United Nations University
International Institute for Global Health

Indonesia's Response to a Changing Global Health Landscape

A National Roundtable | Jakarta, Monday, 27 April 2026

Summary Report

UNU Global Health

THE ASIAN COLLECTIVE FOR HEALTH SYSTEMS

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ERIA
Economic Research Institute for ASEAN and East Asia

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Citation: United Nations University International Institute for Global Health, The Asian Collective for Health Systems (TACHS), Center for Social and Economic Progress (CSEP), and Economic Research Institute for ASEAN and East Asia (ERIA) (2026). *Indonesia's Response to a Changing Global Health Landscape | A National Roundtable: Summary Report.*

On **April 27, 2026**, the **Economic Research Institute for ASEAN and East Asia (ERIA) and** the **United Nations University International Institute for Global Health (UNU-IIGH)** co-hosted a half-day closed-door roundtable in Jakarta titled **"Indonesia's Response to a Changing Global Health Landscape"**. This roundtable convened a group of experts and practitioners from the Indonesian Ministries, as well as representatives from Indonesian academia and civil society organizations (see Appendix 1). The roundtable aimed to discuss the increasingly fragmented and complex global health architecture and how Indonesia is navigating the current challenges in both global and regional health governance.

Welcome Remarks

Manami Uechi (Director of Health and Social Welfare, ERIA) opened the proceedings by introducing the Economic Research Institute for ASEAN and East Asia (ERIA). Established in 2007 through a formal agreement by the heads of 16 member states at the third East Asia Summit in Singapore, ERIA operates as an independent international think tank dedicated to the ASEAN region and its development partners. The Institute's core mandate is to conduct evidence-based policy analysis to generate action-oriented recommendations. To fulfill this mission, ERIA works in close collaboration with the ASEAN Secretariat, member state governments, and academic institutions to address critical regional issues, spanning health, energy, and digital innovation, that directly impact the well-being of local communities.

David McCoy (Research Lead, UNU-IIGH) then briefly described UNU's network of think tanks bridging academia and the UN system, and UNU-IIGH's work in understanding South and Southeast Asia's engagement with Global and Regional Health Governance, a research project conducted together with *the Centre for Social and Economic Progress (CSEP)* as part of *the Asian Collective for Health Systems*, focusing on ten countries in both regions, including Indonesia.

McCoy went on to explain the current state of global health governance (GHG) set within a wider context of a significant retreat from traditional multilateralism by the United States, an erosion of UN Charter values and the ongoing war in Europe which has led many other high-income countries to also reduce their budgets for development assistance for health. This comes on top of longer-standing challenges in global health. The COVID-19 pandemic, for example, exposed the disproportionate power of transnational corporations and the pharmaceutical industry vis-à-vis developing countries and their populations. Meanwhile the accelerating impacts of climate change and forced migration are placing new additional strains on the global health system.

McCoy also noted that the turmoil potentially presents an opportunity for countries in South and Southeast Asia to assert greater agency within the multilateral system. As the traditional dominance of Western powers wanes, room has emerged for Global South nations to play a greater role in global health and to transition from being reactive participants to being proactive agenda-setters. Strengthening international health cooperation at the regional level governance is not merely a measure for countries in the region against external shocks; but also a mechanism for countries to reshape the global health landscape according to their specific needs.

<u>Initial Comments from Participants</u>

Following the opening remarks, roundtable participants offered a range of observations and reflections.

These included comments about the global health architecture being fragmented, inequitable, and increasingly vulnerable to external shocks. One example was the challenge of

operationalizing the One Health framework with the four responsible UN agencies (FAO, UNEP, WOAH and WHO) working in silos and national governments remaining ill-prepared to integrate the four dimensions of One Health, including food and agricultural systems.

Another issue was equality and equity in global health and the barriers to equitable benefit-sharing associated with infections disease surveillance and data sharing. These inequities, it was emphasized, are fundamentally political and reflect structural asymmetries embedded within global governance arrangements.

