

Global Health in International Relations: State Actors' Response to COVID-19

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Article Info:

Abstract

Keywords:

global health, state actor, COVID 19, statist, globalist

Purpose: This study seeks to explore the role of states in managing the COVID-19 pandemic by examining two key perspectives: the Statist and the Globalist approaches. It further emphasises how these approaches can complement each other in addressing global health challenges effectively.

Study Design/Methodology/Approach: The study adopts a qualitative methodology, analysing literature from academic articles, policy reports, and publications by international health organisations. This method enables a thorough examination of the strategies employed by various states in response to the pandemic.

Findings: The research identifies that the Statist approach prioritises national-level measures, such as strengthening healthcare infrastructure, enforcing lockdowns, and developing vaccines to ensure state stability. Conversely, the Globalist perspective highlights the critical role of international collaboration, equitable vaccine distribution, and shared health governance. The findings underline that integrating these two approaches is pivotal for developing a robust response to global health crises.

Originality/Value: This study offers new perspectives within the field of international relations by analysing the interaction between Statist and Globalist strategies in managing pandemics. It underscores the importance of harmonising these approaches to address cross-border health challenges more effectively in the future.

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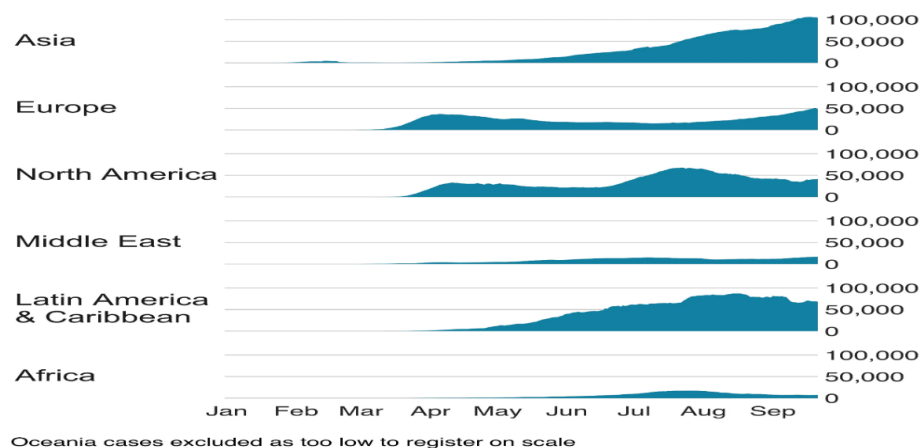
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INTRODUCTION

In the study of international relations, conflict, cooperation, and peace are inseparable. However, with the rapid changes in the field, the study of international relations is increasingly broadening and developing to encompass the continuity of relations between countries and nations in the global system. Currently, traditional issues are evolving in non-traditional directions. Traditional problems focus not only on political relations between countries but also on the roles played by non-state actors, which have transformed the study of international relations into a contemporary field (Rudy, 2003, p. 51). Therefore, countries have begun to understand these problems, particularly health issues, which are recognised as subjects of transnational political cooperation. This understanding is particularly evident in international efforts to address infectious disease outbreaks that began in the nineteenth century. The formation of the global political agenda started with the establishment of the League of Nations (LON) in 1922, whose activities were later taken over by the World Health Organization (WHO) in 1948. This transition included various aspects of global politics in the health sector (Stoeva, 2016).

With the growing expansion, especially in the health sector, which continues to rise due to globalisation, many new problems have transcended in the international environment. Challenges in the global health sector have exceeded national boundaries, leading to demands for political action aimed at human welfare while fulfilling national interests. Consequently, human mobility, trade, and economic activities pose risks of introducing new infectious diseases. Outbreaks of infectious diseases, such as tuberculosis, Ebola, and others that emerged periodically in the 1990s, ultimately culminated in the rapid spread of SARS in 2003. This situation raised concerns about the potential impact of infectious diseases on national security and state stability (Davies et al., 2014).

