

# Indonesia Interest toward G20 Pandemic Fund: Global Health Diplomacy Perspective

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## **Abstrak**

*Dalam tiga tahun terakhir, di tengah guncangan pandemi COVID-19, diskusi mengenai agenda pemulihan ekonomi dan pembangunan kesehatan global menjadi topik yang banyak dibicarakan. Saat ini, diskusi telah beralih dari pemulihan ke arah yang lebih luas seperti membangun arsitektur kesehatan global. Secara khusus, kebijakan ini dipersiapkan untuk menghadapi pandemi berikutnya dan mengurangi potensi risiko yang ada. Negara-negara di dunia tertarik dengan hal ini, dan Kelompok Dua Puluh (G20), sebuah pertemuan puncak forum ekonomi, juga berfokus pada masalah ini. Pengalaman G20 sebagai penanggung krisis global mendorong diskusi yang menarik, bagaimana respons G20 terhadap krisis COVID-19? Menjawab pertanyaan ini, Kepresidenan G20 Indonesia, bekerja sama dengan sekretariat Dana Pandemi, secara resmi meluncurkan inisiatif Dana Pandemi pada acara tingkat tinggi di sela-sela Pertemuan Bersama Menteri Keuangan dan Kesehatan G20. Kebutuhan dana pandemi ini didasarkan pada pengalaman negara-negara berpendapatan rendah dan menengah yang kesulitan membiayai sistem layanan kesehatan mereka selama pandemi COVID-19. Berangkat dari hal tersebut, pencapaian signifikan peluncuran dana pandemi ini menimbulkan pertanyaan, mengapa Indonesia mempunyai agenda Dana Pandemi pada masa kepresidenannya? Tulisan ini bertujuan untuk menjawab pertanyaan tersebut dengan kerangka diplomasi kesehatan global.*

**Kata Kunci:** *Indonesia; Covid-19; Dana Pandemi; Diplomasi Kesehatan Global.*

## **Abstract**

*In the last three years, during the COVID-19 pandemic shocks, the discussion for economic recovery and global health development agenda prevailed. To date, the discussion has shifted from recovery to more extensive moves such as strengthen the current global health architecture. Specifically, prepare for the next pandemic and reduce potential risks. Countries around the world are interested in this topic and the Group of Twenty (G20), the premier economic forum summit, also focuses on this issue. This kind of “global crisis responder” experience drives the interesting discussion, how did the COVID-19 crisis respond by the G20? Answering this question, during Indonesia’s G20 Presidency, the Pandemic Fund was formally introduced in collaboration with the Pandemic Fund secretariat, marked by a significant event during the G20 Joint Finance and Health Ministers’ Meeting. The rationale behind establishing this fund arose from the challenges faced by low and middle-income nations in securing adequate funding for their healthcare systems amidst the COVID-19 pandemic. Depart from that, this significant achievement of the pandemic fund launching raises questions, how Indonesia proposed an agenda for Pandemic Fund during its presidency? This paper aims to answer this question with the framework of global health diplomacy.*

**Keywords:** *Indonesia; Pandemic Fund; Covid-19; Global Health Diplomacy.*

## Introduction

Global health diplomacy, health-related foreign policy, and global health policy have evolved significantly in the last two decades. Recently, there has been a spate of interest of how country can deal with public health issues right after the Covid-19 emerged. One of that is the eagerness to make the public health issue on the global level. Since the COVID-19 shocks disrupt both economic and health architecture, many countries have to deal with the health diplomacy for many resources such as funding, vaccines, medical tools, etc. The onset of COVID-19 coincided with significant obstacles in multilateral cooperation, and subsequently, global health has become a crucial component of geopolitics. Since the pandemic was hit all of countries in the world, the issue about global health diplomacy become prominent. As Kickbusch and Liu (2022) stated, “the importance of global health diplomacy, especially at WHO, in keeping countries jointly committed to improving health for everyone, has once again been shown” (p. 2156).

