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Abstract
Vaccine competition between the United States and China in Southeast Asia has a potential to create new security problems for ASEAN member states. Based on the constructivist perspective and Regional Security Complex Theory (RSC), this article analyses the relationships between the identity and interest of both states, US and China, who took certain policies and engaged in the vaccine competition in the Southeast Asian region. China with the political maneuver and the US with a humanitarian endeavor in their narrative, both had interests in terms of economic, politics, also geopolitics through their assistance.
Abstrak
Persaingan vaksin antara Amerika Serikat dan China di Asia Tenggara berpotensi menimbulkan masalah keamanan baru bagi negara anggota ASEAN. Berdasarkan perspektif konstruktivisme dan Regional Security Complex Theory (RSC), artikel ini menganalisis hubungan antara identitas dan kepentingan kedua negara, AS dan China, yang mengambil kebijakan tertentu dan terlibat dalam kompetisi vaksin di kawasan Asia Tenggara. China dengan political maneuver dan AS dengan humanitarian endeavor dalam narasinya, keduanya memiliki kepentingan ekonomi, politik, juga geopolitik melalui bantuanya kepada negara-negara ASEAN. Penulis berargumen bahwa masalah keamanan baru, seperti meningkatnya angka pengangguran, menurunnya GDP, dan gelombang pandemi baru, yang disebabkan oleh persaingan ini merupakan akibat dari tidak adanya identitas kolektif negara-negara ASEAN. Alih-alih mengedepankan identitas kolektifnya sebagai komunitas kawasan dan keamanan regional, negara-negara ASEAN cenderung merespons dengan mengutamakan kepentingan nasional masing-masing. Oleh karena itu, artikel ini menawarkan resep di mana negara anggota ASEAN harus membangun identitas kolektif, seperti mendukung pengembangan vaksin ASEAN di Vietnam dan Thailand atau mendirikan perusahaan farmasi ASEAN yang ditunjuk sebagai tempat penelitian dan pengembangan vaksin regional.

Kata Kunci
China; Konstruktivisme; Regional Security Complex; US; Vaccine competition

China; Constructivism; Regional Security Complex; US; Vaccine competition
Introduction

Currently, the Coronavirus disease 19 (COVID-19) pandemic is the most crucial issue for the entire global community to deal with. Vaccination efforts have been intensified by many countries, international organizations, and Nongovernmental Organizations (NGOs) especially those in the health sector. The developed countries with their large capacity keep developing their respective vaccines to reduce cases or even eliminate them so the economy can recover quickly. This situation has changed global politics, which previously focused on the economy, politics, and the military, it shifted to a vaccine issue which is used as a diplomatic instrument to fulfill the interests of developed countries such as China and the United States (US). Southeast Asia is a region that has become the target of the competition between China and the US through their vaccine diplomacy to provide vaccines for Association of Southeast Asian Nations (ASEAN) member countries. The competition between the two took a turn when China was the first to give access to its vaccines before the US, which prioritized the fulfillment of the country’s vaccine needs (Thida, 2021:71).

The US under the leadership of Donald Trump has implemented the ‘America First’ policy which has prioritized the fulfillment of vaccine needs for its own citizens, even stockpiling vaccine (Beaton, 2021:294). Meanwhile, China moved first to supply Sinovac, Sinopharm, and CanSino vaccines to all ASEAN countries from December 2020 to September 2021, at around 7.3 million doses in the form of the donations (29% of China’s total donations) and 203 million commercial doses (25.6% of total worldwide sales), and will continue to do so (Zaini, 2021:3-4). China was committed to prioritize the availability of vaccines in this region consistently to meet the needs of ASEAN countries with direct mechanisms bilaterally and through COVID-19 Vaccines Global Access (COVAX) under the World Health Organization (WHO). Besides its readiness in supplying vaccines, the price offered by China was also cheaper than other types of vaccines, the vaccine was also more efficient in the storage and transportation costs. China’s readiness to supply vaccine to ASEAN countries made them dependent on China. China, with its principle of rejecting vaccine nationalism, appears to provide its vaccines for developing countries, including ASEAN countries (Lee, 2023:71).

Meanwhile, under President Joe Biden, US changed the direction of its foreign policy by rebuilding relations with other countries and engaging in international affairs, including in Southeast Asia. The Southeast Asian region is an important maritime trade routes and a major investment area for US in Asia. Its investment is worth $200 billion in ASEAN countries which is much larger than US investment in Japan and China (Tay, 2021). Therefore, US has caught up by supplying around 44 million doses of vaccine to ASEAN countries generally through the COVAX, as well as bilateral donations such as to Malaysia (ASEAN Secretariat, 2021:24-26). ASEAN countries that really want to ensure the fulfillment of vaccinations to overcome the pandemic also have received US vaccines. Moreover, US vaccine preferences in ASEAN began to strengthen due to efficacy trials of Pfizer and AstraZeneca showed higher than Sinovac. The vaccine competition between the US and China in the Southeast Asian region is getting stronger and affects the dynamics of ASEAN community itself. Therefore, the purpose of this article is to analyse the vaccine competition between the US and China which has been potential to
create new security problems for ASEAN countries due to the absence of a collective identity.