The COVID-19 pandemic, first identified in December 2019 in Wuhan, China, brought significant global concerns to the forefront. Initially linked to a seafood market, the virus quickly transitioned from animals to humans and subsequently spread through human-to-human transmission. After a notable delay, 44 cases were reported, leading the Chinese National Health Commission to alert the World Health Organization (WHO). On January 30, 2020, the International Health Regulations Emergency Committee officially declared an "international public health emergency" (Aaltola, 2020). By March 1, 2020, the virus had spread to 64 countries, with 86,986 confirmed cases, 2,979 deaths, and 42,294 recoveries (Mukaromah, et al., 2020) This global escalation revealed significant weaknesses in pandemic preparedness, even among major powers like the United States and the European Union, which faced challenges due to underfunded healthcare systems (Situmorang, 2020). The increasing number of cases created substantial challenges for all nations dealing with the pandemic. As of September 8, 2020, the virus continued its relentless spread worldwide, with over 27 million confirmed cases reported in 188 countries and approximately 900,000 deaths. Currently, Asia and Latin America are the regions reporting the highest case increases, as illustrated by Figure 1.



Source: ECDC and National public health agencies, data to September 2020

Figure 1. Increase in Covid 19 Cases on 8 September 2020

India currently holds the position of the second-highest number of confirmed COVID-19 cases globally, following the United States, with a recent surge in infections. Daily cases have reached approximately 90,000, and in August alone, the country saw an unprecedented increase of nearly 2 million cases, the highest monthly rise recorded during the pandemic (BBC News, 2020). The role of state and non-state actors in addressing health crises highlights the intersection of global health and international relations. Previous studies have explored this intersection. For instance, Stoeva (2016) noted the challenges of integrating public health and political governance due to limited engagement between public health and international relations disciplines. Meanwhile, Fidler (2011) discussed how globalized anarchy affects the prioritisation of health in diplomatic agendas, particularly for diseases like HIV/AIDS. Davies et al. (2014) contributed by outlining two major perspectives—statist and globalist—in understanding global health, showing their potential to reshape international health governance.

This article builds on these studies to analyse the role of state actors in managing COVID-19 through statist and globalist perspectives. By examining these approaches, the article seeks to provide insights into the challenges and opportunities for integrating national and international responses to global health crises. Ultimately, the aim is to highlight the need for collaborative frameworks that address health security while promoting equitable access to healthcare globally. Without a balanced integration of statist and globalist approaches, adequate international collaboration, and equitable resource distribution, global health disparities may persist, undermining the effectiveness of responses to current and future pandemics. Thus, this study aims to address the following questions: First, how can state actors integrate statist and globalist perspectives to enhance their responses to global health crises such as COVID-19? Second, what are the key challenges faced by developed and developing countries in managing health crises, and how can collaborative frameworks be designed to address these challenges while promoting equitable healthcare access and health security globally?

Literature Review

Concept of statist and Globalist perspective

In the context of international relations, the statist perspective refers to an approach where the state is the primary and dominant actor in the international system. This concept is also associated with traditional theories such as realism and the theory of the nation-state. Realists operate under the basic assumption of a pessimistic view of human nature, believing that the international system is inherently conflictual. According to this view, one way to resolve such conflicts is through war, with a strong emphasis on prioritising national security values. For realists, the state remains the central actor, while non-state actors, such as multinational corporations and various transnational organisations, play a less significant role in international relations. (Jackson & Sorensen, 2013). In addition, Hans Morgenthau explains in his book *Politics Among Nations* that national interest is the main factor driving states to act in international relations. For him, national interest becomes the focal point of all political decisions made by a state, whether in the context of diplomacy, economics, or security. (Morgenthau, 1948) Statist perspective in international relations focuses on the state as the primary actor, acting based on its national interests within an anarchic international system. However, this perspective also has limitations in capturing the role of non-state actors and the normative dimensions that are becoming increasingly important in the era of globalisation.

In contrast to previous views, the globalist perspective is rooted in broader traditions of thought on political and economic theory such as liberalism in which cooperation is a key element in international relations. the state as representation of the interests of the state, which originates from the interests of individuals and groups within society. The state is viewed as a representation of the interests of individuals and groups within society, with the government merely functioning as a channel for these aspirations, which are then translated into state policies (Doyle, 1986). In general, this perspective takes a positive view of human nature, believing in rational principles. This view was also expressed by Robert Keohane and Joseph Nye, regarding complex interdependence, where countries are becoming increasingly dependent on each other in various aspects (economic, political, and social). They emphasise the importance of international organisations in fostering global cooperation that benefits all parties. (Keohane, 2002). In addition, this perspective seeks to address larger issues that cannot be resolved solely through national policies but require international solidarity and collaboration. It emphasises the role of governance and international organisations as a means to explain international relations, particularly to encourage countries to cooperate (Baylis & Smith, 2005: 24).

