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Addressing Global Challenges: Indonesia's Pursuit of Tuberculosis Eradication

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ABSTRACT

This paper explores how shifting dynamics in international politics impact tuberculosis (TB) control efforts in Indonesia—currently the world's second-highest TB burden country. With a national target to eliminate TB by 2030, Indonesia's success hinges on sustained global health cooperation, stable funding, and resilience in its pharmaceutical supply chain. However, geopolitical changes—particularly the reorientation of U.S. foreign policy and the potential dismantling of USAID—pose significant threats to global health governance. The weakening of major institutions such as the WHO and the Global Fund, both heavily reliant on U.S. support, risks undermining Indonesia's progress. These organizations provide crucial normative guidance, technical expertise, and financial resources to Indonesia's TB programs. Their diminished capacity would have both direct and cascading effects on national efforts. The paper argues that Indonesia's reliance on multilateral mechanisms renders it vulnerable to disruptions in global health leadership, raising critical questions about the sustainability and sovereignty of its TB response.

Keywords: *Tuberculosis, Indonesia, Global Health Governance, Foreign Aid, Public Health Policy*

INTRODUCTION

Tuberculosis (TB) is a global health problem and has become one of the deadliest diseases in the world (Tobin & Tristram, 2024). It was identified as the world's leading cause of death from infectious diseases in 2023, before being replaced by Coronavirus Disease. Based on WHO's 2024 global tuberculosis report, 10 million people are documented to be infected with Mycobacterium *tuberculosis,* and the number has been increasing since 2021. It is estimated that 25 percent of the global population is infected with the disease, and in 2023 alone, the number of deaths caused by TB was

approximately 1.25 million. The figure shows progress over the past few years, with the total dropping from 1.40 million in 2020 to 1.42 million in 2021 to 1.32 million in 2022. However, it has likely returned to being the leading cause of death worldwide in the post-COVID era (World Health Organization, 2024). Tuberculosis is disproportionately concentrated in Low- and Middle-Income (LMICs) countries (Cioboata et al., 2025). Among 30 countries listed by the World Health Organisation (WHO), almost half of TB Incidents in the world are concentrated in India, Indonesia, and China combined. Indonesia itself accounts for the second-largest country with TB Burden in the world after India. It has a significant proportion of TB casualties, contributing to around 10 percent of all TB cases globally (World Health Organization, 2024).

TB remains a serious health issue in Indonesia. It is estimated there are around 1.090.000 TB cases in the country, with 125.000 casualties each year or 14 deaths within an hour. In 2024, 885.000 cases found in the country, and according to Indonesia's Health Ministry's data, among those numbers, 496.000 are men, 359.000 are women, 135.000 case are children within the age of 0-14 years old (Rusmajati et al., 2025)The statistic indicates the urgency of the TB situation in Indonesia, and there is a need for a comprehensive approach from all stakeholders to eradicate the disease across the country. However, as a country affiliated with LMICs, Indonesia is highly dependent on multilateral mechanisms, such as the WHO, the Global Fund, and USAID, for both technical and financial support (Clark et al., 2025b). These organisations have been fundamental in Indonesia's efforts in TB prevention and control. WHO aids, such as policy guidance and standards, as well as a monitoring framework, in the implementation of TB control programs (World Health Organisation, 2025). Moreover, the Global Fund, a worldwide partnership committed to eradicating AIDS, Tuberculosis and Malaria, as well as promoting a sustainable healthy environment for all, is the largest funder of global health in the world, including Indonesia (The Global Fund, 2025). In addition, USAID also contributed substantially through funding and technical support (USEMBASSY, 2023). Through USAID B*ebas TB,* an initiative designed to support the effort to fight the disease in Indonesia, the agency offered assistance in enhancing the capacity of health care workers, strengthening research efforts, and bolstering Indonesia's capacity to implement adequate and equitable TB strategies across the country. Despite allocating a large amount to the TB combat program, Indonesia continues to rely on external institutions for a substantial number of necessary components, including comprehensive public health interventions, the procurement of curative drugs, and the integration of the TB health system (STOPTB INDONESIA, 2025).

