

MIDDLE POWER'S ROLE IN HEALTH DIPLOMACY DURING COVID-19: THE CASE OF MIKTA MEMBER STATES

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ABSTRACT

This article seeks to respond towards the growing skepticism questioning MIKTA's role in middle power diplomacy during the Covid-19 pandemic era. In recent years, the middle power informal forum MIKTA, consisting of Mexico, Indonesia, South Korea, Turkey, and Australia has been accused of being dysfunctional with lack of significant contributions towards multilateralism. Moreover, during the Covid-19 pandemic, MIKTA member states struggle to resolve domestic issues such as rising infections rate and economic recession, which indicate their withdrawal from regional and multilateral affairs. This article proves otherwise. The author argues that despite facing domestic problems related to Covid-19, MIKTA member states remain committed towards multilateralism through exemplary domestic regulations and regional contributions in a new public diplomacy role MIKTA has never taken before: health diplomacy. This descriptive-quantitative research implements quasi-experimental method by selecting five states representing middle powers from various regions and examine their health diplomacy role in domestic, regional, and multilateral affairs using indicators from Neo-Liberalist and Constructivist perspectives. This article concludes that MIKTA member states' role in health diplomacy remain essential in supporting global health diplomacy efforts during the pandemic. Domestically, Australia and South Korea's effective Covid-19 containment policy have served as an example for other states to follow. Regionally, MIKTA member states' assistance towards neighboring states highlight their commitment towards regional leadership. Multilaterally, all MIKTA member states have unanimously agreed on the need to support Covid-19 vaccine availability for all countries.

Keywords: Middle Power, Health Diplomacy, Covid-19, MIKTA

INTRODUCTION

This article tends to examine MIKTA member states' roles in health diplomacy during the Covid-19 pandemic. MIKTA was formed during the United Nations (UN) General Assembly session on 25 September 2013 as a ministerial-level informal forum, which consists of five like-minded middle power states, namely Mexico, Indonesia, South Korea, Turkey, and Australia (Karadeniz, 2020). Middle powers are states capable of asserting foreign policies to support common good in the

international system, without being dependent on great powers' interests and decisions (Hidayatullah, 2017).

All MIKTA member states have some characteristics in common, being democratic and economically progressive states, as well as members of The Group of Twenty (G20) intergovernmental forum, with different agenda to other multilateral groupings such as The Group of Seven (G7) and BRICS (Kim, Haug & Rimmer, 2018). On the other hand, MIKTA member states remain unique, as they tend to represent various regions in the world during the UN and G20 meetings, becoming the voice of neighboring states and a bridge between develop and developing states in multilateral diplomacy (Cooper, 2015 & MIKTA, 2015). Since its initiation, MIKTA's public diplomacy has been active in seven low-political issues, i.e., energy access, counterterrorism and peacekeeping, economic development, gender equality, democratic promotion, human rights, and sustainable development (Islam, 2019).

However, in recent years there is growing skepticism questioning MIKTA's role in middle power diplomacy. MIKTA has been accused of being a dysfunctional middle power group with lack of significant contributions towards multilateralism. Firstly, MIKTA cannot be categorized as an established International Organization due to lack of institutional, procedural and performance legitimacy (Karadeniz, 2020). Secondly, MIKTA member states prefer to uphold national interest, which made the group highly affected by domestic regulations and budget cuts (Kim, Haug & Rimmer, 2018). Finally, MIKTA is still an incomplete partnership which mainly relies on foreign ministerial cooperation, not yet a Summit or head-of-states forum (Cooper, 2015).

Moreover, during the Covid-19 pandemic MIKTA member states struggled to resolve domestic problems, which indicate their withdrawal from regional and multilateral affairs (Karadeniz, 2020). From January 2020 to August 2021 among MIKTA member states, Turkey has the highest Covid-19 confirmed cases, with Mexico having the highest death rate due to the pandemic (WHO, 2021). In response to rising Covid-19 infection rates, all MIKTA member states have domestically implemented lockdowns, especially throughout metropolitan areas. Consequently, the five middle powers faced economic recessions, indicated by low growth rates and unemployment (Karadeniz, 2020).

