or arguments to answer the research question, and then reflect on the data and evidence found. After all data is collected, the next step is data management and analysis. What is meant by data analysis is the process of systematically searching and compiling data obtained from the results of data collection through literature studies or document studies which will later be organized by

breaking them down into units, conducting hypotheses, compiling them into patterns, choosing which ones are important and will be studied according to what the author will be looking for in answering and explaining the case.

G. Research Scope

This research was conducted in the period following the COVID-19 crisis outbreak in Indonesia from 2020-2022.

H. Systematic of Writing

In this research, the author will make a systematic writing in three chapters with the following design:

- Chapter I: This chapter contains an introduction to research consisting of Background, Research Question, Theoretical Framework, Hypothesis, Research Methodology, Research Purposes, Research Scope, and Systematic of Writing.
- Chapter II: This chapter contains about explanation and analysis of domestic and international response based on State-Centric strategy.
- Chapter III: This chapter contains about explanation and analysis of NGOs involved and assist based on Human-Centric strategy.
- Chapter IV: This chapter contains a summary or conclusion from the research results.