



Sino-Japanese Rivalry in Health Diplomacy Issue in Southeast Asia

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Abstract

Covid-19 pandemic brought extraordinary effects to countries, not only in the business sector, but also in the health sector. Every country tries to formulate policy in battling the pandemic through domestic policies or cooperation with other countries, including countries in Southeast Asia. Southeast Asia as a region is having huge population and economically strategic region, thus making Covid-19 pandemic giving a huge challenge. China and Japan are countries with the biggest economic ties with countries in the region, and both countries are giving aids to countries in Southeast Asia to battle the pandemic through health diplomacy. China and Japan are making health diplomacy policies through vaccine's aids or other health related aids. Based on this condition, this article is trying to assess the rivalry between China and Japan in conducting health diplomacy in Southeast Asia region as both countries are having dominant position in the region. This research employs literature study to analyze the rivalry between China and Japan in the health diplomacy sector. This research shows that China and Japan is competing with each other in the health diplomacy sector to influence the countries in the region. This research is also assessing and explaining the differences in strategy between China and Japan in developing health diplomacy strategy in the Southeast Asia region.

Keywords: *Sino-Japanese Rivalry; Health Diplomacy; COVID-19 Pandemic*

Introduction

The World Health Organization (WHO) designated the COVID-19 outbreak as a pandemic since March 11, 2020. Countries in Southeast Asia are also affected by the pandemic, with the total number of cases stand at 7,856,241 on August 6, 2021. However, the number is considerably higher, especially for countries with an underdeveloped medical system, as the cases are often unreported and undiagnosed. Countries such as Indonesia, Malaysia, and Vietnam have a severe second-wave of infection, partly because of the spreading of mutated strains, particularly the Delta variant.

Countries worldwide, especially developing countries, are rallying for international cooperation and coordination to tackle the pandemic effectively. However, in reality, international cooperation in the multilateral stage is relatively scarce. Countries are resorting to bilateral avenues to fight the pandemic. As a result, health takes center stage in countries' foreign policy. Health incorporation in countries'

foreign policy is emanated from two perspectives, inward-looking and outward-looking. Countries practice an inward-looking policy to save their population first by imposing extraordinary measures like export bans or policies prioritizing their population for vaccination (Hassoun, 2021). Meanwhile, countries engaged in health diplomacy by sending medical supplies and assistance are examples of an outward-looking policy.

This article limits its scope in the health diplomacy practice conducted by China and Japan in Southeast Asia during the COVID-19 pandemic. China and Japan are two countries that actively engaged in health diplomacy during the COVID-19 pandemic in the Southeast Asia region. Both countries engaged in health diplomacy by providing aid and assistance to other countries. For example, Japan is the largest donor for COVID-19 related development assistance among the Organisation for Economic Cooperation and Development (OECD) Development Assistance Committee (DAC), committing to USD 2,991 million (OECD, 2020).

Southeast Asia holds a vital role for both China and Japan. It serves as a strategic location for trade routes to other regions for both countries. As the two most considerable power in Asia, both China and Japan want to exert their influence in the region. The competition for influence in the region is often taking shape in a rivalry between China and Japan, which shaped the Sino-Japanese rivalry argument. Hence this article attempt to use health diplomacy strategies from both countries as a case to examine whether and in what capacity the Sino-Japanese rivalry happened using the health issue as the main foreign policy tool. The method for achieving those objectives requires this article to distinguish between the approaches and aims of China's and Japan's health diplomacy strategies. This article is novel in combining two conceptual lenses of health diplomacy and Sino-Japanese rivalry. Health diplomacy is a somewhat relatively under-utilized concept in the International Relations study.

The following section of the article will define the health diplomacy concept used in the study. The article proceeds by building the Sino-Japanese rivalry argument in the region. The comparison of both countries' strategies is presented by explaining both countries' health diplomacy strategies in the Southeast Asia region. The consecutive section analyzes China's and Japan's health diplomacy strategy by focusing on the approaches and aims of both countries. The conclusion of this paper will discuss the possible future of health utilization in foreign policy in the region and the rivalry between China and Japan.

Defining Health Diplomacy

Health diplomacy is a relatively new issue in the issue of diplomatic studies and international relations. Most of the research in health diplomacy issues often emerges from the public health perspective. International Relations scholars differentiate health diplomacy into two large focuses. First, health diplomacy research focuses on balancing the promotion of global health on the one hand and the actor's national interest on the other hand. The second focus of health diplomacy study focuses on the health diplomacy instrument, whether it is conducted in multilateral, regional, or bilateral forums. However, this article proposes that both focuses are in line with one country's strategy in health diplomacy strategy. Countries may exercise their health diplomacy in multi-level forums, and countries may still need to balance their priorities between global public health and one's national interest.

Health diplomacy or medical diplomacy is often considered one of the soft power instruments by providing medical assistance or aid to attain national goals. Fauci reiterates this notion by defining health diplomacy as the process of exporting medical care, expertise, and personnel to help those who need it the most, intending to win the hearts and minds of people in emerging countries (Fauci, 2007). Feldbaum and Michaud accept that serving one nation's interest is controversial in health diplomacy, but it is a growing reality in practice (Feldbaum & Michaud, 2010). Both of these argument shows that health can be utilized and has been utilized as a foreign policy tool.