The author argues that despite facing domestic challenges due to Covid-19 pandemic, MIKTA member states remain committed towards multilateralism by taking a new role in health diplomacy. Unlike G7 and BRICS which seek a more prominent role to reform the international order, MIKTA's diplomacy tend to support common good within the current international system (Cooper, 2015). Thus, it's important to examine MIKTA member states' health diplomacy during Covid-19 pandemic in domestic, regional, and multilateral scopes.

Literature Review

This literature review is divided into two sections. The first section tends to identify the characteristics of MIKTA's public diplomacy, which differentiates it from other multilateral groupings among G20 most advanced economies in the world, which are the G7 and BRICS. The second section discusses how Covid-19 pandemic influenced MIKTA to take a new role in health diplomacy.

Initially, it's important to distinguish the roles of G7, BRICS and MIKTA in public diplomacy; because MIKTA's performance has been criticized for not achieving much multilateral contributions as compared to BRICS. In fact, the G7, BRICS and MIKTA have served different roles in multilateralism. The Group of Seven (G7) is an intergovernmental forum of the world's most advanced economies (UK, US, Canada, Japan, Germany, France, Italy, and EU), which meet in annual summits to discuss global issues such as economy, climate change and recently Covid-19 pandemic to maintain a major role in the *status quo* international system (G7:2021). On the other hand, BRICS is a middle power forum (Brazil, Russia, India, China, and South Africa) which meet in annual summits to reform the international system through coordination in international meetings and developing agenda for cooperation in economic and political affairs (Islam, 2019).

Conversely, MIKTA is a middle power informal forum (Mexico, Indonesia, South Korea, Turkey, and Australia) which meet during G20 and UN sessions, as well as limited MIKTA meetings represented by foreign ministers, not heads of states (Cooper, 2015). MIKTA's objective is not to reform the current international order, but to support global causes and other like-minded states through multilateral diplomacy. Thus, MIKTA's cooperation and development is less formal than BRICS, which gives MIKTA member states flexibility in responding towards global issues in domestic, regional and multilateral scopes (Kim, Haug & Rimmer, 2018).

Before the Covid-19 pandemic from 2014 until 2018, MIKTA conducted public diplomacy by issuing Foreign Ministers' Joint Statements on up-to-date international issues including counterterrorism, human rights promotion, gender equality, climate change, etc. The only time MIKTA released a joint statement related to health security was during the Ebola outbreak in 2014, although without a follow-up foreign policy (Kim, Haug & Rimmer, 2018). Conversely since Covid-19 pandemic, MIKTA's role in health diplomacy became prominent not only in joint statements but also followed with foreign policy by each member state as well as collectively (Karradeniz, 2020).

METHOD

This descriptive-quantitative research implements a quasi-experimental approach to compare situational changes within a designated population when an intervention takes place. A quasi-experiment is done by understanding the characteristics of a target population and its objectives; selecting a sample of units from the population to become an intervention group; selecting another sample of units to become a comparison group; and examining differences between the intervention and comparison groups (James, Garbutt & Simister, 2017). This research starts by explaining middle powers’ roles in regional and multilateral affairs as a target population; identifying examples of G7 and BRICS member states’ current health diplomacy as a comparison group; selecting MIKTA member states as samples of middle powers and an intervention group; and examining the difference between MIKTA member states’ health diplomacy during Covid-19 pandemic to highlight its unique characteristics compared to other middle power groups.