However, Indonesia's efforts to eradicate the disease will be heavily affected by global geopolitical shifts. The direction of external mechanisms mentioned earlier remains contingent upon global political dynamics. The current executive order of the United States' president to redirect its foreign policy has posed pressing challenges to the global health system (Europarl, 2025). The dismantling of USAID and the US withdrawal from the WHO have substantially hampered global health progress. Additionally, the Global Fund, as the world's largest funder of Malaria, AIDS and TB,

has also been severely affected by Trump's decision. The United States is the largest donor to the Global Fund; consequently, the decline of US contributions will weaken the Global Fund and disrupt TB eradication programs worldwide, including in Indonesia (Clark et al., 2025).

Indonesia's position is at risk as it is heavily dependent on international donors. The risk escalates as the global geopolitical landscape shifts due to the reorientation of U.S. foreign policy. Those factors are perceived as significant challenges that can adversely affect Indonesia's efforts against TB. Moreover, this paper aims to navigate how the changes in global dynamics affect the country's TB elimination efforts, and how the country responds to the challenges faced in achieving its national target.

The analysis uses the approach of Global Health Governance to elaborate on health issues, in this context TBC, actors involved, norms, networks and the dynamics within it. Global health governance refers to the institutions involved in the global health system and the processes by which they address global health issues (Kickbusch & Szabo, 2014). Institutions analysed in this paper range from state actors – the United States and Indonesia- to non-state actors, such as the WHO, the leading sector in global health, as well as other prominent institutions like the Global Fund and USAID. This paper examines how donors' priorities, dynamics, and power relations shape global health policy and outcomes (Harman & Papamichail, 2025). Moreover, using qualitative methods and an interpretative research design, this study is conducted through a relevant literature review and semi-structured interviews with several key stakeholders. The analysis proceeds in three interrelated stages. First, it maps intersections between global geopolitical shifts resulting from current US policy. The second stage is assessing how the global geopolitical shift weakens key actors in global health governance, particularly in fiscal and technical capacities, including WHO, the Global Fund, and USAID. Lastly, it interprets how geopolitical shifts and the weakening of prominent institutions in global health governance affect Indonesia's TB control efforts.

LITERATURE REVIEW

Global Health Governance and Global Health

Global Health governance is a complex system consisting of multiple, diverse actors with ever-changing dynamics. It encompasses institutions and mechanisms or processes of governance associated with delineated health objectives and mandates (Bloom et al., 2025; Kickbusch & Szabo, 2014). The theory of global governance is associated with the definition of global health (Harman & Papamichail, 2025; Kickbusch & Szabo, 2014). Kickbusch and Szabo (2014) define global health issues that extend across state boundaries and national governmental authority. It requires coordinated responses from a range of actors, not only states, but also non-state actors, both at national and international levels, to address it. Another study that also highlights the definition of global health is the work of Koplan et al. (2009), which differentiates three main areas of health issues: global health, international health, and public health. It argues that global health encompasses more complex social arrangements. From a geographical perspective, global health transcends national boundaries, driving the

formation of global cooperation to acquire solutions to the issues. Meanwhile, international health focuses on health issues in other countries and on particular communities or countries for public health. Unlike global health, there are no requirements for global cooperation to address issues at international and community levels (Koplan et al., 2009). Given their multifaceted nature, global health issues cannot be resolved by a single entity. As they have global impacts, global health issues require cross-border collective action to address them effectively (Chen et al., 2020; Kickbusch & Szabo, 2014). Global health governance provides a framework for coordinating global health efforts to address problems such as HIV/AIDS, Tuberculosis, Malaria, COVID-19, Cancer, and diabetes (Bump, 2025).

Tuberculosis as a global health issue

This paper analyzes the issue of tuberculosis in global health governance settings. This disease remains one of the deadliest infectious killers in the world, claiming over 1.25 million people and affecting around 10.7 million people in 2024 (UN, 2025). The study by Suvvari (2025) notes how alarming this disease has been, with complexities in efforts to eradicate it that could otherwise be prevented and cured. The efforts to eliminate tuberculosis have been facing several challenges, such as limited funding, inadequate healthcare systems, as well as contributing social factors like poverty and malnutrition (Suvvari, 2025). Moreover, during the Covid–19 pandemic, efforts to eradicate TB were disrupted, resulting in a significant reduction in diagnosis and treatment. Worldwide healthcare systems were overwhelmed by the surge in Covid-19 cases, which led to reduced attention to tuberculosis care (Winardi et al., 2022). Approximately 2.7 million TB cases were unreported in 2023 due to the discrepancies during the pandemic (Suvvari, 2025). Other than that, Suvvari (2025) also notes the complexities of this issue due to other underlying social factors such as poverty, malnutrition, smoking, alcohol consumption, HIV/AIDS infection, and others that require multisectoral collaboration in tackling these issues.