In analysing this issue, the authors use constructivism and the regional security complex theory (RSC). The authors use constructivism to analyse the relationships between the identity and the interest of each country, US and China, why they took some certain policies and engaged in the vaccine competition in the Southeast Asian region, or more specifically to ASEAN member countries. Then, RSC is used to analyse how the vaccine competition between US and China may create new security problems that are seen in the non-traditional ways in the fields of health, economy, and politics. We argue that the US-China vaccine competition which is driven by the identity of each state will lead to new security problems in the ASEAN region. Instead of prioritizing their collective identity as the regional community and forming Regional Security Complex, ASEAN countries tend to respond by prioritizing their respective national interests.

The article is organized as follows. Section 1 explains the constructivism perspective and Regional Security Complex (RSC) Theory. Section 2 examines the economic impact of COVID-19 pandemic in ASEAN and how ASEAN response this pandemic. Relations of identity, interest, and behaviour on China and United States vaccine competition in Southeast Asia are analysed in Section 3. Section 4 identifies causes of the emergence of the new security problems in Southeast Asia and some possible solutions such as supporting the development of both vaccines from Vietnam and Thailand as a short-term solution. Meanwhile, the long-term solution is to build the ASEAN pharmaceutical company to counterbalance the Chinese-American vaccines competition.

**Constructivism**

Constructivism is the perspective that assumes the international relations are the result of social construction by actors through an interaction process involving the ideational and the material factors. This perspective emphasizes more on ideational factors, such as ideas, values, and norms, but does not deny the existence of material factors, and even admits that the two cannot be separated. International politics is a world that we create and shape (intersubjective), not something given whose existence is independent. So, the social world is not something like coincidence, but it is created and constructed socially (Dunne, Kurki, & Smith, 2013:189).

There are several schools of thought that develop in this perspective, but later the author will look at constructivism brought by Alexander Wendt in which he assumes that agents and structures shape each other when the states interact. Then through these interactions, actors form identities as the basis of the interests and goals they will pursue in the international agenda and how they adjust the role that must be played in the international relations (Jørgensen, 2018:172). This perspective recognizes a material role, or in this case interests, but more emphasis on norms and shared understandings of legitimate behaviour. Actors’ actions are not only based on the logic of consequences as the rationalists assume that only to maximize their interests, but based on the logic of conformity. It means that values and norms in the structure not only limit the actions of the state, but also constitute the identity of the actor or state itself. The distinction of the actor’s identity in social interactions will produce different behaviour. This social process is always
developing, hence its dynamic, not static, quality (Dunne, Kurki, & Smith, 2013:190-191).

From the constructivist perspective, the US and Chinese identities greatly influenced the actions they took in the vaccine competition in ASEAN countries. Chinese identity as a ‘US counter-hegemony’ shaped its interests against the US narrative that China was the ‘source of covid,’ and be the first giving vaccine access to some developing countries. US vaccine nationalism under Donald Trump utilized by China to change US narrative, then became a major distributor of vaccines which was very much needed, especially for developing and poor countries that couldn’t produce their own vaccines. China’s vaccine donation then shifted into commercialized goods, so it could be seen that China has been also taking this opportunity to fulfil its economic interests and actions. All oriented to political manoeuvres because it was also accompanied by the Belt & Road Initiative (BRI) cooperation. On the other hand, the US identity as a ‘world leader’ under Joe Biden, wanted to restore its involvement in the global sphere by distributing vaccines only through donations without commercializing them. US interpreted that its action has oriented to humanitarian principles, fully supported through COVAX under WHO, The Coalition for Epidemic Preparedness Innovations (CEPI), Global Alliance for Vaccine and Immunization (GAVI) to ensure fair and equitable access for every country in the world (Kampfner, 2021).

**Regional Security Complex**

The regional security complex (RSC) theory emphasizes the regional sub systems as the object of security analysis. The fundamental logic of RSC is that the countries in the system are interdependent, so if there are security threats in one country or more in the region, all of the countries in it are potentially threatened. RSC itself is the relative intensity and security relations of states in the region shaped by the distribution of power and historical relationships (Buzan, 2003:141). The processes of securitization and desecuritization, or both, are interrelated among these countries.