Health diplomacy often serves as a means by which a country tries to persuade the recipient country's perception towards itself. From this point of view, health-related assistance is useful to soften or alter the recipient's party towards the donor party. the Katz et al. argued that the United States' investment in global health initiatives, specifically targeting local communities, would change the negative perception towards the United States for the better (Katz et al., 2011). Concurring the sentiment, Vanderwagen states that countries must deploy health intervention to resolve chaos and social instability, or in his own words, winning hearts and minds (Vanderwagen, 2006).

Studies have set several practical examples of health diplomacy practice. As a pioneer of health diplomacy, Cuba sent several health initiatives to other Latin American countries, such as Nicaragua, Guatemala, and Venezuela (Waller et al., 2017). In return, Cuba often received economic deals with its partner. For example, Cuba received 90.000 barrels of oil per day from Venezuela in 2011 at a much lower price of USD 25 per barrel compared to the market price of USD 112 per barrel (Bliss, 2011). Brazil sets another example of how health diplomacy can be utilized as a soft power instrument. Brazil achieved successful precedence on dispute negotiation, between the United States and Brazil, on HIV/AIDS medical treatment availability. The dispute took place within the World Trade Organization (WTO) framework, where the United States challenged Brazil's policy in producing antiretroviral (ARV) medicine locally, for alleged discrimination against imported products. Brazil's success in the negotiation puts Brazil as the champion of global health diplomacy, which affects Brazil's position on other health issues on international stages, for example, in the negotiation for the Framework Convention on Tobacco Control (FCTC) (K. Lee et al., 2010).

Health diplomacy is also growing in number during an infectious diseases outbreak. Aside from pushing countries' national interest, health diplomacy and cooperation effort also benefit global health as countries worldwide are seeking the best solution to tackle the problem. During the Severe Acute Respiratory Syndrome (SARS) outbreak in 2003, the United States and China cooperate in developing an analysis and surveillance system where the system is utilized as a preventive measure to stop the disease from spreading (Bouey, 2019). The United States also made a significant effort to tackle the next pandemic, the H1N1 pandemic or swine flu pandemic. The United States, Canada, and Mexico cooperate in battling the H1N1 pandemic by sample sharing and vaccine distribution (Ear, 2016). Moreover, the Pan American Health Organization (PAHO), a specialized agency of the United Nations, and the United States Centers for Diseases Control and Prevention (CDC) provide Mexico with technical training, such as epidemiologic investigation, laboratory diagnosis, and outbreak management (Katz, 2009). During the Ebola outbreak in 2016, significant bilateral and multilateral efforts were made to contain the epidemic. United Nations designated United Nations Mission for Ebola Emergency Response (UNMEER) as the hub for international coordination, accounting for over USD 5 billion in donations (Kamradt-Scott et al., 2015). Significant bilateral efforts were also made by countries such as China and the United States. Although both countries spent many resources helping other countries impacted by the Pandemic, China and the United States received different opinions. The recipients perceived China's efforts are less effective than the contribution pledged by the United States and its allies (Kamradt-Scott et al., 2015).

Constructing Sino-Japanese Rivalry in Southeast Asia

This article builds the definition of the rivalry concept to understand the construction of the Sino-Japanese Rivalry argument. Vasquez (2009) defines rivalry as a competitive relationship between two international actors with relative equality regarding critical issues to the parties. Vasquez describes that rivalry is governed over 'material capability' and in 'psychological hostility.' In Vasquez's words, psychological hostility is the state of competition between countries that are governed primarily by their attitude towards each other rather than by the stakes at hand.

While Vasquez defines rivalry as a concept similar to the competition, other studies distinguish competition from rivalry. Rivalry is distinct from competition from the nature of the interaction. While

competition is anonymous in nature, a rivalry is characterized by its non-anonymity. In rivalrous interaction, each actor understands that their independent actions will affect another party and vice versa (Kuenne, 1989). Rivalry is often defined as a zero-sum game between contracted parties.

Inquiries often arise whether rivalry is present between actors with lopsided capabilities. Diehl and Goertz (2000) suggest that rivalry should not be interpreted in equal terms by looking at the case of India-Nepal relations. Moreover, rivalrous relations can happen unilaterally, which means that rivalry can be constructed as long as one party interprets another party as its rival (Hirono, 2019). In other words, if Party B does not acknowledge Party A as its rival, as long as Party A believes and designates Party B as its rival, rivalry relations can be constructed.

Scholars often studied rivalry in international relations from the perspective of armed conflict between countries. However, recent development in the field showed that rivalry is present in several other fields. Yoshimatsu argues that Japan and China are involved in rivalrous relations over the High-Speed Railway infrastructure development in countries across Southeast Asia. In another instance, Gulf States are engaging in an intense rivalry with each other over influence in the Western Indian Ocean. These arguments show that rivalry is no longer confined in a tight dichotomy such as armed conflict, and rivalry is also present in other policy aspects, such as investment.