Global Health In International Relations (Statist and Globalist perspective)

Global Health has emerged as a significant field of study intersecting with International Relations (IR), offering new perspectives by integrating established theories and methodologies from various disciplines, including feminist, critical theory, constructivist, and poststructuralist approaches. This field necessitates deep reflection on survival within health politics, addressing societal impacts and global health injustices. As outlined by Davies et al. (2014) in *What Contribution Can International Relations Make to the Evolving Global Health Agenda*, two key perspectives shape global health priorities: the Statist and the Globalist. The Statist approach emphasises state-led

responses, focusing on foreign policy and national defence to address disease threats, with international cooperation aimed at mitigating health and security risks due to their economic and political implications. In contrast, the Globalist perspective, aligned with critical theory and human security, conceptualises health as a fundamental human right, advocating for a rights-based approach to address inequalities and prioritise global well-being.

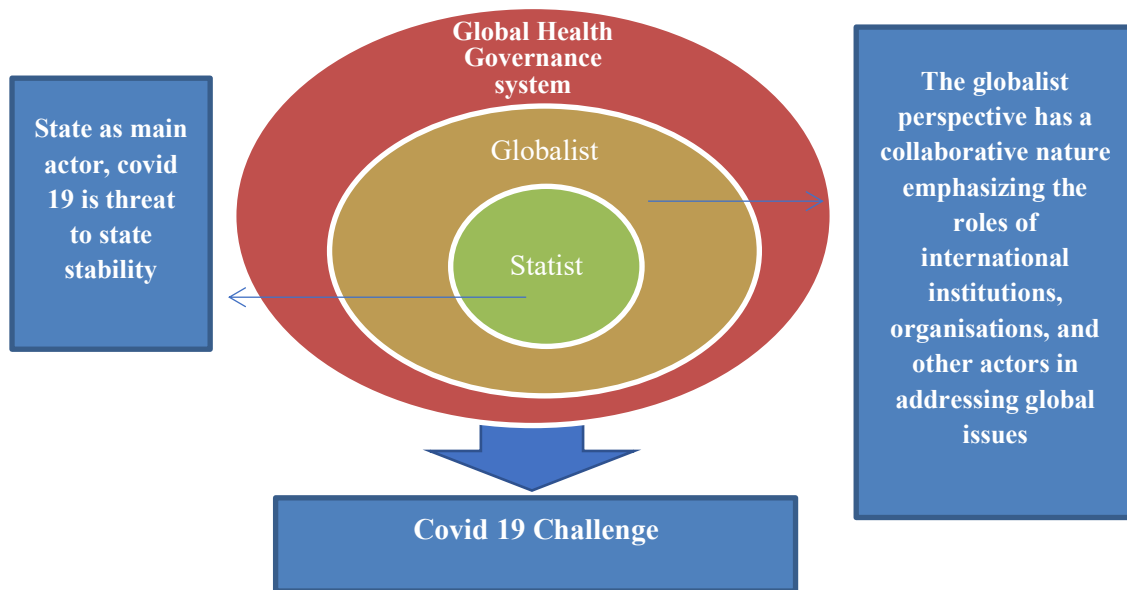
This perspective emphasises the health needs of individuals and considers how global actors and structures can impact them, while still placing the state as the primary actor at the core of this concern. However, the Globalist perspective also questions how individuals can be made unsafe or unhealthy. Some authors who adopt the statist perspective oppose this view, arguing that individuals cannot be made safe and healthy until a country has adequate capacity in the health sector and provides effective quarantine measures for infectious diseases. Additionally, the Statist perspective tends to prioritize national security. On the other hand, Globalists argue that the state should not be prioritized; in other words, the governance system can be effective if it better protects individual health. States should be recognised for their ability to improve the lives of their citizens. The following are the differences between these two views, see table 1.

