

The Spread of Medical Misinformation in the Covid-19 Infodemic and its Implications for ASEAN Regional Security

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Abstract: The coronavirus disease 2019 (Covid-19) pandemic has not only caused a global health crisis, but has also given rise to an infodemic phenomenon in the form of an abundance of information, including medical misinformation, which spreads rapidly through various digital platforms. In the ASEAN region, high internet penetration and social media use have accelerated the spread of inaccurate information related to Covid-19, such as claims that drinking harmful chemicals can treat Covid-19, conspiracy theories about the origin of the virus, and claims that vaccination is dangerous and can lead to infertility. This condition has the potential to disrupt the public health response and reduce public trust in government institutions. This study aims to analyze the spread of medical misinformation related to Covid-19 and its implications for ASEAN regional security. The method used in this study is a qualitative research approach with a literature case study through the analysis of various scientific journals, international organization reports, policy documents, and relevant official publications. The results show that medical misinformation during the pandemic has affected people's behavior, hindered health care efforts, and strengthened traditional security challenges in the region. In addition, differences in digital capacity and information handling policies in ASEAN countries also affect the effectiveness of responses to infodemics. Therefore, it is necessary to strengthen regional cooperation through policy harmonization, increase digital literacy, exchange information between countries, and collaborate with digital platforms to build regional resilience against future misinformation threats.

Keywords: Misinformation; Covid-19; ASEAN

INTRODUCTION

The development of advanced technology makes it easier for a person to access and get information from one person to another, especially through social media. A person can easily receive or disseminate information to others. However, sometimes we forget to find out whether the information received is true or just a hoax. This progress also causes a negative side in the form of the spread of misinformation or hoaxes that are increasingly widespread. The COVID-19 pandemic has caused work that is usually done through physical contact to switch to online (in the network), so the use of the internet and social media has increased. Before the Covid-19 pandemic, in 2018, social media users in ASEAN reached 55% active users; countries such as Brunei Darussalam reached 95%, Singapore 83%, and Malaysia 75%; however, countries such as Laos and Myanmar are still below average, namely Laos 35% and Myanmar 34% (Nortajuddin, 2020).

In 2020, as reported on the Digital 2020: Global Digital Overview page, countries in Southeast Asia such as the Philippines and Indonesia are ranked in the top five countries around the world with the longest duration of social media use. The Philippines is ranked first with a duration of 3 hours and 53 minutes per day, while Indonesia is ranked fifth with a duration of 3 hours and 26 minutes per day, followed by Thailand, Malaysia, and Vietnam (Kemp, 2020). This is one of the reasons why medical misinformation spreads quickly in the ASEAN region. Due to the high consumption of social media, people receive a variety of and a lot of information. Unfortunately, some of them do not check the validity of the information before sharing it. They tend to spread directly through family chat groups, friends, and others, thus accelerating the spread of COVID-19 infodemic.

Medical misinformation in COVID-19 infodemic cannot be understood solely as a public health issue. The spread of false information about viruses, vaccines, and treatments has eroded public trust in the government and health authorities, ultimately lowering public compliance with pandemic handling policies. WHO states that the infodemic causes confusion, risky behavior, and weakened public health responses due to increased distrust of official information sources (WHO). Not only that, but misinformation also triggers social polarization, panic, and the spread of conspiratorial narratives that have the potential to disrupt social and political stability (Borges Do Nascimento et al., 2022). In the

context of ASEAN, these threats are increasingly significant because the spread of digital information takes place across national borders. Therefore, COVID-19 infodemic can be seen as a non-traditional security threat that connects the dimensions of public health, information security, and regional stability (Pratiwi et al., 2024).

Currently, in the contemporary era, threats are not limited to military threats but also include non-traditional threats such as health security and information security. ASEAN as a regional organization, has also begun to view the infodemic as a regional threat. In the Joint Statement of the Special Video Conference of ASEAN Health Ministers on COVID-19 in 2020, ASEAN countries emphasized the importance of strengthening regional cooperation to overcome "Misinformation and Fake News" related to the COVID-19 pandemic, including through risk communication strategies and the use of digital technology (China, 2020). In addition, ASEAN also prepared a Guideline in Combating Fake News and Disinformation in the Media in response to the increasing threat of misinformation in the region's digital space (Irwansyah, 2024).