China has been a rising regional hegemon in East Asia, contending Japan's lasting influence in the region since the end of the Cold War. Studies used various perspectives in examining the Sino-Japanese rivalry phenomenon. Scholars focusing on the security issues argued that the rivalry between China and Japan is influenced by the increase of China's military power, the change of Japan's role in the security issues, or the ongoing maritime security issues in the South China Sea (Atanassova-Cornelis & Mendes, 2010; De Castro, 2013). In the economic issues, scholars argued that the Sino-Japanese rivalry is present in the trade issues, commitment in the regional forum, and aid distribution to other countries (Daimon-Sato, 2020; Park, 2013; Yamamoto, 2013). Scholars argued that China's expansive foreign policy in the security, infrastructure, and economic sectors is superior to Japan's declining power, making the rivalry rather asymmetrical (Hagström, 2012). Although Japan's relative decline in power compared to China, Japan still holds a lasting influence, especially in Southeast Asia, a region traditionally inside China's and Japan's sphere of influence (Wallace, 2019).

Both China and Japan are concerned with each other foreign policy actions, and both countries often formulate a reaction policy to challenge other's positions. As an example, Japan sets up the Partnership for Quality Infrastructure in May 2015 to respond to growing China's influence in the infrastructure sectors (Yoshimatsu, 2018). From the other's perspective, China is often reactive to Japanese strategy, which directly or indirectly affects China. For example, China boosts its effort in the regional economic partnership, such as the Regional Comprehensive Economic Partnership (RCEP), and reform its trade and investment regime after Japan leads the Trans-Pacific Partnership (TPP) agreement (Wallace, 2019).

The rivalry between China and Japan has several implications for the Southeast Asia region. First, in terms of the security aspect, China's rising power does not critically undermine the security structure in the East Asia region as China and Japan have similar economic interests in the region (Sakuwa, 2009). Rather than being characterized as a zero-sum game with a single winner, the rivalry between China and Japan is rather constructivist in nature. For example, competition between China and Japan in Southeast Asia's investment sector leads to improvement in each of their respective behavior towards the region (Hong, 2018). The improvement in each country's approach to the region is productive for countries in Southeast Asia. The general idea for countries in the Southeast Asia region is that they do not want to get involved in the great power rivalry. However, they rather take the incentive for the rivalry between China and Japan (Pavlicevic & Kratz, 2017).

China's Health Diplomacy in Southeast Asia

Historically China's health diplomacy started during the SARS outbreak in 2003, is growing into Beijing's foreign policy tools to communicate with global audiences. For example, during the height of the H1N1 pandemic in 2009, there was tension between China and Mexico over discriminatory measures taken by the Chinese government towards Mexican in China. As tension grew between the two countries, China pledged humanitarian aid worth USD 5 million to Mexico, to which the Mexican government expressed its gratitude (Huang, 2010).

During the ongoing COVID-19 Pandemic, China actively using health diplomacy as a foreign policy tool. China utilizes two major methods in exercising its health diplomacy policy. First, by sending face masks and medical supplies, a move dubbed as "mask diplomacy," during the initial stage of the COVID-19 pandemic. The second method is the utilization of vaccines developed in China to combat the ongoing pandemic.

China's mask diplomacy started in March 2020 when the trend of COVID-19 epicenter is shifting from China towards countries in Europe. When the pandemic had just begun in the first half of 2020, countries worldwide were facing medical kits shortages. In response to the shortage, China sent medical supplies such as face masks, test kits, and ventilators to help countries like the Czech Republic, Romania, Poland, and Serbia. Aside from the European countries, China also sent its medical supplies to other countries, including Southeast Asian countries. The Philippines, Cambodia, and Myanmar were the first to receive China medical supplies, followed by Laos, Thailand, Malaysia, Indonesia, and Brunei (Lye, 2020).

Aside from sending medical supplies, China uses its ability in vaccine research and development as a part of its health diplomacy practice. China is the biggest COVID-19 vaccine producer, with around 33% of global COVID-19 vaccines being produced in China, ahead of the United States, the European Union, and India (Lawler, 2021). China produced several COVID-19 vaccines, with Sinovac, Sinopharm, CanSino, and AstraZeneca being the most commonly produced vaccine. China is exporting the majority, about 62%, of the vaccine to other countries. China exercises its health diplomacy strategy by sending most of its vaccine supplies because of two major factors. First, due to the relatively controlled situation in China since mid-2020, where the number of local transmission cases is relatively under control. Second, the United States, as the second biggest COVID-19 vaccine producer and China's biggest rival, did not contribute towards the global vaccination program during Donald Trump's administration. Hence, China saw the opportunity, oversupply of the domestic COVID-19 vaccine, and incentive, beating the US in the global vaccination effort, to exercise vaccine diplomacy (Fazal, 2020).

