

INDONESIAN INITIATIVES ON BUILDING REGIONAL HEALTH REGIME IN SOUTHEAST ASIA AFTER COVID-19^{©Σ}

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ABSTRACT

This article discusses Indonesia's endeavours in developing a Southeast Asian health regime, with an emphasis on its role as the head of foreign policy and global health in 2020, despite the obstacles posed by the COVID-19 pandemic. As ASEAN member nations cope with budget limits, differences in healthcare services, and the need to balance national and regional interests, the epidemic has highlighted the significance of a robust and coordinated regional health regime. Indonesia has been a key player in promoting health diplomacy and encouraging regional cooperation, calling for a coordinated and cohesive response to the epidemic and future health catastrophes. The article also examines ASEAN member nations' attempts to improve regional health monitoring, share efficient procedures, and promote fair access to healthcare. It points out the significance of strong political commitment, partnership, and sustainable approaches in establishing a more solid and cohesive regional health regime.

Keywords: Indonesia, Southeast Asia, health regime, ASEAN, COVID-19.

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PERGOLAKAN ORDER DUNIA YANG TIDAK ADIL DAN ISU-ISU MALAYSIALUDIRO MADU AND ARYANTA NUGRAHA

ABSTRAK

Artikel ini membicarakan usaha-usaha Indonesia dalam membangunkan rejim kesihatan Asia Tenggara, dengan menekankan peranannya sebagai pemimpin dalam dasar luar dan kesihatan global pada tahun 2020, walaupun terdapat halangan yang ditimbulkan oleh pandemik COVID-19. Ketika negara-negara anggota ASEAN berdepan dengan halangan bajet, perbezaan dalam perkhidmatan kesihatan, dan keperluan untuk mengimbangi kepentingan nasional dan serantau, epidemik ini telah menonjolkan kepentingan sebuah rejim kesihatan serantau yang kuat dan terkoordinasi. Indonesia telah menjadi pemain utama dalam mempromosikan diplomasi kesihatan dan menggalakkan kerjasama serantau, menyeru kepada tindakbalas yang terkoordinasi dan padu terhadap epidemik dan bencana kesihatan masa depan. Artikel ini juga mengkaji usaha negara-negara anggota ASEAN untuk memperbaiki pemantauan kesihatan serantau, berkongsi prosedur yang efisien, dan mempromosikan akses yang adil ke perkhidmatan kesihatan. Ia menunjukkan kepentingan komitmen politik yang kuat, serta perkongsian, dan pendekatan yang lestari dalam menubuhkan rejim kesihatan serantau yang lebih kukuh dan padu.

Kata kunci: *Indonesia, Asia Tenggara, rejim kesihatan, ASEAN, Covid-19*

Introduction

Recent developments in Southeast Asia show the ability of the Association of South East Asian Nations (ASEAN) member countries to respond to various health issues, including the COVID-19 pandemic. These countries have experienced dealing with infectious and non-communicable diseases and health inequalities before the pandemic (Coker et al. 2011; Kang et al. 2023). In that context, Indonesia, as a key player in ASEAN, seeks to proactively propose various initiatives to build regional health through health diplomacy in the region (Djalante et al., 2020). The initiative became even more relevant when, in 2020, Indonesia became the Chair of Global Foreign and Health Policy (FPGH). This position gives Indonesia opportunities to realise its commitment to building regional cooperation in solving regional health problems (Luerdi and Setiawan 2022). As the FPGH Chair, Indonesia demonstrated health diplomacy activism to affirm fair and affordable access to COVID-19 vaccines in the region. Indonesia also used multilateral forums such as the 2022 G20 Summit and the 2023 ASEAN Summit to explain its leadership in ASEAN in responding to COVID-19 (Fitriani 2021).

Nevertheless, the regional development in Southeast Asia shows that the COVID-19 pandemic highlighted the vulnerabilities and limitations of regional health response (Rosenthal & Waitzberg 2023). ASEAN's challenges relate to limited resources, such as limited financial, human, and technological resources to overcome the COVID-19 pandemic (Rollet 2022). Furthermore, the health care provision of ASEAN member states causes unequal and equal access, thus adding to the complexity of regional health response issues (Li et al. 2021; Lim et al, 2023). Another challenge is the difficulty of balancing national and regional interests. As a result of this condition, cooperation among ASEAN member countries tends to be ineffective (Farhana 2022). Another issue is the difference in health policies among ASEAN member states to combat the pandemic at the domestic level, such as strict lockdowns, local restrictions, and social distancing policies (Selvarajan and Ab-Rahim 2023).