ASEAN was chosen as the analysis space because it is a highly relevant region to study the spread of medical misinformation during the COVID-19 infodemic, given the high connectivity between countries through population mobility, digital information flows, and regional cooperation. In the context of Southeast Asia, misinformation does not stop at national boundaries, but can quickly spread across countries and affect public perception, trust in government, and social stability in the region. In addition, ASEAN member countries have diverse socio-political characters and policy responses, so the region provides a rich analytical space to see how medical misinformation is produced, disseminated, and handled in crisis situations.

In general, this study is directed to explain how the spread of medical misinformation in the COVID-19 infodemic can be understood as a non-traditional security threat that has an impact on the stability of the ASEAN region. This study is expected to contribute to security studies by expanding the focus of analysis from military threats to information-based, health, and social resilience-based threats. Through the perspective of nontraditional security and securitization theory, this study aims to analyze the pattern of the spread of medical misinformation during the COVID-19 infodemic and its implications for ASEAN regional security. This study also seeks to show how the issue of medical misinformation can rise to the security agenda that requires a collective response at the regional level. Thus, the main contribution of this study lies in the effort to connect the dynamics of infodemic, information security, and regional security in a more comprehensive analytical framework.

RESEARCH METHODOLOGY

This study uses a qualitative approach with a comparative case study design. The qualitative approach was chosen because this study seeks to understand in depth the phenomenon of the spread of medical misinformation in the Covid-19 infodemic and its implications for ASEAN regional security. The comparative case study design is used to compare the patterns of misinformation spread, policy responses, and their impact in the ASEAN region more systematically. To ensure that comparisons between cases are carried out consistently, this study uses four dimensions of analysis. First, the dimension of false information patterns, which includes the theme of claims, types of information, disseminating actors, distribution platforms, and target groups. To ensure that comparisons between cases are carried out consistently, this study uses four dimensions of analysis. First, the dimension of false information patterns, which includes the theme of claims, types of information, disseminating actors, distribution platforms, and target groups. Second, the impact dimension, which includes vaccine hesitancy, risky health behaviors, declining public trust, and social polarization.

Third, the policy dimension, which includes government clarification, fact-checking, content removal, account restrictions, regulations, and digital literacy campaigns. Fourth, the dimension of information resilience, which includes the speed of clarification, communication transparency, fact-checking capacity, civil society involvement, and coordination with digital platforms. Each country is analyzed using these four dimensions so that similarities, differences, and variations in responses can be systematically identified. The research data is sourced from secondary data obtained through documentation studies. Data sources include articles in scientific journals, official reports from

governments and regional institutions such as ASEAN, fact-checking reports from fact-checking organizations, and news from credible media. The selection of these various sources is intended to enrich analytical perspectives while increasing the validity of research findings.

This study uses six countries as comparative cases, namely the Philippines, Indonesia, Thailand, Malaysia, Vietnam, and Singapore. Case selection was conducted purposively based on three criteria: high use of digital media, availability of documentation on medical misinformation during the Covid-19 pandemic, and the existence of comparable policy responses. These countries also represent a variety of political contexts, institutional capacity, and information governance strategies in ASEAN. Therefore, this study does not intend to generalize statistics on all ASEAN countries, but rather to produce analytical generalizations regarding patterns, impacts, and responses to medical misinformation that are relevant to ASEAN regional security.

The literature search was conducted through Google Scholar, Scopus, ScienceDirect, Taylor & Francis Online, the official WHO website, the official ASEAN website, and the official websites of the case countries. The keywords used included "Covid-19 medical misinformation", "Covid-19 medical disinformation", "Covid-19 infodemic Southeast Asia", "vaccine misinformation Indonesia", "Covid-19 disinformation Philippines", "Covid-19 misinformation Malaysia", "Thailand Covid-19 infodemic", "Vietnam COVID-19 fake news", "Singapore POFMA Covid-19", and "ASEAN regional security disinformation". The main literature is limited to publications in 2020–2025, while theoretical work before 2020 is still used when relevant to nontraditional security theories and securitization theories.

Sources are included when directly discussing medical misinformation or misinformation during the Covid-19 pandemic, its impact on health behavior or public trust, information handling policies, ASEAN cooperation, or security and securitization theories. Sources are excluded if they do not explain the context of the country or region of the research, do not have a clear data basis, are only in the form of opinions, or are not directly related to the focus of the research. The quality assessment of the document is carried out by considering the credibility of the publisher, clarity of the method, data transparency, relevance to the research question, and the suitability between the empirical evidence and the author's conclusions.