China exercises its vaccine diplomacy through several initiatives. First, China bilaterally distributes the vaccine to other countries. China made the bilateral arrangement with other countries, mainly lower-income countries, as they could not get their vaccine supplies from other producers, such as the United States and the European Union (Asundi et al., 2021). Aside from the bilateral agreement, China also participated in the COVID-19 Vaccines Global Access (COVAX). COVAX is a global initiative, co-led by Global Alliance for Vaccines and Immunization (GAVI), Coalition for Epidemic Preparedness Innovations (CEPI), and World Health Organization (WHO), aimed to accelerate the development, production, and equitable access to COVID-19 tests, treatments, and vaccines. As a result of China's participation, COVAX has authorized two of China's COVID-19 vaccines, Sinopharm and Sinovac, for emergency use. Countries worldwide still need China's COVID-19 vaccines, albeit their dodgy reputation, as other vaccine producers do not allocate their supplies to the COVAX facility. Moreover, the biggest vaccine producer through the COVAX facility, India, is undergoing a COVID-19 crisis in the beginning of 2021 (Mallapaty, 2021).

Southeast Asia has been a key target for China's vaccine diplomacy effort. In figures, China sent approximately 29 percent of its vaccine donations to countries in Southeast Asia, whereas Southeast Asia also accounts for 25.6 percent of China's vaccine sales worldwide (Zaini, 2021). Indonesia is the main buyer for China's vaccine in the region as it purchases around 204 million doses of the Sinovac vaccine and vaccine's component. Other countries in Southeast Asia also make significant purchases, for example, the Philippines (38 million doses), Thailand (26.5 million doses), and Cambodia (25.5 million doses) (Bridge Beijing, 2021). Table 1 shows the total number of vaccines procured by Southeast Asian countries from China.

Table 1. Number of Vaccines Procured from China by Southeast Asian Countries

Country	No. of vaccines purchased from China	No. of vaccines donated from China	Vaccine's Manufacturer
Brunei	-	0.152 Million	Sinopharm
Cambodia	25.5 Million	4.303 Million	Sinovac; Sinopharm
Indonesia	204.679 Million	1 Million	Sinovac; Sinopharm
Laos	-	4.302 Million	Sinopharm
Malaysia	3.7 Million	0.5 Million	CanSino; Sinovac; Sinopharm
Myanmar	8.7 Million	3.9 Million	Sinopharm; Sinovac; Undisclosed
Singapore	0.3326 Million	-	Sinovac; Sinopharm
Thailand	26.5 Million	1.1 Million	Sinovac; Sinopharm
Philippines	38 Million	2 Million	Sinovac; Sinopharm
Vietnam	5 Million	0.7 Million	Sinopharm

Source: Bridge Beijing (2021)

Japan's Health Diplomacy Strategy

Japan also uses a similar approach with China in developing its health diplomacy strategy by delivering medical facilities and vaccine supplies to other countries. However, compared to China, Japan started its health diplomacy strategy relatively late to Southeast Asia. Moreover, the scale of Japan's health diplomacy strategy is smaller compared to China.

One of Japan's initiatives in its health diplomacy strategy is creating the "Last One Mile Support" program. Last One Mile Support is an initiative focused on developing cold chain mechanisms for medical equipment such as cold storage facilities and transportation to ensure vaccination down to the last person (MOFA, 2021b). Japan decided to extend Emergency Grant Aid totaling USD 41 million to Southeast and Southwest Asian and Pacific Island Countries for the Last One Mile Support program. Except for Singapore, all ASEAN member states receive aid for the Last One Mile Support program (MOFA, 2021a).

Cold chain facility is an integral part of vaccine's supply chain. Several vaccines, for example, Pfizer and Moderna, need to be stored at the temperature of minus 70 degrees and 20 degrees Celcius respectively. Compared to Sinovac and Sinopharm, both Pfizer and Moderna vaccine requires more sophisticated mechanism in their distribution. Most of the countries in Southeast Asia do not have the required cold chain facilities for storing the vaccines. Thus Japan's aid is very strategic for two reasons. First, countries in Southeast Asia will have the capability to receive vaccines that need cold chain storage, diversifying those countries' options. Second, vaccines made by Chinese producers, such as Sinovac and Sinopharm, are under scrutiny in many countries as there are growing concerns about their effectiveness against the mutated variants, especially the Delta variant.

Japan also engaged in vaccine diplomacy. However, compared to China, Japan does not have WHO-approved COVID-19 vaccines. Japan does not have a strong vaccine industry, which makes its research and development relatively weak. Public distrust toward vaccines in general, and lesser incentive in producing vaccines because Japan's shrinking population makes the industry shriveling (Nakayama, 2013). Consequently, Japan made a deal with AstraZeneca to secure 120 million doses of the AstraZeneca COVID-19 vaccine, with most of the doses produced by a domestic company. However, as a lingering concern of blood clots, Japan's health authorities opted to prioritize other vaccines, such as Pfizer and Moderna, for domestic uses amid AstraZeneca emergency usage approval in May 2021.

