

CHAPTER I

INTRODUCTION

A. Background

This thesis attempts to analyze China's goals in conducting health diplomacy towards Indonesia during the COVID-19 pandemic. This study will also discuss how the origin of the COVID-19 pandemic phenomenon occurred and how it is linked to China's health diplomacy towards other countries, particularly Indonesia. Furthermore, this research will also explain certain goals that are undoubtedly relevant to China's national interest in taking advantage of the unexpected condition.

Every country in the world did not expect the emergence of a mysterious case of pneumonia in Wuhan, China at the end of 2019 (WHO, 2020). The date November 17, 2019 was when the virus was first discovered and began to spread throughout the country (Davidson, 2020). Pneumonia with the failure of the respiratory was caused by a virus known now as the coronavirus SARS-CoV-2 (Ferrer, 2020). Until now, the original cause of the virus itself is still controversial, but the most possible cause was the transition of animals from the animal market in Wuhan, China. When the Chinese authorities first reported the outbreak to the World Health Organization (WHO), on December 31, 2019, it had already developed into an overflowing epidemic (Brahma et al., 2020). Following the epidemic in Wuhan, the disease traveled to the borders of several nations at

varying rates, based on a variety of circumstances such as connection and proximity to the Chinese metropolis.

After two weeks of China's announcement to the WHO, the virus was detected outside China in Thailand (WHO, 2020). The virus then began to spread around the world, not excluding Indonesia. In Indonesia, the virus came in early March 2020 wherein it was carried by a Japanese citizen who infected two Indonesian women (Detik News, 2020). Unfortunately, after the infections of the two Indonesian women, Indonesia seemed to have underestimated how dangerous the virus is which led to the high number of COVID-19 cases and deaths in Indonesia. Not just the number of cases, the economics of Indonesia was also hampered because of the lockdowns in almost every area in Indonesia. Due to a variety of factors, including the cultural and behavioral responses of the society, population density, and average household size, among others, influence the virus's spread through different countries' populations at different rates.

Most countries seemed to have lacked preparation during the early times of this pandemic. This can be proven by the lack of development of countries in dealing with the spread of the virus that eventually became a global pandemic. Up to September 2020, the United States, one of the countries with the largest economies in the world, had the highest infection rate. In addition, the United States also had the highest number of deaths (Mellish et al., 2020). The increase is due to the fact that the United States' response to the crisis had been slow, inconsistent, and occasionally confusing. The United States appears to have had

a worse infection trajectory than the other countries, but it began restricting businesses, closing schools, and encouraging physical separation much earlier than Italy did (Balogun, 2020).

The virus spread rapidly throughout Europe, especially ever since the pandemic entered the region through Italy. Despite its location outside of Asia, Italy was the first country outside Asia to witness the rapid and widespread spread of COVID-19. The dynamics of positive cases and hospitalized people began to become significant at the end of February, with an exponential trend reaching a peak in the second half of March. After that, the corresponding variations began to decline. In response to the state of emergency, Italian authorities enacted a series of increasingly stringent social distancing rules, which went into effect at the beginning of March. Italy became the first European country to impose significant restrictions on citizens' mobility and personal freedom (Bonacini et al., 2021).

Meanwhile, in the continent of Asia, China, Singapore, Japan, South Korea, and Taiwan are the five countries that managed to minimize the COVID-19 cases in their countries. A lot worse could have happened in China, being the most populated country in the continent. COVID-19 struck during the Chinese New Year when millions of people travelled across the country to celebrate with family and friends. The extreme measures of lock-downs, business, and school closures, and strict stay-at-home orders, though not long-term or cost-effective, halted the COVID-19 outbreak and saved thousands of lives (Lu et al., 2020). As

a result of the 2003 SARS outbreak, Singapore and Taiwan were well-prepared to respond to COVID-19 in a proactive, rapid, and aggressive manner from the beginning. The lessons learned from the MERS outbreak in 2015 were put into practice by South Korea, which implemented well-planned and well-organized widespread testing to effectively identify and isolate infected cases in 2016. Japan, through the use of group mentality, was successful in promoting social distancing (Lu et al., 2020).

While some countries have been successful in reducing the number of cases of covid-19 in their populations, many other countries, particularly developing countries, are struggling. What matters most to a country is the actions taken by the government to reduce the negative consequences of the situation on the entire population. Global cooperation and collaboration are required to combat the COVID-19 pandemic, which requires an "unprecedented level" of international cooperation and collaboration (Kokudo & Sugiyama, 2020). The importance of global collaboration in the mitigation of negative consequences grows even more apparent (Li et al., 2020). As an example, South Korea as one of the countries that managed to handle the pandemic in their country seems to initiate cooperation and aid with developing countries, such as Indonesia. Not only does it benefit the receiving country, but it also brings the development of South Korea's national branding (Lee & Kim, 2021).