The data analysis technique was carried out through thematic analysis and content analysis. Thematic analysis was used to group data into key themes, such as the pattern of misinformation spread, socio-political impacts, and countermeasures strategies. Content analysis was used to interpret narratives, discourses, and framing that appeared in documents, reports, and media reports. Through the analysis process, this research seeks to explain how medical misinformation develops into an issue that has an impact on ASEAN regional security. The scope of this research is limited to the spread of medical misinformation during the Covid-19 pandemic in the ASEAN region. The focus of the research is directed to its implications for regional security, especially in terms of public trust, social stability, and coordination between countries in dealing with information crises.

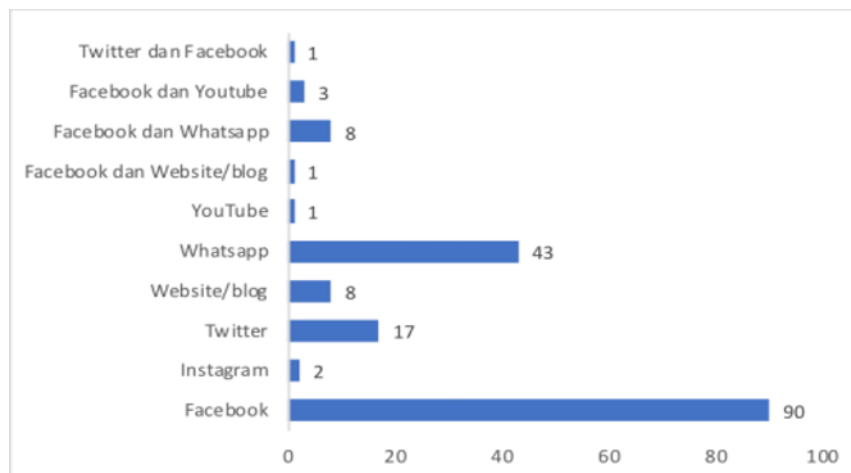
RESULTS AND DISCUSSION

Patterns of the spread of medical misinformation

The rapidly developing world of information makes it easier for humans to obtain information from various parts of the world. However, the amount of information circulating does not always have a positive impact on its users. The flood of information circulating during the COVID-19 pandemic has caused the spread of medical misinformation that occurs everywhere. This causes panic and anxiety in society which affects public trust in health authorities. In the context of ASEAN, this problem has become increasingly complex due to people's dependence on digital platforms as the main source of information during the pandemic, differences in political systems between countries, and high cross-border digital connectivity.

Misinformation can be interpreted as the spread of false, false, or misleading news that is deliberately to cause anxiety and confuse recipients, which can result in a change in people's mindset (Fetzer, 2004). In contrast to misinformation, which refers to false or misleading information that is spread without any intention to deceive or harm. In the context of the covid-19 pandemic, various forms of misinformation are widely circulated in society, such as claims that drinking harmful chemicals can treat covid-19,

conspiracies about the emergence of the covid-19 virus, and claims about vaccinations that are said to be dangerous and cause infertility. This various medical misinformation have triggered anxiety and panic in the community (Fakta, 2023). The spread of misinformation is increasingly massive because it is supported by the development of digital media. According to research by Oemar Madri and Anang Dwi, misinformation is most often found on social media platforms such as Facebook, Twitter, Instagram, Whatsapp, Tiktok, and Youtube (Bafadhal & Santoso, 2020).



Source: Bricolage Journal : Journal of Master of Communication Sciences

The image above shows that Facebook and WhatsApp are the most widely used platforms for spreading misinformation, with 90 misinformation news on Facebook and 43 misinformation news on WhatsApp. This phenomenon is in line with the high intensity of social media use in the ASEAN region during the Covid-19 pandemic. For most people, social media is the main source for obtaining information related to the development of the pandemic. This condition creates a conducive environment for the spread of misinformation because information can circulate quickly and widely without going through an adequate verification process. As a result, misinformation about COVID-19 has become easier to spread and reach people on a large scale in the ASEAN region.