Table 1. Statist and Globalist Perspectives in Health

	Statist	Globalist
Referent	State	Individual
Actors	State	Individual, State, Donor states, Neighbouring states, International Organisations, Private donors, Multinational Corporations, Civil society organisations
Threat	Will a particular disease threaten the state?	Who is most vulnerable to disease?
Response	Strengthening institutions that will protect the state system	Any number of actors or institutions most likely to alleviate the impact of disease on individuals
Ethos	State is best placed to manage health threats	Anyone who alleviates the threat is best placed to manage health threats

Source: Davies (2010)

These two perspectives play a very important role because they complement each other. The statist perspective views the state as an actor that has a significant influence on the global health system, affecting several factors, including economic strength, political influence, and improvements in health capacity. In contrast, the Globalist perspective emphasises the need for a collective approach that involves various groups, including cooperation between countries, global institutions, and international organisations, to address cross-border health challenges. The combination of these two perspectives is essential, especially in dealing with COVID-19, as illustrated see figure2.



Sources: Researcher Analysis

Figure 2. Complementary Relationship Statist and Globalist Perspectives

METHODS

This research adopts a qualitative methodology, utilising diverse sources such as books, scholarly articles, and recent online news to examine the role of state actors in managing COVID-19 through Globalist and Statist perspectives. Sources were selected based on their relevance to international relations theories, global health strategies, and pandemic-related case studies, with recent news providing timely insights into state responses. Thematic analysis identified key patterns in areas such as healthcare infrastructure, policy decisions, and international collaboration, while data triangulation enhanced validity by cross-verifying government reports with independent academic and organisational assessments, including those from the WHO. Comparative analysis further highlighted differences between developed and developing nations, revealing how economic resources and public health systems influenced the adoption of Globalist or Statist strategies.

RESULT AND DISCUSSION

Statist and globalist perspectives to responses global health crises COVID-19

The Statist perspective sees COVID-19 as one of the critical issues highlighting the role of the state in improving health, as this health problem poses a threat to national security. This infectious disease has the potential to paralyse both developing and developed countries; even though the conditions differ, they both impact state capacity. Moreover, COVID-19 can also have implications for policy and alter the structure of international relations dynamics, requiring governments to address national security threats (Davies, 2010). According to the Statist perspective, the state has a responsibility to protect the security of its citizens. The United Nations Development Program (UNDP) issued a Human Development Report in 1994, stating that seven aspects must be considered in addressing human security issues: economic security, food security, health security, environmental security, individual security, community security, and political security (Hermawan, 2007:13).

Individual security is very important, especially in the health sector. The latest case of the COVID-19 virus is a concern for individuals, as it can endanger health and even cause death. This virus can continue to develop, mutate easily, and spread quickly. This phenomenon is undoubtedly a threat and has the potential to cause a global health crisis, especially for individuals. Both developed and developing countries currently face the same problem in handling COVID-19 cases: limited infrastructure and medical equipment. This presents a serious challenge, as it can result in a significant number of casualties. The impact of this pandemic has ultimately forced governments to implement fiscal and monetary policies aimed at supporting the credit market to maintain economic activity. Policies differ between countries, with central banks and various interventions in financial markets playing key roles in maintaining economic stability. This outbreak has had a negative impact on global economic growth, with trade activity and GDP estimated to decline sharply, at least until the first half of 2020. International trade and economic activities, including tourism, hospitality, medical supplies, food, and transportation, have been severely affected (Di Gennaro et al., 2020).

In the case of COVID 19, older people are generally more susceptible to the virus and the number of deaths is relatively low compared to other age groups. China, the country that was the first to be affected by COVID-19, reported a case fatality rate is 8% for those aged 70-79 years and almost double that compared to individuals aged 80 years or more. Apart from that, a similar thing was also found in Italy, where the age group between 80-89 died as a result of the COVID 19 accounted for 42.2% of deaths due to COVID-19, the age group 70-79 years died by 32.4%, and the age group 60-69 years by 8.4%, while the global fatality rate for elderly people was 3.4% (Mazumder et al., 2020). This is undoubtedly a serious issue, as the role of the state is essential in protecting its citizens from threats, including those in the health sector.

