GIJLSS
Greenation International Journal of Law and Social Sciences
+62 81210467572 https://research.e-greenation.org/GIJLSS greenation.info@gmail.com
GREENATION RESEARCH

DOI: https://doi.org/10.38035/gijlss.v4i3

Security Sector Involvement in Health Crises: An Ideal Model of Medical Intelligence in Indonesia's National Security System

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Abstract: The involvement of the security sector in managing the Covid-19 pandemic demonstrates that health crises have shifted into non-traditional threats with direct implications for national security and human security in Indonesia. However, to date, there is no specific definition or regulatory framework for medical intelligence, resulting in health intelligence-like functions being dispersed across the State Intelligence Agency (BIN), the Indonesian National Armed Forces (TNI), the Indonesian National Police (Polri), and the Ministry of Health, without clear authority and coordination structures. This study employs a normative juridical method with statutory, conceptual, and case study approaches focused on the Covid-19 pandemic to analyze the regulation of medical intelligence authority within the national health security system, identify weaknesses and disharmonies, and formulate an ideal model. Drawing on theories of authority and Lawrence Friedman's legal system theory, as well as human security and health security frameworks, this research identifies five main problems: a conceptual vacuum, overlapping authority, weak coordination, the absence of integrated data systems and early warning mechanisms, and entrenched sectoral silos among institutions. This article proposes an ideal medical intelligence model based on a hybrid approach that positions BIN as the national intelligence coordinator and the Ministry of Health as the substantive technical lead, accompanied by the establishment of a National Health Intelligence Center, the development of an integrated early detection system, enhanced resource capacity, and oversight mechanisms that guarantee compliance with democratic rule of law principles and the protection of human rights.

Keywords: medical intelligence, security sector, health security, human security.

INTRODUCTION

The Covid-19 pandemic demonstrated that threats to national security no longer arise solely from war, terrorism, or armed conflict, but also from health crises that paralyze state functions and the daily lives of citizens. Globalization, technological advancement, and the

increased mobility of people and goods have accelerated the cross-border transmission of infectious diseases, enabling outbreaks that begin as local events to rapidly escalate into public health emergencies with global consequences. In this context, national defense and the national health system have been compelled to respond to threats that are non-traditional, multidimensional, and difficult to predict.

In contemporary security studies, such threats are categorized as Non-Traditional Threats that do not directly target military power but strike at the dimensions of human security, particularly health security and the economic security of citizens. Nurhasanah, Napang, and Rohman affirm that Covid-19 constitutes a non-traditional threat because its primary focus is the disruption of individuals' ability to maintain a safe and dignified quality of life. Hartati regards Covid-19 as a human security issue that requires the state to shift the focus of security from state-centred security to the protection of citizens' fundamental rights, including the right to health.

In Indonesia, the Covid-19 pandemic exposed the fragility of the health system's preparedness, while simultaneously positioning the security sector particularly the Indonesian National Armed Forces (TNI), the Indonesian National Police (Polri), and the State Intelligence Agency (BIN) as highly prominent actors in crisis management. The involvement of the security sector received formal grounding through Presidential Decree Number 7 of 2020 on the Covid-19 Response Acceleration Task Force and Presidential Decree Number 12 of 2020 on the Declaration of the Non-Natural Disaster of Covid-19 Spread as a National Disaster. The implementation of large-scale social restrictions (PSBB) and community activity restrictions placed TNI, Polri, and BIN at the forefront of various humanitarian operations, ranging from territorial security to contact tracing, testing, and logistical support.

Nashir and Sukmawan note that while the involvement of TNI, Polri, and BIN from the outset of the pandemic was indeed guaranteed by regulation, the prominent security approach raised concerns among many civil society groups who viewed such methods as insufficiently effective in changing public health behavior. They observed that international practice shows security sector involvement in pandemics becomes a necessity particularly in countries with weak national health systems, while emphasizing the importance of governance and oversight to ensure such involvement does not exceed its boundaries.

