



---

*CSIS Commentaries is a platform where policy researchers and analysts can present their timely analysis on various strategic issues of interest, from economics, domestic political to regional affairs. Analyses presented in CSIS Commentaries represent the views of the author(s) and not the institutions they are affiliated with or CSIS Indonesia.*

---

## **CSIS Commentaries DMRU-061-EN**

*29 April 2020*

# **COVID-19: Indonesia Needs to Consider Pandemic Diseases a National Security Issue**

R Moh Hiu Dilangit Ramadhan Sasongkojati

*Research Intern, Department of Politics and Social Change, CSIS Indonesia  
hiusasongkojati@gmail.com*

Several months into the COVID-19 pandemic, countries around the world continue to struggle in mitigating the immediate impacts of the virus. It has deeply affected the economic and social sectors of many nations, driving hospitality industries into the ground and depleting societies of needed resources. Even the most advanced healthcare systems are overwhelmed by the severity of the disease, causing deaths not only to those infected but also to the people that might not have contracted the virus yet lacked medical attention.

Further complicating the issue is the fact that multiple countries have enacted drastic measures that include social distancing and quarantines, severely impacting businesses and causing mass unemployment. The US, for example, have recorded a surge of people filing unemployment insurance totalling upwards of 22 million, suggesting an unemployment rate of higher than 15 percent, the highest since 1933. Apart from those considered ‘essential’ services, businesses are either relegated to producing medical devices or facing closures.

Indonesia, for the most part, have been playing catchup with COVID-19. As the number of cases continue to pile up, the rate in which cases are confirmed as positive are limited by the rate in which tests are conducted. Additionally, medical workers continue to struggle in finding proper equipment to treat the patients without harming themselves. Between the first reported positive cases in March 2 and reaching 1,000 cases in March 28—a period of less than a month—the central government had not yet enacted stringent measures to *prevent* further spread, instead being *reactive* to domestic developments.

As with most countries, Indonesia had had ample time to prepare for a looming outbreak since the virus was first reported in Wuhan in December 2019. However, public officials had downplayed the risks posed by the virus, and in many occasions dismissing critiques using humor in the face of growing pressure by the media. Outside rhetoric, policymaking in the early stages of the outbreak have mainly focused on the tourism sector, which—while indeed in danger of sharp decline—had preceded measures taken to strengthen health security.

Additionally, its geographical location—as well as the close maritime ties between the two nations—practically positions Indonesia at China’s doorstep, increasing the possibility of transmission sooner than expected. A recent report by the Faculty of Public Health of the University of Indonesia suggests that the virus might have arrived in January, two months earlier than initial detection in March.

Based on the mentioned impacts of the virus, I argue that pandemic diseases should become a national security issue, necessitating policymaking above politics and to ensure the livelihood of the public. While ‘securitizing’ an issue might seem extreme as opposed to establishing measures through traditional policymaking processes, in an emergency the quality of the mitigation efforts rely on whether the state could effectively divert resources to critical sectors and to be organized at coordinating responses across jurisdictions in the shortest time possible. Looking at official guidelines alone, the US, for all its handling woes, have considered pandemic diseases a national security issue dating back to the influenza crisis of 2008.<sup>1</sup>

In comparison, Indonesia has the Presidential Instruction (INPRES) No. 4/2019 on improving national resilience capabilities in the face of public health emergencies and non-natural disasters<sup>2</sup>, but to what effect it is used to guide government responses is not clear. Furthermore, while the official pandemic management guidelines for the 2009 H1N1 crisis<sup>3</sup> acknowledges the security risks of pandemic diseases, the term ‘national security’ or *keamanan nasional* is not mentioned at all. In effect, it is unclear how pandemic diseases (which is distinct and more widespread than ‘ordinary’ natural disasters) could threaten Indonesia, especially one as damaging as COVID-19. Hence, it can be argued that the nation does not possess an adequate grand strategy needed to combat the disease. This article suggests that it must.

### **Securitizing a pandemic and the vulnerabilities of the state**

Security stems not from how severe an issue can potentially be but from how *vulnerable* the state is towards such threats. This lends credibility to the term national insecurity—conditions that describe which aspects of the state are immediately threatened by external forces. I have established that the virus affects two of the most essential aspects of a state, namely the economy and society. Referring to the US-made ‘instruments of national power’, the state aspects that could be vulnerable from the

---

<sup>1</sup> See “Worldwide Threat Assessment of the US Intelligence Community” in January 2019.

<sup>2</sup> See “Instruksi Presiden (INPRES) Nomor 4 Tahun 2019 Peningkatan Kemampuan Dalam Mencegah, Mendeteksi, dan Merespons Wabah Penyakit, Pandemi Global, dan Kedaruratan Nuklir, Biologi, dan Kimia”, *Sekretariat Kabinet Republik Indonesia*.