FFive interrelated challenges were articulated from an Indonesian perspective. First, the proliferation of actors contributing to institutional fragmentation. Second, the difficulties of aligning national priorities with both domestic needs and international demands. Third, the withdrawal of global actors from international health support systems, exemplified by the United States' retreat, disturbances within the WHO system, and the dismantling of USAID. Fourth, the reliance toward a greater number of donors, introducing new coordination challenges. Fifth, there is an urgent need to synergize the multitude of health forums developed by various stakeholders into a more integrated and coherent health architecture.

Session 1 - Navigating the Global Health Governance Landscape

Dian Maria Blandina (Policy Research Associate, UNU-IIGH) opened the session with an examination of the GHG architecture, which has evolved from a state-led system into a complex, fragmented, and multi-stakeholder model. This transformation is characterized by the growing influence of private actors and a concomitant shift of power from public institutions toward markets and supranational agencies. Although the World Health Organization (WHO) remains the principal authority for global health coordination, its institutional autonomy has been significantly constrained. As the majority of its budget derives from earmarked contributions, the WHO's agenda-setting capacity is shaped by the priorities of major governmental and private donors, often at the expense of its core normative functions.

Multilateral development banks (MDBs) and global public-private partnerships (GPPPs), including Gavi, the Global Fund, and CEPI, have also emerged as shapers of policy and finance in global health. A persistent challenge for lower-income nations is their limited negotiating power when engaging with powerful external entities.

It was also noted that the securitization of health has further shifted decision-making to the leadership level within plurilateral platforms such as the G20, G77, and BRICS+. These forums have become essential mechanisms for amplifying the influence of Global South countries within the multilateral arena. As a member of all three platforms, Indonesia occupies a strategically critical position from which to advocate for more equitable representation.

Session 1 Key points emerging from the discussion

Funding, Implementation, and Donor Dependence

A central challenge identified was the difficulty of transferring international financial support to local communities in Indonesia, which undermines the effective implementation of health initiatives. The continued and future dependence on financial donors was highlighted as a concern requiring systematic identification. Participants further questioned whether, should major donors withdraw support, critical international health issues, including antimicrobial resistance (AMR), One Health, and climate-health linkages, could be sustained. A call was made

for grounding actions at the local level while simultaneously advocating for the continued existence of international health platforms.

During the pandemic, Indonesia's health system was described as weak and fragmented. Challenges included stereotypes surrounding Indonesia's health ties with the United States and the WHO, difficulties in accessing funding, excessive donor interventions, and the shifting burden between infectious and non-infectious diseases. Indonesia's Ministry of Finance has requested that the Ministry of Health pursue greater financial independence through international partnerships, focus national health transformation efforts on global issues and donor alignment, and invest in advanced technologies such as artificial intelligence.

The Role of China and Other Donors

The role of China in Indonesia's health governance system was discussed extensively, alongside that of the United States. China was characterized as a co-development partner rather than a purely financial donor, providing technology transfer, innovation, and development assistance in areas such as artificial intelligence (AI), traditional medicine, and medical fellowships. China has actively approached Indonesia's Ministry of Health to offer improvement in healthcare access, infrastructure, and other forms of assistance, though Indonesia has not explicitly affirmed close political ties with China. In the academic and research domain, China has supported research development in Indonesia. However, it was also noted that much of China's engagement is driven by profit and business interests, including market expansion for its medical industries and products. Participants described China’s approach as transactional, more upfront and transparent, compared with the usual way of engagement of the United States.

Beyond bilateral engagements, development banks, including the Asian Development Bank (ADB), the Islamic Development Bank (IsDB), and the World Bank, provide support to Indonesia under conditional terms. These conditions include leveraging support for tangible outputs, ensuring fund accountability, maintaining clear financial pathways, and aligning with national health priorities.

A specific inquiry was raised regarding China's growing engagement in global health, questioning when its more assertive involvement began and whether it is primarily driven by health security interests. Broader questions were also posed about the evolving nature of multilateralism, specifically, whether it is becoming more a mechanism for funding than a platform for shared decision-making.

National Priorities and Underutilized Capacities

Indonesia maintains its own national health priorities, which may not always align with donor interests. Existing partnerships, such as the Kimia Farma-Korea collaboration on active pharmaceutical ingredients, were cited as examples of capacity exchange between local and industrial experts. Other potential areas for Indonesia-China partnership include mRNA vaccines and diagnostics. A significant governance gap identified was the underutilization of university networks, such as ASEAN University Network. Participants suggested that Indonesia could contribute more substantively to global health through research and knowledge exchange, supported by the mobilization of financial resources, bottom-up approaches, and investment in human capital.

