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Shaping global health security through multilateral leadership: A qualitative analysis of Indonesia's G20 Presidency in 2022

Dicky Budiman [1,3, a] *, Heru Subaris Kasjono [2, b], Cordia Chu [3, c]

[1] Universitas YARSI. Jl. Let. Jend. Suprapto Kav. 13. Cempaka Putih, Jakarta 10510. Indonesia.
[2] Politeknik Kesehatan Kementerian Kesehatan Yogyakarta. Jl. Tatabumi No. 3, Banyuraden, Gamping, Sleman, D.I. Yogyakarta 55293, Indonesia.
[3] Griffith University, Brisbane, Australia.
[a] dickybudiman71@gmail.com; [b] kherusubaris@gmail.com; [c] c.chu@griffith.edu.au
* Corresponding Author

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Abstract: Global health security has become a central issue in international governance due to recurrent pandemics and transnational health threats, while the role of multilateral forums such as the Group of Twenty (G20) in reforming global health architecture remains contested. This study aims to examine how Indonesia leveraged its 2022 G20 presidency to shape global health security and contribute to the reform of global health architecture. Using a qualitative research design, this study employed thematic analysis of primary and secondary data. Primary data were obtained from expert interviews and participatory observation related to G20 health processes, while secondary data consisted of official G20 documents, policy reports, and peer-reviewed literature. The data were analysed inductively to identify key themes. The findings show that the G20 serves as a strategic agenda-setting platform for global health security because of its economic and political influence. However, the current global health multilateral system remains fragmented, under-resourced, and weakly coordinated. Indonesia's presidency promoted strategic initiatives, including strengthening the World Health Organization's leadership, advancing pandemic preparedness financing, promoting universal health coverage, and addressing health inequities. The study concludes that middle-income countries can shape global health security through sustained multilateral engagement, institutional coordination, and alignment between global commitments and national implementation.

Kata Kunci: global health security; global health governance; multilateralism; G20; Indonesia; pandemic preparedness

INTRODUCTION

Global health security has gained renewed prominence in international policy discourse as pandemics, antimicrobial resistance, and emerging infectious diseases increasingly transcend national borders. These challenges underscore the limitations of nation-centric health responses and highlight the necessity of coordinated global governance mechanisms (Akenroye et al., 2022; Baum et al., 2021). The COVID-19 pandemic, in particular, exposed critical weaknesses in the global health system, including fragmented governance, unequal access to resources, and insufficient preparedness for large-scale health emergencies.

Multilateral forums play a pivotal role in shaping collective responses to global health threats. Among these, the Group of Twenty (G20) occupies a unique position due to its representation of the world's largest economies and its capacity to mobilise political commitment and financial resources (Bengtsson & Rhinard, 2019; Huneycutt et al., 2020). Although the G20 was originally established to address global economic stability, its mandate has gradually expanded to include health-related issues, particularly in the context of health crises with economic and social consequences.

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Indonesia's assumption of the G20 presidency in 2022 occurred at a critical juncture in global health governance. As a middle-income country with direct experience of pandemic-related vulnerabilities, Indonesia prioritised global health architecture as a central theme of its presidency (Cicero et al., 2019; Cooper, 2013). This focus reflected broader concerns regarding the inadequacy of existing multilateral arrangements to respond effectively to future pandemics and health emergencies.

Despite growing scholarly interest in global health governance, limited empirical research has examined how middle-income countries utilise multilateral leadership roles to influence global health security agendas. Existing studies often focus on institutional actors such as the World Health Organization or on high-income country leadership, leaving a gap in understanding the strategic role of emerging economies within multilateral forums.

This study addresses this gap by analysing Indonesia's leadership during the 2022 G20 presidency and its contributions to shaping global health security and global health architecture. By examining the role of the G20, the limitations of the current global health multilateral system, and Indonesia's proposed initiatives, this study contributes to a more nuanced understanding of multilateral governance in global health.

METHODS

Study Design

This study employed a qualitative research design using thematic analysis to examine the role of the G20 and Indonesia's leadership in global health security during the 2022 presidency.

Data Sources

Data were drawn from both primary and secondary sources. Primary data included: (1) Semi-structured interviews with key stakeholders involved in G20 health-related processes; (2) Participatory observation of relevant policy discussions and forums.