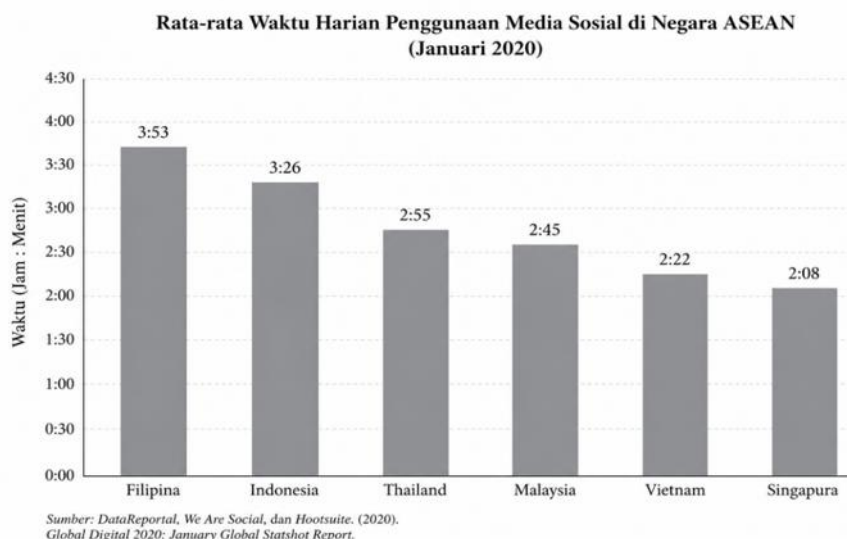


Figure 2. Length of internet usage of countries in the ASEAN region

The Philippines ranks first in ASEAN in the duration of social media use, which is 3 hours and 53 minutes. Indonesia is ranked second with a duration of 3 hours 26 minutes, followed by Thailand in third place with a duration of 2 hours 55 minutes, then Vietnam with a duration of 2 hours 22 minutes, and Singapore with a duration of 2 hours and 8 minutes. This condition causes medical misinformation to

spread quickly in the Southeast Asian region. The high intensity of social media use increases the frequency of people being exposed to various health-related information, both from reliable and unverified sources. In crisis situations such as the Covid-19 pandemic, social media is the main means of disseminating information because it is able to reach millions of users in a short time. However, the characteristics of social media that allow each individual to become a producer as well as a disseminator of information also create a fertile space for misinformation to develop. As a result, various false claims about the treatment of covid-19, conspiracy theories about the origin of the virus, and anti-vaccine narratives can spread massively and transcend national borders in a relatively short time (Dang, 2021).

Furthermore, the high use of social media has the potential to increase people's chances of trusting and sharing inaccurate information. Previous research has shown that news consumption through social media is sustainable with an increase in the likelihood of someone believing and spreading misinformation related to COVID-19, especially when digital literacy and information verification skills are still low (Ahmed & Rasul, 2022). In the context of ASEAN, this condition is a non-traditional security challenge because misinformation not only impacts individual health, but can also reduce public trust in the government and health authorities, hinder the implementation of public health policies, and exacerbate social instability during times of crisis.

Misinformation as a nontraditional security threat

Post-Cold War, the study of security not only focused on military security, but also began to shift to economics, politics, culture, health, and technology. In the traditional perspective, security is understood as the effort of the state to protect its sovereignty, territorial integrity, and survival from external threats that are generally military in nature. Barry Buzan defines traditional security as a condition related to the ability of a state to defend its identity, independence, and territorial integrity from various threats, especially military threats (Buzan, 2007). A similar view is also put forward by Stephen M. Walt who states that security studies have traditionally focused on the threat, use, and control of military force in international relations (Walt, 1991). However, developments in global dynamics show that threats to security do not always originate from armed conflict.

One of the non-traditional threats that has emerged during the covid-19 pandemic is medical misinformation that spreads massively through digital media and social media. The spread of false information about covid-19 treatment, vaccine effectiveness, and the origin of the virus has encouraged some people to make health decisions that are not based on scientific evidence. This condition causes low compliance with health protocols, increased doubts about vaccination, and the use of treatment methods that have the potential to endanger health (Ferreira Caceres et al., 2022). Not only that, misinformation also has an impact on the level of public trust in the government, health institutions, and the scientific community. When people are constantly exposed to conflicting information, doubts arise about policies issued by the government and recommendations from health authorities. Distrust of health institutions is one of the strongest predictors of rejection of the covid-19 vaccine (Choi & Fox, 2022). In other words, the lower the level of public trust in public institutions, the more likely it is that people will reject health recommendations given by the government and health authorities.

