

## Total Mobilization as a Total Defense Strategy Against Pandemics within the National Health System

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### Abstract

*The COVID-19 pandemic exposed significant vulnerabilities in Indonesia's national health system, which was largely sectoral and insufficiently prepared for multidimensional crises. This study explores the implementation of total mobilization as a strategy of total war in managing the pandemic. Using a descriptive qualitative method through document analysis and comparative study, it examines cross-sectoral integration involving military deployment under Military Operations Other Than War (MOOTW), transformation of domestic health-related industries, and civil society engagement through ad-hoc institutions such as the COVID-19 Handling and National Economic Recovery Committee (KPCPEN). Findings indicate that total mobilization enabled a more effective crisis response through centralized coordination, logistical acceleration, and institutional synergy. Comparative insights from South Korea and Israel emphasize the importance of systemic preparedness, data-driven decision-making, and strong public trust. However, challenges include civic resistance, regional disparities, and the risk of human rights infringements. This study concludes by recommending a redesign of Indonesia's national health resilience framework and the establishment of a permanent National Health Resilience Command to ensure long-term crisis readiness.*

**Keywords:** total mobilization, pandemic, national health resilience, Military Operations Other Than War, KPCPEN, South Korea, Israel



## INTRODUCTION

The COVID-19 pandemic has generated a global crisis that has affected nearly all aspects of human life, particularly in the domains of health, food security, and the economy. Millions of people have lost their jobs and access to basic services, while vulnerable groups such as informal workers, agricultural laborers, and the urban poor have borne the greatest burden. Global food systems have been disrupted, supply chains have been severed, and many households have experienced hunger and malnutrition (Organization et al., 2020). In Indonesia, the response to the pandemic has been regulated through Large-Scale Social Restrictions (Pembatasan Sosial Berskala Besar/PSBB) based on Law Number 6 of 2018 on Health Quarantine. Article 8 of the law stipulates that every citizen is entitled to healthcare services, food, and other basic necessities during the quarantine period (Utomo & Hanita, 2022).

The government is also obligated to anticipate and mitigate the economic impacts of such policies. Based on simulations conducted by Professor Arief Anshori Yusuf, the implementation of PSBB was estimated to result in economic losses of approximately IDR 4,500 trillion. This figure is significantly lower than the potential losses of IDR 18,000 trillion that could have occurred under a minimal-intervention scenario. This crisis underscores the critical need for strong and effective leadership. Leaders in crisis situations must be capable of acting swiftly, setting an example, maintaining open communication, and ensuring that policies are aligned with humanitarian values and social protection principles. International standards such as NFPA 1600 further emphasize the pivotal role of leadership in crisis preparedness, response, and recovery (Utomo & Hanita, 2022). Accordingly, total mobilization within the national health system cannot be separated from leadership capacity and cross-sectoral coordination as key determinants in sustainably addressing a pandemic.

The total defense approach is therefore relevant for reconsideration as a collective strategy to confront multidimensional crises. Rooted in the doctrine of the total people's defense system, this concept emphasizes the comprehensive mobilization of all national resources—human, institutional, and infrastructural—to address existential threats. Indonesia's historical experience demonstrates the effectiveness of this approach in achieving independence through alliances among the people, militias, youth groups, and traditional and religious forces (Rachman, 2023). In the contemporary context, the fight against the pandemic requires a similar form of mobilization, albeit in an adaptive manner: cross-sectoral integration, social solidarity, and collaborative leadership. Health crises must be managed as national security threats, employing non-military defense strategies oriented toward public safety, health system resilience, and sustainable development.





Within the context of the pandemic, the total defense approach represents a strategic paradigm in which the virus is regarded as a common enemy threatening national existence. Consequently, all elements of the nation must be involved in a comprehensive, structured, and systemic manner in mitigation efforts. Unlike sectoral or limited responses, this approach assumes the necessity of total mobilization, whereby all state resources—including human capital, institutions, knowledge, logistics, and information technology—are activated and effectively integrated. Indonesia's experience during its struggle for independence illustrates that success can be achieved when popular forces, local institutions, and national leadership converge under a unified collective strategy. These principles are translated into the coordinated and sustained organization of the health system, social protection mechanisms, medical logistics, public information management, and cross-sectoral policymaking.