Global health diplomacy according to Kickbusch & Liu (2022) refers to “a wide spectrum of issues related to health and health determinants, as health moves beyond the medical realm to become a crucial element in foreign, security, and trade policy. At its core, global health diplomacy addresses issues that transcend national boundaries and require collective action” (p. 2156). Regarding this, Michaud & Kates (2013) emphasize more on the how global health diplomacy could advancing both foreign policy and health policy interest in the international platform. Their research focuses on contrasting the views of two parties over whether foreign policy objectives or global health concerns are the primary drivers of GHD.

As mentioned before, COVID-19 pandemic brings the GHD has gained considerable significance and unquestionably retained a prominent position on the agendas of numerous nations and regional as well as global platforms. Pursuing on global health security toward GHD, many G20 members also did their interest at that time. Several studies (Chattu et al. 2020; Chattu et al. 2021; Gauttam et al. 2020) has illustrates how several G20 members has their interest on its health policy through global health diplomacy. Discussing the case about Trade-Related Aspects of Intellectual Property Rights (TRIPS) and vaccine research and development (R&D) in the time of COVID-19, Chattu et al. (2021) shows that India, which has major barriers to the accessibility for vaccines and medical products elevate this issue through global health diplomacy. India, together with South Africa presented a request to the World Trade Organization (WTO) seeking a temporary suspension of Intellectual Property Rights (IPRs) to guarantee the prompt affordability and accessibility of COVID-19 medical products for all nations (Chattu et al. 2021).

Focusing on China case, Gauttam et al. (2020) states that “Although China was blamed for the origination of COVID-19, concomitantly, the same country had exploited the global health emergency by putting its global health diplomacy in practice as a soft power tool to expand its geopolitical influence in term of hegemony” (p. 318). China uses health diplomacy as soft power tools such as Exerting control over global supply chains, engaging in debt diplomacy, making substantial investments in connectivity projects like the Belt and Road Initiative (BRI), inundating foreign markets with cost-effective products, extending influence within international organizations and institutions, and pursuing an assertive Indo-Pacific policy (Gauttam et al. 2020).

In Canada case, Chattu et al. (2020) stated that they were using their leadership in global health diplomacy to participate in COVID-19 Pandemic recovery plan. Canada has committed to providing \$52.6 million in funding to support 96 research teams doing research with partner universities in Asia and Africa to promote global health security and explore and improve clinical and public health responses.

In this regard, Indonesia represents a good example of the global health diplomacy as well. Indonesia, a G20 member and Southeast Asia’s largest economy, is an example of a growing role in global health diplomacy (Adisasmito et al. 2019). Indonesia, leading the G20, partnered with the Pandemic Fund to launch it officially during a major event at the G20 Joint Finance and Health Ministers’ Meeting. The idea behind creating this fund was to help low and middle-income countries that struggled to finance their healthcare systems during the COVID-19 pandemic (Killian 2022). Also, looking back at the history, Indonesia has some experiences regarding the global health diplomacy.

This paper draws on open sources, peer-reviewed literature, and documentaries to examine interest toward The G20 Pandemic Fund with the framework of global health diplomacy. It will also describe how did Indonesia experiences in the global health diplomacy stage. This kind of analysis can be important to give historical approach about nation interest. Policy trajectory as Mahoney (2000) shows that policy development is characterised by long periods of path-dependent institutional stability and reproduction.

## Conceptual Framework

### Global health diplomacy

Recently, there has been a big discussion in the topic of global health diplomacy (GHD). GHD has emerged as an important topic in the international health policy debate. Because of the wide political, social, and economic ramifications of health challenges, more diplomats have entered the health issues, and there are numerous public health professionals have entered the field of diplomacy (Kikckbush et al. 2007). The GHD idea therefore seeks to encapsulate the negotiation procedures with several levels and actors that shape and govern the global health policy environment.

According to Michaud and Kates (2013), there are two perspectives on Global Health Diplomacy (GHD) - one focuses on health goals, and the other on foreign policy objectives. From a global health standpoint, GHD is seen as a unique chance to highlight the importance of global health in policymaking. Advocates of this perspective believe that health issues can be integrated into foreign policy and diplomacy to attract more attention and resources. On the other hand, politicians and foreign policy practitioners view GHD differently. They emphasize how health programs initiative can help achieve foreign policy goals by using soft power and practicing enlightened self-interest (Michaud & Kates 2013).