Japan has arranged several shipments of domestically produced AstraZeneca vaccines worldwide, including to countries in Southeast Asia. Japan sent 1 million doses to Vietnam on June 16, followed by another 1 million doses to Vietnam in the following week, while sending to Thailand, Malaysia, Indonesia, and the Philippines, 1 million doses each. Japan also actively participated in the COVAX initiative, sending 11 million doses of vaccines to Southeast Asia, Southwest Asia, and the Pacific through the COVAX facility (MOFA, 2021c). Table 2 shows the foreign assistance received by Southeast Asian countries from Japan related to the COVID-19 pandemic.

Table 2: Japanese Foreign Assistance related to COVID-19 Pandemic in Southeast Asia

Country	No. of AstraZeneca Vaccine donated by Japan	Last One Mile Support (JPY)
Brunei	0.1 Million	200 Million
Cambodia	1 Million	200 Million
Indonesia	2 Million	200 Million
Laos	0.6 Million	200 Million
Malaysia	1 Million	200 Million
Myanmar	-	200 Million
Singapore	-	-
Thailand	1 Million	200 Million
Philippines	1 Million	200 Million
Vietnam	3 Million	200 Million

Source: MOFA Japan (2021)

As Japan has a lower capacity to develop and produce vaccines domestically, Japan partnered with other Quad members, a group of countries composed of Japan, the United States, India, and Australia, to boost its vaccine diplomacy effort (The White House, 2021). Each of the countries has specific roles in the action. India will play a vital role in the partnership as the world's largest vaccine-producing nation. The United States has its motivation in diverting criticism against its America First vaccine policy by distributing the United States' vaccines brand. Australia will support as a hub for delivering vaccines for Southeast Asia and Pacific Island countries. While Japan will provide cold-chain facilities to ensure the vaccine logistic is according to the standard (Ichihara & Yamada, 2021). All of the members' efforts aim to help vaccines produced by the Quad members be distributed globally. Quad stated that its goal in creating a vaccine supply chain system is to distribute 1 billion vaccines to the Southeast Asian countries by the end of 2022.

Discussion

In hindsight, Japan and China use similar strategies in their health diplomacy strategies. Both are sending medical supplies and initiating vaccine diplomacy to other countries. However, both countries have a different approach in conducting their strategy as their institutional capability is also different.

China conducted its health diplomacy strategies worldwide, from countries in Europe to Southeast Asia. In this move, China's ultimate goal is to reconstruct its national image, as China wants to transform its image from the side to blame for mishandling the COVID-19 outbreak to salvaging the world from the chaos (S. T. Lee, 2021). The actions from media (see CGTN, 2020) affiliated with the Chinese government support the national image reconstruction narratives as the media often portrays the scale of the assistance, and the people are grateful for the aid provided (Kobierecka & Kobierecki, 2021). Aside from reconstructing its image globally, China also utilizes its health diplomacy effort to deepen its influence in the region (Lim et al., 2021). However, the reactions from countries are mixed toward China's assistance. In Europe, China's effort mostly met with criticism over the quality of medical kits supplied by China. Only a handful of countries, such as Italy, the Czech Republic, and Serbia, are deeply moved by China's health initiative (Kowalski, 2021). China's health diplomacy also received mixed receptions from countries in Southeast Asia. Most of the Southeast Asian countries welcomed China's assistance as Southeast Asian countries are experiencing a severe scarcity of COVID-19 essential items. Moreover, countries in Southeast Asia are acknowledging China as the largest assistance provider in the region. However, China's image in the region is not necessarily improving because the region generally distrusts China and is concerned about China's behavior on other issues, such as the South China Sea (Gong, 2021).

Compared to China's health diplomacy, Japan's health diplomacy is relatively small in stature. To mitigate the situation, Japan is maximizing cooperation with other countries to boost its health diplomacy effort. The Quad is a response and containment strategy for growing China's presence in the world. A joint effort between regional powers, such as Japan and India, will be the most likely scenario for countries that want to contain China's growing influence in the Southeast Asia region. However, this multilateral effort needs a firm commitment from the involved parties to sustain, which is missing from the first iteration of the Quad in 2007.

Japan's strategy in the health diplomacy sector is similar to Japan's strategy responding to growing China's influence in the Southeast Asia region. Japan often emphasizes the quality and safety of its assistance. For example, Japan created the Partnership of Quality Infrastructure (PQI) to counter growing China's infrastructure investment. Japan also cooperates with the United States and Australia to create Blue Dot Network (BDN), a multi-stakeholder initiative that provides quality assessment and certification of infrastructure development projects. Both initiatives are strategic institutional counterweights aimed to challenge China's Belt and Road Initiative (BRI) by providing transparent and certified infrastructure projects (Kutty & Basrur, 2021). Japan's action in emphasizing the quality of its assistance is a response to China's assistance which is criticized for its lack of transparency, quality, and impact on the environment. With other Quad's members, Japan took similar action in its health diplomacy strategy by reiterating the safety and quality of the vaccine they produced. Quad's vaccine effort emphasizes the notion of a safe and effective vaccine, built over the concern of China's lack of transparency regarding the vaccine's trials, safety, and effectiveness (Sutter & Huang, 2021).

