Commentary

Indonesian Journal of Health Administration
(Jurnal Administrasi Kesehatan Indonesia)
p-ISSN 2303-3592, e-ISSN 2540-9301
10.20473/jaki.v13i1.2025.4-8

REWRITING GLOBAL HEALTH MAPS: INDONESIA'S STRATEGIC REALIGNMENT AND WHO REGIONALISM'S FUTURE

Menulis Ulang Peta Kesehatan Global: Penataan Ulang Strategis Indonesia dan Masa Depan Regionalisme WHO

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Abstract

This commentary discusses Indonesia's strategic decision to move from the WHO Southeast Asia region (SEARO) to the Western Pacific region (WPRO), which was formally approved at the 78th World Health Assembly in May 2025. This move shows that Indonesia wants to be more active in determining the direction of its global health cooperation, while also revealing power imbalances and limitations in the WHO regional system. The article also compares Indonesia's experience with other countries, such as Mongolia and Israel, that have made similar moves. It concludes that the WHO's regional system needs to be adjusted to be more equitable and flexible, and give all member states an equal voice.

Keywords: Global health, Indonesia, multilateralism, regionalism, power asymmetry.

Abstrak

Komentar ini membahas keputusan strategis Indonesia untuk berpindah dari wilayah kerja WHO Asia Tenggara (SEARO) ke wilayah Pasifik Barat (WPRO), yang disetujui secara resmi dalam Sidang Majelis Kesehatan Dunia ke-78 pada Mei 2025. Langkah ini menunjukkan bahwa Indonesia ingin lebih aktif menentukan arah kerja sama kesehatan globalnya, sekaligus mengungkap adanya ketimpangan kekuasaan dan keterbatasan dalam sistem regional WHO. Artikel ini juga membandingkan pengalaman Indonesia dengan negara-negara lain seperti Mongolia dan Israel yang pernah melakukan perpindahan serupa. Dari sini, disimpulkan bahwa sistem pembagian wilayah WHO perlu disesuaikan agar lebih adil, fleksibel, dan memberi ruang suara yang setara bagi semua negara anggota.

***Kata kunci**: Asimetri kekuasaan, Indonesia, kesehatan global, multilateralisme, regionalisme.*

Introduction

The reassignment of Indonesia from the South-East Asia Region (SEARO) to the Western Pacific Region (WPRO) was endorsed during the 78th World Health Assembly (WHO, 2025), marking more than a change in administrative boundaries. It reflects a strategic repositioning by a rising middle power navigating the complex terrain of global health politics. Meanwhile, the Indonesian Ministry of Health emphasized operational and geographic rationales, including proximity to WPRO members and potential for collaboration (Mardira, 2025). The deeper drivers relate to representational grievances, institutional fatigue, and aspirations for epistemic and diplomatic parity within the WHO system (Chorev, 2012; Clift, 2013).

This commentary advances the view that Indonesia's move constitutes a reaction to entrenched regional asymmetries and a proactive assertion of global health agency. Framed within the global political economy and the sociology of institutions, the case illuminates how middle-income states recalibrate their positions in international organizations not merely to receive aid but to shape norms, access platforms of influence, and transcend historical path dependencies (Mahoney, 2000; Cooper and Flemes, 2013).

Indonesian Journal of Health Administration (*Jurnal Administrasi Kesehatan Indonesia*)
p-ISSN 2303-3592, e-ISSN 2540-9301, Volume 13 No.1 2025, DOI: 10.20473/jaki.v13i1.2025.4-8
Received: 2025-05-27, Revised: 2025-07-21, Accepted: 2025-07-30, Published: 2025-07-31.
Published by Universitas Airlangga in collaboration with *Perhimpunan Sarjana dan Profesional Kesehatan Masyarakat Indonesia (Persakmi)*.
How to cite:
Ridlo, I.A. (2025). Rewriting Global Health Maps: Indonesia's Strategic Realignment and WHO Regionalism's Future. *Indonesian Journal of Health Administration*, 13(1), pp. 4–8. https://doi.org/10.20473/jaki.v13i1.2025.4-8

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Discussion

The six-region model of WHO governance, developed in the mid-20th century, was shaped by postwar geopolitics, colonial transitions, and Cold War alliances (Siddiqi, 1995; Cueto, 2007). Yet as Pierson (2000) and Mahoney (2000) demonstrate, institutions often exhibit increasing returns, such that the longer they persist, the more resistant they become to reform. The WHO's regional boundaries have largely remained fixed despite changing disease landscapes, geopolitical alliances, and development gradients. This institutional inertia has real consequences. Regional representation influences funding flows, leadership contests, policy prioritization, and scientific legitimacy. The WHO South-East Asia Regional Office (SEARO) has long been shaped by a concentration of influence among a small subset of member states (notably India and Bangladesh) whose recurring leadership appointments, financial leverage, and agenda-setting power have contributed to regional governance stagnation (Fletcher, 2025). This concentration has sidelined Indonesia's strategic ambitions, whose efforts to advance a more innovation-oriented and health diplomatic agenda have repeatedly been constrained by the prevailing institutional hierarchy. Indonesia's recent decision to exit SEARO and seek reassignment to the Western Pacific Region (WPRO) represents a direct repudiation of this entrenched power structure.