That is why the policy decisions made by various countries in response to COVID-19 were different, as they were based on the unique characteristics, culture, and situations of each nation. For example, ASEAN member countries, in responding to COVID-19, referred to guidelines from WHO at the time. Countries also considered the policies implemented by others with consideration of whether or not the policies taken in dealing with the COVID 19 outbreak are suitable, including observing neighbouring countries that had already confirmed COVID-19 cases. WHO provided advice on how to track and

trace COVID-19 cases, which was implemented by ASEAN member countries such as Malaysia and Singapore. Subsequently, Thailand and the Philippines confirmed dozens of positive cases in January 2020.

In addition, countries have implemented international travel policies to prevent the spread of COVID-19, including measures targeting countries with high infection rates, especially actions against countries with high infection rates. The Statist perspective sees countries as having a responsibility to minimise the risk of increasingly widespread transmission. As of April 14, 2020, more than 1,750,000 people globally had been infected with COVID-19, and over 110,000 had died from the virus (Wilder-Smith & Freedman, 2020). International travel restrictions have resulted in different policy responses. For example, Italy, China, and Spain implemented strict social policies, including regional quarantines. In contrast, other countries, such as England, the Netherlands, and Sweden, adopted less stringent measures. These travel restrictions remain uncertain in their duration, significantly impacting the economy, particularly the tourism sector (Wu et al., 2020).

In contrast to the previous perspective, the Globalist perspective focuses more on health at the individual level, examining the extent to which countries can meet individual health needs. Fidler (2011) stated that this perspective is one of the main references to security, prioritising individual threats as the most dangerous compared to threats to the state. However, in certain conditions, the state can also be seen as the greatest threat to individuals. This perspective emerged from security problems that were socially constructed and critical but are still ignored, including those in the health sector. For this reason, if we refer to the concept of Human Security from this perspective cooperative assistance from state actors and non-state actors is essential for individual protection across various fields in addressing the COVID-19 outbreak, including collaboration on WHO's COVID 19 management in collaboration with international organisations including United Nations Children's Fund (UNICEF), International Organisation for Migration (IOM), International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations Office for Coordination of Humanitarian Affairs (OCHA), Emergency Medical Team (EMT) Initiative; Global Health Cluster (GHC); Global Outbreak Alert and Response Network (GOARN), and also includes NGO technical institutions such as Médecins Sans Frontières (MSF) International, United States Centers for Disease Control and Prevention, IFRC, and other international organisations. WHO also partners with GOARN in mobilising international technical aid and expertise to support preparedness and response missions at the request of various countries. In addition, Public Health England, the Indo-Pacific Health Security Center, the Australian government, and the China Center for Disease Control and Prevention have sent staff to WHO to handle the response to COVID-19 in Geneva, Switzerland, Manila, Philippines, and New Delhi, India (WHO, 2020)

Challenging COVID-19: Developed and Developing Countries in Managing a Health Crisis

The pandemic's extensive impact highlights its significance not only as a health crisis but also as a broader issue within international relations. Global health has become a critical aspect of international collaboration, crossing national boundaries and necessitating cooperative efforts to address such crises effectively (McInnes & Lee, 2012). Nevertheless, glaring disparities between developed and developing nations in pandemic management remain evident. Table 2 illustrates these differences by comparing factors such as economic uncertainty, healthcare system capacity, public awareness, policy-making effectiveness, mental health challenges, and vaccine distribution across various contexts.

Table 2. comparison between developed and developing countries

COVID-19 Challenges	Developed countries	Developing Countries
Economic uncertainty	Economic uncertainty has a significant impact on society. Access to resources becomes limited, resulting in many business closures and reduced consumption. However, developed countries generally have larger financial reserves.	Developing countries are still in the process of stabilising their economies, making them more vulnerable to economic shocks.
Health Services and Systems	Health services are better due to more adequate facilities and infrastructure.	Primary health services are perceived as slow due to limited resources and facilities.
Public compliance and awareness.	The level of public awareness in developed countries is generally high regarding health, including maintaining healthy habits and diets.	Public awareness about health is often limited, reflecting gaps in education and resources.
Policy-making actions.	Policies and decision-making in developed countries are highly responsive.	Policy-making in developing countries tends to be slower, often influenced by policies adopted in developed countries.
Mental Health	Mental health is a primary concern in developed countries, recognised as integral to overall health.	Mental health issues are unevenly addressed in developing countries. The COVID-19 pandemic exacerbated challenges, limiting social access and increasing anxiety and depression.
Vaccine distribution.	Obtaining early access to vaccines allows for faster and more equitable distribution of vaccines.	Access to distribution is still limited and remains dependent on the vaccine distribution from developed countries."