Middle Powers’ Roles in Regional and Multilateral Affairs

The term ‘middle power’ traditionally refers to states which are lower than great powers but higher than small powers in terms of hard power, such as economic and military capabilities (Jordaan, 2003). Middle powers also conduct diplomacy to obtain leadership on low political issues to demonstrate their unique role as compared to great powers (Gilley, 2012). Additionally, middle powers use soft power to build coalitions with other like-minded states in multilateral forums to achieve mutual goals (Neack, 2008). In short, middle powers determine their foreign policy strategies by utilizing their most strategic power resources, such as hard power, diplomatic behavior and/or soft power (Hidayatullah, 2017). Conclusively, by using Realist, Neo-Liberalist and Constructivist perspectives, middle powers’ roles in regional and multilateral affairs could be categorized as Enforcer, Assembler and Advocate.

Approach (middle power resources)	Regional or Multilateral Role	Middle Powers’ nature in relation to other states in its region
Realism (Hard power)	Enforcer (China & Russia)	Fear, able to enforce policy, lack of trust, smaller powers dependent on middle power
Neo-Liberalism (Diplomatic behavior)	Assembler (Brazil, India, Indonesia, Mexico, South Africa & Turkey)	Trust, long term mutual consultation, institutionalized cooperation, no veto, lack of force, non-interference
Constructivism (Soft power)	Advocator (Australia, Canada & South Korea)	Issue-based coalition, <i>ad hoc</i> , beyond regional diplomacy, short term influence, needs to be frequently renewed through agreements and protocols

Table 1. Middle Power Roles based on their Resources (Hidayatullah, 2017).

First, based on Realism, Enforcers are middle powers with hard power capability. Hard power indicators include higher military budget and spending compared to neighboring states, having military technology and skilled military force (Holbraad, 1984). Enforcers are capable of enforcing policies towards their neighboring states, especially on issues where smaller powers in the region are dependent on the middle power (Baldwin, 2013 & Griffiths, 2008). Consequently, there is an element of fear and lack of trust within the relationship between a middle power Enforcer and their neighboring states (Hidayatullah, 2017).

China and Russia are examples of middle power Enforcers. China secures its regional influence by limiting the United States' involvement in Taiwan through the One China Policy and dominating the South China Sea based on the nine dash lines principle (Pant, 2012 & Taneja, 2014). On the other hand, Russia can provide energy supplies for its former Soviet neighboring states, preventing European powers from influencing the region (Tsygankov, 2010).

Secondly in line with Neo-Liberalism, Assemblers are middle powers with diplomatic behavior (Hidayatullah, 2017). Assemblers assert leadership in institutionalized regional organizations and maintain cooperation with neighboring states through long term mutual consultation (Cho, 2012). As a result, the relationship between a middle power Assembler and its neighboring states is based on trust, without force, veto power or intervention towards neighboring states' domestic affairs (Hurrell & Cooper, 2000). Furthermore, middle power Assemblers participate in multilateral forums such as the UN and G20 to represent regional interests on behalf of their neighboring states (Lee, 2014 & Guzzini, 2013).

Brazil, India, Indonesia, Mexico, South Africa, and Turkey are examples of middle power Assemblers. All middle power Assemblers demonstrate leadership in regional institutions, such as Brazil in Mercosur, India in the South Asian Association for Regional Cooperation (SAARC), Indonesia in the Association of Southeast Asian Nations (ASEAN), Mexico in the Community of Latin American and Caribbean States (CELAC), South Africa in the African Union (AU) and Turkey in the Organization of Islamic Cooperation (OIC) (Cooper, 2015). Middle power Assemblers also collaborate in middle power groupings such as Brazil, India, and South Africa in IBSA and BRICS, whereas Mexico, Indonesia and Turkey are involved in MIKTA.

Finally, according to Constructivism, Advocators are middle powers with soft power capability (Hidayatullah, 2017). Advocators usually build coalitions with other middle powers beyond their region to accomplish mutual goals in multilateral forums (Lee, 2015). Coalitions between middle power Advocators are *ad hoc* and short term, based on specific low political issues (Scott, 2013). The role of an Advocator is to assist coalition member states to conduct policies and collaborative action based on the forum's agreed decisions in responding to specific international issues (Nye, 2008). Therefore, Advocators need to frequently renew their coalition with other

middle powers through agreements and protocols in accordance with current international issues (Bezglasnyy, 2013).