The decline in public trust can eventually develop into a problem of social stability. Misinformation often triggers polarization in society by forming opposing groups based on beliefs about information. During the Covid-19 pandemic, various countries experienced an increase in social tension that developed on social media. In the ASEAN region, this phenomenon occurred in several countries. In Indonesia, misinformation about the safety of the Sinovac vaccine and various conspiracy theories related to Covid-19 circulating through WhatsApp, Facebook, and YouTube contributed to the emergence of public doubts about the national vaccination program. A national survey conducted by the Indonesian Ministry of Health, ITAGI, UNICEF, and WHO in 2020 showed that around 27% of respondents expressed doubts about the Covid-19 vaccine, while 7.6% rejected vaccination (Ministry of Health, 2020).

Meanwhile, in the Philippines, the low public trust in the Covid-19 vaccine cannot be separated from the impact of the Dengvaxia vaccine controversy in 2017 which led to a decline in public trust in the immunization program (Widdice et al., 2019). In Malaysia, the spread of hoaxes regarding the vaccine's content, halal issues, and claims that vaccines can cause dangerous side effects have also triggered

public debate and strengthened the polarization between groups that support and reject vaccination. Research conducted by Sujarwoto et al. (2023) shows that misinformation not only affects individual health behavior, but also creates social fragmentation that can hinder collective coordination in dealing with health crises.

In Thailand itself, misinformation is in the form of claims of traditional herbal medicine (such as Green Chiretta/Fah Talai Jone and Fingerroot/Krachai plants) as well as politicized Covid-19 information (especially related to censorship of criticism of the government). Not only that, the spread of misinformation also occurs on Facebook and Twitter, with a percentage of spread on Facebook (70.12%) and Twitter (71.32%). There is also a phenomenon *Echo Chamber* (echo booth) on Facebook and Twitter, where clarification or debunking messages from third parties or health authorities fail to reach the vast majority of users who interact with misinformation content (Kitikamdhorn, 2023). As a result, a phenomenon arises where people refuse to accept any news because they feel afraid and overwhelmed by the flood of information beforehand, so that a person is very at risk of being infected with Covid-19 because they do not know the real situation (Phanwadee Chaikij & Sumonthip Chitsawang, 2021).

In Vietnam, there is a narrative that there are no deaths in COVID-19 cases, even though there are 32,665 positive cases of COVID-19 and 125 of them are death cases (Communication and Information Service, 2021). False information about alternative treatment methods encourages people to buy hard drugs such as hydroxyzine without a prescription, thus leading to a national shortage of drugs for autoimmune disease patients who urgently need the drug for their routine therapy. As a result of this misinformation, the Vietnamese people experience *panic buying* of hand sanitizer, antibacterial wet wipes, medical masks, and latex gloves, which have a direct impact on the lack of PPE supply for medical personnel in Covid-19 referral hospitals (Nguyen et al., 2020).

Singapore is also experiencing the same thing, where various misinformation, ranging from medical hoaxes and vaccine conspiracy theories to multimedia manipulation, occurs. The spread varies from social media such as Facebook to WhatsApp/Telegram. As a result, there has been a decline in public trust and compliance with health policies, as well as increased social tensions. In response to this, the Singapore government passed the POFMA (Protection from Online Falsehoods and Manipulation Act) law and an official fact-checking system to maintain public trust in the government (Josephine Seah & Benjamin Tham, n.d.). Thus, in a traditional security perspective, medical misinformation during the COVID-19 pandemic can be understood as a security threat because it can undermine public trust, hinder the effectiveness of health policies, and increase the risk of social instability.

In addition to eroding public trust and disrupting social stability, misinformation also has a direct impact on the state's capacity to respond to crises. The massive spread of misinformation during the pandemic has created serious obstacles to the process of making and implementing public policies. False information about the dangers of vaccines, conspiracy theories related to Covid-19, and scientifically unproven treatment claims have caused some people to ignore health recommendations issued by the government and health authorities. As a result, the government not only faces the threat of the pandemic itself, but also has to allocate additional resources to clarify information, digital literacy campaigns, and counter hoaxes circulating in the community. Research by Pomeranz and Schwid (2021) shows that covid-19 misinformation can hinder the government's ability to carry out public health responses because it creates information uncertainty and reduces the effectiveness of risk communication to the public (Pomeranz & Schwid, 2021).

In the ASEAN region, these challenges have become increasingly complex due to the high level of social media use and differences in digital capacity between member countries. Countries such as Indonesia, the Philippines, and Malaysia have experienced an increase in the spread of misinformation during the pandemic, which affects vaccine acceptance rates and adherence to health policies. Therefore, the state's ability to combat misinformation is no longer just a public communication issue, but has become an important part of national health and non-traditional security. In other words, the greater the influence of misinformation on society, the greater the risk of weakening the country's capacity to respond effectively and in a coordinated manner.