The RSC sees security as the social construction rather than the objective one, therefore the regional integration is formed based on actions and interpretations through interactions between countries in the region. Then, the internal dynamics of regional security and the spectrum of interdependence are driven by a pattern of amity (friendship) or enmity (hostility) (Buzan & Wæver, 2003:40). Another factor that also determines is how the countries in the region decide to let outside powers dominate their region or otherwise suppress external interference so that it is not stronger than the regional security complex itself (Buzan, 2003:143).

Traditional RSC theory has focused on security in the political and military sectors. However, in its development, the security agenda has shifted due to the increased securitization related to economic and environmental issues. Military issues are declining sharply, but that doesn’t mean they don’t exist, they are still relevant in the Middle East, Central & South Asia region, Africa and the countries of the former Soviet Union. The main component of security has shifted when intellectual experts, leaders and policy makers, as well as interest groups began to discuss these non-traditional topics as the result of the rapid world developments related to trade and financial liberalization, industrial activities, increasing
population, technological advances that raising concerns and threats in non-traditional sectors (Buzan, 2003:148-150).

Based on the RSC Theory, the ASEAN region has been intervened from outsider which was US and China in the form of vaccine competition. Their forces were strong enough to dominate ASEAN and had affected the patterns of interdependence of ASEAN countries in building their collective identity. This phenomenon has an impact on the absence of RSC in ASEAN due to its member countries being more concerned with their respective national interests than building their collective identity. Construction of the enmity pattern tends to be larger than the amity which has obstructed ASEAN countries from strengthening their communities and working together to achieve community interests. Then the potency of new security problems in the fields of health, economy, and geopolitics will emerge because ASEAN has emphasized its vulnerability side than strong capacity as one unified whole from ASEAN as a regional community.

Method

The author will use qualitative research methods by taking ASEAN case studies in this research. ASEAN was chosen as the case study because this region is the central area of the competition between China and the United States, especially in the context of the COVID-19 vaccine. Using this method, the author emphasizes the need for ASEAN countries to interpret the same threat regarding the potential emergence of the new security after COVID-19. Therefore, there is an urgency for ASEAN to work together to produce joint vaccines and the Southeast Asian vaccine industry for the long term.

Result And Discussion

The Economic Impact of COVID-19 Pandemic in ASEAN and ASEAN Response

COVID-19, which first appeared in Wuhan, China, in December 2019 spread rapidly to all corners of the world in March 2020 and became a global issue that must be tackled together. Southeast Asia as the region that has geographical proximity with China began to report several cases of COVID-19 infection such as in Thailand, Vietnam, Cambodia, Malaysia, the Philippines, and Singapore at the end of January 2020. Followed by Myanmar, Indonesia, Laos, and Brunei in March 2020. During the first wave, the total number of cases in ASEAN stood at 36,000 confirmed cases with 1,498 deaths on April 20, 2020 (WHO, 2020:3-5). Various rules were implemented to the public such as wearing a mask, washing hands/using hand sanitizer, and social distancing to prevent the spread of COVID-19. Countries also implemented lockdown, quarantine, and travel restrictions for foreigner to prevent the spread from getting worse (Widian & Wati, 2020:31-38).

This situation paralysed the social, political, and economic movements of ASEAN countries so that trade, production, distribution, tourism and other sectors were disrupted. Lots of people lost their livelihoods and sources of income that reduced demand and caused the economy sector downturn. The United Nations Economic and Social Commission for Asia and the Pacific (ESCAP) declared that
unemployment rate increased in Indonesia, Malaysia, and the Philippines by 2.5%, 1.5%, and 1.2%, respectively (UNESCAP, 2020:12). Countries that depended on trade in goods such as Singapore, Vietnam, Cambodia, Malaysia, and Thailand have experienced supply chain disruptions. The Philippines which relied on remittances, saw a decline in its consumption and investment. The economy downturn can also be seen in table 1 where GDP of ASEAN countries declined due to the pandemic (OECD, 2020:4). Therefore, to overcome this pandemic, ASEAN countries have been seeking access to vaccines in order to restore their economic growth.

<table>
<thead>
<tr>
<th>Country</th>
<th>Initial Forecast</th>
<th>Revised Forecast</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brunei Darussalam</td>
<td>1.5%</td>
<td>Sep 2019</td>
<td>2.0%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>6.8%</td>
<td>Sep 2019</td>
<td>2.3%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5.3%</td>
<td>Official target, Aug 2019</td>
<td>-0.4% to 2.3%</td>
</tr>
<tr>
<td>Lao PDR</td>
<td>6.2%</td>
<td>Sep 2019</td>
<td>3.5%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>4.8%</td>
<td>Official target</td>
<td>3.2% to 4.2% -2.0% to 0.5%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>6.8%</td>
<td>Sep 2019</td>
<td>4.2%</td>
</tr>
<tr>
<td>Philippines</td>
<td>6.5% to 7.5%</td>
<td>Official target</td>
<td>-0.6% to 4.3%</td>
</tr>
<tr>
<td>Singapore</td>
<td>0.5% to 2.5%</td>
<td>Nov 2019</td>
<td>-4% to -1%</td>
</tr>
<tr>
<td>Thailand</td>
<td>2.8%</td>
<td>Dec 2019</td>
<td>-5.3%</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>6.8%</td>
<td>6.09-6.27%</td>
<td>9 March 2020</td>
</tr>
</tbody>
</table>

Source: OECD. Covid-19 Crisis Responses in ASEAN Member States.