Secondary data included: (1) Official G20 declarations, communiqués, and policy documents; (2) Reports from international organisations and multilateral institutions; and (3) Peer-reviewed journal articles on global health governance and health security

Data Collection

Primary data were collected through expert engagement and direct involvement in global health policy discussions associated with the G20. Secondary data were systematically identified through document review and database searches to ensure relevance to global health security and multilateral governance.

Data Analysis

Data were analysed using an inductive thematic approach. Documents and interview materials were coded iteratively to identify recurring themes related to: (1) The role of the G20 in global health governance; (2) Structural challenges within the global health multilateral system; (3) Indonesia's strategic contributions during the 2022 G20 presidency. Themes were refined through repeated comparison across data sources to enhance analytical rigor.

Trustworthiness

To enhance credibility, data triangulation was applied across multiple sources. Transparency in data selection and analysis was maintained to support dependability and confirmability.

Ethical Considerations

The study relied on non-sensitive primary insights and publicly available documents. No identifiable personal data were reported.

RESULTS AND DISCUSSION

Results

The G20 as a Platform for Global Health Agenda-Setting

The analysis indicates that the G20 has evolved into an influential platform for global health agenda-setting, particularly when health threats intersect with economic stability. The forum's political and financial leverage enables it to mobilise commitments that extend beyond the health sector, positioning health security as a cross-cutting global priority.

The Group of Twenty (G20) is a forum of the world's largest economies, with two-thirds of the world's population comprising 19 countries and the European Union, representing approximately two-thirds of the world's population, 80% of global trade and 85% of the world's gross domestic product (GDP) (Ministry for Economic Affairs Republic of Indonesia, 2022). The G20 was initially created in 1999 as a forum for finance ministers and central bank governors to discuss international economic issues. In 2008, it was elevated to the head of state or government. The group regularly meets to discuss various global economic and political issues, including those related to public health (Bengtsson & Rhinard, 2019; Ministry for Economic Affairs Republic of Indonesia, 2022).

The G20's involvement in global health issues began in 2009 during the H1N1 influenza pandemic. At the G20 Pittsburgh Summit in September 2009, world leaders recognised the importance of strengthening global health systems and agreed to establish the Global Health Security Initiative to improve global preparedness and response to public health emergencies (Cucinotta & Vanelli, 2020).

In 2011, during the G20 Cannes Summit, leaders recognised the importance of universal health coverage (UHC) to achieve sustainable and equitable economic growth. They pledged to support UHC through increased investment in health systems, research and development, and the provision of essential medicines and vaccines (Fidler, 2010).

In subsequent years, the G20 continued to prioritise global health issues. During the G20 Brisbane Summit in 2014, leaders established the Global Health Innovative Technology Fund, which aimed to accelerate the development of new drugs, vaccines, and diagnostics for neglected diseases (Frenk & Moon, 2013). In 2015, during the G20 Antalya Summit, leaders recognised the importance of the Sustainable Development Goals, including the goal of achieving UHC by 2030 (UNESCO, 2023).

In 2020, during the COVID-19 pandemic, the G20 was critical in coordinating global efforts to respond to the crisis. The G20 held an extraordinary summit in March 2020, during which leaders pledged to coordinate their efforts to combat the pandemic and to support the global economy. The G20 also established a COVID-19 Task Force, which aimed to coordinate global efforts to combat the pandemic and to support the development of vaccines, treatments, and diagnostics (Gostin, 2015).

The G20 has become increasingly important in global health governance, particularly in pandemic preparedness, UHC, and global health innovation. The G20's involvement in global health issues reflects a growing recognition of the importance of health as a critical driver of economic growth and sustainable development (Guest et al., 2020; Ministry for Economic Affairs Republic of Indonesia, 2022).

Limitations of the Current Global Health Multilateral System

Findings reveal persistent structural weaknesses within the global health multilateral system. These include fragmented institutional mandates, limited coordination among international organisations, and inadequate financing mechanisms for preparedness and response. Such limitations hinder timely and equitable responses to emerging health threats.

The COVID-19 pandemic has exposed many weaknesses in the global health multilateral system, which has not been able to provide an adequate, coordinated, and timely response to the outbreak (CSIS Commission on Strengthening America's Health Security, 2019; Hernando

& Andre, n.d.). Many countries, international organisations, and health systems were not adequately prepared to deal with the scale and complexity of the COVID-19 outbreak (Jain et al., 2018; Knopf, 2020; The White House, 2022). Despite previous warnings from experts and the lessons learned from previous epidemics, there was a lack of investment in public health infrastructure, preparedness planning, and global coordination.