The Process of securitizing medical misinformation issues

In the perspective of securitization theory developed by Barry Buzan, Ole Waever, and Japp de Wilde (1998), an issue turns into a security issue not because of its threat nature alone, but because of a social and political process that frames the issue as an existential threat to an object that must be protected. Thus, security is understood as the result of the process of social construction through the process of discourse (speech act) carried out by certain actors and accepted by the audience. In the context of the Covid-19 pandemic, some false information about health has begun to be framed by government actors and health organizations as a threat to public safety. However, the framing has not automatically proven the success of securitization because evidence is still needed regarding audience acceptance and the implementation of extraordinary measures.

The process of securitizing medical misinformation during the Covid-19 pandemic has been carried out by various international and national actors. At the global level, the World Health Organization (WHO) became the first major actor to explicitly identify the spread of false information as a serious threat to the public health response. In February 2020, WHO Director-General Tedros Adhanom Ghebreyesus stated that the world is not only facing a pandemic, but also an "infodemic", which is the abundance of misinformation and misinformation that makes it difficult for people to find reliable information. WHO emphasized that infodemic can prolong outbreaks, increase risky behaviors, and weaken public health responses (WHO, 2020).

In addition to the WHO, various national governments, public health institutions, international organizations, and digital platforms have also framed misinformation as a security threat. In Indonesia, the Ministry of Health, the Covid-19 Task Force, the Ministry of Communication and Information, and the National Disaster Management Agency (BNPB) have actively categorized health hoaxes as a threat to the success of pandemic management. This phenomenon has also occurred in the Philippines, Malaysia, and Singapore, where the government considers the spread of false information about vaccines and covid-19 to be a threat to public health and social stability. In the securitization process, security actors use various narratives to convince the public that misinformation is a threat that requires special action. The most dominant narrative is that false information can endanger human lives. The WHO has repeatedly emphasized that misinformation causes people to make wrong health decisions, refuse vaccinations, take unscientifically proven treatments, and ignore health protocols. Therefore, infodemic is positioned as a threat that has real consequences for human safety.

However, the statement of security actors alone is not enough to prove the success of securitization. In securitization theory, an issue becomes a security issue if the framing of the threat is accepted by the audience and followed by actions that go beyond the usual policy procedures. The element of extraordinary action can be observed through the establishment of special fact-checking mechanisms, content removal, blocking accounts or websites, the imposition of sanctions on false information, and risk communication campaigns carried out centrally. However, these actions need to be distinguished from ordinary public communication policies. This study categorizes a policy as an extraordinary action if the policy gives special authority to the state or digital platform to restrict the flow of information, remove content, or impose sanctions outside of routine health communication mechanisms.

Audience acceptance in the securitization process can be seen through public support or compliance with policies that limit the spread of false information, increased use of official sources, and acceptance of fact-checking and government clarifications. However, the evidence available in this study is stronger to show institutional acceptance than direct public acceptance. States and health institutions do adopt framing that infodemi endangers public safety, but this does not mean that all communities receive the same framing. The emergence of vaccine hesitancy, rejection of clarification, and the formation of echo chambers indicate that audience acceptance is partial and differs between countries.

Extraordinary actions are most evident when the state grants special authority to institutions or platforms to restrict the dissemination of information. In Singapore, for example, the Protection from Online Falsehoods and Manipulation Act (POFMA) allows the government to issue correction orders or restrictions on content deemed to be false. In other countries, responses are more in the form of clarifications, risk communication campaigns, fact-checks, and crackdowns on hoax spreaders. These differences suggest that securitization does not result in uniform policies in ASEAN. Thus, the available

evidence supports the conclusion that the issue is securitized at the discourse and policy level, but it is not enough to declare full and uniform securitization across the region.

Implications for ASEAN regional security

The regional impact of infodemic needs to be distinguished from the national impact experienced by individual countries. At the national level, misinformation is related to vaccine hesitancy, decreased trust in health authorities, unsafe treatment behaviors, and disruption to compliance with pandemic policies. At the cross-border level, the available evidence suggests the emergence of similar themes in some ASEAN countries, especially claims about the dangers of vaccines, alternative medicines, conspiracy theories, and distrust of governments. However, the similarity of these themes is not enough to prove that all claims originate from a single coordinated disinformation network. More accountable evidence is that digital platforms, diaspora networks, the use of English as a connecting language, and online communities allow the same health narratives to be reproduced and adapted to local contexts in different countries.