Responding to the first wave of COVID-19, the 26th Retreat of ASEAN Economic Ministers (AEM) on 10 March 2020 in Da Nang, Vietnam. AEM was encouraged to strengthen the economic resilience due to Covid-19 through collective action by establishing cooperation or collaborating with external partners outside ASEAN, such as China, South Korea, Japan, US, and European Countries. ASEAN
countries utilize digital technology in the trade. Therefore, supply chain connectivity and business (both large and small) remain operational during the pandemic (OECD, 2020:9-10). Moreover, video conference held by ASEAN Senior Officials Meeting for Health Development (SOMHD) on March 13 to strengthen the regional cooperation and ASEAN+EU on March 20 to share information on addressing pandemic effectively. Other declaration or summit held by ASEAN, one of them is the Declaration of the Special ASEAN Summit on COVID-19 conduct on 14 April 2020, called for a recovery program and formation of the Covid-19 ASEAN Response Fund (ASEAN Secretariat, 2020:31-32).

ASEAN Health Sector also had several regional mechanisms. Under ASEAN Post-2015 Health Development Agenda (APHDA) within the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, there are four mechanisms. First of all, ASEAN Emergency Operations Centre Network for public health emergencies (ASEAN EOC Network) has been providing latest COVID-19 information, such as how the virus spreads, warning and prevention, even regional supervision. This mechanism has also been informed to the public through ASEAN website, ASEAN social media sites, even via hotline or call centres for ASEAN member states. Second, ASEAN BioDiaspora Virtual Centre (ABVC) that gave reports of Risk Assessment and disease surveillance on COVID-19. The purpose of ABVC is to increase the capacity and preparedness in responding epidemic and pandemics as non-traditional security threats. Third, Regional Public Health Laboratories Network (RPHL), which is hosted by Thailand, has given access exchanges to ASEAN countries on the technical and material support of laboratory, even the experience in the laboratory surveillance. Last mechanism is The ASEAN Risk Assessment and Risk Communication Centre (ARARC). ARARC has been taking part in the risk communication in managing public health emergencies, so credible information about COVID-19 is publicly accessible (ASEAN Secretariat, 2020:33-35).

ASEAN has committed to be proactive and prepare for any other possible pandemics in the future, as well as COVID-19. Theoretically, all of commitments, declarations, meetings, and mechanisms, even funds, have great potency to address this virus collectively. However, the implementation from each ASEAN member state has been taking a very different approach in addressing pandemic, either in its public policies on health or access to vaccines. The differences were motivated by uncertainties and miscommunications regarding the Covid-19 information. Each ASEAN member were busy saving its own citizens and securing access to medical supplies as well as vaccines. The government also seemed to prioritize economy recovery due to the impact of the pandemic rather than overcoming the pandemic itself as the root of the problem.

The Political Maneuver vis a vis the Humanitarian Endeavor amidst China and US Vaccine Competition

The vaccine competitions conducted by China and the United States, especially in the Southeast Asian region, were also constructed by narratives or discourses developed by several works of literature, such as the writings by RHT Law Asia LLP. In an article published by Lexology, RHT Law Asia uses the terms Humanitarian Endeavor and Political Manoeuvre, identified with China and the United
The Political Influence of US and China Vaccine Competition

States. Each of these identities also shapes the interests of the two countries (Tay, 2021).

The identity of the Political Manoeuvre, which is associated with China, directs all Chinese medical assistance to countries in the Southeast Asian region. So far, some of their political interests have been driven in this region. China, which perceives itself as a counter to the hegemony of the United States, is trying to reclaim its influence in the Indo-Pacific, especially in the Southeast Asian region, which had declined. This is due to the narrative accusing China of being the cause of the Covid-19 pandemic due to a facility leak at the Wuhan Institute of Virology (Fook, 2020:3). Previously, based on a survey report, involving ASEAN countries in 2020, stated that ASEAN elites viewed China as an actor influencing the economy sector in the Southeast Asian region. Likewise, in the political-strategic sector, 52% of respondents think China is more influential than the United States, which only gets 26% (Mun, 2020:17-19). Therefore, China has made several strategic policies to restore its reputation.