Australia, Canada, and South Korea are examples of middle power Advocators. Middle power Advocators promote their role through image branding foreign policies, such as Australia's 'Creative Diplomacy', Canada's 'Niche Diplomacy' and South Korea's 'Global Korea' policies (Lee, 2014). Canada, Australia, and South Korea have also been active in promoting low political issues such as democracy, free trade, and sustainable development. Furthermore, Australia and South Korea have participated in MIKTA to promote collaborative policies on counterterrorism, human rights promotion, gender equality, and climate change (Kim, Haug & Rimmer, 2018).

This research utilizes indicators of middle power roles based on their resources according to Neo-Liberalist (diplomatic behavior) and Constructivist (soft power) perspectives to examine MIKTA member states' health diplomacy roles during Covid-19 pandemic in domestic, regional, and multilateral affairs. Indicators of middle power roles used on this research include diplomatic behavior indicators (trust, long term mutual consultation, institutionalized cooperation, no veto, lack of force, and non-interference) and soft power indicators (issue-based coalition, *ad hoc*, beyond regional diplomacy, short term influence, needs to be frequently renewed through agreements and protocols). Contrarily, this research does not use indicators of middle power roles based on hard power (fear, able to enforce policy, lack of trust, smaller powers dependent on middle power), because they do not represent MIKTA member states' foreign policy behavior in regional and multilateral affairs.

Health Diplomacy

Health is a primary concern for every nation, as every state requires a healthy population to develop its economy productively (Kickbusch & Erk, 2009). When the World Health Organization (WHO) declared Covid-19 a pandemic on 11 March 2020, states struggled to revive their economy as lockdowns disrupted the global supply chain (WHO, 2020). The interdependent nature of global health requires states to collaborate national health policies with foreign policy and diplomacy (Kickbusch & Erk, 2009). Therefore, to attain global health, states need to implement strategic domestic health policies as well as cooperate internationally to curb the spread of diseases (Chattu & Chami, 2020).

The term 'Health Diplomacy' or 'Global Health Diplomacy' refers to formal negotiations, partnerships, and interactions between state and non-state actors in the issue of global health (Katz, 2011). Health diplomacy can further be classified into core, multi-stakeholder, and informal diplomacy. First, Core Diplomacy refers to formal bilateral and multilateral negotiations between states producing treaties and

agreements, for example in the World Health Assembly and health assistance agreement between donor and receiving states (Chattu, 2014 & Katz, 2011). Secondly, Multi-Stakeholder Diplomacy is partnership between states, non-states and multilateral actors negotiating health issues, for instance USAID, NGOs, WHO, etc. (Chattu, 2014 & Katz, 2011). Finally, Informal Diplomacy involves officials and semi-official representatives in public health, such as government officials, private funders, aid donors and recipients, NGOs, etc. (Chattu, 2014 & Katz, 2011).

This research focuses on multi-stakeholder diplomacy, i.e., MIKTA member states' regional and multilateral cooperation on health diplomacy, as well as collaboration with non-state entities such as the WHO and COVAX. Throughout Covid-19 pandemic, states play a primary role in policymaking and health diplomacy, starting from enforcing lockdowns, distributing humanitarian aid and medical kits to other countries, lobbying for vaccines, as well as approving emergency use of test kits. Additionally, MIKTA member states support global health diplomacy efforts by collaborating with non-state entities such as the WHO, COVAX and aid donors. Thus, this research examines to what extent MIKTA member states' health diplomacy during Covid-19 pandemic have implemented the indicators of middle power roles (diplomatic behavior and soft power) in the context of multi-stakeholder diplomacy.