Pandemic Preparedness and Response Governance

Reflecting on the COVID-19 pandemic, Indonesia's preparedness was characterized as reactive, particularly in areas of active surveillance, laboratory utilization, competent laboratory systems, and the management of pathogen mutations. The importance of bilateral and multilateral health cooperation was emphasized, especially for accessing pathogen data. Open-source technologies and licensing were deemed pivotal. It was anticipated that all global health public goods, including public health laboratories supporting human, pathogen, animal, and plant health with real-time data, should be open source. Medical products and new health technologies or discoveries require authorization, harmonization, and standardization, ideally under the WHO framework, and should be responsive to community needs. The maturity level of listed medical technologies must also be harmonized to ensure clear status designation.

The importance of preserving multilateralism was underscored as a governmental responsibility, particularly in addressing pathogen-related issues, weak legal certainty, and benefit-sharing mechanisms. Inequities observed during the COVID-19, monkeypox, and Ebola pandemics persist, especially regarding access to diagnostics, tests, and vaccines. Multilateral frameworks, such as the Pandemic Agreement and the Pandemic Influenza Preparedness (PIP) Framework, were identified as foundational principles for Indonesia in managing pathogen data for pandemic preparedness and prevention.

North-South Dynamics

The pandemic exposed the vulnerability of health systems globally, revealing push-and-pull dynamics between the Global South and North. The Global North possesses vaccine production capacity, whereas the Global South lacks this capability, rendering its health systems fundamentally vulnerable.

Session 2 - Strengthening regional health governance and platforms

Ronald Tundang (Policy Research Fellow, UNU-IIGH) presented on regional health governance in Southeast Asia, arguing that regional cooperation should be understood less as a replacement to multilateralism and more as a practical mechanism for solving global problems that no country can manage alone. He identified three areas in which regional cooperation is especially important: managing cross-border health risks, including disease outbreaks and climate-related shocks; responding to shared health-system pressures, including ageing populations and the fiscal constraints facing universal health coverage; and strengthening collective leverage through pooled procurement and shared data systems.

The presentation framed regional resilience as a middle path between dependence on global supply chains and purely national self-reliance. In this view, countries' domestic capacities, including manufacturing, surveillance, research, and technical expertise, could be developed not only for national purposes but also as regional public goods. For example, Indonesia is a part of the WHO mRNA Hub which is aimed to transfer technology and increase the capacity of Indonesian manufacturers to meet the demands of other Southeast Asian countries. In addition, Tundang highlighted that there is a certain overlap between regional and global health architecture. For example, ASEAN countries are divided between the WHO's South-East Asia Regional Office (SEARO) and the Western Pacific Regional Office (WPRO). This may result in a coordination problem in the region amidst shared challenges such as disease outbreaks.

Tundang emphasized that ASEAN, WHO, MDBs, GPPPs, universities, civil society, and the private sector should be seen as complementary parts of a wider regional health-governance ecosystem. For Indonesia, the strategic task is therefore not simply to participate in multiple forums, but to engage domestic actors more effectively, manage external partnerships deliberately, and use its national capacities to help set a regional health agenda. A stronger domestic platform linking government, academia, industry, and civil society would support Indonesia's shift from being a participant in regional health governance to becoming a more strategic agenda-setter.

Session 2 Key points emerging from the discussion

Funding Sustainability and Domestic Financial Responsibility

A predominant concern was the sustainability of health funding, identified as the most challenging issue in global health governance. Participants argued that responsibility for funding management should be centralized and that Indonesia must reinforce their strategic position in promoting health equity. Domestic financing was emphasized as necessary to support country's participation in regional initiatives, particularly to avoid duplication of efforts.

The importance of regional knowledge and its equitable distribution to support national health systems was also emphasized. Participants called for domestic financing mechanisms to ensure that Indonesia's work in regional initiatives does not result in duplication of existing programs.