Japan's foreign policy strategy tries to maximize its relative influence in the region. Although China has more robust material capability than Japan, China is still unable to topple Japanese influence in the region. Contrasting to declining China's image in the area, Japan's image in the region is somewhat increasing (Gong, 2021). A poll in 2020 showed that over 90 percent of the respondents in Southeast Asia describe their country's relationship with Japan as friendly and reliable (MOFA, 2020). This trend shows that Japan can counter-balance the growing Chinese influence in the region, especially if Japan can strategically position itself as it is impossible to challenge China in terms of logistical spending.

Japan's strategy shows that Japan recognizes China as its rival in the Southeast Asia region. For example, Japan shows that its action, rallying the Quad's members to counter-balance Chinese influence in the health diplomacy sector, is aimed towards China, and its action will have consequences

towards China. Japan understands that China's health diplomacy initiative is endangering its own influence and position. Hence, Japan needs to counter China's policy with its own policy.

However, it is still debatable whether the rivalry in the health diplomacy sector that Japan is constructing is being acknowledged by China, as China has not responded to Japan's action. According to Diehl and Goertz (2000), the history and hostility between two countries are two main predictors in constructing the concept of rivalry. Historically, China and Japan had to endure a long-lasting conflict, especially during the second world war. This historical background often fuels the rivalrous relationship between China and Japan and triggers nationalistic sentiment in both countries. China and Japan also perceive each other as a threat to their own interest. Japan believes that China and its nuclear power capability pose a danger to its security, whereas China thinks that Japan and United States alliance is one of the barriers to growing its influence further in the region.

Conclusion

The article explains how health constitutes an essential foreign policy tool for countries during the pandemic. Both China and Japan conduct health diplomacy practices. However, both countries have their own means of conducting health diplomacy practices. China utilizes its extensive domestic health industry to supply medical aid and vaccine to countries in Southeast Asia. Meanwhile, aside from assisting countries with medical aid, Japan is partnering with other Quad's members in the planned vaccine's distribution to Southeast Asian countries.

China's motivation in conducting health diplomacy in Southeast Asia is twofold. First, China wants to restore its image, which was damaged by the COVID-19 outbreak. Second, China wants to maintain its influence in the region by providing the assistance needed to battle the pandemic. However, the effectiveness of China's health diplomacy is rather questionable. Countries in the Southeast Asia region are growing distrustful towards China's actions.

The pattern of the actions taken by Japan shows that Japan needs to respond to China's health diplomacy effort in the region. A similar pattern is also present in the Sino-Japanese rivalry in other sectors, such as infrastructure investment and manufacturing access. Moreover, Japan's strategy in responding to China's health diplomacy strategy by putting forward its alliance with other countries, the Quad, and highlighting the quality and the safety of Quad's medical supplies and vaccines is similar to Japan's strategy in the infrastructure sectors. In the infrastructure sector, the Quad is also highlighting the concern related to Chinese-made infrastructure projects.

Research has shown that health diplomacy is an essential strategy to project one country's soft power towards other countries. However, this research takes the notion to another level by integrating health diplomacy in the rivalry framework. This research shows that health issues can be a major strategy in winning influence in the region when utilized as a foreign policy tool. Moreover, during uncertain times like the pandemic, health issues will be a major policy tool for powerful countries to conduct their foreign policy.

This research shows that Sino-Japanese rivalry will be the main issue in geostrategic policy in Southeast Asia. Both China and Japan want to expand their influence in the region. However, as Japan is declining in power, it will be likely that Japan will utilize its alliance, such as the Quad, to challenge China growing influence in the region.