This paper aims to investigate Indonesia's initiative to establish a regional health regime in Southeast Asia by undertaking a comparative analysis of the health regimes in ASEAN countries before and after the outbreak of COVID-19. By focusing on this comparison, we seek to understand the impact of the pandemic on regional health governance, cooperation, and the overall resilience of health systems in the face of a global health crisis. Existing studies explore Indonesia's foreign policy's general strategies and responses during the COVID-19 pandemic (Anwar 2020; Elyta et al. 2023; Fitriani 2021; Luerdi and Setiawan 2022). In contrast, analyses specifically referring to Indonesia's traditional leadership role and position in ASEAN in building health governance capacity in Southeast Asia are scarce.

This paper tries to answer this gap by explaining Indonesia's position as an essential factor in ASEAN. The leadership position is associated with encouraging regional cooperation mechanisms in Southeast Asia. As one of the key players in ASEAN, Indonesia is believed to have taken a position to build a regional health regime capable of addressing health challenges, such as pandemics and other diseases (Spandler et al. 2023). The urgency of establishing regional health regimes in Southeast Asia is particularly relevant to anticipate future regional health problems. ASEAN has recognised the need for a more robust, coordinated, and resilient regional health regime to manage future regional public health crises (Çelik 2023). Such a health regime is expected to help improve regional health surveillance and preparedness, facilitate sharing best practices and resources, and promote equitable access to health care for all citizens (Lamy and Phua 2012). By prioritising the development of health regimes in Southeast

Asia, this paper contributes to the extent of Indonesia's catalytic influence in building a strong regional health infrastructure amid and after the unprecedented COVID-19 disruption.

Method

This study employs a qualitative research approach to compare the evolution of health regimes in ASEAN countries before and after the COVID-19 pandemic. This approach aims to understand the nuanced changes in health policies, infrastructure developments, and regional cooperation mechanisms in response to the health crisis. The qualitative approach seeks to explore and understand a phenomenon by searching for relevant sources of information in the form of words or texts, which are then collected and analysed (Creswell and Poth 2017). Qualitative methods allow this research to use interpretive paradigms to perceive social reality as a phenomenon that can change rapidly, experience processes, and subjective meaning due to social construction (Lan 2018). Data was collected through literature studies of various academic publications and policy documents regarding Indonesia's health diplomacy initiatives and ASEAN cooperation during the COVID-19 pandemic. The literature search focused on scientific articles published in peer-reviewed journals over the past five years to ensure the perspective was up-to-date and relevant to the study (Snyder 2019). Through qualitative methods, this study can provide in-depth insights into the role of Indonesia's health diplomacy in strengthening regional health governance in Southeast Asia.

Literature Review

The COVID-19 pandemic has revealed the importance of ASEAN regional cooperation in addressing health challenges in Southeast Asia (ERIA 2022; Snyder 2019). The COVID-19 crisis has also renewed attention to ASEAN's central role in building a non-hegemonic or independent health regime in Southeast Asia. Caballero-Anthony (2022) elaborates on the concept of health security in ASEAN centrality. Regional organisations' capabilities are critical to establishing and sustaining a central role in regional health governance in times of health crisis (Caballero-Anthony 2018a). In addition, Caballero-Anthony also encouraged the urgency of ASEAN to strengthen its institutional capacity. In that way, ASEAN can coordinate regional health responses and promote regional cooperation on health issues in the region (Lamy and Phua 2012).

Before the COVID-19 pandemic, ASEAN member countries exhibited a diverse range of health systems characterised by varying levels of healthcare infrastructure, policy frameworks, and mechanisms for regional health cooperation (Chongsuvivatwong et al. 2011). The health regimes across the region were primarily focused on tackling infectious non-communicable diseases and improving healthcare access and quality. A significant initiative was the ASEAN Post-2015 Health Development Agenda, which aimed to address regional health challenges through enhanced cooperation and integration (ASEAN 2021).