BIN's role during the pandemic drew particular scrutiny. As the national intelligence agency mandated under Law Number 17 of 2011 to conduct early detection and early warning against any threat that disrupts national interests and security, BIN was tasked by the President from the outset of the pandemic to strengthen contact tracing and surveillance of the spread of Covid-19. BIN subsequently became involved in mass swab testing at various public locations, the operation of mobile and stationary BSL2-standard laboratories, the use of detection equipment such as mobile PCR units and thermal helmets, and public outreach on health protocols.

Bahtiar, Purwadianto, and Juwono note that by presidential directive, BIN conducted a range of activities from contact tracing and testing to disinfection spraying and research into drugs and vaccines—activities that were debated as departing from the core business of intelligence as an information gathering and analysis function. At the same time, they utilized the framework of Law Number 17 of 2011 to argue that the substantive shift of threats toward human security indeed opens space for the state intelligence agency to address health threats, provided this remains within the bounds of early detection and early warning.

Criticism of security sector involvement came not only from academia but also from civil society. Reports from KontraS and other civil society networks highlighted incidents of violence and repressive action in the enforcement of health protocols, and assessed that the security approach was ineffective in reducing health protocol violations during PSBB.

Kusmanto, Ekayanta, and Bahri demonstrated that during the pandemic, the government expanded the roles of the military and intelligence services in the public sphere alongside restrictions on civil liberties, thereby accelerating tendencies toward democratic backsliding and the recentralization of power.

Within the national legal framework, state intelligence is positioned as the first line of the national security system, functioning to conduct investigation, security, and mobilization in facing threats across various sectors, including the economy, social life, and other areas of societal life. The general elucidation of Law Number 17 of 2011 explicitly states that threats to human security encompass health security, such that public health problems can be regarded as part of the spectrum of threats to be addressed by state intelligence. On the other hand, Law Number 17 of 2023 on Health strengthens the state's mandate to organize a health system oriented toward prevention, surveillance, early detection, epidemic control, and the integrated management of health emergencies, down to the level of primary health services.

However, neither of these laws explicitly defines what is meant by health intelligence or medical intelligence, the institutional architecture thereof, or how clearly the roles of BIN, TNI, Polri, and the Ministry of Health should be divided within the national health security framework. This conceptual and normative vacuum caused the health intelligence-like functions exercised during the pandemic to operate on an ad hoc basis, dispersed across various institutions, and highly dependent on executive policy without a systematic regulatory basis.

As a result, the overlap of authority among BIN, TNI, Polri, and the Ministry of Health potentially gives rise to inefficiencies, coordination disharmony, and ambiguity of accountability when actions occur that violate citizens' rights or cause other harm. Mengko and Fitri, for instance, identified four primary problems in the involvement of the military: the aspects of legality, urgency, impact on professionalism, and the safety of personnel, with oversight assessed as insufficiently proportionate. Mengko et al. also concluded that BIN's involvement in national and local-scale operations during the pandemic presented problems of proportionality and accountability, as it was not accompanied by robust oversight practices.

Departing from this context, this paper raises the central question: how should the involvement of BIN and other intelligence actors in managing health crises particularly pandemics be situated within a clear legal and governance framework, so as to give rise to a medical intelligence model that is legally sound, functionally effective, and continues to guarantee democracy and human rights. Specifically, this study seeks to analyze the compatibility of BIN's practical involvement in managing the Covid-19 pandemic with the authority framework of Law Number 17 of 2011, to examine the position of the health sector following the enactment of Law Number 17 of 2023 within the national health security architecture, and to formulate an ideal design for integrated, accountable medical intelligence that is aligned with democratic rule of law principles.