With all of this pandemic that is still happening now, China, as the country that is known as the 'source' of the coronavirus, is still striving to change the

narrative. The Chinese government has been chastised for failing to adequately regulate its animal markets. To deal with the circumstances, China itself has been showing its efforts by publishing stories that portray China's fight against COVID-19 in a positive light in China's state media, including the country's progress in showing fewer cases than Western countries, according to the Chinese government. Furthermore, the Chinese authorities have provided medical assistance and life-saving medical equipment, and the country has expressed a willingness to share its expertise with other countries in the fight against the pandemic (Verma, 2020).

*Table 1.1
The most delivered COVID-19 vaccines*

	Country	Brand	Doses (in Millions)	Date of Last Delivery
1	 Indonesia	Sinovac, Sinopharm	268	8/2021
2	 Islamic Republic of Iran	Sinopharm	114	11/2021
3	 Pakistan	CanSino, Sinopharm, Sinovac	111	12/2021
4	 Brazil	Sinovac	101	9/2021
5	 Philippines	Sinopharm, Sinovac	60	4/2022
6	 Myanmar	Sinopharm, Sinovac, Undisclosed	56	9/2022
7	 Morocco	Sinopharm	46	5/2022
8	 Mexico	CanSino, Sinovac, Sinopharm	42	12/2021
9	 Cambodia	Sinovac, Sinopharm	42	3/2022
10	 Vietnam	Sinopharm	42	4/2022

Source: bridgebeijing.com

In addition, China has also developed the COVID-19 vaccines which were eventually used as part of China's health diplomacy to other countries, including

Indonesia. Based on the data from the table above, it shows that Indonesia has the most vaccine export from China (Bridge Beijing, 2022).

Indonesia itself received China's aid at the time when Indonesia was experiencing a crisis of masks and other medical equipment. Now, Indonesia became one of the largest buyers of China's COVID-19 vaccines used China's vaccines the most compared to other COVID-19 vaccines in Indonesia. However, despite the fact that Indonesia also engages in international health diplomacy efforts with other countries, it is clear that the health diplomacy efforts conducted by Indonesia with China are the most visible. When looking at things from Indonesia's perspective, it is clear that China has become the target of its diplomacy because China has the capability to assist Indonesia in fulfilling its national interests (Margono et al., 2021)

B. Research Question

From the background of the problem that has been explained, it can be formulated to a question: *What was PRC's aim in conducting health diplomacy towards Indonesia during Covid 19 pandemics?*

C. Theoretical Framework

Based on the background above, the theoretical framework that can be used in this thesis to achieve the objectives of this research are the concept of national interest and health diplomacy.

1. National Interest

Due to its importance in explaining state conduct, the concept of "national interest" has long been at the center of theories of international relations. The state occupies a central position in the study of international relations, and this is likely to continue for the foreseeable future as well. Analysis of state policy is the most common topic of discussion. States decide whether or not to go to war, whether or not to erect trade barriers, whether or not to establish environmental standards, and at what level. States can choose to participate in international agreements or not, and they can choose whether or not to abide by their provisions. When it comes to international relations, it is primarily concerned with what states do and, in turn, how those actions affect other countries. The same can be said for theories of international relations, with states serving as a common unit of analysis. Many analysts concentrate on states and their interactions to explain observed patterns of world politics in order to provide a comprehensive explanation (Weldes, 1996).

State as one of the main actors in international relations, the concept of national interest will always follow. The concept of national interest itself is the form of interest of a state to achieve its goals that are related to its sovereignty, security, economy, culture, and citizens. According to realist theories, the national interest is assumed to be state power, whereas according to neorealist theories, the national interest is assumed to be state survival at the very least or state power at the very most. Survival is regarded as a primal goal that must be achieved before any other political objectives can be pursued successfully. This further assumption

about the goals of politics, which assumes that states are the appropriate unit of analysis in theories of world politics, arises because survival and power are determined by events occurring at the level of the nation or society in question.

National Power also demonstrated how the pattern of economic interactions may have a significant impact on international politics by influencing how states define their interests. Although states must always provide for their own security, different domestic political players may have opposing views on what is best for their country. Domestic political fights frequently influence basic foreign policy choices, and the international economic strategies of other states influence the outcomes of those internal political contests (Abdelal & Kirshner, 1999).