Nonetheless, ASEAN has challenges and opportunities in building a non-hegemonic health regime after the COVID-19 pandemic. Faced with this problem, ASEAN centrality is needed to foster regional solidarity and cooperation. On health issues,

regional cooperation is indispensable for vaccine distribution, resource mobilisation, and knowledge sharing (Lamy and Phua 2012). Efforts to maintain ASEAN centrality are fundamental in building non-hegemonic and independent regional health regime initiatives to counterbalance the influence of significant countries in the Southeast Asian region (Beeson 2022). Therefore, ASEAN centrality is expected to ensure that health policies are formulated and implemented in a manner that is responsive to the needs of its member states.

The ASEAN centrality led to establishing of a non-hegemonic health regime to address disparities in healthcare provision among ASEAN member states. Following the non-interference principle of ASEAN, ASEAN centrality can facilitate the development of more inclusive and equitable health policies and regimes (Beeson 2022; Kickbusch and Liu 2022). The regional health regime contributes to the organisation's efforts to narrow development gaps and promote a more balanced regional order on health problems.

Furthermore, consideration of the implications of ASEAN centrality on developing a non-hegemonic health regime in the context of global health dynamics becomes very important. The COVID-19 pandemic has exposed global vulnerability and emphasised more responsive and coordinated regional initiatives on health issues (Amaya and De Lombaerde 2021). The spread of COVID-19 as a new health threat has demanded that ASEAN adjust its approach to regional health governance. In that context, ASEAN must maintain its centrality to shape regional health policies and initiatives (Caballero-Anthony 2018b; Yaacob et al. 2022).

Recent studies have identified several ways to improve ASEAN's centrality in regional health governance. Acharya (2017) affirms the urgency of regional cooperation based on inclusivity and transparency in shaping Southeast Asia's regional health security architecture. Cardenas (2022) proposed developing a shared vision and collective response to health threats. In that way, ASEAN can strengthen its central role in the regional health landscape and facilitate the establishment of a non-hegemonic health regime.

Similarly, Teerawattananon et al. (2022) encourage the establishment of the ASEAN Centre for Disease Prevention and Control (ACDC) as a concrete form for ASEAN to strengthen the centrality of regional organisations in health governance. It can serve as a platform for coordination, capacity building, and information sharing among member states. In addition, ACDC also enables ASEAN to deal with health emergencies more effectively in regional health governance.

Other scholars add that ASEAN needs to invite participation from various external partner countries and global health initiatives. Such participation could strengthen ASEAN's centrality in regional health governance in the face of growing geopolitical competition (Amaya and De Lombaerde 2021). ASEAN can strengthen its capabilities to shape its regional health agenda through strategic partnerships and leveraging its influence in multilateral forums. In addition, ASEAN can also ensure that regional interests and values are reflected in global health policies (Cardenas 2022).

By adapting its approach to health governance, establishing new regional health institutions, and engaging with external partners, ASEAN can maintain its central role in health governance and contribute to developing a non-hegemonic health regime in the region. As the world continues to grapple with the COVID-19 pandemic and confront new health challenges, scholars and policymakers need to continue exploring the role of ASEAN centrality in fostering a resilient and inclusive regional health order.

The onset of COVID-19 necessitated urgent and unprecedented responses from ASEAN member countries, challenging existing health regimes and prompting significant policy shifts and innovations. The pandemic highlighted the need for resilient health systems and practical regional cooperation to manage health emergencies. Countries rapidly adapted their health policies and systems to address the immediate challenges of COVID-19, focusing on enhancing healthcare capacity, implementing public health measures, and securing vaccine access (Anwar 2020; Fitriani 2021). Establishing the ASEAN Response Fund and the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) marked pivotal steps towards strengthening regional health cooperation and preparedness for future health crises (ASEAN 2020a). These initiatives underscored the shift towards a more unified regional approach to health security, emphasising the importance of solidarity and collective action.

Comparing pre- and post-pandemic health regimes reveals significant evolutions in health governance, policy priorities, and cooperation mechanisms within ASEAN. The pandemic accelerated the integration of health security into the regional agenda, fostering a deeper commitment to shared health goals and collective resilience against health threats. While pre-pandemic efforts laid a foundation for regional health collaboration, the COVID-19 crisis catalysed more cohesive and strategic regional actions, highlighting the indispensability of adaptable health systems and effective governance for health emergency preparedness and response (Emmers 2014; Teerawattananon et al. 2022).