Main Multilateral Mechanisms in TB response

World Health Organization (WHO)

Within the global governance framework, multisectoral collaboration in TB response has been led by the World Health Organization (WHO). WHO is the main institution in global health governance, comprising 194 state members, including Indonesia. Its role is highly significant in shaping norms within the system. Click or tap here to enter text.(Harman & Papamichail, 2025). It was established in 1945 in the aftermath of World War II, when the international community recognised the need for a coordinated global health authority (Harman & Papamichail, 2025). WHO, as a consolidated body functi, functions as the directing and coordinating agency on international health work, addressing global health threats and challenges, including combating infectious diseases, as well as promoting health as a universal human right (Williams & Wyner, 2017). In global TB health governance, WHO has a significant role as a norm entrepreneur that creates global principles and guidelines. It already shaped the *End TB Strategy* in 2014 as a standard for countries on eliminating TB, with a target of zero TB

in the world by 2035. It works closely with a plethora of actors, such as state actors, non-state actors like NGOs, and other partners, as well as civil society, in achieving targets it has set aligned with the UN High-Level Political Declaration on Tuberculosis, sustainable development goals, and also WHO strategic priorities (World Health Organisation, 2025).

The Global Fund

Other than WHO, the Global Fund also serves as an influential agency in the broader global health governance landscape. It functions as a global collaborative mechanism sustained by contributions from both the public and private sectors. It is the largest multilateral fund that is central in financing global health programmes on AIDS, Tuberculosis and Malaria. In the case of TB, this institution becomes one of the foremost funding bodies in the world, including Indonesia (O'Connell et al., 2025). The work of this institution is aligned with WHO and requires TB programs in the countries it funds to follow WHO-formulated standards. Parallel to WHO's efforts, the role of the Global Fund extends past supporting the burdened countries financially. This approach will enhance accountability, advance national TB program efforts by incorporating data-supported decision frameworks, and improve the overall quality of service provision. This mechanism will enable the Global Fund to help shape national policy implementation and foster collaborative engagement among multiple stakeholders (The Global Fund, 2025).

The USAID

One key institution that also plays a pivotal role in TB eradication efforts worldwide is the USAID (the United States Agency for International Development). It was the most prominent bilateral donor for TB initiatives worldwide, funding TB response in Low- and Middle-Income Countries (LMICs), especially in high-burden countries. USAID's involvement in fighting TB began in the late 1990s, with its funding evolving over the next 25 years. The funds provided were estimated to be a quarter of all international donors' contributions to the TB response. From 2000 to 2015, the institution facilitated USD 4.7 billion to combat TB worldwide and contributed to saving approximately 75 million lives to date (USEMBASSY, 2025). The institution invested approximately USD 200-250 million annually at the country level to support the scale-up of the TB response, with particular emphasis on enhancing diagnostic capacity, strengthening preventive measures, and improving treatment services (TBimpactcounter, 2025; World Health Organisation, 2025). In 2018, it launched a program called USAID Global Accelerator to End TB, through which it achieved significant impact, particularly in three key domains. First, it partnered with the targeted country's ministry of health, delivered long-term technical assistance, and provided locally based solutions (Stop TB Partnership, 2025). Mainly, USAID contributed to shaping the strategic direction, strengthening technical and operational capacity, and laying the foundations for a sustainable, long-term program. Specifically, it includes coordinating with local partners to promote preventive measures, building commitment and capacity with an emphasis on generating locally tailored responses for TB, and ensuring

necessary interventions are carried out at all health system levels (Stop TB Partnership, 2025)

Indonesia's TB Control Strategy

Indonesia has been ranked as one of the highest TB-burdened countries in the world. It has fought against TB since the early 20th century, with the Dutch initiative to combat TB concentrated on the island of Java (World Health Organisation, 2009). In its early independence, TB was recognised to be a major public health issue in Indonesia. However, during this time, due to the constraints in healthcare infrastructure, the scope and reach of TB response were also limited. Moreover, in the early 70s, with the help of WHO, Indonesia integrated its public health system and established a modern TB control program through the establishment of the NTP (National TB Program). Moreover, in 1995, Indonesia adopted the WHO-recommended strategy, DOTS (Directly Observed Treatment, Short-course), with the objective of improving the quality of service in the fight against TB by fostering workforce abilities and institutional resilience, and enhancing operational efficiency and economic viability (World Health Organisation, 2009).