At the international level, the Chinese Communist Party focuses on countering propaganda and claims from the United States and the western media, which refer to them as the source of Covid. China’s government spreads narratives about the failure of the governments of democratic countries, especially the United States, in dealing with Covid at the domestic level through the Chinese state media (Tian, 2020). It does not just stop there. The Chinese Communist Party also started to establish itself as a leader in the global response to the COVID-19 pandemic by offering to share medical supplies with other countries (Ceccagno & Thuno, 2022:93-94). Meanwhile, China has spearheaded a lot of initiatives in Southeast Asia ‘mask diplomacy’ - donating medical supplies such as masks, Covid test kits, and other medical equipment to the Philippines on February 3, 2020, overtaken by other ASEAN countries, except Singapore and Vietnam, at the end of March 2020 (Fook, 2020:5-6). Furthermore, China also implemented vaccine diplomacy, namely distributing nearly 203 million doses to all ASEAN countries. However, each ASEAN country has a different vaccine distribution status; Brunei, Cambodia, Laos and Myanmar (donation); Philippines (donation+purchase); Indonesia, Malaysia, Singapore and Thailand (purchase) (Karaskova & Blablova, 2021). According to Amruta Karambelkar (2021:7), China also makes Indonesia and Malaysia ‘vaccine developers’ from Sinovac for the Southeast Asia region. Besides, Beijing tries to build a logistics chain in line with BRI, such as funding for the Jakarta-Bandung high-speed train and the Mandalay-Kyaukpyu high-speed train (Tankel, 2021:7).

In addition, when the Covid virus began to be declared a global pandemic by the WHO, China was the only country that recovered early, while countries in Europe and the United States were experiencing a critical phase due to this pandemic. This situation caused, at that time, China the only possible country to become a vaccine supplier. Based on the data compiled by Veronika Blablova above, as of March 17, 2021, China had distributed 265 million doses to 69 countries: 24 countries buying status and five countries buying + donation status, including 9 out of 10 ASEAN countries (Karaskova & Blablova, 2021). Therefore, this situation clearly provided an economic advantage to China. Apart from benefiting from the vaccine distribution, China was only the sole player in being the vaccine supplier. China also gained the projected benefits, especially in the trade and investment,
from implementing vaccine diplomacy to ASEAN countries. The Chinese Foreign Minister noted that there had been a remarkable increase in the volume of cooperation between China and ASEAN in the trade and investment sector, namely $410 million, with a year-on-year growth of 38.2 per cent for trade (CGTN, 2021). This condition occurred in the early months of 2021 when the second pandemic wave hit some ASEAN countries this year. Meanwhile, China remains one of ASEAN’s largest trading partners, with the cumulative investment value between the two exceeding $310 million. Even Wang Yi said that China was ready to build a new pattern of cooperation between the two to support economic recovery acceleration by implementing the ASEAN Comprehensive Recovery Framework (ACRF) as the main route. This framework will later focus on expanding trade and investment cooperation, namely, the digital economy and green development, which are new growth potentials according to both parties (CGTN, 2021).

On the other hand, the United States is associated with its identity as a Humanitarian Endeavor in the vaccine and medical assistance to Southeast Asia. The United States positioning itself as the antithesis of China in which assistance is not as economically and politically charged as China. This was emphasized when Joe Biden delivered his speech at Tregenna Castle Resort Cornwall, England:

“[...] Our vaccine donations don’t include pressure for favours or potential concessions. We are doing this to save lives, to end this pandemic. That’s it. Period” (Klein, Sullivan, & Vazquez, 2021).

The Joe Biden Gove Administration further manifested this statement by forming “Quad”, a joint partnership with Japan, India, and Australia to mass-produce the Oxford Astra-Zeneca vaccine in India to fight China’s vaccine dominance in Asia (Jacob, 2021:72). Quad targets vaccine production of up to 1 million doses to be distributed to Asia, especially Southeast Asia, by 2023. Furthermore, the United States, even, has been providing vaccine assistance to Canada and Mexico (The White House, 2021). The government at the White House plans to buy another 500 million doses of Pfizer vaccine to be donated to third world countries through the COVAX-WHO cooperation scheme. The government is also negotiating with Moderna to secure additional vaccines which all of these vaccines will be allocated to meet international vaccine supplies. Unlike China, in Southeast Asia itself, the United States tends to provide free vaccine assistance to countries in the region. The United States, as of August 2021, has delivered 44 million doses of vaccine to ASEAN. This assistance had been supplemented as well with humanitarian aid worth US$158 million. In addition, through USAID funds, the United States has also disbursed 90 million US dollars allocated for Covid-19 relief donations (U.S. Mission to ASEAN, 2020). This is the highest amount of aid funding for the Southeast Asia region from an individual donor.