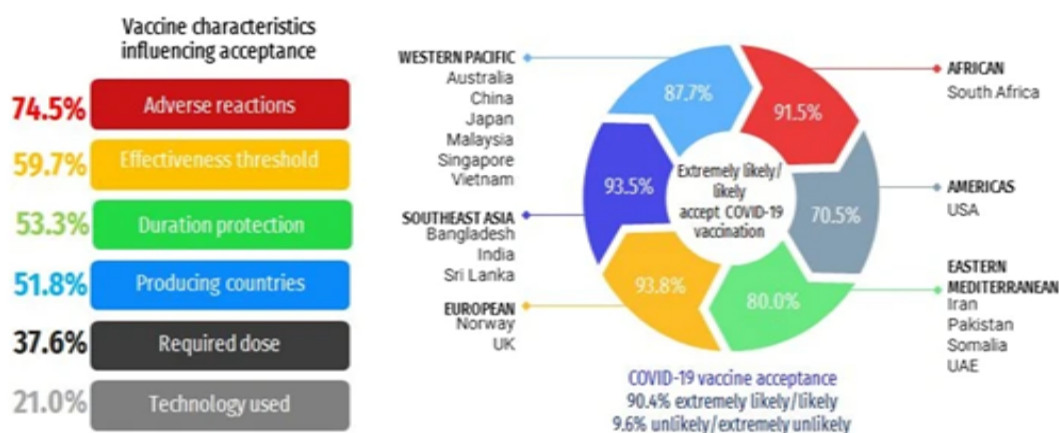
Source: Researcher Analysis

Addressing these disparities requires a dual approach: one that recognises the importance of state-driven policies (Statist Perspective) and another that emphasises the need for international collaboration (Globalist Perspective). While the statist approach

prioritizes national security through domestic policies, the globalist approach advocates for cooperation and equitable distribution of resources to ensure individual welfare. The integration of these perspectives is crucial for addressing the current pandemic and future global health crises.

Collaborative Frameworks to Address Challenges Healthcare Access and Health Security Globally