ASEAN Cooperation: Multilateralism, and Institutional Architecture

ASEAN was widely characterized as moving slowly in implementing regional health initiatives, with low levels of trust among member states. One participant went so far as to describe ASEAN as "hibernating," lacking a strong institutional body responsible for the global health arena. However, ASEAN is still seen as the cornerstone of the regional health architecture where progress is more materialized. ASEAN has established regional cooperation on pandemic response, knowledge sharing, and related areas through mechanisms such as ASEAN Center for Public Health Emergencies and Emerging Diseases (ACPHEED) and ASEAN Biodiaspora Virtual Center (ABVC). Participants identified a clear need to strengthen cross-border collaboration among ASEAN member states, while acknowledging the primacy of national priorities. Specific gaps in regional health systems included cold chain deficiencies, lack of infrastructure, and insufficient logistics for transporting drugs and diagnostic tools. Participants also noted that the trend of countries, including the US, to prioritize bilateral cooperation efforts, citing examples of partnerships with Kenya and Rwanda. Participants emphasized the need to safeguard multilateral approach to avoid fragmentation.

A notable contrast was drawn with academic networks within ASEAN, which were described as possessing strong trust and long-standing relations. Examples included SEAMEO Tropical Medicine and ASEAN Disaster Health Initiatives. China was noted to be progressively expanding its academic networks across the region. Academic bodies such as the ASEAN University Network were considered important for advocating ethical conduct in regional cooperation and amplifying scientific voices to ASEAN leaders.

Indonesia's Role, Political Priorities, and Domestic Capacity

Several strategic considerations were raised regarding Indonesia's positioning. These included: (1) making a discernible difference in global leadership, particularly in areas such as global drugs

and vaccines; (2) leveraging comparative advantages when investing in projects at both national and regional levels; (3) developing action plans that can serve as references for other countries; and (4) aligning discussions with multiple donors while understanding both national needs and donor priorities. Indonesia was noted to possess various opportunities that could be shared with other countries, including a universal health coverage hub and regional committee meetings.

A direct question was raised regarding whether health is positioned as a political priority in Indonesia, and what role institutions play in shaping this agenda. The most concerning issue, however, was described as the dominance of national interests over regional and global interests. Participants highlighted that this may create the problem of oversupply at the global supply chain and create chokepoints which is not ideal for tackling global health problems.

Closing Remarks

In his closing remarks, **David McCoy** noted the wide-ranging and mostly unstructured nature of the discussion. He emphasised that the intention of the meeting had been to initiate an initial discussion amongst different stakeholders, but that further and more in-depth discussions were needed to formulate more concrete policy recommendations and plans. Nonetheless, he offered the following X take-home messages.

1. **A well-ordered national health system and clearly articulated domestic priorities are foundational conditions for effective international health cooperation.**
   A strong and coherent national health system with clear plans and priorities is an essential first step towards having effective strategic engagement with external partners. Without a clear articulation of national interests and needs, external actors and international partnerships find it easier to impose their own agendas and activities without being aligned to national and local priorities.

2. **Indonesia, like other nations, would benefit from a more deliberate and proactive approach to navigating the complex landscape of global and regional health governance.**

   International health cooperation is important and beneficial for multiple reasons. However, countries, including Indonesia, face a complex and fragmented system of health governance at the global and regional levels. A more deliberate approach towards mapping the system and its multiple structures could help Indonesia prevent itself from being pulled in multiple directions. Given the proliferation of parallel initiatives and meetings, Indonesia may wish to shift from reactive participation to more proactive engagement and investing its limited time and resources more strategically and on its own terms.

3. **The health community has a potential role in fostering regional solidarity and trust among nations**
   While the geopolitical environment presents additional challenges for health governance, it also invites a reflection on what and how the health community can contribute positively. Health professionals and public health institutions, whose work and mandate are rooted in well-established ethical foundations, could serve as advocates for global and regional solidarity and use examples of effective international health cooperation as examples for political leaders to follow. In this regard, the health community is well-positioned to support efforts to safeguard planetary health in the context of climate change by helping to strengthen trust between countries and between political leaders.