However, it does not deny that the United States actually has a significant interest in the Southeast Asian region. It’s just that it is not as prominent as China’s. According to an article written by Derek Scissors, Dan Blumenthal, and Linda Zhang, they explain that ASEAN countries are located along important world waterways, which are one of the regions in the Indo-Pacific, which is the main axis of Sino-American strategic and economic competition. In addition, this area is dominated by a young population of around 470 million people, so it has the potential to be used as a labour and market asset. Based on the population, size and location of countries from ASEAN, Scissors feels, it will be
very beneficial for the United States geostrategic policies (Scissors, Blumenthal, & Zhang, 2021:4). The argument of Scissors and the others are also supported by data on the United States investment in Asia and Australia, where ASEAN is the largest investment partner of the United States, which is $329 billion. Even bigger than Japan, South Korea and Australia, incidentally is the ‘good friends’ of the United States, which only received investments of $169 billion, $42 billion and $129 billion, respectively (US-ASEAN Business Council, n.d.).

**Figure 1. Map of the Distribution of the United States Investment in Asia**

Source: US-ASEAN Business Council. ASEAN is the Number One Destination for US Investment in the Indo-Pacific

The United States is trying to restore its identity as a global leader in the Indo-Pacific, especially in Southeast Asia. After the populist policies taken by Trump, such as not attending the ASEAN Summit for three years in a row (Saha, 2020:22). Trump considers that the Southeast Asia region is not essential. Besides, the United States policy aims to maintain the dignity of democratic countries. Previously, the United States was narrated by Chinese state media that it was no better at handling Covid than countries with non-democratic governments such as China, Vietnam and Cuba (Tay, 2021).

**Causes of the Emergence of New Security in Southeast Asia and Possible Solutions**

The competition between China and the United States is continuing. The object of competition between the two countries do not only focus on trade, technology or militaristic defence equipment
but more than that. In fact, according to Scissors, Blumenthal, and also Zhang (2021:1), during the pandemic, competition between China and the United States began to explore the COVID-19 vaccine (whose vaccine can distribute quickly and whose vaccine has a positive effect on inhibiting the spread of the coronavirus). In addition, the Southeast Asian region is considered strategic for both parties, as described in the previous chapter. On the other hand, the vaccine competition between China and the United States in this region has left residue in latent dangers.

Table 2. Southeast Asia’s Vaccine Portofolio (as of 20 June 2021)

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Chinese vaccines</th>
<th>Number of US vaccines</th>
<th>Number vaccines have been delivered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>• Moderna; M</td>
<td>• China Vaccines; CV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pfizer; P</td>
<td>• American Vaccines; AV</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• AstraZeneca; AZ</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Novavax; N</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Johnson &amp; Johnson; JJ</td>
<td></td>
</tr>
<tr>
<td>Brunei</td>
<td>52,000</td>
<td>M: 200,000</td>
<td>CV: 52,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P: 300,000</td>
<td>AV: 62,400</td>
</tr>
<tr>
<td>Cambodia</td>
<td>20.7 million</td>
<td>-</td>
<td>CV: 2 million</td>
</tr>
<tr>
<td>Indonesia</td>
<td>125 million</td>
<td>AZ: 50 million</td>
<td>CV: 38 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td>N: 100 million</td>
<td>AV: 8.2 million</td>
</tr>
<tr>
<td>Laos</td>
<td>1.9 million</td>
<td>-</td>
<td>CV: 300,000</td>
</tr>
<tr>
<td>Malaysia</td>
<td>15.5 million</td>
<td>AZ: 12.8 million</td>
<td>CV: 300,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P: 44.8 million</td>
<td>AV: 828,200</td>
</tr>
<tr>
<td>Myanmar</td>
<td>500,000</td>
<td>AZ: 30 million</td>
<td>CV: 300,000</td>
</tr>
<tr>
<td>Singapore</td>
<td>200,000</td>
<td>P &amp; M: 3.6 million</td>
<td>AV: no delivery recorded</td>
</tr>
<tr>
<td>Thailand</td>
<td>19.6 million</td>
<td>AZ: 150,000</td>
<td>CV: 200,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>JJ: 5 million</td>
<td>AV: 117,600</td>
</tr>
<tr>
<td>The Philippines</td>
<td>26 million</td>
<td>AZ: 17 million</td>
<td>CV: 600,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M: 20 million</td>
<td>AV: 5.1 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P: 40 million</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>N: 30 million</td>
<td></td>
</tr>
<tr>
<td>Timor Leste</td>
<td>100,000</td>
<td>-</td>
<td>CV: 100,000</td>
</tr>
<tr>
<td>Vietnam</td>
<td>500,000</td>
<td>AZ: 30 million</td>
<td>CV: 500,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M: 5 million</td>
<td>AV: 2.5 million</td>
</tr>
<tr>
<td></td>
<td></td>
<td>P: 31 million</td>
<td></td>
</tr>
</tbody>
</table>