This study employs a normative juridical method with statutory, conceptual, and case study approaches. The statutory approach involves analyzing the provisions of Law Number 17 of 2011 on State Intelligence and Law Number 17 of 2023 on Health, as well as regulations related to the involvement of the security sector in the management of the Covid-19 pandemic. The conceptual approach draws on theories of authority, Lawrence Friedman's legal system theory, and the human security framework to understand how law, institutional structures, and bureaucratic culture shape the practice of intelligence involvement in the health sector. The case study focuses on the practical involvement of BIN, TNI, and Polri in managing Covid-19 in Indonesia as documented in various empirical studies, state agency reports, and civil society analyses. This approach enables an analysis that links the das sein—

the authority practices that have been implemented with the das sollen the normative design and ideal model of medical intelligence proposed herein.

METHOD

This research uses a normative legal research method, namely research conducted by examining library materials or secondary data as the basis for research. According to Soekanto and Mamudji (2010), normative legal research is legal research conducted by examining primary legal materials, secondary legal materials, and tertiary legal materials. In this research, law is understood as a set of norms or rules that regulate the life of society, which includes legislation, legal principles, doctrines, and court decisions. The purpose of normative legal research is to find legal rules, legal principles, and legal doctrines that are relevant to answer the legal issues being studied. Therefore, the data used is in the form of secondary legal materials consisting of primary legal materials, secondary legal materials, and tertiary legal materials. The collection of legal materials is carried out through library research, while the analysis of legal materials is carried out qualitatively using legal interpretation and reasoning methods to obtain systematic and prescriptive legal arguments in solving research problems (Soekanto & Mamudji, 2010).

RESULTS AND DISCUSSION

Medical Intelligence within the National Health Security System

The transformation of the global threat landscape has driven the development of the concept of human security, which places the safety and well-being of individuals at the center of attention, replacing the paradigm of security oriented solely toward the state and military. The UNDP introduced human security as freedom from fear and want, characterized by protection against chronic threats such as hunger, disease, and oppression, as well as sudden disruptions to daily life. Subiyanto, citing the UNDP, explains the seven dimensions of human security: economic security, food security, health security, environmental security, personal security, community security, and political security—all of which are interdependent and must be fulfilled simultaneously. Within this framework, health security is understood as a condition in which communities are protected from the threat of disease, have access to adequate health services, and are assured that the state is capable of preventing, detecting, and responding to outbreaks quickly and effectively.

Araf affirms that following the Cold War, the spectrum of threats shifted from traditional military threats toward non-traditional threats targeting issues of democracy, human rights, and the welfare of citizens. Nurhasanah et al. classify Covid-19 as a Non-Traditional Threat because it does not directly target military resources but has a profound impact on individual health and economic security. Albert, Baez, and Rutland further view Covid-19 as a threat to global security because it directly disrupts individuals' capacity to maintain a good quality of life, particularly in the dimensions of health and economics.

Theoretically, authority constitutes the legal basis for every action of state officials and institutions. In the theory of authority, authority may originate from attribution, delegation, or mandate, and every legitimate exercise of authority must have a clear source, clear limits, and clear accountability. In the intelligence context, Bahtiar et al. synthesize the classical definitions of Kent, Kirkpatrick, and the CIA, concluding that intelligence possesses at least four main elements: the presence of information or knowledge, the presence of strategic analysis, the presence of a potential threat, and the presence of efforts to safeguard national interests and security. They demonstrate that these four elements have been adopted in Article 4 of Law Number 17 of 2011, which states that State Intelligence plays a role in conducting early detection and early warning for the prevention, deterrence, and management of any nature of threat that may disrupt national interests and security.

Pedrason views intelligence as the center of all types of information drawn from various open and closed sources, while Saronto defines intelligence as the process of obtaining everything that must be known before undertaking a task, such that intelligence information becomes the initial data in designing plans and policies. Sukarno affirms that threats in the intelligence perspective encompass anything—situations or actions—that endanger the safety of the nation, security, sovereignty, territorial integrity, and national interests across all aspects, including ideology, politics, economics, socio-culture, and defense and security. Kuncoro warns that errors in assessing the classification of threats become the starting point for the deviation of intelligence authority, because the responses taken risk being disproportionate and generating other negative consequences.