Some previous precedents can provide important context on the WHO's regional moves by Indonesia. For example, Mongolia's reassignment from the European Region (EURO) to WPRO in 1995 was motivated by its desire for greater alignment with East Asian health systems and regional technical cooperation mechanisms. Integration into the WPRO offered Mongolia access to more responsive institutional platforms, a stronger donor environment, and proximity to high-performing health systems, such as those in Japan and South Korea (WHO, 1995). Despite initial bureaucratic adjustment costs, Mongolia benefited from enhanced regional visibility and accelerated health systems strengthening. By contrast, Israel's transfer from the Eastern Mediterranean Region (EMRO) to the European Region in 2002 (WHO, 2002) is frequently cited as a case shaped by political and ethical objections from regional states, grounded in longstanding allegations of systematic human rights violations and breaches of international humanitarian law in the occupied Palestinian territories, particularly concerning the health and human security of the Palestinian population. However, the reassignment did not result in meaningful regional leadership or integration, suggesting that institutional relocation driven by unresolved legitimacy concerns yields limited strategic benefit and may instead perpetuate diplomatic isolation under a different regional framework.

Power, Agency, and Middle Power

From a global health policy perspective, Indonesia exemplifies a middle power engaging in strategic multilateralism. As (Barnett and Duvall, 2005) theorize, power in international institutions manifests not only in coercion or resource control but also in the ability to define agendas and shape the epistemic rules of engagement. Indonesia's move from SEARO to WPRO signals a strategic shift towards greater influence as a middle power through epistemic and productive means, rather than material domination. In a more pluralistic WPRO environment, Indonesia can promote domestic innovations such as JKN as a regional model, build coalitions with countries facing similar health challenges, and contribute technical expertise to shape the policy agenda. By aligning G20 and Indo-Pacific health diplomacy with WPRO mechanisms, Indonesia positions itself not as a peripheral actor but as a co-designer of regional health governance, using normative leadership and technical diplomacy to expand its strategic role. The move also fits within a broader pattern of middle powers exercising agency through regional repositioning, coalition building,

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and norm entrepreneurship (Higgott and Cooper, 1990; Cooper and Flemes, 2013), by situating itself in WPRO, a region with a more diversified governance field and stronger orientation toward digital health, health security, and planetary health (Lim *et al.*, 2004; Watts *et al.*, 2021). Indonesia seeks to elevate its voice and align with strategic partners for global health innovation.

WHO Regionalism and the Need for Normative Reform

Indonesia's realignment reopens questions about the normative legitimacy of WHO's regional structure. The governance of global health institutions must reflect the pluralism of their membership, not merely in terms of voting power, but in epistemological inclusion, leadership pipelines, and equitable access to institutional capital (Sridhar and Gostin, 2011). WPRO offers more balanced representational dynamics, and Indonesia's entry may contribute to reshaping regional dialogues on pandemic resilience, cross-border preparedness, and universal health coverage. Yet this move also highlights the limitations of regionalism as currently practiced by WHO. The organization's rigid regional silos inhibit transboundary cooperation, dilute collective preparedness, and reproduce unequal voice hierarchies. Reforms such as cross-regional committees, flexible affiliations, and shared technical platforms, as proposed in WHO's Program Budget 2024–2025 (WHO, 2023), are insufficient without concurrent political recalibration.

Conclusion

Indonesia's decision to leave the WHO South-East Asia Regional Office (SEARO) and join the Western Pacific Regional Office (WPRO) is more than an administrative change. It is a strategic move in global health diplomacy. This action challenges the traditional geographic logic of WHO regionalism, marking a new era in global health governance that is more diverse and assertive. For Indonesia's health system, this shift is expected to bring both structural and normative impacts, ranging from adjusting national policies to meet WHO's technical standards and performance metrics to exploring opportunities to advance innovations such as digital health systems, managing aging populations, and strengthening regional epidemic preparedness. However, this transition also requires reorganizing bureaucratic coordination, adapting institutions, and exercising diplomatic caution with partner countries in SEARO. Globally, Indonesia's move highlights the limitations of WHO regionalism, shaped by the legacy of post-colonial politics. As new threats, such as zoonoses and climate change, demand more flexible and transboundary institutions, the WHO must respond with not only structural reforms but also normative principles rooted in responsiveness, justice, and humility. Indonesia's realignment should be viewed as more than a footnote in the history of global bureaucracy. This serves as an early warning that the legitimacy of global regionalism will continue to be challenged, and reforming regionalism is essential for the WHO to remain relevant and prepared for the future.

Declarations

Ethics Approval and Participant Consent
Not applicable.
Conflict of Interest
The author declares no conflict of interest.
Availability of Data and Materials
Not applicable.
Author's Contributions
Not applicable.
Funding Sources
Not applicable.
Acknowledgments
The author acknowledges the insights of health journalists from Indonesia and the Global South, as well as global health analysts in Southeast Asia and the Pacific Region.

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(Jurnal Administrasi Kesehatan Indonesia)
p-ISSN 2303-3592, e-ISSN 2540-9301
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