Source: Khairulanwar Zaini (2021:6-7). China’s Vaccine Diplomacy in Southeast Asia - A Mixed Record
Table 2 shows data on each ASEAN country’s comparative use of Chinese and US vaccines. The data from the table can be concluded that vaccines made in China (Sinovac and Sinopharm) dominate the United States vaccines (Moderna, Pfizer, AstraZeneca, Novavax, Johnson & Johnson) in several countries, including Cambodia, Indonesia, Laos, Myanmar, Thailand, and Timor Leste. Meanwhile, other ASEAN countries (Brunei, Malaysia, Singapore, the Philippines and Vietnam) were more inundated with US vaccines. This condition is not suitable for ASEAN states which are seeking integration.

The vaccine assistance that has been sent by both China and the United States to ASEAN countries, in fact, allows to create new problems in their region. The different vaccine distribution methods applied by China to each ASEAN country and also hampered by the production of the Astra-Zeneca vaccine in India, were due to the increase in Covid cases that occurred in early 2021. Both caused the number of vaccines received in ASEAN countries to be different. This will certainly have implications for the occurrence of vaccine inequality and the vaccination process in each ASEAN country, as shown in the table below:

<table>
<thead>
<tr>
<th>Country</th>
<th>Cases</th>
<th>Total Fully Vaccinated</th>
<th>Percent Fully Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thailand</td>
<td>2,044,125</td>
<td>37,527,295</td>
<td>54.1%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>119,741</td>
<td>13,225,431</td>
<td>82.6%</td>
</tr>
<tr>
<td>Laos</td>
<td>57,397</td>
<td>2,776,646</td>
<td>37.7%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>516,146</td>
<td>8,247,188</td>
<td>15.5%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4,252,345</td>
<td>86,279,716</td>
<td>32.2%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>2,563,153</td>
<td>24,890,756</td>
<td>79.8%</td>
</tr>
</tbody>
</table>

Source: Centre for Strategic & International Studies (CSIS). Southeast Asia COVID-19 Tracker (data per November 18, 2021)

Based on the data compiled by CSIS (2021), it is illustrated that the vaccinations in several Southeast Asia countries implemented are not evenly distributed. For instance, ASEAN countries in mainland Indochina have almost the same population. Still, the difference for people who have received the whole vaccine is too far between Thailand and Cambodia, Laos and Myanmar, namely 54.1%, 82.6%, 37.7%, and 15.5%, respectively, in succession. This condition is not much different from ASEAN countries on the peninsula, such as Indonesia, which has only completed 32.2% compared to 79.8% with Malaysia. New security problems will likely arise in the region if this situation continues, such
as health, economic, and geopolitical security. Inequality in the vaccination process among ASEAN countries has resulted in the spread of Covid in the area not stopping and will instead cause a new wave of pandemics. This condition can be shown from the increase in Covid cases in Singapore caused by AY.23 - the corona delta mutation - which came from Indonesia (Sagita, 2021). If a new pandemic wave occurs, it will further worsen the economy in the Southeast Asia region due to the practice of regional restrictions or lockdowns imposed by several ASEAN countries so that it disrupts investment, reducing GDP income in the tourism sector, as illustrated in the graph below:

Graph 1. Total Contribution of Travel and Tourism to the GDP in Southeast Asia from 2011-2020
Source: Statista. Total Contribution of Travel and Tourism to the GDP in Southeast Asia from 2011-2020

Meanwhile, the vaccine assistance that China has provided can be used as a pressure tool for several ASEAN countries - which have unclaimed status in the case of the South China Sea, such as Cambodia, Myanmar and Laos - to support their claims to territory in the South China Sea against Vietnam, Indonesia, Philippines and Malaysia. This situation is not well for the development of ASEAN as the organization in the Southeast Asian region. The difference in the responses made by ASEAN countries in responding to the vaccine competition between China and the United States is another cause. This condition seems to divide the 10 ASEAN countries into two camps, namely the camp that only relies on vaccines from China and the United States or bandwagoning (Philippines, Singapore, Malaysia, Indonesia, Myanmar, Brunei, Laos and Cambodia) and the camp that is trying to develop its vaccine or balancing (Thailand and Vietnam) (Polling & Hudes, 2021). It further strengthens that the absence of a collective identity still looms over ASEAN.
In contrast to what has been done by European Union countries in responding to the pandemic in the European region. Governments of countries that are members of the European Union tend to move based on the unity and measurement. There are at least six crucial policies that have been implemented after WHO declared Covid-19 a global pandemic, namely (1) activating the ICPR and UPCM mechanisms related to the repatriation of European Union citizens who are abroad, (2) ECDC starting to be active regularly to provide information about Covid-19 in member states of the European Union, (3) the European Commission dedicates €10 million to initiate research on Covid-19, (4) the European Union restricts exports of Personal Protective Equipment (PPE); such as masks, ventilators and hazmat suits out of Europe, (5) The European Commission invests €80 million in CureVac to research and manufacture a Covid vaccine, (6) Establish a European Health Union, as of 11 November 2020, to monitor vaccine development, clinical trials, developing pandemic response plans, and enhancing epidemiological surveillance in EU countries (Fiott & Zeiss, 2021:30-33).