According to Marxist philosophers, realism overestimates the importance of the "state" as the sole actor with the authority to define national interests. In truth, the emergence of a "state" is also the climax of a class struggle and social interests that are mutually confined in a particular social structure. In this approach, the so-called "national interest" must be examined through the lens of the state's role in the capital accumulation process that occurs within the country. As realists argue, the state is neither neutral nor endowed with "power." The state is essentially populated by dominating groups with specific political and economic objectives (Umar, 2017).

The apparent death of the state and national interests is cause for excitement for classical liberals. Globalization's impact at the conclusion of the twentieth and beginning of the twenty-first centuries promises to usher in a unified global economy and a united international community. There is some disagreement and ambiguity concerning the role of the state in the global market, with economic liberals emphasizing the state's corrupting effect and vulnerability to capture by special interest groups masquerading as advocates of the public interest. State liberals, on the other hand, are more skeptical of market forces' triumph and support for the preservation of a minimal state with the essential capabilities to create the economic and legal framework for markets to thrive. Liberals believe that states should be advancing internationalist goals and question the national interest's residual significance. Since the concept of national interests is ultimately incompatible with the preference for unregulated and unrestricted commercial ties across territorial frontiers, they contend that national interests of states will eventually be replaced by global perspectives (Burchill, 2005).

Modern political life is influenced by global factors. Many people now regard themselves as part of a larger human community than just their country or state. As a result, the English School contends that promoting national interests without regard for the impact of policy on others and on international morality in general is unethical. Individual well-being must occasionally take precedence over state territorial integrity, according to an English-School approach that emphasizes the relevance of world order. Humanitarian intervention, despite its

frequently dubious motivations, indicates that the larger international community may sometimes prioritize the relief of humanitarian crises over the protection of states' sovereign rights and the advancement of exclusive national interests (Abdelal & Kirshner, 1999).

Constructivism, which rose to prominence in the early 2000s, held that "shared ideas" controlled society more than material forces. This perspective, exemplified by Alexander Wendt in particular, holds that the "state" is the primary unit of study in IR, but that the nature of the state can vary as a result of changes in the international structure. National interests are continually emerging, transforming, and reacting to the international political system that exists. The process of formation leads the constructivist to conclude that, while the national interest is based on the interests of the state, it is not given and fixed, but rather changing constantly (Umar, 2017).

Here the PRC is the main actor, and of course, has its own national interest. In conducting any kind of diplomacy, even though it purposes peace, states intend to prioritize their national interest. For more than five years, international health cooperation has been a key component of China's Belt and Road Initiative (BRI). Since the Covid-19 pandemic, the Chinese leadership has emphasized this aspect of the initiative (Health Silk Road) as critical to establishing a "global community of common destiny". The pandemic has revealed BRI's strengths and how it operates (Rudolf, 2021). China's health diplomacy is forward-thinking and strategic. Beijing has linked anti-pandemic measures in aid-recipient countries to

the prospect of post-pandemic cooperation within the BRI framework, which was proven by the vaccine business in China, that made the majority of COVID-19 vaccine in Indonesia was bought from China.

2. Health Diplomacy

Diplomacy is a field of study and practice that entails a variety of processes and negotiations conducted between various groups in order to achieve some degree of mutual gain while avoiding conflict. Diplomacy traditionally involved only professionally trained diplomats from foreign ministries or ministries of external affairs negotiating economic, trade, and national security issues through the creation of memorialized agreements. However, as international trade and governance become more complex, there is greater representation by other stakeholders, and diplomacy is carried out by a diverse range of actors, including political diplomats, advisors, envoys, and officials from domestic ministries, international organizations, and non-governmental organizations (Chattu, 2017).

The multi-level and multi-actor negotiation processes that shape and manage the global policy environment for health in health and non-health fora are referred to as health diplomacy. Diplomacy is both an organizational system and a work method. It is always political in nature and is carried out through a variety of channels. Diplomats work to achieve their country's foreign policy objectives and, more broadly, to protect its interests abroad. Diplomacy is no longer conducted solely by accredited diplomats, but by a growing number of actors,

often through multi-stakeholder diplomacy. All of this also applies to global health diplomacy (Kickbusch et al., 2021).

The ecosystem of global health has become extremely complex, dynamic, and diversified over the past few decades, and global health diplomats must be able to navigate it effectively and efficiently. Although other powerful actors have entered the diplomatic health arena, it is founded on rules, processes, and institutions that operate at the global level but remain highly dependent on the willingness of states to cooperate with one another. In the context of multilateralism, global health diplomacy has the potential to both strengthen and weaken the power of the actors involved in the process. Whether it's about intellectual property rules or vaccine nationalism during the COVID-19 pandemic, power relations always play a role in global health leadership.