One of the defining features of GHD is its emphasis on collaboration across sectors and borders (Feldbaum & Michaud 2010; Kickbusch et al. 2011). As noted by Kickbusch et al. (2011), GHD involves “the orchestration of the diplomatic and policy efforts of multiple actors to bring about mutually beneficial health outcomes in a globalized world.” This approach recognizes that many of the challenges facing global health, such as emerging infectious diseases, require coordinated responses that involve actors from multiple sectors and countries.

Regarding these numerous challenges, several studies (Adams et al. 2008; Michaud & Kates 2013) stated that various global health problem, such as HIV/AIDS and newly emerging infectious diseases like pandemic influenza and severe acute respiratory syndrome (SARS), came to be perceived as direct threats to fundamental foreign policy and national security interests, compelling senior policy makers to give health issues a higher priority than they had previously. In part because of this, but also because persistent global health inequities must be addressed.

Another important theme on GHD is the role of diplomacy in shaping global health policies and practices. As noted by Lee and Kamradt-Scott (2011), diplomacy can be used to build consensus around shared goals, mobilize resources, and negotiate agreements that support global health. This can include efforts to promote health as a foreign policy priority, as well as initiatives to increase access to medicines and vaccines, improve health systems, and address the social determinants of health.

### **Global health funding**

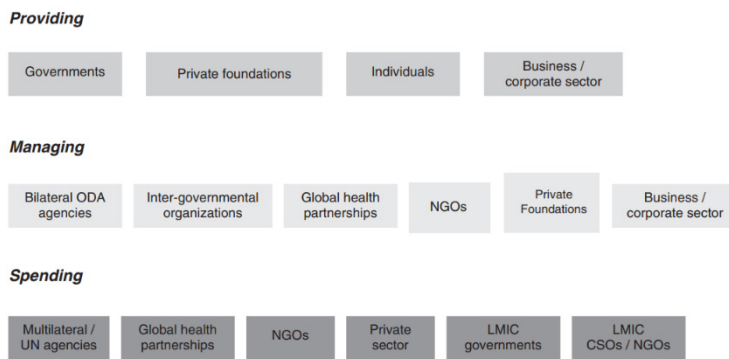
In recent times, global health financing has seen an expansion, leading to a rise in the number of entities involved in global health projects. According to Bloom (cited in McCoy et al. 2009), private contributions to global health have grown and currently constitute approximately a quarter of total development aid for health. Within the Global Health Diplomacy (GHD) discourse, the availability of funds is a crucial factor. Feldbaum and Michaud (2010) note that foreign policy interests play a pivotal role in determining the political priority and funding allocation for various global health issues.

Global health funding pertains to the financial resources dedicated to initiatives and programs aimed at enhancing the health outcomes of populations worldwide. This funding originates from diverse sources, including governments, international organizations, private foundations, corporations, and individuals. It is also defined as 'global health financing,' denoting external financial support directed toward the health sector of low- and middle-income countries that struggle to finance basic health services (McCoy et al. 2009), particularly those unable to fund a fundamental package of health services (Schäferhoff et al. 2019).

Typically, global health funding targets various health issues impacting global populations, encompassing infectious diseases like HIV/AIDS, malaria, and tuberculosis, as well as non-communicable diseases such as cancer, heart disease, and diabetes. It is also channeled into research for new treatments, vaccines, and interventions, along with bolstering health systems and infrastructure in low- and middle-income countries.

Regarding how the fund is organized, McCoy (2009) developed consists of three functions related to global health finance combined with a set of categories for the various actors involved in global health. These functions are 'providing' to raise and generate the fund, 'managing' to channelling the fund to the recipients, and 'spending' to consumes and expend this funding.