Such mobilization extends beyond healthcare personnel and medical facilities to include the active participation of communities, the private sector, religious leaders, local organizations, media, and informal leaders in controlling virus transmission, fostering collective awareness, and strengthening community resilience. In this context, the concept of total war does not imply physical violence, but rather civil resilience and national solidarity in the face of multidimensional crises. The purpose of this article is to critically examine how the principles of total defense can be incorporated into the policies and practices of the national health system, and to assess the extent to which this approach can enhance preparedness, response capacity, and systemic resilience in addressing both the current pandemic and future global health threats.

## METHOD

This study employs a qualitative–descriptive methodology using a literature review and policy analysis approach. This approach was selected because it is appropriate for exploring abstract concepts such as total mobilization and its implementation within the context of the health system. The literature review was conducted by examining various relevant sources, including books, scholarly articles, and policy documents, while policy analysis was applied to understand the content, context, and implications of policies implemented during the pandemic (Waruwu, 2023).

This method enables the researcher to examine the interrelationships between the principles of total defense and cross-sectoral strategies applied within the national health system, as well as to assess the effectiveness of leadership and institutional coordination in responding to the crisis in a comprehensive and sustainable manner.



## RESULTS AND DISCUSSION

### Characteristics of the National Health System During the Pandemic

The COVID-19 pandemic marked a critical moment that exposed various structural weaknesses in Indonesia's national health system, ranging from unequal distribution of medical equipment and limited access to referral healthcare services to shortages of healthcare personnel across regions. This situation prompted the government to undertake comprehensive reforms of the national health system with the objective of establishing a more resilient, self-reliant, and inclusive health architecture. The Ministry of Health responded to these challenges through a health system transformation agenda focused on six main pillars: primary healthcare services, referral services, health security, health financing, health human resources, and health technology (Utomo & Hanita, 2022).

One fundamental step in this transformation was the enactment of Law No. 17 of 2023 on Health, which consolidated eleven previous laws and was formulated through an omnibus law approach. This law serves as a new legal framework providing a strong foundation for health system transformation, including governance, financing mechanisms, and service digitalization (Suciati et al., 2023). The implementation of this law was further regulated through Government Regulation No. 28 of 2024 and various Ministerial Regulations as derivative legal instruments. The practical implementation of this transformation is reflected in concrete programs, such as the distribution of advanced medical equipment (CT scanners, mammography units, and radiotherapy facilities) to hospitals across regions, including referral hospitals such as RSUP dr. Ben Mboi in East Nusa Tenggara, which is now capable of providing cardiac care services (Utomo & Hanita, 2022). Primary healthcare services have also been strengthened through expanded immunization coverage and community health screening programs.

In the field of human resources for health, new approaches have been introduced through hospital-based specialist medical education and regulatory simplification, including lifetime professional registration (STR) and automatic licensing (SIP). The government has also provided scholarships for overseas specialist medical education and promoted collaboration with international hospitals to enhance capacity building. Health technology systems have been strengthened through the launch of the SATUSEHAT platform, which enables real-time integration of national medical data and facilitates public access to personal health records. This digitalization initiative is regarded as a critical step toward improving transparency and efficiency in future healthcare services (Gindarsah, 2023).

This transformation also reflects a paradigm shift from a predominantly curative approach toward a preventive orientation. Policy focus has shifted from budget allocation alone

toward tangible outcomes and program sustainability. The policy formulation process has demonstrated increased public participation, as evidenced by the thousands of inputs received by the government during the drafting of the Health Law. Nevertheless, fundamental challenges remain, particularly regarding the equitable distribution of healthcare personnel. Data from the Ministry of Health in 2023 indicate that Indonesia's physician-to-population ratio remains at 0.6 per 1,000 population, below the World Health Organization (WHO) standard of 1 per 1,000 (Gani et al., 2023). Consequently, the government continues to strengthen medical education and establish ethical councils to uphold the professionalism of healthcare workers through the Indonesian Medical Council.

Overall, the characteristics of the national health system during the pandemic underscore the need for adaptive, collaborative, and data-driven policies. The spirit of *gotong royong* (mutual cooperation) that emerged during the pandemic has been integrated into new regulations as an ethical foundation for national healthcare services. The pandemic thus represents not only a crisis but also an opportunity to build a more resilient and equitable health system in Indonesia (Gani et al., 2023).