References

- Asundi, A., O’Leary, C., & Bhadelia, N. (2021). Global COVID-19 vaccine inequity: The scope, the impact, and the challenges. *Cell Host & Microbe*, 29(7), 1036–1039. <https://doi.org/10.1016/j.chom.2021.06.007>
- Atanassova-Cornelis, E., & Mendes, C. A. (2010). Dynamics of Japanese and Chinese Security Policies in East Asia and Implications for Regional Stability. *Asian Politics & Policy*, 2(3), 395–414. <https://doi.org/10.1111/j.1943-0787.2010.01200.x>
- Bliss, K. E. (2011). *Health Diplomacy of Foreign Governments* (A Report of The CSIS Global Health Policy Center, p. 24). CSIS Global Health Policy Center. http://csis-website-prod.s3.amazonaws.com/s3fs-public/legacy_files/files/publication/111222_Bliss_HealthDiplomacy_Web.pdf
- Bouey, J. (2019). *Implications of U.S.-China Collaborations on Global Health Issues*. RAND Corporation. <https://doi.org/10.7249/CT516>
- Bridge Beijing. (2021, March 5). *Tracking China’s COVID-19 Vaccine Distribution*. Bridge Consulting. <https://bridgebeijing.com/our-publications/our-publications-1/china-covid-19-vaccines-tracker/>
- CGTN. (2020, March 22). *First train with donated medical supplies from China to Spain sets off*. <https://www.youtube.com/watch?v=jHHXbXcKH6o>
- Daimon-Sato, T. (2020). Sino-Japanese Competition over the “aid market” in ASEAN: Political Tensions and Consequences. *Foreign Policy Review*, 13, 58–73. <https://doi.org/10.47706/KKIFPR.2020.13.58-73>
- De Castro, R. C. (2013). China and Japan in maritime Southeast Asia: Extending their geo-strategic rivalry by competing for friends. *Philippine Political Science Journal*, 34(2), 150–169. <https://doi.org/10.1080/01154451.2013.851491>
- Ear, S. (2016). Swine flu: Mexico’s handling of A/H1N1 in comparative perspective. *Politics and the Life Sciences*, 31(1–2), 52–66. Cambridge Core. https://doi.org/10.2990/31_1-2_52
- Fauci, A. S. (2007). The expanding global health agenda: A welcome development. *Nature Medicine*, 13(10), 1169–1171. <https://doi.org/10.1038/nm1646>
- Fazal, T. M. (2020). Health Diplomacy in Pandemical Times. *International Organization*, 74(S1), E78–E97. Cambridge Core. <https://doi.org/10.1017/S0020818320000326>
- Feldbaum, H., & Michaud, J. (2010). Health Diplomacy and the Enduring Relevance of Foreign Policy Interests. *PLOS Medicine*, 7(4), e1000226. <https://doi.org/10.1371/journal.pmed.1000226>
- Gong, L. (2021). Humanitarian diplomacy as an instrument for China’s image-building. *Asian Journal of Comparative Politics*, 20578911211019256. <https://doi.org/10.1177/20578911211019257>
- Hagström, L. (2012). ‘Power Shift’ in East Asia? A Critical Reappraisal of Narratives on the Diaoyu/Senkaku Islands Incident in 2010†. *The Chinese Journal of International Politics*, 5(3), 267–297. <https://doi.org/10.1093/cjip/pos011>
- Hassoun, N. (2021). Against vaccine nationalism. *Journal of Medical Ethics*, medethics-2020-107193. <https://doi.org/10.1136/medethics-2020-107193>

- Hirono, M. (2019). Asymmetrical rivalry between China and Japan in Africa: To what extent has Sino-Japan rivalry become a global phenomenon? *The Pacific Review*, 32(5), 831–862. <https://doi.org/10.1080/09512748.2019.1569118>
- Hong, Z. (2018). *Chinese and Japanese infrastructure investment in Southeast Asia: From rivalry to cooperation?* (Issue 689). Institute of Developing Economies, Japan External Trade Organization(JETRO). <https://ideas.repec.org/p/jet/dpaper/dpaper689.html>
- Huang, Y. (2010). Pursuing Health as Foreign Policy: The Case of China. *Indiana Journal of Global Legal Studies*, 17(1), 105–146. JSTOR. <https://doi.org/10.2979/gls.2010.17.1.105>
- Ichihara, M., & Yamada, A. (2021, April 30). *Japan as an Agenda Setter for the Quad's Vaccine Diplomacy*. <https://thediplomat.com/2021/04/japan-as-an-agenda-setter-for-the-quads-vaccine-diplomacy/>
- Kamradt-Scott, A., Harman, S., Wenham, C., & Smith, F. I. (2015). Saving Lives: The civil-military response to the 2014 Ebola outbreak in West Africa. *Saving Lives: The Civil-Military Response to the 2014 Ebola Outbreak in West Africa*. <http://hdl.handle.net/2123/15949>
- Katz, R. (2009). Use of Revised International Health Regulations during Influenza A (H1N1) Epidemic, 2009. *Emerging Infectious Disease Journal*, 15(8), 1165. <https://doi.org/10.3201/eid1508.090665>
- Katz, R., Kornblet, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). Defining Health Diplomacy: Changing Demands in the Era of Globalization. *The Milbank Quarterly*, 89(3), 503–523. <https://doi.org/10.1111/j.1468-0009.2011.00637.x>
- Kobierecka, A., & Kobierecki, M. M. (2021). Coronavirus diplomacy: Chinese medical assistance and its diplomatic implications. *International Politics*. <https://doi.org/10.1057/s41311-020-00273-1>
- Kowalski, B. (2021). China's Mask Diplomacy in Europe: Seeking Foreign Gratitude and Domestic Stability. *Journal of Current Chinese Affairs*, 18681026211007148. <https://doi.org/10.1177/18681026211007147>
- Kuenne, R. E. (1989). Conflict Management in Mature Rivalry. *Journal of Conflict Resolution*, 33(3), 554–566. <https://doi.org/10.1177/0022002789033003009>
- Kutty, S. N., & Basrur, R. (2021, March 24). *The Quad: What It Is – And What It Is Not*. <https://thediplomat.com/2021/03/the-quad-what-it-is-and-what-it-is-not/>
- Lawler, D. (2021, March 17). *The countries producing the most COVID-19 vaccines*. Axios. <https://www.axios.com/covid-coronavirus-vaccines-astrazeneca-pfizer-357c2fa9-3df8-4115-9baa-c5b2375beb44.html>
- Lee, K., Chagas, L. C., & Novotny, T. E. (2010). Brazil and the Framework Convention on Tobacco Control: Global Health Diplomacy as Soft Power. *PLOS Medicine*, 7(4), e1000232. <https://doi.org/10.1371/journal.pmed.1000232>
- Lee, S. T. (2021). Vaccine diplomacy: Nation branding and China's COVID-19 soft power play. *Place Branding and Public Diplomacy*. <https://doi.org/10.1057/s41254-021-00224-4>