The current system is fragmented, with multiple international organisations and agencies working independently and sometimes competing (Cicero et al., 2019; Murdoch et al., 2020; Organisation for Economic Co-operation and Development, 2025). This has led to confusion, duplication of efforts, and a lack of clear leadership and accountability. Despite the pandemic's enormous economic and social costs, the global response has been hampered by limited funding and resources, particularly for low- and middle-income countries (Murdoch et al., 2020; OECD, 2011, 2014). This has resulted in unequal access to essential medical supplies, testing, and treatment and has widened existing health inequalities.

The COVID-19 outbreak has been exacerbated by political interference, including the denial or downplaying of the severity of the virus, the dissemination of misinformation, and the politicisation of public health measures (Jain et al., 2018; OECD, 2015, 2020). Nationalism and a lack of solidarity have also hindered global efforts to combat the outbreak and provide equitable access to vaccines and other medical supplies.

The pandemic has exacerbated geopolitical tensions and conflicts, further hindering global cooperation and coordination (OECD, 2015, 2020; Ooms et al., 2018; Shen et al., 2020; Wenham et al., 2019). This has resulted in limited sharing of data, expertise, and resources and has impeded the development of a coordinated global response.

The COVID-19 pandemic has highlighted the urgent need for global health multilateralism to be strengthened and reformed to better respond to future health crises. This requires increased investment in public health infrastructure, more robust global health governance, increased funding and resources, and a renewed commitment to global solidarity and cooperation.

Indonesia's Strategic Contributions During the 2022 Presidency

Indonesia's G20 presidency introduced several strategic initiatives aimed at strengthening global health architecture. These included advocating for enhanced pandemic preparedness financing, reinforcing the leadership role of the World Health Organization, promoting universal health coverage, and addressing inequities in access to health technologies. These initiatives reflect an effort to shift global health security from reactive crisis management toward proactive system strengthening.

In its G20 presidency, Indonesia prioritises improving global resilience to pandemics in the future. In this vein, the G20 global commons report in 2021 recommended an increase of $75 billion in international pandemic prevention and preparedness investments over the next five years, or $15 billion annually, with sustained investments in subsequent years (Bengtsson & Rhinard, 2019; Huneycutt et al., 2020). Also, the leaders pledged to promote a healthy and sustainable recovery to ensure universal health coverage for all. In addition, they welcomed the World Bank's establishment of a new pandemic fund (the 'Pandemic Fund') (Cooper, 2013; Ministry for Economic Affairs Republic of Indonesia, 2022; Wenham et al., 2019). Leaders reaffirmed their commitment to strengthening global health governance, with the WHO taking the lead and coordinating with other international agencies. Global public health benefits can be gained from the widespread immunisation of COVID-19.

During the G20 presidency in 2022, Indonesia made several contributions to the global health governance architecture (Cooper, 2013; Huneycutt et al., 2020; Ministry for Economic Affairs Republic of Indonesia, 2022). Indonesia emphasised the importance of pandemic preparedness and response as a key priority during its G20 presidency. It led discussions on developing a global pandemic preparedness and response framework, including early warning systems, surveillance, and capacity building.

Indonesia advocated for the importance of universal health coverage (UHC) to improve access to healthcare and strengthen health systems. It highlighted the need for more significant investment in health systems, particularly in low- and middle-income countries, to achieve UHC. Indonesia promoted investing in research and development for new drugs, vaccines, and technologies to combat infectious diseases. It called for greater international cooperation and coordination in research and development efforts to address global health challenges.

Indonesia emphasised the importance of addressing health inequities and promoting health equity as a key priority during its G20 presidency. It highlighted the need to reduce health disparities between and within countries, particularly in the context of the COVID-19 pandemic. Indonesia promoted the need for more robust global health governance, including reforming existing institutions and mechanisms to better respond to global health challenges. It called for greater coordination and cooperation between international organisations, governments, and other stakeholders to improve global health outcomes.

Indonesia's contributions to the global health governance architecture during its G20 presidency highlighted the need for more significant investment in health systems, more vital pandemic preparedness and response capacity, increased focus on addressing health inequities, and improved global health governance.