## Implementation of the Principle of Total Mobilization

The COVID-19 pandemic posed extraordinary challenges to Indonesia's health system and governance structures. In responding to this multidimensional crisis, the government adopted the principle of total mobilization as a strategic approach that unified all elements of the nation, ranging from civil and military institutions to industry actors and civil society. This principle was reflected in policies, organizational structures, and coordinated measures implemented throughout the pandemic period.

One concrete manifestation of this approach was the establishment of ad hoc institutions such as the COVID-19 Task Force, which was later restructured into the Committee for COVID-19 Handling and National Economic Recovery (KPCPEN). This restructuring signified a strategic shift from emergency response toward the simultaneous integration of health and economic considerations. The active involvement of the military within this structure constituted a crucial component of the total mobilization strategy. The appointment of Army General Andika Perkasa as Vice Chair of KPCPEN symbolized the military's institutional role in strengthening national response capacity during the pandemic (Jazuli, 2020).

Military involvement generated complex dynamics within the public sphere. On the one hand, the military was perceived as possessing a solid command structure, logistical capacity, and rapid response capability, all of which are essential in emergency situations. On the other

hand, concerns emerged regarding the potential dominance of security institutions in civilian policymaking and the resurgence of repressive narratives rooted in Indonesia's political history (Jazuli, 2020). It is therefore essential to ensure that the military's role remains supportive rather than directive in public policy formulation. Military functions were primarily oriented toward the humane enforcement of health protocols, public education campaigns, and logistical support within a cross-sectoral collaborative framework. The involvement of mass organizations such as Nahdlatul Ulama and Muhammadiyah became an integral part of trust-based communication strategies and social mobilization efforts (Jazuli, 2020).

According to Gindarsah (2023), the involvement of the Indonesian National Armed Forces (TNI) in pandemic response constitutes a form of Military Operations Other Than War (OMSP). This strategy was formally initiated through a presidential directive issued by President Joko Widodo in May 2020, instructing the TNI to support pandemic response efforts "by any means necessary," including the repatriation of Indonesian citizens, protection of vital facilities, and logistical support. The implementation of OMSP in this context can be categorized into three main characteristics: (1) Civic Action Operations involving medical services, logistical distribution, and social assistance; (2) Assistance Tasks aimed at strengthening civilian institutional capacity in implementing social restriction policies; and (3) Domestic Security Recovery as a last resort in situations of escalating socio-political tension.



**Figure 2.1 Security Stability Scenarios and Military Operations Other Than War (OMSP) During the Pandemic**

Source: Gindarsah, 2023

The involvement of the military was further reinforced by several legal foundations, including Law No. 24 of 2007 on Disaster Management, Law No. 3 of 2002 on National Defense, Law No. 34 of 2004 on the TNI, and Government Regulation in Lieu of Law (Perppu) No. 23 of 1959 on States of Emergency. A temporary command structure, the Joint Task Force Command (Kogasgabbpad), was also established to manage emergency needs in quarantine locations such as Sebaru Island, Natuna, Galang, and the Athlete's Village. To enhance cross-regional coordination, Gindarsah proposed the establishment of a National Joint Task Force Command (Kogasgabbpadnas) under the direct leadership of the TNI Commander or Deputy Commander (Gindarsah, 2023).