G7 and BRICS Member States' Health Diplomacy during Covid-19 Pandemic

Before examining MIKTA's role in health diplomacy, we need to understand previous health diplomacy efforts done by G7 and BRICS member states during Covid-19 pandemic to distinguish it with MIKTA's role. Due to the Covid-19 pandemic, countries around the world need assistance as they face limited availability of healthcare equipment and medical workers (Gauttam, Singh & Kaur, 2020). Both the United States (US) as a member of the G7 and China as a member of BRICS have not successfully established global leadership in dealing with Covid-19 pandemic (Grenville & Leng in Bland, 2020). In response, other actors besides the WHO, G7, BRICS and the EU are involved in health diplomacy, such as MIKTA (Chattu & Chami, 2020).

Before the Covid-19 pandemic, the G7 had been known for various health diplomacy efforts for instance organizing the International AIDS Conference held by the Group of Eight (G8) and signing the Oslo Declaration on elaborating global health issues with foreign policy (Chattu, 2014). However, G7 member states such as the US and UK did not prepare earlier in responding to the Covid-19 outbreak, which resulted in rising Covid-19 infections locally (Lee & Kim, 2020). The US and EU have also been criticized for not providing humanitarian aid to developing countries earlier, which triggered USAID to provide US\$274 million through the UNHCR to help 64 developing countries during the pandemic (Gauttam, Singh & Kaur, 2020).

Conversely, BRICS' international agenda has primarily been about reforming the international economic and political system, which is currently dominated by G7 member states. Hence, the G7's absence of global leadership on health diplomacy during Covid-19 pandemic has provided an opportunity for BRICS member states to attain a major role in health diplomacy. Among BRICS middle powers, China is probably the most influential member state, providing two-thirds of funding for the group (Islam, 2019).

As a middle power Enforcer, China joins the race with G7 member states in manufacturing and distributing the most effective Covid-19 vaccines as health diplomacy (Rudolf, 2021). Developing countries in Latin America, Southeast Asia and the Arab world currently depend on vaccines produced by five Chinese manufacturers (Rudolf, 2021), indicating how smaller powers rely on a middle power Enforcer (Hidayatullah, 2017). Besides that, China has also provided medical and financial assistance to European states such as Belgium, the Czech Republic, France, Italy, Hungary, Serbia, and Spain (Gauttam, Singh & Kaur, 2020). Conclusively, China's health diplomacy as a middle power Enforcer currently competes with G-7 member states in providing medical and economic aid for countries around the world during Covid-19 pandemic.

RESULT AND DISCUSSION

Unlike G7 member states which seek to maintain the current international leadership and BRICS member states which strive to reform the international order dominated by the G7, MIKTA member states collaborate to support mutual causes in the current international system through flexible policies in domestic, regional, and multilateral affairs (Kim, Haug & Rimmer, 2018). In terms of health diplomacy, middle power Advocators Australia and South Korea shared medical kits and promoted effective domestic Covid-19 containment policy as an example for other states to implement. On the other hand, middle power Assemblers Mexico, Indonesia and Turkey provided aid and lobbied various international entities to ensure neighboring countries in their regions receive humanitarian and financial assistance during the pandemic. Together, MIKTA member states extend the scope of health diplomacy beyond regional affairs through multilateral platforms such as the UN and G-20, while representing regional interest for international assistance by supporting COVAX.

MIKTA Member States' Domestic Health Diplomacy during Covid-19 Pandemic

Middle powers' domestic health policies are considered as health diplomacy when they directly or indirectly bring significant impact towards other countries' policies. For example, in multi-stakeholder diplomacy, it's important for states to

conduct policies by collaborating with other states and non-state entities, to contribute towards global health diplomacy (Chattu, 2014 & Katz, 2011). Moreover, during the Covid-19 pandemic era states cannot solely rely on domestic policies to curb infection rates and recover from economic recession (Oliver, in Bland, 2020).

Among MIKTA member states, Indonesia, Mexico, and Turkey have not been able to practice health diplomacy through domestic policies during the pandemic. Indonesia had experienced one of the worst cases of Covid-19 outbreak in Asia, with limited funding to alleviate economic recession and unemployment (Rajah in Bland, 2020). In addition, Mexico had one of the highest Covid-19 death rates among MIKTA member states, while Turkey became the second most affected state in the Western region (WHO, 2021). Fortunately, Australia and South Korea have demonstrated exemplary domestic Covid-19 containment policies and assisted other states in carrying out similar policies.