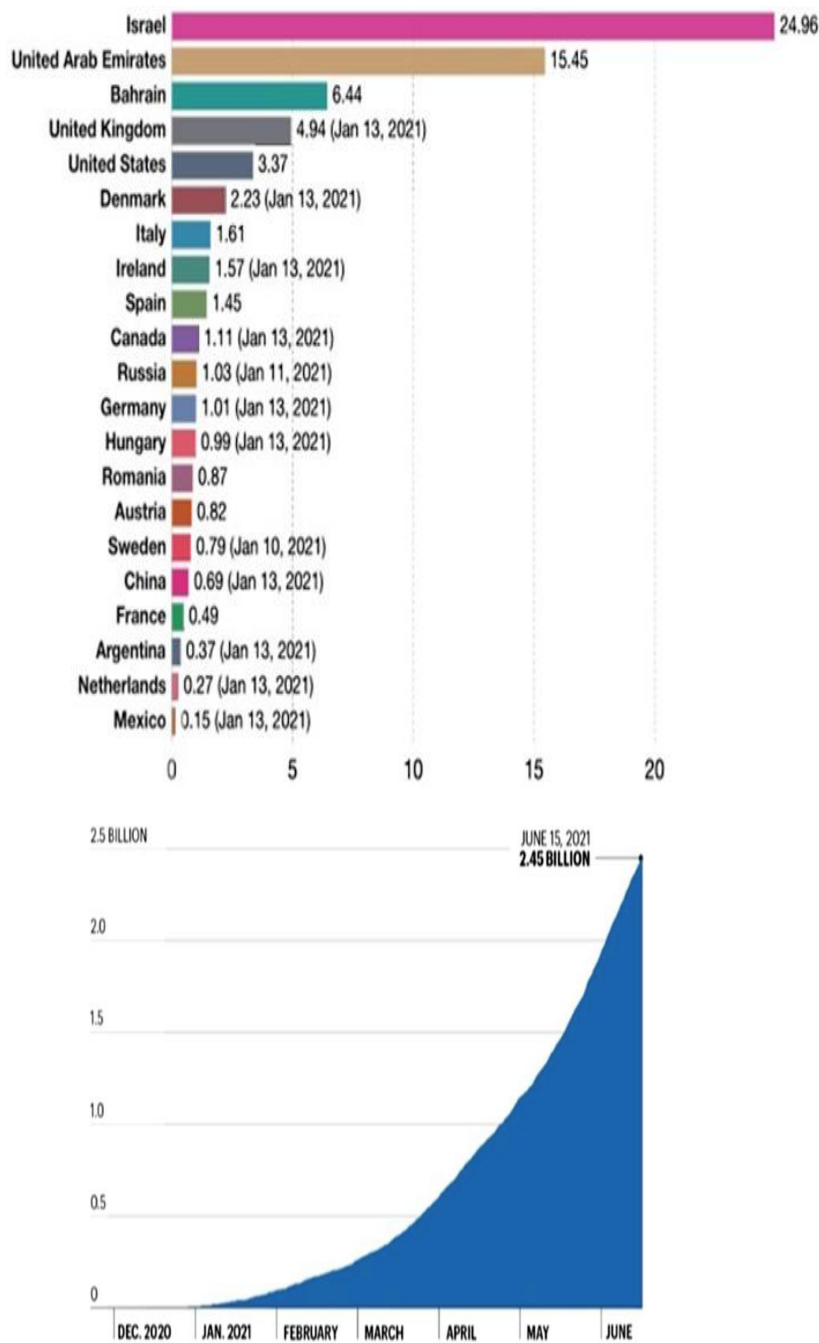
Currently, countries are still struggling to deal with this virus due to a lack of medical infrastructure and other equipment. This poses a serious threat, as COVID-19 is a new type of virus that is still being researched. Cooperation and collaboration are still being carried out to make vaccines, which of course requires a lot of time, which is why the state is starting to protect individuals implementing policies such as lockdowns and social distancing, while also utilising technology for virtual education, seminars, and other activities to prevent the spread of the virus to prevent the virus from spreading further. The Statist approach views international health politics as requiring countries to prioritise individuals. Finally, in handling COVID 19, countries are starting to increase capacity in the health sector to stop victims from falling. The Statist Perspective emphasises that the state plays a critical role in improving health, as health is considered a national security threat. Countries are generally competing to develop vaccines to reduce the spread of COVID-19. In April, there were 76 candidates in the clinical development phase for the COVID-19 vaccine, along with 182 in the preclinical evaluation stage. Overall, countries are focusing on vaccine development to prevent further widespread transmission, as illustrated by figure 3.



Source : (Wong et al 2021)

Figure 3. vaccine development process in the world

However, many countries are facing doubts about vaccine uptake. This is evident in a survey conducted among adults in 15 countries, which found that approximately 29% of the population are unwilling to receive vaccine injections (Ipsos, 2021). Conversely, vaccines are generally used to prevent the spread of disease, prompting several countries to introduce policies to vaccinate their citizens. The following are some countries that have implemented vaccination programs, see figure 4.



Source: UNWTO

Figure 4. Implementation of Covid 19 Vaccination in the World

Table 3. ASEAN Cooperation Dealing Covid 19

Month	Date	Responses
31 Dec 2019		First COVID-19 case reported in Wuhan, China.
February 2020	19	Joint Statement of ASEAN Defence Ministers on Defence Cooperation against Disease Outbreak.
	20	The ASEAN Coordinating Council (ACC) Special Meeting.
March 2020	9	ASEAN health sector sustains cooperation in responding to COVID-19.