**Figure 1. Schematic of The Global Health Financing Landscape**



Source: McCoy, Chand, Sridhar (2009)

Overall, these two concepts could be intertwined by understanding that global health diplomacy could play a critical role in terms of global health governance such as securing funding, coordinating its allocation, advocating for increased investment, and ensuring that resources are used effectively to address global health challenges (Kickbusch & Liu, 2022). In terms of obtaining financial support, global health funding gained prominence due to the necessity to overhaul the health security framework following the WHO-led handling of the Ebola virus disease outbreak. This sparked a renewed emphasis on global health diplomacy, seeking to rectify the deficiencies observed in the response to the Ebola outbreak and to forestall future epidemic occurrences. “One notable outcome was a major shift in the governance of health security, resulting in the establishment of the WHO Health Emergencies Programme and the Contingency Fund” (Kickbusch & Liu, 2022: 2161).

Furthermore, there has been an increase in alternative funding models, such as private-public partnerships, aimed at supplementing or circumventing the traditional structures of multinational organizations and bilateral agreements (Adams et al., 2008). Global health diplomacy plays a crucial role in enhancing understanding and ensuring optimal utilization of these new funding channels for health development. This aspect is also closely intertwined with the operations of Global Health Initiatives, which are characterized as institutionalized public-private partnerships established to tackle global health challenges, allowing both public and for-profit private sector entities to participate in collective decision-making (Ruckert & Labonte 2014). The establishment



of GFATM in response to the HIV/AIDS pandemic is emblematic of a departure from the conventional approach of relying solely on the United Nations and state-centric international efforts in addressing global health issues (Ruckert et al., 2016).

## **Results and Discussion**

### **Indonesia Trajectory on the Global Health Diplomacy: From H5N1 to COVID-19**

Indonesia has been increasingly active in global health diplomacy in recent years. The country has played a leading role in promoting health security and addressing emerging infectious diseases in the region, including in response to the COVID-19 pandemic. This part attempt to trace the experience of Indonesia government toward its diplomacy in global health stage. Indonesia's role in global health diplomacy could be traced during the period of President Susilo Bambang Yudhoyono (Hiebert 2013) when the H5N1 (avian influenza) virus sharing dispute in 2006 (Adisasmito et al. 2019; Feldbaum & Michaud 2010; Michaud & Kates 2013).

During the avian influenza crisis, Indonesia was perceived as having a more state-centered approach to health. It may be shown in its refusal to share viral samples with the World Health Organization unless the country is given wider access to the ensuing vaccine (Adisasmito et al. 2019). According to Michaud and Kates (2013), the Indonesian government was concerned that the nation would not gain from sharing these samples, yet its actions jeopardized attempts to follow the possible onset of an H5N1 pandemic. This type of policy implemented by the Indonesian government illustrates that GHD was implemented in reaction to emergencies or to overcome unanticipated challenges.

While initially adopting a state-centered Global Health Diplomacy (GHD) approach, Indonesia has demonstrated an expanded role as a regional leader in engaging with a broader spectrum of global health stakeholders (Adisasmito et al. 2019). Hiebert (2013) highlights Health Minister Nafsiah Mboi's pivotal role as the chair in the Global Fund's board meeting in Colombo, Sri Lanka, emphasizing Indonesia's active participation in the fight against AIDS, Tuberculosis, and Malaria. Additionally, Indonesia showcased its global health diplomacy during the 2013 Asia Pacific Economic Cooperation (APEC) forum, addressing health financing principles in the Asia Pacific (Setiawan et al. 2022).

On the international health diplomacy stage, Indonesia hosted the 4th Islamic Conference of Health Ministers of the Organization of the Islamic Conference (OIC) in October 2013. During this conference, discussions

encompassed the ratification of the OIC Strategic Health Program of Action from 2013 to 2022, emphasizing the promotion of self-reliance in medicine and vaccine production (Hiebert 2013). When the COVID-19 pandemic hit, Indonesia has been one of the countries heavily affected both health and economic aspects. The devastated economic conditions happened because of the policy of closing commercial centers and schools to prevent the virus from spreading. This policy has effectively halted all constructive activities at all income levels.