Firstly, Australia has implemented an effective containment policy during early stages of the Covid-19 outbreak, which slowed down the virus's spread of infections (Grenville & Leng in Bland, 2020). This containment policy involved travel protocols, trade facilitation, supporting Covid-19 vaccines development and maintaining plentiful supply of medical equipment for emergency use (Bland, 2020). As a result, Australia is capable of handling both the health and economic impact of the pandemic's first wave within its national borders (Dayant & McLeod in Bland, 2020).

On the other hand, South Korea had also implemented exemplary domestic regulations in containing the spread of Covid-19 transmission (Lee & Kim, 2020). During the early Covid-19 outbreak, South Korea received a sample of the virus from the Chinese government, which gives researchers the opportunity to produce test kits capable of detecting the virus (Jeong, 2020). When Covid-19 infections occurred in South Korea, the government was already prepared to conduct free massive testing, contact tracing, and quarantining serious cases without enforcing lockdowns or travel bans (Lee & Kim, 2020). Additionally, the government had also closed places of mass gathering and moved educational activities online (Jeong, 2020).

After successfully implementing domestic regulations to contain the pandemic, Australia provided policy recommendations to help other states facing similar health and economic consequences related to the pandemic (Pryke in Bland, 2020). South Korea's successful experience in domestic Covid-19 regulations have also benefited other countries during the pandemic. Other states have also adopted similar policies to South Korea, such as walk through and drive through testing, Covid-19 awareness campaign in mass media and publishing daily updates related to Covid-19 cases through social media (Lee & Kim, 2020).

MIKTA Member States' Regional Health Diplomacy during Covid-19 Pandemic

Middle power Assembler's role in regional affairs is characterized by long term mutual consultations based on trust, institutionalized cooperation, and lack of force, veto, or interference towards other countries' domestic affairs (Hidayatullah, 2017). In the context of multi-stakeholder diplomacy, MIKTA member states' regional health diplomacy during Covid-19 pandemic include enhancing mutual consultations with other countries based on trust; utilizing established regional organizations for collaborative action; and providing aid to other countries without intervening towards their domestic affairs. All MIKTA member states have successfully conducted regional health diplomacy during the pandemic.

First, Australia enhanced mutual consultation by initiating the Indo-Pacific Center for Health Security partnership which provided credible information, research laboratory, and national coordination to strengthen governments' capacities and facilities in preventing, detecting, and responding towards public health problems. Besides that, Australia worked together with a regional organization under the ASEAN-Australia Health Security Program, which allocated funding for research and improving health systems among communities and the environment between Australia and Southeast Asian states (Australian Government, 2020). Additionally, to mitigate the economic downturn due to the pandemic, Australia had provided aid to its seventeen out of twenty closest neighboring states without intervening their domestic policies (Pryke in Bland, 2020).

Secondly, Indonesia has reached an agreement with other Southeast Asian states to help one another during the pandemic through collaborative policies, as stated during the ASEAN Summit on 14 April 2020 (Australian Government, 2020). On the regional level, Indonesia worked together with Australia on the ASEAN-Australia Health Security Program to reinforce regional health engagement (Australian Government, 2020). Furthermore, Indonesia helped other countries facing various problems during the pandemic by sending 38 military personnel to help tackle Australia's bushfires in New South Wales, provided humanitarian aid to Fiji affected by typhoon Harold, and assisted Covid-19 treatment for communities in the Central African Republic, Congo, and Lebanon through Indonesian peacekeepers (Sari, 2020). Indonesia had also facilitated medical supplies delivery from China through the Ministry of Defense and Indonesian military's humanitarian aid operation (Sari, 2020). Those medical assistance from China have also benefited ASEAN member states in general (Gauttam, Singh & Kaur, 2020).