| No | Undang-Undang      | Ketentuan                            | Substansi Pengaturan                                                                                                                                                                                                                                                   |
|----|--------------------|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1  | UU No. 24/2007     | Pasal 4                              | Menegaskan bahwa salah satu tujuan penanggulangan bencana adalah menyelaraskan peraturan perundang-undangan yang ada.                                                                                                                                                  |
|    |                    | Pasal 50                             | Memberikan kemudahan akses bagi BNPB untuk memerintahkan sektor/lembaga dalam keadaan darurat bencana.                                                                                                                                                                 |
| 2  | UU No. 3/2002      | Pasal 10 ayat (3) huruf c            | Menetapkan bahwa TNI bertugas di antaranya melaksanakan OMSP.                                                                                                                                                                                                          |
|    |                    | Penjelasan Pasal 10 ayat (3) huruf c | Menjelaskan bahwa OMSP dilaksanakan berdasarkan permintaan dan/atau peraturan perundang-undangan.                                                                                                                                                                      |
| 3  | UU No. 34/2004     | Pasal 7 ayat (2) huruf b             | Mengatur bahwa TNI dapat menggelar OMSP termasuk untuk membantu menanggulangi akibat bencana alam, pengungsian dan pemberian bantuan kemanusiaan, membantu tugas pemerintahan di daerah, membantu Polri, dan mengamankan obyek vital nasional yang bersifat strategis. |
|    |                    | Pasal 1 Permenhan No. 9/2011         | Menjelaskan bahwa bantuan kemanusiaan adalah bantuan yang diberikan untuk menjamin hakikat dan martabat manusia yang terganggu atau berkurang karena bencana alam dan lain-lain.                                                                                       |
| 4  | Perppu No. 23/1957 |                                      | Mengatur tentang penetapan keadaan bahaya dan pemangku otoritas dalam keadaan darurat sipil, darurat militer dan darurat perang.                                                                                                                                       |

**Figure 2.2 Regulatory Framework Related to Military Operations Other Than War (OMSP) for Disaster Management**

Source: Gindarsah, 2023

The principle of total mobilization was also applied in the industrial and economic sectors, particularly through industrial reorientation to meet domestic medical equipment needs. The COVID-19 pandemic served as a strategic moment to strengthen the self-reliance of the national pharmaceutical and medical device industries. Through the Ministry of Industry, the government initiated the transformation of the textile and textile products (TPT) industry into



producers of personal protective equipment (PPE), medical masks, and surgical gowns. The Ministry of Industry also established collaborations with academics and industry actors to develop locally produced ventilators, which within three months achieved a Domestic Component Level (TKDN) of up to 80% (CNN, 2020).

These measures were aligned with broader efforts to reduce dependence on imported raw materials for the pharmaceutical industry. Previously, approximately 90% of Indonesia's pharmaceutical industry focused on downstream production, resulting in substantial reliance on foreign raw materials (CNN Indonesia, 2020). The government therefore promoted cross-sectoral policies to create an independent and competitive industrial ecosystem. The outcomes of these policies were evident in the surplus production of medical equipment by the end of 2020, including surgical masks (1.96 billion units), cloth masks (377.7 million units), surgical gowns (13.2 million units), and coveralls (356.6 million units). Emergency ventilators entered mass production in mid-July 2020, followed by ICU ventilators later the same month. Most of these products met international standards such as AATCC 42, AATCC 127, and ISO 16604 Level 2 (Musyaffa, 2020).

Public participation also constituted a key pillar of the total mobilization principle. Community involvement extended beyond technical implementation to encompass the democratization of public policy. The Indonesian National Police (Polri) played a role in contact tracing by establishing field-based and digital tracer teams, such as those implemented by the Bali Regional Police. These teams operated with the support of protective equipment and digital systems that enabled data integration with healthcare service centers. Challenges such as limited human resources, community resistance, and insufficient incentives were addressed through tracer training programs, multisectoral collaboration, and volunteer engagement (Widiani et al., 2022).

From a theoretical perspective, public participation represents a foundational element of democratic systems, as it provides citizens with opportunities to contribute to public decision-making. In the context of the pandemic, participation manifested in various forms, including public education, contact tracing, volunteer work, and the distribution of assistance. The Provincial Government of DKI Jakarta developed a community-based participatory structure through Governor Decree No. 291 of 2020, which involved neighborhood associations (RT/RW), primary healthcare centers, religious leaders, and community members within the COVID-19 Task Force framework. This structure was subsequently reinforced by Presidential Decree No. 7 of 2020, Presidential Regulation No. 82 of 2020, and Circular Letter of the Minister of Home





Affairs No. 440/5184/SJ, which reaffirmed the role of regional task forces as the frontline of pandemic response at the local level (Mahmudah & Imelda, 2021).