Within the legal system framework, Friedman emphasizes that the functioning of a legal system is determined by three main elements: structure, substance, and culture. Structure refers to the institutions and actors that enforce the law; substance refers to the norms and policies in force; while culture refers to the values and practices that live among law enforcement authorities and society. In the context of medical intelligence, structure encompasses BIN, TNI, Polri, the Ministry of Health, and other institutions involved in health crisis management; substance encompasses the laws, government regulations, and policies governing their authority and coordination; while culture reflects the traditions of the security and health bureaucracies in interpreting threats, responding to crises, and managing relationships with citizens.

Law Number 17 of 2023 on Health strengthens the substantive dimension by regulating primary health services, health service networks, community health laboratories, surveillance, and the control of communicable and non-communicable diseases. This law affirms that primary health services must prioritize promotive and preventive efforts, including screening and surveillance, and must be supported by data connectivity within an integrated network linked to the National Health Information System. The control of communicable diseases and health emergencies must be organized in a coordinated, cross-sectoral, and continuous manner, with the central and regional governments as the primary responsible parties. However, this law does not explicitly address the role of state intelligence or the security sector within this framework, leaving the relationship between the health system and the intelligence system still dependent on interpretation and subordinate policy.

Empirically, during the Covid-19 pandemic, BIN's role expanded far beyond the traditional function of early detection and threat analysis. Bahtiar et al. and Mardalena et al. demonstrate that under presidential directive, BIN actively conducted health tracing and surveillance through mass swab testing services at MRT stations, airports, seaports, shopping centers, educational institutions, and government offices. BIN also operated stationary and mobile BSL2-standard laboratories, utilized mobile PCR units and thermal helmets, and was involved in research on drugs and vaccines in collaboration with various institutions. BIN also participated in health education and promotion activities at universities, schools, and places of worship.

However, various quarters assessed that BIN's direct involvement as an executor of testing and drug research departed from its primary role as a collector and analyzer of intelligence information, and potentially created overlap with the authority of the Ministry of Health. A coalition of civil society organizations led by KontraS, AJI, and ICW called upon the President not to involve intelligence agencies in public health surveillance, on the grounds that this is outside their domain of expertise and risks blurring the boundary between closed intelligence work and public health practice, which should be transparent and participatory.

Simultaneously, TNI and Polri carried out humanitarian operations encompassing border security, escorting the distribution of social assistance, securing public facilities, enforcing health protocol discipline, and providing logistical and health facility support.

Diandra Mengko and Fitri identified four problems in the involvement of the military: issues of legality, urgency, impact on professionalism, and the safety of personnel, while Mengko et al. assessed that BIN's involvement faced problems of proportionality and accountability due to weak oversight. Kusmanto et al. observe that these practices reinforced autocratization tendencies by expanding the role of non-democratic actors in civil life without adequate parliamentary and civil society control.

In public discourse, the position of 'medical intelligence' is not yet clearly understood. In this paper, medical intelligence is understood as the exercise of intelligence functions specifically aimed at supporting health security—encompassing the collection and analysis of epidemiological data and health determinants, the mapping of vulnerabilities, the prediction of outbreak escalation, and the presentation of early warnings and policy recommendations to decision-makers. Medical intelligence is not a duplication of the Ministry of Health's health surveillance system, but rather a reinforcement of the analytical and coordinative functions at the intersection of health data, socio-economic information, and security dynamics.

Bahtiar and Munandar emphasize that the ideal role of state intelligence in a pandemic is to strengthen detection and early warning capacity by 'attaching itself' to civilian health authorities, not by replacing them as executors of public health services. Thus, the Ministry of Health remains the substantive lead sector for medical services, epidemic management, and risk communication to the public, while intelligence focuses on cross-sector analysis and coordination.