The high use of social media in each country expands the circulation of misinformation at the regional level. Content produced in one country can be disseminated through Facebook, WhatsApp, YouTube, TikTok, or Twitter, and then translated, modified, and adapted to the local context of another country. In the context of Southeast Asia, language diversity is not entirely a barrier because there is language proximity in some countries, the use of English as a regional working language, diaspora networks, and online communities that are connected beyond national borders. The emergence of similar claims in several countries does not by itself prove the existence of a single source or a coordinated network of misinformation. Therefore, regional impacts are more accurately understood as shared vulnerabilities to the rapid and difficult to verify circulation of health narratives.

ASEAN has responded to the infodemic through a joint statement by the minister of health and the minister responsible for information. The document encourages official information exchange, risk communication, information verification, digital literacy, and cooperation between countries. However, the instrument has not yet established a regional early warning system that specifically monitors health disinformation, binding fact-checking protocols, or rapid response mechanisms with operational authority. Documented responses are still more widely carried out by national governments through clarification, content removal, law enforcement, and literacy campaigns. This shows that ASEAN's main problem is not the absence of cooperation, but the lack of institutionalization, operational coordination, and cross-border implementation capacity.

These conditions have an impact on ASEAN as an institution. When member states apply different definitions, verification standards, and information control methods, ASEAN struggles to form consistent regional risk communication. These differences can hinder information exchange, slow down shared responses, and create inequalities in capacity in dealing with information crises. In the long run, reliance on unilateral responses can undermine trust between countries and reduce ASEAN's legitimacy as a non-traditional security actor. ASEAN is indeed capable of generating shared norms and guidelines, but its effectiveness depends on translating these documents into measurable regional mechanisms, such as fact-checking networks, data-sharing procedures, and shared risk communication protocols.

Therefore, ASEAN needs to strengthen regional cooperation through increasing digital literacy, developing cross-border fact-checking mechanisms, and establishing a rapid response system to the spread of misinformation. This step is in line with the ASEAN Digital Masterplan 2025 which emphasizes the importance of building a safe, resilient, and inclusive digital society. This cooperation is important considering that misinformation not only impacts public health, but also affects public trust in state institutions and the effectiveness of government policies. Thus, information stability is an integral part of regional stability. When misinformation can reduce public trust, trigger social polarization, and hinder public health responses, its impact is no longer limited to one country, but can affect regional security as a whole. Therefore, strengthening information resilience needs to be part of ASEAN's non-traditional security agenda in facing various crises in the future.

CONCLUSION

The spread of medical misinformation during the COVID-19 pandemic shows that a health crisis can develop into a crisis of trust when society faces a much faster flow of information than an institution's ability to verify it. In the context of ASEAN, the problem lies not only in the amount of false information circulating, but in the ability of such information to influence health behavior, undermine trust in authority, reinforce polarization, and ultimately reduce the effectiveness of state capacity to manage crises. This condition confirms that security can no longer be understood solely through a state's ability to face military threats, as disruption to the information ecosystem can also produce consequences for social stability and state resilience. However, findings on the securitization process show that the recognition of misinformation as a threat has not yet fully resulted in complete securitization; there is a gap between the success of state actors and health organizations in framing the infodemic as a threat and partial public acceptance.

At the regional level, the more fundamental problem lies in the imbalance between the nature of cross-border threats and ASEAN's response, which still relies heavily on national policies. Although ASEAN has established norms and encouraged information exchange, there has not been a robust regional mechanism to conduct early detection, fact-checking, and rapid response in a coordinated manner. This means that ASEAN's vulnerability to the infodemic is not solely due to the high use of digital media, but also from the lack of optimal institutional capacity to transform normative cooperation into operational information resilience. Therefore, strengthening regional security in the future needs to move from simply stemming fake content to developing regional information resilience, through cross-border fact-checking mechanisms, consistent risk communication, increased digital literacy, and more institutionalized coordination between governments, civil society, the scientific community, and digital platforms. With this approach, handling the infodemic is not only a response to past pandemics, but also a strategic investment by ASEAN in dealing with non-traditional threats that are increasingly determined by the struggle for trust and the flow of information.

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