Since then, Indonesia has intensified its efforts to end TB in the country. Furthermore, in 2015, Indonesia signed on to a global principle designated by WHO, the *End TB Strategy, which* outlines plans of action to eradicate the disease globally. Following this strategy's initiation, in 2017, Indonesia agreed to develop a framework, known as the Multisectoral Accountability Framework (MAF-TB), as a result of the WHO Global Ministerial Conference in Moscow. It is an action framework that sets guidelines for participating countries on how to adopt, implement, and monitor strategies, involving all relevant stakeholders (Kesehatan & Indonesia, 2025). Subsequently, in the same year, Indonesia, represented by senior government officials, also attended a follow–up event in New York City. The United Nations High-Level Meeting was initiated to secure commitments from high TB burden countries to strengthen their efforts in the struggle to fight TB and meet the 2030 target. This assembly resulted in participating countries' commitments to expand the scale of TB prevention implementation. They aimed to cover 30 million people in TB preventive treatment, consisting of 4 million children under the age of five, 20 million TB-exposed people, and 6 million HIV-positive people (Kesehatan & Indonesia, 2025; STOPTB INDONESIA, 2025).

Initially, Indonesia had already issued a ministerial regulation, *Permenkes* No. 67 of 2016, on Tuberculosis control. As the TB response leading sector in Indonesia, the Ministry of Health outlined Indonesia's national policy and strategy in alignment with international frameworks (Kesehatan & Indonesia, 2025). However, in response to further commitments, Indonesia created an overarching regulation in 2021. There is a Presidential Regulation No. 67 of 2021 that comprises all strategies needed to accelerate TB control nationally. The strategies range from strengthening coordination between national and subnational governments, improving financial availability, and involving all stakeholders, including the community and private sectors. This regulation aims to integrate Indonesia's health system, improve the quality of health services, and promote and prevent TB, including strengthening research and innovation

and leveraging technological advancements to document TB cases in Indonesia (Kesehatan & Indonesia, 2025). Follow-up action was demonstrated through Indonesia's involvement in the 2023 United Nations High-Level Meeting on the Fight Against Tuberculosis, organised by the United Nations General Assembly (UNGA). This meeting marked a significant turning point in the global TB effort. It reviewed progress and challenges in TB response and also addressed gaps in inequality, human rights, and lack of equal access in TB care, especially in high-burden countries, including Indonesia. Furthermore, countries renewed their commitments and set new targets, primarily for the scale-up of diagnosis and treatment, preventive measures, and the enhancement fund for research and innovation (Koohpayehzadeh et al., 2021).

Moreover, in accordance with the commitment to the global principles of ending Tuberculosis by 2030, Indonesia's leading sector in the fight against TB, the Ministry of Health, developed a roadmap consisting of six specific strategies to eradicate TB in Indonesia for the years 2020 – 2030. Among those are (1). Enhancing commitment and leadership as well as coordination among government agencies, either at the central, provincial and district levels, (2) Expand quality access to TB services and patient – oriented TB treatment, (3) Strengthening health measures to prevent and control the spread of TB disease, (4) Foster growth in research, development, and innovative practices, (5) Strengthening coordination between all stakeholders, including community as well as private sectors, local and international NGOs, universities, professional organisation and ministries, and other multisectoral partners in the effort of eradication TB, and lastly (5) Improve the management of TB programmes in Indonesia (Kesehatan & Indonesia, 2025). In line with the End TB strategy as the global principle and the Presidential Regulation No. 67, 2021 as the national commitment, the strategies developed by the Indonesian Ministry of Health, as the leading sector in TB control efforts, serve as guidelines for achieving Indonesia's TB Target. As it targets to reduce TB infections to 65 per 10.000 people by that year, Indonesia should have had all necessary measures to achieve the goal, either from internal or external sources (Kesehatan & Indonesia, 2025).