From a structural standpoint, the ideal design of medical intelligence should position BIN as the national intelligence coordinator, as stipulated in Articles 38 and 39 of Law Number 17 of 2011, with a mandate to integrate intelligence products from TNI, Polri, and ministerial and agency intelligence, including that of the Ministry of Health. However, in health matters, the Ministry of Health must serve as the substantive lead sector, consistent with its mandate under Law Number 17 of 2023 as the primary custodian of the national health system, from primary services to health emergency management.

On this basis, one institutional design option is the establishment of a National Health Intelligence Center situated within the health system architecture but functionally closely connected to BIN as the national intelligence coordinator. This Center would function as a node for cross-sector data integration and analysis, aggregating data from the national health surveillance system, BIN intelligence, TNI and Polri intelligence, and other relevant open sources. Within it, public health analysts, epidemiologists, intelligence analysts, and public policy experts would work together to produce health intelligence products in the form of risk mapping, escalation scenarios, and recommendations for mitigation measures and the arrangement of health resources.

From a legal substance standpoint, the existence of medical intelligence must be grounded in clear norms. One option is to update Law Number 17 of 2011 by explicitly incorporating health threats as an object of state intelligence work and regulating the limits of intelligence authority in the health sector, including the obligation to protect health data privacy, the principle of data minimization, and accountability mechanisms. Another option is to formulate implementing regulations in the form of a government regulation or presidential regulation governing the health intelligence architecture, the division of roles among institutions, data exchange mechanisms, the chain of command during health crises, and procedures for the withdrawal of security sector involvement once the situation is under control.

From a cultural standpoint, the pandemic experience demonstrates that security sector involvement is easily politicized. In other countries, the involvement of the military and intelligence services in health crises has often been used to strengthen the political legitimacy of governments or to build a new image of security institutions as humanitarian actors.

Kusmanto et al. assess that in Indonesia, the pandemic provided an opportunity for the government to enlarge state authority, restrict civil liberties, and expand the role of the security sector in the public sphere in the name of political stability. Therefore, the development of medical intelligence must be accompanied by efforts to strengthen the capacity of civilian institutions, position the health sector at the forefront, and ensure that security sector involvement is proportionate, temporary, and under civilian authority control.

Human rights and democratic considerations must be integral elements of medical intelligence design. The use of surveillance technology, digital tracking, and big data management in health can give rise to privacy violations and data misuse if not strictly regulated. Law Number 17 of 2011 affirms that the exercise of intelligence functions must respect the law, democratic values, and human rights, and opens space for internal and external oversight through a dedicated parliamentary commission. This principle must be reaffirmed in all regulations concerning medical intelligence—for instance, by setting limits on data retention periods, mandating the anonymization of health data used for analysis, and restricting the use of tracking technology only in health emergency situations that have been officially declared in accordance with the law.

CONCLUSION

The Covid-19 pandemic marked a critical turning point in how Indonesia perceives the relationship between health, intelligence, and national security. The experience demonstrated that the unpreparedness of the national health system and the sluggish response of the health bureaucracy compelled the state to rely on the security sector to fill various gaps, particularly in logistics, rule enforcement, and field information gathering. At the same time, the extensive and dominant involvement of BIN, TNI, and Polri in health crisis management gave rise to problems of unclear authority bases, role overlap with health institutions, concerns over human rights violations, and the risk of militarizing public health policy.

Analysis of Law Number 17 of 2011 and Law Number 17 of 2023 reveals that normatively, health threats may be regarded as part of threats to national security and human security, and thus fall within the scope of state intelligence work. Nonetheless, neither of these laws explicitly formulates the concept and architecture of health intelligence or medical intelligence, including the division of roles among institutions, data exchange mechanisms, or the governance of security sector involvement in health crises. As a result, the practical involvement of BIN and other security sector actors during the pandemic largely operated on an ad hoc basis, highly dependent on executive policy and vulnerable to contestation over the limits of authority and accountability.