Volunteer engagement exemplifies citizen-initiated participation that has proven effective in practice. In Jakarta, volunteers contributed to health protocol education, logistical distribution, and case tracing at the neighborhood level. With flexible organizational structures and coordination with subdistrict administrative units, volunteers became an integral component of the community response system. This pattern demonstrates how public participation can be institutionalized within the national health system as part of an inclusive and sustainable community resilience strategy (Mahmudah & Imelda, 2021).

Overall, the application of the total mobilization principle in Indonesia's COVID-19 response indicates that effective crisis management depends not only on state capacity but also on collaboration among the military, industry, civil society, and local governance structures. By maintaining a functional balance between civilian and military actors, strengthening domestic production capacity, and facilitating inclusive public participation, Indonesia has been able to establish a foundation of national resilience in confronting large-scale health crises.

## Study Comparative

To obtain a deeper understanding of the effectiveness of the principle of total mobilization in the context of pandemic management, it is necessary to conduct comparative studies with countries that have demonstrated significant success in responding to the COVID-19 crisis. Two countries that stand out in this regard are South Korea and Israel, both of which adopted comprehensive and integrated approaches characterized by strategies aligned with their respective socio-political contexts and institutional capacities.

South Korea provides a prominent example of successful national mobilization grounded in speed, technology, and public trust. Following its experience with the Middle East Respiratory Syndrome (MERS) outbreak in 2015, the South Korean government developed a robust emergency response system capable of rapid activation during crises. When COVID-19 began to spread, the government promptly designated the Korea Disease Control and Prevention Agency (KCDC) as the national operational command center. This approach involved the integration of health authorities, the military, the police, the private sector, and active support from civil society. South Korea's core strategies included:

- a. Digital contact tracing based on GPS data, CCTV footage, and credit card transactions to rapidly and accurately identify transmission chains.





- b. Large-scale testing conducted through drive-through and walk-through facilities, with the capacity to perform thousands of tests per day.
- c. Transparent and consistent public communication, which strengthened public trust in government policies.
- d. Cross-sectoral collaboration, including the rapid development of PCR testing kits by local companies.
- e. The mobilization of the military and medical reserve personnel to support logistics, disinfection efforts, and the management of quarantine zones.

This approach reflects the principle of total mobilization rooted in technocratic governance and institutional readiness, yielding tangible outcomes in the form of effective pandemic control without the need for stringent nationwide (Suciati et al., 2023).

Israel also demonstrated an approach that reflects a form of national mobilization within a different context. The country became one of the fastest in the world to implement mass vaccination, made possible through swift negotiations with Pfizer to secure vaccine supplies starting in late 2020. This strategy was implemented by the Israeli Ministry of Health, supported by a highly digitized national healthcare system. Key factors contributing to Israel's success included:

- a. Data-driven vaccine distribution, prioritizing vulnerable groups and achieving widespread coverage within weeks.
- b. The use of incentives and the "green pass" policy, which granted vaccinated individuals special access to public facilities as a means of increasing vaccination uptake.
- c. Public information campaigns involving religious leaders, celebrities, and healthcare professionals to mitigate public skepticism.
- d. The involvement of the military (IDF) in vaccine distribution logistics, the management of quarantine centers, and the provision of healthcare personnel support.
- e. Despite facing significant challenges such as the Delta and Omicron variant waves, Israel did not revert to prolonged lockdowns; instead, it adopted a "living with COVID" strategy that balanced public health protection with economic sustainability (Reuters, 2021).

From these two case studies, it is evident that successful pandemic management depends on the readiness of national systems prior to a crisis, the speed of data-driven decision-making, cross-sectoral coordination (including the military and industry), and, most importantly, active and informed public participation.





The South Korean model emphasizes the role of the state as a technocratic driver characterized by systematic responses and high-technology utilization. In contrast, Israel prioritizes aggressive medical intervention—particularly vaccination—accompanied by adaptive public policy arrangements. Both models demonstrate that total mobilization is not merely the physical involvement of multiple actors, but rather the alignment of direction, communication, and collective trust, which ultimately enables more resilient and measured crisis responses.

## DISCUSSION

The results of the analysis indicate that the COVID-19 pandemic cannot be addressed solely as a public health issue. Rather, this crisis necessitates comprehensive state mobilization, involving all elements—from the military to civil society—within a single, coordinated national strategy. Indonesia's experience in managing the pandemic underscores the importance of a total mobilization approach capable of responding to multidimensional challenges spanning health, economic, logistical, and socio-political domains.