- Lim, G., Li, C., & Ji, X. (2021). Chinese financial statecraft in Southeast Asia: An analysis of China's infrastructure provision in Malaysia. *The Pacific Review*, 1–29. <https://doi.org/10.1080/09512748.2020.1868556>
- Lye, L. F. (2020). *China's COVID-19 Assistance to Southeast Asia: Uninterrupted Aid amid Global Uncertainties* (No. 58; Perspective, pp. 1–13). ISEAS Yusof Ishak Institute.
- Mallapaty, S. (2021). China's COVID vaccines are going global—But questions remain. *Nature*, 593(7858), 178–179. <https://doi.org/10.1038/d41586-021-01146-0>
- MOFA. (2020, March 18). *Opinion Poll on Japan*. Ministry of Foreign Affairs of Japan. https://www.mofa.go.jp/press/release/press4e_002784.html
- MOFA. (2021a, March 9). *Emergency Grant Aid in Improving Cold Chain in Southeast and Southwest Asian and Pacific Island countries that suffer from the impact of Novel Coronavirus Disease (COVID-19)*. Ministry of Foreign Affairs of Japan. https://www.mofa.go.jp/press/release/press6e_000274.html
- MOFA. (2021b, March 9). *Press Conference by Foreign Minister MOTEGI Toshimitsu*. Ministry of Foreign Affairs of Japan. https://www.mofa.go.jp/press/kaiken/kaiken24e_000045.html
- MOFA. (2021c, September 1). *Japan's COVID-19 Vaccine-Related Support*. Ministry of Foreign Affairs of Japan. <https://www.mofa.go.jp/files/100226669.pdf>
- Nakayama, T. (2013). Vaccine chronicle in Japan. *Journal of Infection and Chemotherapy*, 19(5), 787–798. <https://doi.org/10.1007/s10156-013-0641-6>
- OECD. (2020). *Global Outlook on Financing for Sustainable Development 2021: A New Way to Invest for People and Planet*. OECD. <https://doi.org/10.1787/e3c30a9a-en>
- Park, J. (2013). Political Rivals and Regional Leaders: Dual Identities and Sino-Japanese Relations within East Asian Cooperation. *The Chinese Journal of International Politics*, 6(1), 85–107. <https://doi.org/10.1093/cjip/pot001>
- Pavlicevic, D., & Kratz, A. (2017). Implications of Sino-Japanese Rivalry in High-Speed Railways for Southeast Asia. *East Asian Policy*, 09(02), 15–25. <https://doi.org/10.1142/S1793930517000125>
- Sakuwa, K. (2009). A not so dangerous dyad: China's rise and Sino-Japanese rivalry. *International Relations of the Asia-Pacific*, 9(3), 497–528. <https://doi.org/10.1093/irap/lcp011>
- Sutter, R., & Huang, C.-H. (2021). Beijing's Advances Complicated by Myanmar Coup and US Resolve. *Comparative Connections*, 23(1), 67–76.
- The White House. (2021, March 12). *Fact Sheet: Quad Summit*. The White House. <https://www.whitehouse.gov/briefing-room/statements-releases/2021/03/12/fact-sheet-quad-summit/>
- Vanderwagen, W. (2006). Health Diplomacy: Winning Hearts and Minds through the Use of Health Interventions. *Military Medicine*, 171(suppl_1), 3–4. <https://doi.org/10.7205/MILMED.171.1S.3>
- Vasquez, J. A. (2009). *The war puzzle revisited*. Cambridge University Press. <http://site.ebrary.com/id/10329787>

- Wallace, C. (2019). Japan's strategic contrast: Continuing influence despite relative power decline in Southeast Asia. *The Pacific Review*, 32(5), 863–897. <https://doi.org/10.1080/09512748.2019.1569115>
- Waller, S. G., Ward, J. B., & Montalvo, M. A. (2017). Cuba's 50-Year Health Diplomacy Program: Lessons Learned for Global Health Engagement. *Military Medicine*, 182(1), 1451–1452. <https://doi.org/10.7205/MILMED-D-16-00323>
- Yamamoto, C. (2013). Political Economy of Japanese Free Trade Network with ASEAN: Implications for Sino-Japanese Rivalry in East Asia. *East Asian Policy*, 05(02), 104–113. <https://doi.org/10.1142/S1793930513000202>
- Yoshimatsu, H. (2018). New Dynamics in Sino-Japanese Rivalry: Sustaining Infrastructure Development in Asia. *Journal of Contemporary China*, 27(113), 719–734. <https://doi.org/10.1080/10670564.2018.1458059>
- Zaini, K.(2021).China's Vaccine Diplomacy in Southeast Asia-A Mixed Record. *Perspective*,6(2021), 12.

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