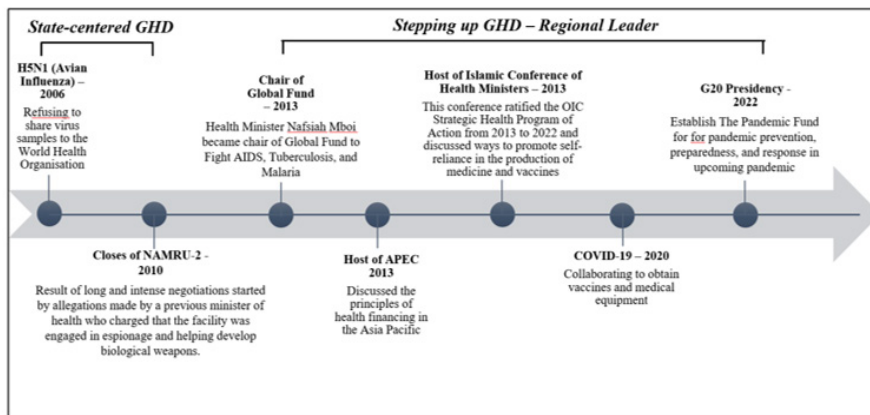
Yuda et al. (2021) claimed that “while the economic downturn is taking root, the effect of the pandemic is less controlled due to the lack of comprehensive health-care systems with minimal infection testing equipment” (p. 14). Indonesia is a developing country in Asia that is suffering from these issues and their effects. The country has the second-highest fatality rate in South East Asia as a result of COVID-19 outbreaks (CSIS 2020). This situation makes it more difficult for them to respond to the crisis and puts obstacles in the way of taking the necessary actions to stop the pandemic.

During this severe time, Indonesia and other countries conduct health diplomacy to manage global health. Triwibowo (Setiawan 2020) mapping the role of diplomacy during the COVID-19 pandemic. As a country with a large population, Indonesia is perceived to have no ability to carry out rapid tests. In order to protect its public health, Indonesia is partnering with China and South Korea.

Several studies (Firdaus 2020; Wangke 2022) attempted to examined international collaboration in the context of health diplomacy. Wangke (2021) outlined how Indonesia highlights the value of global cooperation and equal access to vaccines in its diplomatic efforts. Through unanimous decisions, Indonesia highlights the fundamentals of global health governance during pandemics. The suggested guidelines call for improving accessible national health services, avoiding prejudice in pandemic response, and collaborating with non-governmental organizations. Additionally, Indonesia is aggressively collaborating to obtain vaccines and medical equipment. In the regard of collaborating in international stage, Iswardhana (2020) demonstrates that the existence of South-South and Triangular Cooperation (SSTC) carried out by Indonesia as a role model of solidarity in handling the impact of the virus. Through the SSTC mechanism, which supported several developing nations during the COVID-19 Pandemic, Indonesia has offered a variety of assistances throughout the year 2020 (Iswardhana 2020).



**Figure 2. Indonesia Trajectory on Global Health Diplomacy**



Source: Analysed by Author (2023)

### **Indonesia on its G20 Presidency: Pandemic Fund Establishment**

The 17th annual G20 Leader’s Summit hosted by Indonesia take place with the theme of “Recover Together, Recover Stronger” in November 2022. Specifically, one key issue was about the global health architecture. This issue was chosen depart from the COVID-19 shocks and the need to strengthening and improving coordination among countries. Amid the COVID-19 pandemic, there has been a notable absence of effective coordination to curb the virus, evaluate and implement optimal strategies to contain its spread, and ensure the fair allocation of essential resources, including vaccines, personal protective equipment (PPE), and medical devices (ISPI 2022).