However, some issues persist in the implementation of Indonesia's strategy, both internally and externally. Internally, not all ministries have yet issued implementing regulations for the Presidential Regulation on TB response. Only the Ministry of Health and the Ministry of Manpower have issued implementing regulations for the Presidential Regulation on TB response: the Ministry of Health's Permenkes No. 13 of 2022 and the Ministry of Manpower's Permenaker No. 13 of 2022. Other ministries, such as the Ministry of Social Affairs and the Ministry of Education, have already begun integrating TB-related responses into their programs; nonetheless, there are no stand-alone derivative regulations on this. Beyond the lack of implementing regulations persisting in Indonesia's effort to eliminate TB, there is also a pressing external issue that hinders Indonesia's pursuit of eradicating the disease: global geopolitical change, especially triggered by Donald Trump's foreign policy (University of Groningen, 2025).

Geopolitical Shift and Global Health Financing

Donald Trump's current foreign policy has been heavily influencing global geopolitical shifts. The reorganisation of its executive institutions and agencies reflects a broader shift in the US's governance priorities. Under Trump 2.0, the administration focuses on nationalism and transactional diplomacy, which has led to the dismantling of USAID, the withdrawal of the U.S. from major international frameworks, budgetary and staffing cuts to other key institutions, and the rise of tariffs that affect market access and global supply chains. The U.S policy decisions have reshaped global governance mechanisms, with enduring effects on global health systems. The effects range from shifts in global public health financing mechanisms to the decline in multilateral collaboration and the reduced effectiveness of health diplomacy efforts (Europarl, 2025).

One notable hallmark of Trump's foreign policy is the country's pullback from multilateral mechanisms. In terms of global health issues, it is the withdrawal from the WHO. As a matter of fact, the US formally withdrew from the WHO in 2020, during Trump's first term. The reason for its withdrawal was that the institution mishandled COVID-19, which originated in China, and the WHO's lack of self-sufficiency in the face of its members' influence. However, Joe Biden reversed this status in 2021; unfortunately, Trump attempted to withdraw the US from the WHO again during his second term in office (Withdrawing the United States from The World Health Organization – The White House, n.d.). The US pullback significantly impacts the WHO, as it was one of its largest contributors, not only financially but also in terms of political support and global health leadership (Sokunbi et al., 2025). The US has been crucial as a vocal proponent of WHO improvement in addressing global health challenges. Nonetheless, recent US actions have imposed considerable challenges and constraints on WHO. From 2022 - 2023, the US contributed USD 1.284 billion, significant financial resources along with other donors, which empowered WHO to fulfill its mandate and advance its efforts in addressing global health issues. Nevertheless, the existing situation leaves the WHO in limbo, creates uncertainty, and impacts the WHO's ability, as a leading sector, to address pressing global health issues. The present U.S approach weakens the WHO and restricts its ability to carry out its intended functions (*United States of America*, n.d.).

Another institution affected by U.S. policy direction is the Global Fund, the world's largest financing institution in global health, which relies on U.S. funding. The US is the dominant donor to the Global Fund to fight AIDS, TB, and Malaria, having contributed USD 27.61 billion since the partnership was established in 2002, accounting for 33 percent of the Global Fund's total financing (The Global Fund website, 2025). Nonetheless, recent U.S. policy changes have led to a scaling back of funding for the Global Fund, contrary to pledges (Carmen Paun, 2025). Certainly, the US still pledges a large amount of funds to the Global Fund, notably USD 4.6 billion, with some 6 % from the previous administration. However, the data show that not all pledges to the Global Fund are consistently matched by actual contributions. Funding reductions, delays, and restrictions could result in serious budget gaps and impact the implementation of programs in beneficiary countries (Carmen Paun, 2025). Furthermore, the situation becomes more critical due to USAID's dissolution. Over time, USAID and the Global Fund have partnered in global health responses to make a

greater impact. Despite not being a direct funder of the Global Fund, USAID played a significant role by offering technical assistance and national-level coordination (The Global Fund, 2025; US Embassy Website, 2023).