Discussion

The findings demonstrate that multilateral leadership within the G20 can play a meaningful role in shaping global health security agendas. Indonesia's presidency illustrates how middle-income countries can leverage diplomatic and political capital to influence global governance beyond traditional power hierarchies.

The G20 has several strengths in promoting global health security. First, it has a large membership, including developed and developing countries. This allows various perspectives and experiences to be represented in discussions and decision-making. Second, the G20 has significant economic and political power, which can be leveraged to support global health security initiatives. For example, the G20 has played a critical role in financing global health security initiatives such as the Global Health Security Agenda (GHSA) and the Coalition for Epidemic Preparedness Innovations (CEPI) (Gostin, 2015; Ministry for Economic Affairs Republic of Indonesia, 2022; World Economic Forum, 2025). Third, the G20 has a track record of taking decisive action on global health security issues. For instance, the G20 quickly responded to the Ebola outbreak in West Africa in 2014 (Frenk & Moon, 2013), providing financial and technical support to affected countries.

The G20 and APEC have been at the forefront of discussions on global health security, particularly in the context of emerging infectious diseases such as Ebola, Zika, and COVID-19 (CSIS Commission on Strengthening America's Health Security, 2019; WHO, 2022). Indonesia is a member of both organisations, and both multilateral forums have played a crucial role in mobilising resources, coordinating responses, and sharing information to address these global health threats. The G20 has committed to supporting the WHO's efforts to combat COVID-19 and pledged financial assistance to low-income countries to access vaccines (Ministry for Economic Affairs Republic of Indonesia, 2022) APEC has also taken steps to address global health security, mainly by establishing the APEC Health Working Group, which focuses on developing health policies and promoting healthy lifestyles (APEC, 2025).

Proponents of the multilateral role of the G20 and APEC argue that these organisations have the potential to play a significant role in addressing global health challenges. They highlight the importance of international cooperation in responding to emerging infectious diseases and the need for a coordinated global response. Multilateral organisations such as the G20 and APEC facilitate this cooperation and coordination.

However, critics question the impact of the G20 and APEC in promoting global health security. They argue that these organisations are not legally binding and lack the authority to enforce their decisions. This means that their resolutions and commitments may not translate

into meaningful actions on the ground. Critics also highlight the challenges of addressing global health through multilateral organisations, given member countries' different priorities and interests.

In addition, the G20 also has several weaknesses in promoting global health security. First, other economic and political priorities often overshadow the G20's health agenda. For example, in the G20 summit held in Hamburg in 2017, global health security was only briefly mentioned in the final communique (Ministry for Economic Affairs Republic of Indonesia, 2022). Second, the G20's approach to global health security is often reactive rather than proactive. The G20 tends to respond to global health emergencies rather than investing in preparedness and prevention. Third, the G20's commitment to global health security is not always reflected in its member countries' domestic policies. For instance, some G20 countries have recently cut their funding for global health security programs (Gostin, 2015; Ministry for Economic Affairs Republic of Indonesia, 2022; Worsley-Tonks et al., 2022).

Consistent with existing literature on global health governance fragmentation, this study confirms that institutional coordination remains a critical challenge. However, it extends prior research by highlighting the strategic agency of emerging economies in multilateral forums. Indonesia's approach underscores the importance of aligning global commitments with equity-oriented principles and sustainable financing mechanisms.

Nevertheless, the effectiveness of G20-led initiatives ultimately depends on their translation into concrete actions at national and international levels. Without binding mechanisms or sustained political commitment, multilateral declarations risk remaining symbolic rather than transformative.

CONCLUSION

This study highlights the strategic role of Indonesia's 2022 G20 presidency in shaping global health security and advancing discussions on global health architecture reform. While the G20 offers a powerful platform for agenda-setting, persistent structural challenges within the global health multilateral system must be addressed to ensure meaningful impact. Strengthening coordination, financing, and institutional leadership is essential for building a more resilient and equitable global health system.

Recommendations

Strengthening global health security requires sustained investment in pandemic preparedness, clearer institutional coordination, and alignment between multilateral commitments and national implementation. Multilateral forums such as the G20 should prioritise health security as a central agenda and support the operationalisation of global health architecture reforms. Middle-income countries can play a critical role in bridging global priorities with diverse national contexts.

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Conflicts of interest

There are no conflicts of interest.

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