The development encouraged the importance of Indonesia's health diplomacy in strengthening ASEAN centrality to establish a non-hegemonic and independent health regime in Southeast Asia (Delanova 2021). Within the framework of health diplomacy, Indonesia has been active in several regional health initiatives, such as the COVAX Facility and the ASEAN COVID-19 Response Fund (Wicaksono et al. 2022). The activism obviously shows Indonesia's commitment that diplomacy does not stop during the COVID-19 pandemic. Indonesia demonstrates its strong commitment to building regional health governance and upholding the principles of ASEAN centrality. As one of the ASEAN founding members, Indonesia is undoubtedly committed to playing a strategic role in enhancing ASEAN centrality and contributing to the establishment of regional health regimes (Indraswari 2022).

Indonesia can use its regional influence to strengthen strategic partnerships and participate in multilateral health forums in that context. Indonesia's vital role in building a regional health regime is highly relevant to ASEAN centrality. Indonesia's leadership role in regional health initiatives could strengthen ASEAN's central role in health governance (Anwar 2020; Nabbs-Keller 2020). Using a coordinated and inclusive approach in responding to health challenges, Indonesia contributes to the development of a non-hegemonic health regime in Southeast Asia based on the principles of cooperation, transparency, and inclusivity. In the end, Indonesia's role in regional health diplomacy can strengthen ASEAN's centrality in shaping the regional health regime.

Building a Health Regime in Southeast Asia Before COVID-19

Among ASEAN member countries, Indonesia is one of Southeast Asia's active supporters of regional health initiatives. The role encourages Indonesia to seek to advocate for a

coordinated and unified approach to confronting various regional health challenges (Adisasmitho et al. 2019). As the Head of Foreign Policy and Global Health in 2020, Indonesia has experience strengthening multilateral health cooperation, promoting health diplomacy, and fostering collaboration among countries (Inayah et al. 2023). Indonesia significantly contributes to the "Health in All Policies" (HiAP) initiative. The initiative aims to incorporate health issues into various cross-sectoral decision-making processes, including the economy, agriculture, environment, urban planning, and defence sectors (Mauti et al. 2020; Pattanshetty et al. 2023).

The experience also encouraged Indonesia to coordinate with government agencies to respond to COVID-19 in Southeast Asia. The coordination is related to continuously improving surveillance infrastructure and emergency preparedness protocols (ASEAN Socio-Cultural Community, 2022). A crucial regional issue also relates to facilitating rapid mobilisation during the pandemic. Years of maintained systemic capacity enabled Indonesia to enable robust tracking, testing, and care delivery processes with regional partners during the COVID-19 pandemic. This experience encouraged Indonesia to take the initiative to build a regional health regime in Southeast Asia (Djalante et al., 2020). Comparative analysis of health regimes in ASEAN countries before and after the COVID-19 pandemic reveals significant insights into the region's adaptive responses and resilience. These findings have important implications for future health policy and regional cooperation, underscoring the need for ASEAN to fortify its health regimes against future health crises.

In addition to the HiAP initiative, Indonesia also plays a vital role in improving regional health surveillance and preparedness capacity. Indonesia advocates establishing regional institutions and mechanisms to detect, prevent, and control infectious diseases. Following the International Health Regulations (2005), Indonesia has made significant progress in its emergency preparedness and response system in the health sector (Aisyah et al. 2022). Furthermore, Indonesia has experience participating in strengthening pandemic preparedness through the preparation of the National Action Plan for Health Security (NAPHS) (Rai et al., 2020). These efforts demonstrate Indonesia's capability to drive initiatives to build a more proactive and adaptive health regime in Southeast Asia.

With the COVID-19 pandemic and the problems it causes, Indonesia has encouraged ASEAN member countries to adopt a collaborative and proactive regional approach. The initiative encourages improved regional health surveillance, shares best practices, and develops knowledge exchange efforts. The initiative aims to strengthen regional healthcare systems that provide equitable access to health services, ensuring vulnerable populations receive adequate support during public health emergencies such as COVID-19 (Chongsuvivatwong et al. 2011). Therefore, Indonesia's initiative to invite ASEAN member countries to build regional health regimes to overcome health challenges ---such as the COVID-19 pandemic--- demands solid political commitment, cooperation, and long-term solutions after the COVID-19 pandemic.