Month	Date	Responses
	10	Strengthening ASEAN'S economic Resilience in Response to the Outbreak of the Coronavirus Disease.
	13	ASEAN senior health officials enhance regional collective actions against the COVID-19 pandemic.
April 2020	7	Joint Statement: Special Video Conference of ASEAN Plus Three Health Ministers on COVID-19 Response.
	9	Joint Statement: Special Video Conference of ASEAN Health Ministers on COVID-19 Response.
	10	ASEAN Ministers endorse the new COVID-19 Response Fund. Policy Brief on the Economic Impact of COVID-19 released.
	13	Joint Statement: Special Video Conference of ASEAN Plus Three Health Ministers on COVID-19 Response.
	14	Declaration of the Special ASEAN Summit on COVID-19.
		A series of ASEAN and other countries activities
	17	ASEAN-Italian health experts exchange experiences in combating COVID-19.
	21	China donates medical supplies to the ASEAN Secretariat for COVID-19 prevention.
	22	ASEAN-Japan Economic Ministers Joint Statement on initiatives for Economic Resilience in Response to COVID-19.
	23	Co-Chairs Statement: Special ASEAN-United States Foreign Ministers Meeting on COVID-19.
	24	ASEAN and China reaffirm commitment to forge closer cooperation.

Source : Djalante et al. (2020)

The Statist Perspective sees the emergence of the COVID-19 outbreak as a driver for changes in national policies to carry out vaccinations against the virus to prevent the spread because COVID-19 is considered to threaten the country's security (Davies, 2010). ASEAN members such as Indonesia were late in confirming new cases and give confirmed it in March 2020. Other ASEAN countries can learn from others by consulting and adopting policies to mitigate the impact of the pandemic, for example in Malaysia, Singapore and Indonesia starting changing policies in limiting activities, including lockdown or large-scale quarantine, taking into account the spike in infections in their respective countries. The Statist Perspective prioritises health but still relies on a traditional understanding, which must be reconceptualised, for example the problem of AIDS or pandemic influenza as the same threat that must be conquered or contained by improving health as a priority in international relations, as is also done by ASEAN countries are working together to deal with the COVID-19 outbreak, including the following table 1.

Fidler, (2011) expressed the view that public health in has increasingly recognised that the threat of infectious disease outbreaks requires good collaboration and cooperation which must continue to be improved. He argued that cooperation in controlling infectious diseases must adapt to ongoing challenges. Using the traditional concept of Westphalia in the country's territory to protect themselves from infectious diseases is no longer effective, but countries are now realise that it is necessary for cooperation and collaboration in the post-Westphalia era because the threat of infectious diseases can spread quickly without national borders by That's why in the case of COVID 19, the health and communication program cooperation carried out in ASEAN countries in

establishing foreign policy relations among member states in Southeast Asia is an effort by nations to maintain economic, health and political stability as well as protect against the spread, while promoting prevention, detection, and management of COVID 19 in ASEAN, cooperation carried out transparently is a form of the state's role in protecting national stability from the threats posed by COVID-19.

CONCLUSION

The COVID-19 pandemic demonstrates the critical need for state actors to integrate Statist and Globalist perspectives to enhance responses to global health crises. Statist strategies underscore the central role of national governments in developing robust healthcare policies, securing populations, and strengthening domestic health systems. Simultaneously, the Globalist approach highlights the importance of international collaboration, equitable resource distribution, and prioritising individual health as a global right. These perspectives, when integrated, provide a balanced framework that addresses the dual priorities of national security and global solidarity. The challenges faced by developed and developing countries—ranging from resource inequities to disparities in healthcare infrastructure—can be mitigated through collaborative frameworks. By aligning national policies with international initiatives led by organisations such as the WHO and regional bodies like ASEAN, countries can improve vaccine distribution, enhance disease surveillance, and build public health resilience, ensuring no population is left behind.

To effectively address these challenges, state actors must adopt hybrid strategies that harmonise Statist and Globalist principles. Developed nations should lead by providing financial aid, technology transfer, and logistical support to developing countries, helping to bridge gaps in healthcare infrastructure and access. Multilateral agreements should be prioritised to institutionalise resource-sharing mechanisms, ensuring equitable vaccine distribution and access to medical supplies. Governments must simultaneously invest in strengthening their domestic healthcare systems while actively participating in international health partnerships. Additionally, fostering public awareness and education about health crises can enhance policy compliance and support international collaboration. Future research should explore the practical implementation of these hybrid models, focusing on harmonising national interests with global health priorities and assessing the long-term impact of collaborative frameworks. This approach will enable the global community to build a sustainable and resilient system to confront future pandemics effectively.

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