Thirdly, Mexico is known as a regional leader of the Community of Latin American and Caribbean States (CELAC) (Cooper, 2015). Mexico represented CELAC in the UN Security Council on 17 February 2021 to criticize the unfair distribution of vaccines to third world states, especially when Western states prioritize their region on vaccine distribution. Mexico had also lobbied the G-20 to make sure

developing states are not restricted to Covid-19 vaccines access. Consequently, Mexico supported WHO's Covid-19 Vaccines Global Access initiative (COVAX) project to produce 250 million doses of vaccines in 2021, which will run clinical trials in Argentina, then packed and distributed in Mexico to other Latin American countries (Valderrama, 2021).

Next, the South Korean government has instructed 30 firms to produce masks and test kits. Medical equipment produced by Korean firms will not only be enough for domestic needs, but also to be exported to other countries including the US (Lee & Kim, 2020). This policy provides medical supplies for other countries to help them implement various Covid-19 containment measures, which had been successfully practiced previously in South Korea (Lee & Kim, 2020).

Finally, Turkey managed to help other states by providing Covid-19 humanitarian packages despite being one of the most severely affected country in the region. Initially, Turkish airlines helped evacuate foreign citizens from Canada, the US, UK, Germany, Italy, South Korea, Russia, Indonesia, and India from Wuhan when the first outbreak occurred (Wasilewski, 2020). Afterwards, Turkey had received 50,000 rapid detection kits and shared medical knowledge from China (Gupta & Singh, 2020). Then in March 2020, Turkey enhanced cooperation with private firms to produce test kits and breathing devices (Gungor, 2021).

Once the humanitarian packages are ready, the Turkish government distributed aid (TurAid) reaching out to 140 countries in total, including the US, UK, China, Spain, Italy, as well as Balkan and African countries (Aksoy, 2020 & Colakoglu, 2020). TurAid packages contain medicines, gloves, masks, goggles, test kits, disinfectants and ventilators (Gungor, 2021). Some countries in the Balkan and African region also received ambulances from Turkey (Colakoglu, 2020). As a result, Turkey's health diplomacy through humanitarian packages distribution has strengthened its diplomatic position among European countries, who have been criticized for their late response in helping developing countries during the pandemic (Wasilewski, 2020).

MIKTA's Multilateral Health Diplomacy during Covid-19 Pandemic

Middle power Advocate's role in multilateral affairs is characterized by *ad hoc* and issue-based coalition, beyond regional diplomacy, and having short term influence which needs to be frequently renewed through agreements and protocols (Hidayatullah, 2017). In the context of multi-stakeholder diplomacy, MIKTA member states' multilateral health diplomacy during Covid-19 pandemic include having consensus on the need to conduct health diplomacy on behalf of MIKTA, representing developing countries' interest for international assistance in the G20 and UN forums, and strengthening commitment in global health diplomacy by supporting COVAX.

First, MIKTA member states have unanimously agreed on the need to conduct health diplomacy on behalf of MIKTA, not limited to each member states' independent foreign policies. MIKTA's health diplomacy during the Covid-19 pandemic started on 10 April 2020 by launching a Joint Statement on Global Health. This joint statement emphasized MIKTA member states' commitment to strengthen communication and cooperation with major countries to join the global policy coordination in overcoming Covid-19. One of MIKTA's agenda is to keep the economy running by removing unnecessary trade barriers and facilitate the movement of people and goods for humanitarian, scientific and business purposes, while respecting each state's domestic regulations in curbing the spread of the virus (MOFA, 2020).

Furthermore, MIKTA member states have implemented their health diplomacy agenda on a national level through coordinated domestic policy making between MIKTA member states' legislative bodies. On 17 December 2020, MIKTA Speakers' Consultation invited each member state's speakers of the House of Representatives and Senates to enhance partnership on Covid-19 information sharing, vaccine distribution, economic cooperation amidst the crisis, and global health governance centered on the WHO (Da-min, 2021). Being the bridge between develop and developing states, MIKTA member states have unanimously agreed on the need to support international efforts in providing Covid-19 vaccine availability for all countries.