<sup>3</sup> See “Kepmenkes No. 300/2009 tentang Pedoman Penanggulangan Episenter Pandemi Influenza” *Kementerian Kesehatan Republik Indonesia*.

threat of pandemic diseases might include at least three of these instruments: economy, diplomacy, and information, excluding the military which usually forms the DIME paradigm.<sup>4</sup> *Securitizing* pandemic diseases can be made by referring to the potential consequences it can bring towards these.

To explain Indonesia's current situation, we have to acknowledge the vulnerabilities of the state that was apparent in the early months of the epidemic. First, the economic reality of Indonesia could not sustain a prolonged pandemic emergency. While growth have stabilized at a rate of 5.0-5.2% annually over the years, World Bank lead economist for Indonesia Frederico Gil Sander forecasted that Indonesia's growth may go down to 2.1 percent if the situation starts to normalize by June.<sup>5</sup>

In addition, while companies move to implement work-from-home policies—with support from both the central and local governments—most of the nation's workforce are simply unable to follow suit. Fadli<sup>6</sup> points out that approximately 60-70 percent of Indonesian labor “work in the informal sector whose job necessitates their continuous physical presence”, and that a one-month lockdown of Jakarta would result in a one-percent drop in yearly national GDP. As stated by Yose Rizal Damuri<sup>7</sup>, this strengthens the argument against enacting drastic measures recommended by health experts—including quarantines—as it may worsen the economic situation overall. Furthermore, the Ministry of Labor reported that at least 1.5 million people have lost their jobs due to COVID-19 per April 10, 2020 and may increase later on following the trajectory of other countries.

Two, there was an apparent lack of coordination between the central and local governments shown during the early mitigation phases. Shortly after the first confirmed cases were reported in Depok, West Java, the Jakarta government announced the impending closure of the capital's borders and to clamp down on mass gatherings, also stating that the number of patients treated in Jakarta hospitals that exhibit similar symptoms with COVID-19 have reached hundreds. This was quickly shut down by the central government as being too alarmist, and understandably so considering the significance of closing down the nation's political and economic centre. Shortly after, President Jokowi took to the stage to forbid any such attempts by other local governments unless permitted by the central government.

Presently, the governments of Jakarta and West Java provinces are allowed to enact large-scale social distancing (PSBB) following the rising number of cases in the two provinces. However, the problem lies not in who is considered to be urgent enough to warrant the enactment of emergency measures, but to how the dynamics between governments led to such measures occurring in the first place. While Indonesia's decentralized political system favours the adoption of mitigation measures at the local level, the lack of a clear chain of command between governments impedes any effective efforts in countering COVID-19.

Third—and this is crucial in managing public expectation towards the government and the crisis itself—there has been a lack of information coherence surrounding the COVID-19 pandemic. Official updates are posted daily on the Ministry of Health website<sup>8</sup> but the rate of testing and the number of confirmed positive cases show inconsistencies with reports from medical workers and members of the public in social media. The Indonesian Doctors Association (IDI) has repeatedly accused the

---

<sup>4</sup> The CDC have published the National Strategy for Pandemic Influenza Implementation Plan document in 2006 which states that the “government will use all instruments of national power to address the pandemic threat”. See chapter 2 in <https://www.cdc.gov/flu/pandemic-resources/pdf/pandemic-influenza-implementation.pdf>

<sup>5</sup> As reported by Adrian Wail Akhlas. “COVID-19 to slash Indonesia's Growth to 2.8% as millions may slip into poverty”. *The Jakarta Post*. March 31, 2020.

<sup>6</sup> Setiawan, Fadli Jihad Dahana. Will COVID-19 Ultimately Change the Way We Work?. *CSIS Commentaries*.

<sup>7</sup> Damuri, Yose Rizal. 2020. Tepatkah Lockdown dalam menghadapi COVID-19. *CSIS Commentaries*.

<sup>8</sup> Daily nationwide updates on the current pandemic situation are hosted on <https://infeksiemerging.kemkes.go.id/>

government of manipulating statistics by initially not including the number of people categorized as ODP and PDP that were yet to be confirmed as positive. There were also fears of unreported deaths based on funeral activity. According to *The Jakarta Post*, there were 4400 burials in Jakarta in March when the government attributed 84 deaths to the virus, an increase 40 percent than any month since January 2018.<sup>9</sup> The *New York Times* later confirmed the report, stating that over 1600 burials than normal have occurred in the city.<sup>10</sup>

Informational incoherence may have also led to confusion as the public struggles to put together what they should expect and be expected upon during the crisis. In the centre of the epidemic, the measures taken by the Jakarta government which were described as ‘strict’ aren’t necessarily reflected on the ground, where large parts of the city remain active and mostly left uncovered by the media. This has led some of the populace to venture outside their houses and continue their daily activities, with the amount of precautions taken depending on how well-to-do they are in the first place.<sup>11</sup> President Jokowi himself acknowledged that some data were hidden to avoid widespread panic before eventually supporting the idea of making the data transparent to the public.