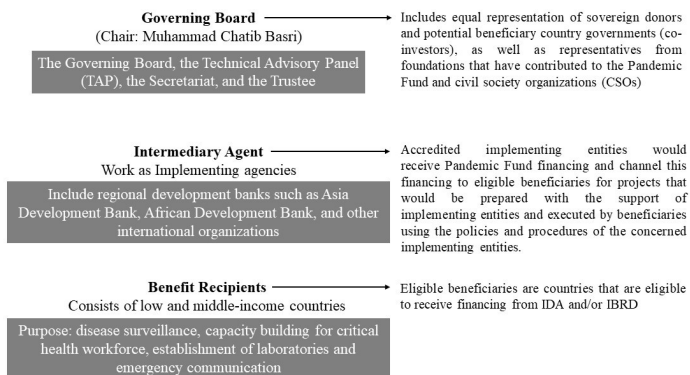
The G20 Presidency then decided to create a new financial mechanism: a Financial Intermediary Fund (FIF) for pandemic prevention, preparedness, and response (PPR), which will be hosted by the World Bank, at their second meeting of central bank governors and finance ministers on April 20, 2022. According to Killian (2022) The pandemic fund was originally proposed during the Italian G20 presidency in 2021. However, during that time there were no official agreements established, with the exception of the Rome leaders’ statement, in which G20 leaders recognised the need for more appropriate, sustainable, and coordinated financing for pandemic PPR.

“Shortage of funding creates systemic risks as global connectivity enables easier transmission of diseases across borders” (Killian 2022). The fund aims to offer a specific and sustained source of extra financing, with the purpose of enhancing capabilities related to PPR (Prevent, Prepare, Respond) in low- and middle-income countries. It seeks to fill crucial gaps by directing investments and providing technical assistance at national, regional, and global levels (WHO 2022).

As the World Bank (2023) stated, The Pandemic Fund is governed and administratively managed through key bodies, namely the Governing Board, the Technical Advisory Panel (TAP), the Secretariat, and the Trustee. Muhammad Chatib Basri, former Minister for Finance in Indonesia, leads the Governing Board. The design of the Pandemic Fund incorporated input from a diverse array of stakeholders, including donors, Civil Society Organizations (CSOs), potential implementing country governments, and other partners. This collaborative approach aimed to ensure the fund’s adherence to principles of inclusivity, equity, and operating with high standards of transparency and accountability (World Bank 2023).

Furthermore, there is also an intermediary agent which work as implementing agencies. Intermediary agent will distribute these funds and also implement projects. In such structure, The Pandemic Fund channels resources to beneficiaries for projects through implementing entities, which support implementation of projects and activities (World Bank 2023). Lastly, the benefit recipients for this health financing schematic are the low- and middle-income countries. Primarily, this funding is deisgned for countries to enhance disease surveillance, develop essential health workforce capacity, establish laboratories, and improve emergency communication systems. (Killian 2022).

**Figure 3. The Pandemic Fund Structure**



Source: Organized from World Bank (2023)

It is important to note that this scheme is basically tends to replicate the previous type of health fund. As Killian (2022) mentioned that “pandemic fund scheme is similar with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and is a departure from the World Bank’s traditional decision-making model where countries obtain shares – and thus decision-making power – based on their economic contributions.”

### **Pandemic Fund: Indonesia’s Global Health Diplomacy?**

Indonesia has a strong interest in the pandemic fund as it plays an important role in global health diplomacy. As one of the most populous countries in the world, Indonesia has a vested interest in promoting global health security and stability. Look back in history (see Figure 2), Indonesia has undergone a shifting in its global health diplomacy from a state centered to stepping up and become a regional leader and host of several conference regarding health financing. The pandemic fund that established during the G20 2022 Bali Summit is also part of Indonesia’s global health diplomacy which pursuing a global initiative aimed at strengthening the world’s ability to respond to pandemics and other health crises.