Various Indonesian scholars affirm that the pandemic was not solely a health crisis but a multi-dimensional crisis. Alfirdaus and Yuwono describe Covid-19 as a multi-crisis that demands an integrated policy approach, not merely a health or security sector policy. Kusmanto et al. demonstrate that the pandemic accelerated democratic backsliding and decentralization reversal as the government used the crisis to push through controversial policies and expand the roles of the military and intelligence services in the civil sphere with weak oversight. Mengko and Fitri, as well as Mengko et al., show that the involvement of the military and intelligence in managing the pandemic entails problems of legality, urgency, professionalism, and oversight, and therefore cannot be left without clear regulation.

Based on theoretical and empirical analysis, this paper argues that Indonesia's primary need is not simply to expand or restrict security sector involvement in health crises, but to build a clear, measurable, and accountable medical intelligence framework. Medical intelligence is understood as the exercise of intelligence functions specifically supporting health security, with a focus on early detection, risk analysis, scenario modeling, and the

presentation of evidence-based policy recommendations—without usurping the health service functions that constitute the primary mandate of civilian institutions.

Bahtiar and Munandar recommend that state intelligence assist in managing Covid-19 by 'attaching itself' to public health service authorities to avoid authority overlap and preserve the open character of public health services. By positioning medical intelligence as an enhancer of not a substitute for the existing health surveillance and response system, the state can improve preparedness for future health crises without sacrificing the principles of the rule of law and democracy.

To achieve this, several strategic steps may be considered. First, from a normative standpoint, regulatory reform is needed whether through targeted revision of Law Number 17 of 2011 or the formulation of implementing regulations to explicitly incorporate health threats within the scope of state intelligence work and to regulate the governance of medical intelligence in detail. Such regulations must contain a definition of health intelligence, the division of roles among institutions, standard operating procedures during health crises, and mechanisms for the withdrawal of security sector involvement when the situation is no longer in an emergency phase.

Second, from an institutional standpoint, the establishment of a National Health Intelligence Center integrated with the National Health Information System and closely coordinating with BIN as the national intelligence coordinator could serve as a solution to avoid data and analysis fragmentation. This Center must place the Ministry of Health as the substantive lead sector, while BIN exercises the cross-intelligence coordination function mandated by Law Number 17 of 2011.

Third, from a governance standpoint, the design of medical intelligence must explicitly incorporate principles of respect for human rights and the protection of personal health data. Every use of tracking technology, digital surveillance, or big data processing must be subject to the principles of proportionality, necessity, and time limitation, and must be subject to strict oversight through both internal and external mechanisms, including by parliament and independent oversight bodies. The intelligence confidentiality provisions of Law Number 17 of 2011 must be harmonized with the transparency needs of the health sector, so that the public continues to receive adequate information without sacrificing the safety of sources and the integrity of intelligence operations.

Fourth, strengthening the culture and capacity of civilian institutions must become a priority. A sound medical intelligence system can only develop if the national health system is strong enough to lead crisis management, while the security sector plays a specific and limited support role. This demands serious investment in primary health services, community health laboratories, surveillance networks, health human resources, and integrated health information systems as stipulated in Law Number 17 of 2023. Without such strengthening, security sector involvement will continue to be an expedient short-term solution each time a health crisis arises, with all the attendant risks to democracy and human rights.

The Covid-19 pandemic should be read as an early warning for Indonesia to rationalize the relationship among health, intelligence, and national security. By formulating and building a medical intelligence system that is clear, legally grounded, and respectful of citizens' rights, Indonesia not only enhances its capacity to confront future epidemics, but also demonstrates that the state is capable of managing non-traditional threats in a modern manner without sacrificing the democratic and humanitarian principles that form the foundation of its constitution.

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