The initial response towards COVID-19 have been geared to controlling public opinion through the allocation of USD 4.6 million in funding for social media ‘buzzers’ and influencers.<sup>12</sup> However, the information that has been disseminated among the public shows a tendency not to prioritize public health concerns but rather to counter alarmist rhetoric that might upset the economy by downplaying the risks of COVID-19 prior to the first confirmed case. This, in turn, might have mislead the public into thinking the virus is less dangerous than it actually is.

### **Efforts from other countries and what should be done**

Currently, no models are proven to accurately predict the spread and severity of the virus. This ties directly with what is most concerning of COVID-19—it is different from past known pandemics since the 20th century. Latest research shows that it transmits through human-to-human contact, which exponentially increases the rate of infection compounded by increased movement around the world, and is considered 5-10 times more lethal than seasonal flu.<sup>13</sup> In addition, a possible vaccine is predicted not to be available until next year. While this essentially means that no actions are known to be highly effective in combating the virus, it is also a fact that the virus does not equally produce the same impacts in all countries. Available data from *Our World in Data* shows that countries who had implemented preventative measures early or even prior to outbreaks fare better than those who started later, contributing to an apparent “bending of the curve”, fewer total deaths and better testing capabilities.<sup>14</sup>

Singapore, Taiwan, and South Korea—three countries often praised for their swift response against the pandemic—feature similar levels of preparedness dating back years prior to COVID-19. Each have established national systems that act as a framework for formulating disaster responses that stems from their experiences in navigating prior pandemics. During emergency situations, the governments were willing to enforce non-pharmaceutical measures such as social distancing and quarantines, even going so far as to directly limit the movements of individuals through smartphone apps. Additionally,

---

<sup>9</sup> See “‘Extremely disturbing’: Jump in Jakarta funerals raises fears of unreported COVID-19 deaths”, *The Jakarta Post*, April 4, 2020.

<sup>10</sup> See “36,000 Missing Deaths: Tracking the True Toll of the Coronavirus Crisis”, *The New York Times*, April 21, 2020.

<sup>11</sup> The affordability of masks and sanitizers remains relative to the socioeconomic status of an individual; lower income classes might be dependent on distributions from state bodies and non-governmental organizations.

<sup>12</sup> See “Dana Rp72 Miliar Buat Influencer & Redam Isu Corona, Indef: Mubazir”. *Tirto.id*, February 26, 2020.

<sup>13</sup> Guo, Yan-Rong, Qing-Dong Cao, Zhong-Si Hong, Yuan-Yang Tan, Shou-Deng Chen, Hong-Jun Jin, Kai-Sen Tan, De-Yun Wang and Yan Yan. 2020. The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak – an update on the status. *Military Medical Research*, Vol. 7(11). DOI: 10.1186/s40779-020-00240-0

<sup>14</sup> Complete data with customizable graphs and charts can be obtained in <https://ourworldindata.org/coronavirus>

mitigation efforts also account for the economic situation of citizens and businesses, providing relief funds to prevent mass unrest and to balance out unemployment.

Most crucially, all three countries have positioned COVID-19 as a matter of national security, setting up safeguards in the event of an outbreak by identifying which aspects of the state are threatened by a spreading virus and allowing for a more organized approach in managing the crisis. This shows that an organized response and an acknowledgement that pandemic diseases constitute a national security matter can be effective in dampening the impacts of the virus if no pharmaceutical solutions are available. It should also be noted that all three inhabit significantly smaller territories than Indonesia but are highly urbanized. Predictably, without the above actions, the number of deaths and total cases could be higher due to these conditions.

So far, INPRES 4/2019 that was meant to expand government authority in pandemic mitigation efforts is not shown to produce effective emergency measures, oftentimes resulting in questionable decisions. Initial responses made were geared towards supporting the economy without also strengthening the health sector, despite evidence from China and Italy suggesting otherwise. In addition, the quarrel between the ministries of transportation and health in early April on what constitutes large scale social distancing puts into question the ‘synergy’ between ministries that is pointed out in the document.

While it has to be acknowledged that turning pandemic diseases into a security issue does not necessarily lead to the strengthening of health security, it does allow for the streamlining of authority for effective distribution of resources. But to where those resources are allocated depends on how the state approaches the pandemic as a security problem. In Indonesia’s case, without having seriously considered pandemic diseases as a national security issue, the complexities in managing the COVID-19 pandemic is exacerbated by the state’s vulnerability in the aspects of economy, diplomacy between governments, and information.

**CSIS Indonesia, Pakarti Centre Building, Indonesia 10160**  
**Tel: (62-21) 386 5532 | Fax: (62-21) 384 7517 | [csis.or.id](http://csis.or.id)**

**COVID-19 Commentaries Editors**

*Philips J. Vermonte, Shafiah Muhibat, Vidhyandika Perkasa, Yose Rizal Damuri, Beltsazar Krisetya*