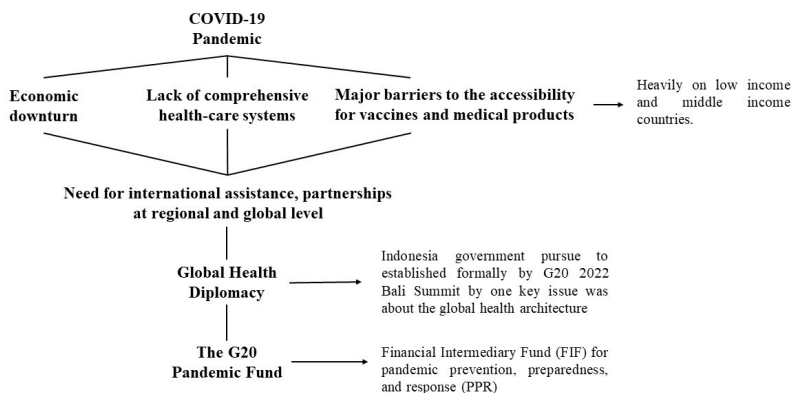
Indonesia, like many other low- and middle-income countries, has been heavily impacted by the COVID-19 pandemic. These countries have had to implement strict measures to control the spread of the virus, including lockdowns and travel restrictions, which have had a significant impact on the economy and the livelihoods of its people. Besides, these countries also struggle regarding their major barriers to the accessibility for vaccines and medical products. There was a disparity between developed and developing countries regarding this issue. The pandemic fund could help to mitigate some of these effects by providing financial assistance to countries in

need and supporting global efforts to develop and distribute vaccines and other essential medical supplies.

Furthermore, as a member of the global community, Indonesia recognizes that the health of one country is closely tied to the health of all countries. The pandemic fund can help to foster greater cooperation and collaboration between nations, leading to more effective responses to health crises and stronger global health security overall. As such, Indonesia has a vested interest in supporting and contributing to the pandemic fund as part of its broader efforts in global health diplomacy.

This effort is aligned with conception of GHD that it involves “the orchestration of the diplomatic and policy efforts of multiple actors to bring about mutually beneficial health outcomes in a globalized world the (Kickbusch et al. 2011) and emphasis on collaboration across sectors and borders (Feldbaum & Michaud 2010). At this point Indonesia government as mentioned by Adams et al. (2008) and Michaud & Kates (2013) also advancing his GHD as a response from emerging various global health issues, such as COVID-19, should be viewed as immediate dangers to vital interests in foreign policy and national security, as well as an acknowledgement of the need to continue addressing global health inequities.

**Figure 4. Indonesia GHD on The Pandemic Fund**



Source: Author Analysis from Taghizade et al. (2021)

## Conclusion

The objective of this paper was to examine Indonesia interest toward the G20 Pandemic fund. The argument is made based on the global health diplomacy framework as a tool to analyse the issue. The manifestation of Indonesia interest then reflected by two main points. First, looking back to the history, based on how the trajectory of the Indonesia's global health diplomacy it can be seen that there is a transformation from the state-centered GHD to stepping up GHD as a regional leader. Indonesia has an experience to become the chair of the global fund in the past to fight AIDS, Tuberculosis, and Malaria. Besides, Indonesia has held several conferences in the topic of the health financing. This transformation conclude that pandemic fund is also part of Indonesia role on the global health diplomacy stage.

Second, during the COVID-19 shocks, Indonesia and many other low-and middle-income countries, have been heavily affected both health and economic aspect. The emergence of this global health challenges has seen as a threat to the national security and foreign policy interest. Thus, promoting the pandemic fund is part of advocating the international assistance for pandemic prevention, preparedness, and response which can help many low income and middle income countries in the world.

However, this article is still limited by its inability to unravel the existing programs launched by the pandemic fund. Several programs and funding have been implemented through a call for proposal scheme. It would be interesting to analyze how low and middle-income countries, including Indonesia, could organize and manage these funds for specific programs under the PPR approach. This paper focuses more on analyzing Indonesia's interest in The G20 Pandemic Fund within the framework of global health diplomacy.

Therefore, an important part of the future research agenda for the pandemic fund issue will be to map the existing programs from diverse countries based on this funding. From a global governance perspective, there are opportunities to examine the efficiency of the pandemic fund as a single body in managing the huge fund for the PPR in future pandemics. This will be important in preparing and improving the capacities of all countries in the world to navigate the government capacity to the potential health, social, and economic risks resulting from the "next pandemic".

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