USAID has been a major force in global health governance. However, Trump's decision to dissolve USAID has been concerning and puts global health progress at risk. The threats are particularly in low- and middle-income countries with heavy burdens of health issues. In the absence of USAID, those countries are at risk of reversing progress due to cuts in funding and other technical assistance from the institution. This can disturb the implementation of health initiatives, particularly in countries that are highly reliant on international donors. For decades, the US has been the largest country donor and contributor in global health. In TB efforts per se, the US accounts for 49 percent of financial support globally (*How Could US Foreign Aid Cuts Affect Global Public Health? - Economics Observatory*, 2025). The US's contribution is estimated to have saved approximately lives per year, but the decrease in US contribution to global health projects results in functional constraints and disruptions in the global health supply chain. The imposition of tariffs is also taken into account. The increased costs of procuring medical equipment, pharmaceuticals, and other necessary materials due to US tariff measures will hinder low- and middle-income countries that depend heavily on imported medical supplies from acquiring essential commodities. This will significantly impede global health advancement, particularly in conjunction with previously mentioned U.S. policy shifts that weaken the existing health governance frameworks (Europarl, 2025)

THEORETICAL FRAMEWORK

This paper uses the theory of global governance to analyze the subject matter. Global Health Governance provides a framework for understanding how norms, institutions (both state and non–state actors), networks, and financing mechanisms interact to shape health policies and outcomes at both the national and global levels (Harman & Papamichail, 2025). It examines the coordination among stakeholders at multiple levels to ameliorate the global disease system (Kay & Williams, 2009).

Harman and Papamichail (2025), in their book *Global Health Governance*, elaborate on actors and mechanisms in global health governance. They argue that the state is the primary actor in global health governance, fulfilling two critical functions within the system. Firstly, as the locus in which health policies are exercised, and outcomes are expected. States play an integral role in determining how health policies are implemented and achieving outcomes. The government of the state are required to apply good governance and develop effective funding strategies to meet the policy goals. Otherwise, the absence of the state's involvement, through institutional backups, political commitment, and public support, will result in unsuccessful global health outcomes (Harman & Papamichail, 2025). The second role of the state in global governance is as an agent that provides financial resources to stimulate progress in global health efforts, through bilateral and multilateral aid mechanisms. Institutions' involvement in global health governance, such as the WHO, UN agencies, and other governmental bodies, relies on state contributions for their funding and leadership. Consequently, the intervention in global health initiatives is closely aligned with the

interests of states, especially those that provide substantial financial resources and exert significant political power (Harman & Papamichail, 2025).

Moreover, the role of multilateral mechanisms is critical in global health governance. The increasing need to coordinate cross-national health measures gave rise to multilateral health collaboration (Non-State Actors in the Global Health World, 2016; Reinalda, 2016). Many international conferences had been held to address pressing global health issues until the WHO was established as the central actor in the current global health landscape (*Non-State Actors in the Global Health World*, 2016; Reinalda, 2016). The formation of this institution, along with other related UN agencies, represented a shift toward multilateralism and the development of international organizations to address complex global challenges (Harman & Papamichail, 2025). Multilateral mechanisms perform multifaceted roles in the global health system. The WHO, as the central institution in the system, has been exercising its normative function, including formulating conventions, regulations and recommendations for states to adopt in response to global health challenges. It also has other functions, such as coordinating and directing, as well as providing technical assistance to states (Ruger & Yach, 2009). There are also other actors involved in the scheme of global health governance, for example, public-private partnerships that have emerged as key players in the systems, as well as other non–state actors like philanthropic entities, private sectors, and NGOs, among others (de Bengy Puyvallée, 2024; Williams & Wyner, 2017)

METHODOLOGY

This paper employs a qualitative approach to analyze the data. Taylor and Bogdan (2016), describe qualitative methodology as a technique that involves collecting descriptive data generated from individuals' verbal or written accounts in addition to observation of their behaviors by the researcher (Taylor & Bogdan, 2016). According to Kesarwani (n.d.), this methodology centers on gathering and analyzing non-numerical data to understand subjectivity and interpret social phenomena. Lim (2025) notes that qualitative research is interpretative and constructive, emphasizing the acquisition of meaning from context, experience, and subjectivity. Moreover, this research uses a case study design to examine complex social phenomena and to develop a thorough understanding of human social interactions and relationships surrounding specific topics (Moore et al., 2012).