Promoting Regional Vaccine Security and Self-Reliance

Indonesia is pivotal in advancing vaccine security and health independence in ASEAN. Indonesia has actively participated in the COVAX Facility to ensure equitable access to COVID-19 vaccines for all countries, regardless of their income levels (Wicaksono et al. 2022). Through COVAX, Indonesia stands for global vaccine equality and supports ASEAN in fighting the COVID-19 pandemic (Amul et al. 2022b; Pratiwi et al. 2022). In

addition to its involvement in the COVAX Facility, Indonesia collaborates with regional partner countries to develop and produce vaccines locally and independently.

Indonesia's regional efforts also began with capacity building concentrated on its national health system, followed by regional health initiatives to respond to the problems posed by the COVID-19 pandemic. The domestic health capability was developed to navigate the pandemic at the Southeast Asian level as part of Indonesia's health diplomacy at the regional level. Through partnerships with neighbouring countries, Indonesia aims to reduce dependence on external health or medical sources for vaccine supply and increase the region's capacity to respond to potential future pandemic threats (Hadisoemarto et al. 2016; Inayah et al. 2023; Report 2023). Those collaborative initiatives at the Southeast Asian level have significantly contributed to building more independent and resilient regional health regimes.

Indonesia has demonstrated its proactive stance in regional health diplomacy in response to the pandemic. Indonesia has also consistently supported integrated and coordinated efforts to address regional health crises. The efforts emphasised the importance of solidarity and cooperation among ASEAN member states (Rüland 2021). Indonesia's role in driving a collective response in Southeast Asia has strengthened regional unity and enhanced the regional capacity to address health challenges. When ASEAN member countries were busy making unilateral policies to close international borders to anticipate COVID-19, Indonesia took the initiative to invite ASEAN to meet online through various video conferences to reduce the impact of the pandemic on the ASEAN community (Nurdin et al. 2022; Rampal et al. 2020).

One such initiative is the ASEAN COVID-19 Response Fund. Through this regional initiative, ASEAN seeks to mobilise regional resources and provide financial support for regional efforts to combat COVID-19 (Fitriani 2021; Purnomo et al. 2022). Indonesia's participation in the regional funding scheme demonstrates its regional commitment to providing tangible support for health security and regional response to the COVID-19 crisis. These efforts have inevitably shown Indonesia's regional commitment as a critical player in building an integrated and independent regional health regime in Southeast Asia.

Enhancing Regional Health Surveillance and Preparedness

During the COVID-19 pandemic, Indonesia showed leadership in strengthening ASEAN centrality. In addition to the health crisis, ASEAN is facing a political crisis in Myanmar. The military coup in Myanmar also revealed the problem of handling the COVID-19 pandemic, which has the potential to threaten health security in ASEAN member states. In addition to promoting regional health collaboration, Indonesia encourages ASEAN and various global initiatives to ensure equitable access to COVID-19 vaccines for all countries, including countries experiencing economic problems, political crises, and armed conflicts (Pratiwi et al. 2022). Indonesia's participation in COVAX provides an opportunity to drive a global commitment to global vaccine equity and support ASEAN's centrality in combating the COVID-19 pandemic in Southeast Asia (Surianta and Patunru 2023).

Other ASEAN member states can be said to have shown a commitment to positive engagement and cooperation in establishing a regional health regime as part of their efforts to respond to Indonesia's initiative (Farhana 2022). Collective efforts to strengthen ASEAN's centrality have undermined their regional cooperation and support for

Indonesia's health diplomacy. Although efforts to combat COVID-19 were carried out at about the same time as efforts to resolve the Myanmar crisis, ASEAN member countries seemed to show confidence in Indonesia. Their commitment also strengthens the importance of regional unity and solidarity in addressing health issues in Southeast Asia, such as the COVID-19 pandemic (Amul et al. 2022a). Indonesia has a strategic role in strengthening ASEAN centrality through efforts to build a regional health regime. However, each ASEAN member country has different national policies to meet the needs and supplies of COVID-19 vaccines. Even efforts to reduce dependence on external sources for vaccine supplies are faced with considerations of other national interests, namely proximity to the United States and China. Therefore, ASEAN centrality also means increasing the region's capacity to respond to future pandemics independently, without depending entirely on major countries outside Southeast Asia (Velasco 2023).