Secondly, when participating in multilateral forums such as the UN and G20, MIKTA member states would represent the interest of neighboring states from their respective regions. During the 17th MIKTA Foreign Ministers' Meeting on 17 July 2020, MIKTA member states decided to extend cooperation in overcoming Covid-19 through multilateral organizations such as the United Nations (Colakoglu, 2020). Interestingly on 21 September 2020, President Moon Jae-In spoke on behalf of MIKTA during the High-level Meeting to Commemorate the 75th Anniversary of the United Nations, which marks the first time MIKTA was officially represented by a head of state in the UN, no longer limited to foreign ministers' representation (United Nations, 2020). During the UN meeting, President Moon accentuated MIKTA member states' contribution in health diplomacy.

For instance, Australia adopted the resolution launching an impartial, independent, and comprehensive evaluation on the role of WHO in handling the health crisis (Lemahieu, in Bland, 2020). During a G-20 meeting, Prime Minister Scott Morrison had also emphasized the need for international support towards Pacific Island states during the pandemic (Dayant & McLeod in Bland, 2020). While the US withdrew its funding from the WHO, Australia organized a consortium of donors to fund the WHO, as well as promoting a stronger legal authority for WHO's programs related to Covid-19 response (Lemahieu, in Bland, 2020).

On the other hand, Indonesia strived to support Covid-19 vaccine availability for all countries through bilateral and multilateral lobbying. As vaccine producing states compete with one another in health diplomacy, a lot of developing states do not have sufficient resources to produce or purchase vaccines for their citizens (Wangke, 2021). As a result of Indonesia's diplomacy, the UN General Assembly has approved a resolution on Global Health and Foreign Policy: Strengthening Health System Resilience through Affordable Healthcare for All (Wangke, 2021).

Meanwhile, Mexico drafted the resolution on improving global access to medicines, vaccines, and medical equipment (Valderrama, 2021). Besides that, Turkey promoted global solidarity through humanitarian aid distribution (Colakoglu, 2020). Finally, South Korea strengthened healthcare cooperation with other middle powers as the current chair of MIKTA (United Nations, 2020).

Finally, during the 18th MIKTA Foreign Ministers' Meeting on 3 February 2021 via video conference, MIKTA member states decided to support WHO's Covid-19 Vaccines Global Access initiative (COVAX). Currently, COVAX is the only multilateral platform which attempts to provide free Covid-19 vaccine doses for developing countries (Valderrama, 2021). MIKTA supports COVAX by providing Covid-19 Tools Accelerator and COVAX facility along with other UN member states. Besides supporting COVAX, Indonesian Foreign Minister Retno Marsudi highlighted the need for MIKTA to promote multilateralism while strengthening cooperation in the creative digital economy to overcome economic difficulties during the pandemic (Kemlu, 2021). MIKTA's meeting ended with a concrete result of establishing MIKTA Development Cooperation Agency Network (DCAN) to support long-term development among MIKTA member states.

Conclusion

This article concludes that MIKTA member states' role in health diplomacy during the Covid-19 pandemic remain significant in domestic, regional, and multilateral affairs. Domestically, Australia and South Korea's effective Covid-19 containment policies have served as an example for other states to follow. Regionally, MIKTA member states' assistance towards neighboring states highlight their commitment towards regional leadership. Multilaterally, all MIKTA member states have unanimously agreed on the need to support Covid-19 vaccine availability for all countries.

Unlike the G7 and BRICS member states' competitive health diplomacy, MIKTA implements collaborative health diplomacy which supports international actors' efforts on the same cause (Kim, Haug & Rimmer, 2018). MIKTA member states have both the political will to collaborate, and the resources required to support global governance by establishing common grounds among middle powers,

connecting regional organizations, representing neighboring states' interests, information sharing, applying agreed principles and guidelines, while implementing policies based on best practices (MIKTA, 2015).

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