Diplomacy is frequently defined as the art and practice of conducting negotiations in a variety of contexts and on a wide range of topics. This is also true of world health diplomacy, which deals with a wide range of issues. Global health diplomacy is an example of the growing importance of issue diplomacy. It first and primarily refers to the multilateral system's negotiation processes that address collective health challenges. The critical to global health diplomacy are health issues that transcend national borders and necessitate global agreements, instruments, and alliances if they are to be addressed successfully and sustainably through collaborative action.

Global health diplomacy has recently received increased priority for a variety of reasons. First, the issue of health has become a priority issue that is being debated by various actors outside of the WHO in order to shape global policy for health determinants. Second, foreign ministries are becoming more involved in the health domain because it is used for soft power, developing security policies, and negotiating trade agreements, as it touches on issues of national development and economic interests. Third, the emergence of new public-private partnerships, alliances, and regional collaborations between low and middle-income countries has called into question the need for health diplomacy.

Developed countries and international organizations are increasingly engaging in global health diplomacy by providing medical assistance to those in need during times of disaster or crisis. As a result, health diplomacy has emerged as a critical tool for improving bilateral and multilateral relations worldwide. Health diplomacy, like soft power, assists a country in developing its ideal image through the provision of health-related services. The practice of medical diplomacy can therefore fall within the realm of soft power (Gauttam et al., 2020).

In the wake of the SARS-CoV-2 virus (COVID-19) pandemic, global health diplomacy has gained significant importance and has unquestionably remained high on the agendas of many countries, regional organizations, and global platforms. The importance of the health sector, as well as the importance of having a healthy workforce, has been recognized by a large number of countries.

As a result of the COVID-19 pandemic, health has risen to the top of the priority list for national governments, regional organizations, and international organizations.

During the COVID-19 pandemic, China has been conducting health diplomacy and aids to many states. The current pandemic has also been marked by a significant amount of bilateral health diplomacy, which has manifested itself in a variety of surprising ways. It was perhaps to be expected that China would donate Personal Protective Equipment and testing kits to countries all over the world, including the United States and Europe. Some of the donations were in response to aid provided through the Belt and Road Initiative, while others (including to Europe and even former rivals such as Japan) were intended to improve China's image in the wake of international criticism of China's initial handling of the outbreak (Fazal, 2020).

D. Hypothesis

Hypotheses that can be taken from the question of the *PRC's* aims in *conducting intensive health diplomacy towards Indonesia during the COVID-19 pandemic* are:

1. To protect PRC's citizens in Indonesia
2. To achieve its national interest which tends to strengthen its national economy and to enhance cooperation in the post-pandemic with Indonesia.
3. To improve its national image to the international society.

E. Research Methodology

This thesis uses a qualitative method, which has the purpose of seeking a specific understanding of social reality from the perspective of participants. Qualitative analysis is also unrivaled in terms of its adaptability and applicability, where there is a textual record for almost every major international event in modern world history, which makes it the most versatile method of analysis available. Qualitative research also provides significant explanatory insight, as well as rigor and dependability in its findings (Moravcsik, 2014). In this study, the qualitative research focuses on the explanation of how China tends to achieve its nation's interest by conducting health diplomacy towards Indonesia during the COVID-19 Pandemic.

In qualitative research methodology, there are various methods of data collection or sources that are commonly used. In this thesis, the data are collected from secondary data. Secondary analysis entails the use of previously obtained data for the objectives of a previous study in order to pursue a research topic that is related to the original work (Heaton, 1998). The technique that is used to collect the data is literature studies which are sourced from reading materials, for example, books; journal articles; news; and other accredited sources which are related to China's health diplomacy towards Indonesia. This method of searching for information is highly beneficial because it can be carried out without interfering with the object or the atmosphere of the research project. By examining these

documents, the author can gain an understanding of the culture and values embraced by the objects under investigation (Nilamsari, 2014).

F. The organization of the writing

The systematics section of this authorship is divided into four chapters, each of which will be used to gain a clear understanding of the overall content of the research paper. The four chapters are as follows:

Chapter I: Introduction

The first chapter will explain the background of the problem, research question, theoretical framework, hypothesis, research methodology, and writing systematics.

Chapter II: China's health diplomacy

The second chapter will discuss the origin of the phenomenon and its effects until the progression of China's health diplomacy towards Indonesia.

Chapter III: The goals of PRC's health diplomacy towards Indonesia

The third chapter will mention the analysis of how China in achieving its aims by conducting health diplomacy towards Indonesia during the COVID-19 Pandemic by using theoretical frameworks.

Chapter IV: Conclusion

The final chapter provides a conclusion or a summary as well as an answer to the question that was posed in the previous chapters.