These collaborative efforts to build a more independent and resilient regional health regime in Southeast Asia have received positive responses from other ASEAN member states (Spandler et al. 2023). They committed and actively supported Indonesia's leadership for the common good in the Southeast Asian region (Farhana 2022; Nabbs-Keller 2020). Indonesia has consistently advocated for a united and coordinated approach to tackling the health crisis, emphasising the importance of solidarity and collaboration among ASEAN member states. One of the critical lessons learned from the pandemic is the indispensable value of regional solidarity and proactive cooperation (Rollet 2022). The swift establishment of the ASEAN Response Fund and the ASEAN Centre for Public Health Emergencies and Emerging Diseases are testament to the region's capacity for collective action in the face of unprecedented challenges (ASEAN 2020b). Additionally, the pandemic underscored the importance of having robust health surveillance and information-sharing mechanisms to facilitate timely responses and mitigate cross-border health threats.

The evolution of health regimes in response to COVID-19 demonstrates ASEAN's potential to strengthen its regional health architecture. By leveraging the lessons learned and implementing targeted policy recommendations, ASEAN can enhance its resilience to future health crises. This entails bolstering healthcare systems and cooperation mechanisms and embedding health considerations into broader regional policy agendas, such as economic development, disaster management, and climate change adaptation. The successful adaptation of health regimes in ASEAN amidst the COVID-19 pandemic provides a foundation for building a more integrated, resilient, and equitable regional health landscape (Djalante et al. 2020; Fauzi and Paiman 2021). As ASEAN countries continue to navigate the complexities of global health challenges, the region's collective actions and solidarity will be pivotal in safeguarding the health and well-being of its people.

Indonesia's leadership in regional health diplomacy has strengthened the region's capacity to address public health challenges. This fact is an inspiring example for other ASEAN member states. Post-COVID-19, ASEAN countries should continue regional initiatives to build regional health regimes (Amaya and De Lombaerde 2021). ASEAN countries have effectively demonstrated regional capabilities to address current health issues and anticipate future problems. Therefore, Indonesia's initiative and the collective response of ASEAN member states explain the strength of regional cooperation in addressing health challenges and ensuring the well-being of the region's people.

Regional efforts to build a regional health regime are highly relevant to ASEAN centrality. Those efforts allow ASEAN member states to maintain their independence from competing interests between the U.S. and China in the region (Yoshimatsu 2023).

Through regional cooperation and resources, ASEAN member states can pay more attention to their shared goals and avoid catching up in competing global interests in Southeast Asia (Kickbusch and Liu 2022). In these efforts, Indonesia has reaffirmed its role as a natural leader in establishing a non-hegemonic and independent regional health regime in Southeast Asia (Heiduk 2016; Smith 1999). Positive support from ASEAN member countries also strengthens and maintains ASEAN's centrality in the health sector in the face of global dynamics (Castro Seixas et al. 2023). More attention to regional cooperation and unity in building health regimes is necessary to maintain ASEAN centrality. By avoiding dependence on external powers such as the US and China, ASEAN countries can better protect their interests and maintain independence in the health sector in the Southeast Asian region.

Conclusion

This study finds that the pandemic has tested the resilience of ASEAN's health systems and reaffirmed Indonesia's natural leadership in developing regional health regimes in Southeast Asia. This regional health regime is expected to be independent and non-hegemonic, capable of coping with the COVID-19 pandemic and other health crises in the future. Based on the principle of ASEAN centrality, Indonesia's health diplomacy efforts are a regional initiative to strengthen regional health security. Indonesia has successfully leveraged its position to balance national interests with serving the wider ASEAN community's needs amidst the pandemic. The pandemic has acted as a catalyst for significant health policy innovations and reforms across the region. ASEAN countries demonstrated a commendable level of adaptability in their health responses, from rapid policy shifts to bolster public health measures to adopting digital health technologies for surveillance and information dissemination. The importance of ASEAN's regional solidarity and cooperative mechanisms has been markedly highlighted. Initiatives such as the ASEAN Response Fund and the establishment of the ASEAN Centre for Public Health Emergencies and Emerging Diseases have set precedents for future regional health collaboration, showcasing the power of collective action in mitigating the impacts of health emergencies. By investigating Indonesia's regional health governance contributions, this research highlights specific actions taken by Indonesia to strengthen the regional health regime. The findings and analysis provide tangible policy insights for ASEAN member state leaders and health authorities regarding productive avenues for exercising regional health leadership. As ASEAN countries work towards overcoming COVID-19 while simultaneously building resilience to looming health threats, Indonesia's unifying initiatives offer an illuminating model for proactive yet collaborative health diplomacy.

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