Therefore, for ASEAN countries to avoid the new security created by the vaccine competition between China and the United States, first, ASEAN countries must share the perception that the Covid-19 pandemic is a common security issue. Then, reduce dependence on vaccines from China and the United States by jointly developing vaccines or supporting vaccine development by Vietnam and Thailand. Furthermore, ASEAN should start thinking about establishing pharmaceutical companies that are useful for regional vaccine research and development facilities in the event of another pandemic.

**Conclusion**

The vaccine competition involving the two superpowers, China and the United States, is feared to create the new security problems at the regional level in Southeast Asia. This new security problem leads both parties to carry their respective motives or interest to embody their identities. The identity of political maneuvering China has several political intentions embodied in medical assistance, including masks, oxygen cylinders, hazmat suits, and vaccines to most ASEAN countries. First, China is trying to reclaim its influence in the Southeast Asian region, which has experienced the declining trust from ASEAN countries. This condition is caused by the United States, which builds a narrative that China is the source of Covid and increases tensions in the South China Sea. In addition, China’s medical assistance to ASEAN is also economically meaningful if considering that ASEAN is China’s largest trading and investment partner. Besides that, China’s position has been recovering from the impact of the Covid pandemic earlier than other big countries, such as the United States and the EU. This situation makes China the only actor who distributes vaccines, and ASEAN countries are no exception. Moreover, China has implemented a vaccine distribution scheme that allows them to benefit economically and politically by granting donation, donation+purchase and purchase status to each ASEAN country.

On the other hand, the United States, by carrying out its identity as a humanitarian endeavour, seems as if it does not have the same intentions as China in its vaccine diplomacy. Joe Biden’s speech stated that the vaccine donations given by the United States to several countries, including ASEAN, were purely motivated by human values. Apart from the vaccine and medical assistance in Southeast
Asia, the United States also provides humanitarian aid disbursed through USAID funds, as Anthony Blinken, the United States Secretary of State. However, the fact is that the United States also has interests in its assistance to ASEAN countries. Based on data released by the US-ASEAN Business Council indicates that ASEAN is the United States’ largest investment partner in the Asia-Pacific region. Its value exceeds the investment of the United States into allied countries such as Australia, New Zealand, South Korea and Japan. In addition, ASEAN is located along a vital world waterway, one of the locations of Sino-American strategic and economic competition in the Indo-Pacific region. Aside from that, the population in the ASEAN region is dominated by the younger generation, so the combination of human resources and location will provide the United States with geopolitical advantages. In addition to pursuing economic gains, US aid also has a political purpose. The purpose is to gain hegemony of unilateralism in the Indo-Pacific region, controlled by China. Also, the US aims to restore the dignity of democratic countries, which are narrated no better than non-democratic countries in dealing with the pandemic within the country.

Meanwhile, the increasingly deteriorating social, political, and economic conditions in ASEAN countries are marked by rising unemployment rates and declining GDP. This situation ultimately made some ASEAN countries choose to rely on vaccines from China and the United States. On the other hand, countries like Vietnam and Thailand have decided to make their vaccines. This condition makes it more evident that ASEAN countries do not have a collective identity, especially in viewing the issue of the Covid pandemic as a common problem in the region. If this collective identity crisis is allowed to continue. It will later cause new issues such as the emergence of a new pandemic wave in the area due to the vaccination gap between ASEAN countries. Such a situation will also make it more difficult for ASEAN countries to revive the economy in the region, especially for the investment and tourism sectors as one of the GDP inputs for these countries. Therefore, for ASEAN countries to avoid new security issues, it is necessary to have an approach that reflects their collective identity. For instance, it supports the development of vaccines in Vietnam and Thailand. These two countries have been at the forefront of vaccine development among ASEAN countries as a short-term target. The long-term target is to build an ASEAN pharmaceutical company designated as a place for regional vaccine research and development if a new pandemic occurs in the future.

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