4. **Health finance is a priority**
   While the management of future pandemic threats is often highlighted as a priority for improved international health cooperation, the ways in which financial flows and policies are managed are also fundamental. Governments require adequate control over financial flows into the country and within the health sector in order to strengthen health systems. Inadequate government health budgets highlight the importance of overcoming public fiscal constraints such as through an effective international tax conventionaimed at reducing illicit financial outflows through tax evasion and avoidance. With limited public money available, there is a growing trend toward private finance, including hedge funds and private equity, which also warrants careful examination. Such issues, involving international financial flows and powerful international actors and structures are ideally addressed by countries in the global South collectively.

5. **Non-governmental and academic actors are also important in effective international health cooperation**
   Non-governmental networks and cooperation, such as those promoted through the ASEAN University Network, are also important components of effective international health cooperation. Academic networks, non-governmental organizations, and think tanks also have a distinct role in supporting inter-governmental health cooperation and governance. Deliberate stakeholders mapping and strengthening of such networks could be helpful and constructive.

6. **Public engagement is essential for building political support for regional cooperation, recognizing that no country can secure health security alone.**
   Public discussion and support is important and should extend beyond disease-focused communication to include issues about financing, governance, supply chains and their inherent complexity. Overreliance on global supply chains can serve as a compelling rationale for political support for stronger regional cooperation, as it is widely understood that no country can realistically secure its own supply chains unilaterally. Such supply chains can only be strengthened through genuine and sustained cooperation among countries.

7. **ASEAN has an opportunity to accelerate technical and industrial policy collaboration but needs to do so without weakening the role and mandates of SEARO and WPRO**
   ASEAN is a regional grouping with the potential to make tangible progress in international health cooperation. A distinction may be drawn between the political level of ASEAN and the technical level, where technocratic conversations could potentially advance more rapidly. However, strengthening ASEAN as a regional health platform would need to also be accompanied by strengthening SEARO and WPRO.

8. **Indonesia has the potential for exerting greater international health leadership**
   Indonesia is widely regarded as playing a pivotal role in advancing the voice of the Global South in international health discussions. And there is a potential and need for this role to grow.

Participant Representation

The roundtable brought together a diverse and multi-sectoral group of participants, reflecting the breadth of stakeholders engaged in global and regional health governance. Attendees represented governmental agencies, multilateral and international organizations, academic institutions, and civil society and research think tanks.

Governmental agencies included the Ministry of Health's Center for Global Health Strategy Policy and Governance (Harditya Suryawanto), the Ministry of Finance (Irwan Sujarwo Sianipar and Amanda Stephanie), the National Development Planning Agency/BAPPENAS (Diah Lenggogeni), the National Research and Innovation Agency/BRIN (Indi Dharmayanti and Harimat Hendarwan), and the Ministry of Foreign Affairs (A.M. Sidqi). **Multilateral and international organizations** were represented by WHO Indonesia (Deki and Inraini Syah), UNDP Indonesia (Agus Soetianto and Siphra Jane Tampubolon), the United Nations University International Institute for Global Health (UNU-IIGH), and the Economic Research Institute for ASEAN and East Asia (ERIA). **Academic institutions** included the University of Gadjah Mada's Faculty of Public Health, Medicine, and Nursing (Yodi Mahendradhata) and Department of International Relations (Maharani Hapsari and Ririn Tri Nurhayati), the University of Indonesia's Faculty of Medicine (Pukovisa Prawiroharjo and Budiman Bela) and Faculty of Public Health (Wiku Bakti Bawono Adisasmito), and the Indonesian Council of Medical Professors (Theddeus Octavianus Hari Prasetyono). **Civil society and research think tanks** included the Centre for Strategic and International Studies (Medelina Hendytio), the Center for Indonesia's Strategic Development Initiatives (Diah Saminarsih), Indonesia Global Justice (Agung Prakoso), and the Third World Network (Lutfiyah Hanim).

DOI: https://doi.org/10.37941/MR/2026/2

ABOUT UNU Global Health

UNU Global Health serves as the UN's think tank on global health. The institute works to advance equitable, just and effective policies and practices by interrogating power and gender asymmetries in global health governance and accountability, health systems and workforces, digital health governance and security, climate health emergencies, and just transitions.

Through collaborative policy research and training, UNU Global Health generates knowledge and strengthens capacities for decision-making by Member states, UN and other multilateral agencies and civil society groups for sustainable development of global health and well-being.

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