Total mobilization in Indonesia is reflected in policies establishing and restructuring ad hoc institutions such as the COVID-19 Task Force and the Committee for COVID-19 Handling and National Economic Recovery (KPCPEN), which demonstrate the state's capacity for rapid, centralized coordination (Jazuli, 2020). The involvement of the military as part of Military Operations Other Than War (OMSP) further strengthened logistical capacity and emergency response, including through civic action operations and assistance missions (Gindarsah, 2023). The industrial sector was also mobilized to produce medical equipment, ventilators, and personal protective equipment (PPE) on a large scale (CNN, 2020), illustrating the effectiveness of industrial conversion in supporting the national health system. Meanwhile, the role of civil society and religious organizations such as Nahdlatul Ulama and Muhammadiyah enhanced the social legitimacy of government policies and expanded the reach of public education and health protocol campaigns.

However, the implementation of total mobilization also presents several challenges. Military involvement, while beneficial in terms of efficiency and speed, has raised concerns regarding the potential dominance of security institutions in civilian decision-making and the resurgence of authoritarian practices rooted in Indonesia's political history (Jazuli, 2020). Furthermore, the uniform implementation of centrally formulated policies has often proven ineffective at the local level, given disparities in implementation capacity and varying social complexities across regions. Although public participation is essential, community engagement





has frequently encountered resistance, limited training, and insufficient incentives for volunteers (Widiani et al., 2022).

Comparative studies with South Korea and Israel confirm that successful pandemic management depends on the preparedness of national institutions and strong cross-sectoral integration. South Korea demonstrated rapid response capabilities built on lessons from previous outbreaks, supported by advanced tracing technologies, mass testing, and consistent public communication (Suciati et al., 2023). The military was involved strategically, yet remained within an operational framework that supported civilian authority. Israel, by contrast, excelled in accelerating vaccination through a well-established digital data system, incentive-based strategies such as the green pass, and military-managed vaccination logistics (Reuters, 2021). Both countries illustrate that total mobilization entails not merely the physical engagement of all resources, but also the alignment of policy direction, collective trust, and strong communication between the government and society.

These lessons suggest that Indonesia's national health system must be redesigned to better withstand large-scale crises in the future. Health resilience cannot be built solely through infrastructure expansion or increased medical facilities; rather, it must be conceived as part of a national system capable of responding to crises in a multisectoral manner. Accordingly, one strategic recommendation is the establishment of a National Health Resilience Command (NHRC) as a permanent cross-sectoral institution. The NHRC would be responsible for formulating national preparedness strategies, stress-testing health logistics systems, bridging inter-agency coordination, and integrating public participation within an inclusive and sustainable framework. This proposal aligns with the idea of establishing a Joint National Crisis Command (Kogasgabpadnas), led directly by the Commander or Deputy Commander of the Indonesian National Armed Forces, to ensure efficient and coordinated responses to national crises (Gindarsah, 2023).

While the total mobilization approach has demonstrated clear advantages in responding to the pandemic, it requires democratic, transparent, and adaptive institutional arrangements to prevent authoritarian excesses and to ensure effectiveness across all levels of government and society.

## CONCLUSION

The COVID-19 pandemic has demonstrated that large-scale health crises cannot be managed through a purely sectoral approach; rather, they require a total mobilization strategy that engages the full capacity of the state. Indonesia's experience underscores the importance





of centralized coordination, the involvement of both military and civilian elements, the strengthening of domestic industrial capacity, and active public participation as an integrated national resilience strategy. Comparative studies with South Korea and Israel indicate that successful pandemic response is highly dependent on institutional preparedness, rapid data-driven decision-making, cross-sectoral synergy, and public trust.

Nevertheless, a total mobilization approach also presents significant challenges, including the potential for human rights violations, civil resistance, and disparities in implementation across regions. Therefore, long-term policy measures are needed in the form of a comprehensive redesign of the national health resilience system—one that is not only adaptive to crises but also grounded in inclusive, democratic, and sustainable governance. One concrete proposal that merits consideration is the establishment of a National Health Resilience Command as a permanent institution responsible for integrating multisectoral responses to future health threats.

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