In this context, global health policy is examined, especially the Tuberculosis response in Indonesia. This research adopts multi-level analysis (MLA) to examine relations among global actors, as well as state-level impacts and responses. This approach allows the study to uncover how shifts in global geopolitical health dynamics interact with the structures of multilateral mechanisms, donors' priorities, funding flows, and national health strategy in Indonesia. Data for this study were obtained using a literature review. Moreover, collected data from a range of sources are organized, systematically managed, and analyzed according to a qualitative framework. The data vary from the multilateral mechanisms' (WHO, the Global Fund, and USAID) official documents, official Indonesian documents like presidential regulations and national

strategic plans, interview transcripts with key stakeholders, and also media. Subsequently, the data is triangulated from multiple sources to assess credibility and clarify distinctions and similarities. From that point forward, a detailed comprehension of the research question is obtained through this approach.

FINDINGS AND ANALYSIS

Indonesia's Dependency on International Support

As the country ranked as the second highest TB burden in the world, Indonesia needs steady sources to conduct its TB eradication efforts. Up to this point, Indonesia still relies significantly on international support to maintain and expand its national efforts to combat the disease. The Global Fund continues to be the largest single donor for the country. Indonesia is one of the largest recipients of the institution's funding in the Asia Pacific region, in line with the country's TB burden (The Global Fund, 2025). Indonesia has been receiving grants from the agency since the early 2000s, and has received USD 1.67 billion cumulatively for HIV, malaria, and TB (Tempo Website, 2025). The share of TB eradication programs in that amount is highly proportionate. According to the Global Fund's public grant portfolio database for 2023 - 2025, around USD 295.24 million has been allocated for the three diseases, and the amount earmarked for TB is 58 percent of that total, equivalent to more than USD 156 million (The Global Fund Website, 2025). Based on data from 2023, Indonesia relied on the Global Fund for approximately 62 percent of its total funding. Funds from this institution are used solely for the procurement of essentials for TB responses, such as medications for patient treatment, diagnostic technologies, case funding programs, and other resources that help Indonesia scale up interventions to intensify efforts to address and mitigate the disease nationwide. It indicates how reliant Indonesia is on the global fund's source of financing. This dependency then allows the Global Fund to also influence the implementation of policy measures in Indonesia to encourage Indonesia to adopt WHO standards, support good governance through coordinating mechanisms, compel the country to increase the allocation of national funds for the disease, support innovation, as well as improve monitoring and evaluation (The Global Fund, 2025).

Indonesia is also heavily reliant on WHO. This Institution serves as a critical component in TB-fighting efforts. It provides normative guidance for Indonesia to ensure the country adopts and integrates global standards into its policy and programs in eliminating the disease (World Health Organization, 2022). It also assists Indonesia by providing technical assistance like surveillance, monitoring, and evaluation; providing training and capacity building for Indonesian healthcare workers; contributing to promoting the Multisectoral Accountability Framework (MAF) in Indonesia, in conjunction with coordinating with multisectoral agencies, such as the government, civil society, as well as other international partners like the Global Fund, USAID, and the STOP TB Partnership. Moreover, WHO has always engaged in high-level dialogues with the Indonesian government to ensure Indonesia continues to prioritise TB as a national priority, aligned with its commitment to global principles on TB. It provides guidelines for Indonesia on how to expand international financial support and effectively engage global health funding mechanisms. In addition, WHO

also encourages continuous research and innovation to facilitate the contextualisation of global principles within Indonesia's distinct epidemiology and sociocultural characteristics (World Health Organization, 2022).

Furthermore, USAID has also consistently made substantial contributions to Indonesia's TB-fighting efforts. It was a strategic partner that had multidimensional roles in supporting Indonesia's TB response through financing, technical support, strengthening the health system, and encouraging good governance reform in TB-fighting efforts (US Embassy, 2023). In 2023, Indonesia received USD 70 million from the agency to support the scale-up of its TB response (Jakarta Globe, 2025; US Embassy, 2023). USAID also launched a program called USAID *BEBAS - TB* (Free from TB), aimed at accelerating progress toward eliminating the disease, with a focus on improvement in three areas. Firstly, strengthening the political commitment of the Indonesian government. In 2024, through this program, USAID collaborated with the government and succeeded in having 64 local officials in Central Java province sign a statement of commitment to accelerate TB eradication in response to the presidential decree on TB (Health, n.d.). It also supported multilateral partnerships to advance the effort and participated in the development of TB response guidelines in Indonesia. Secondly, USAID focused on developing standards of care (SOC) to help boost TB response in Indonesia. It included strengthening local health workers' capacity as well as improving the quality of their service. Thirdly, USAID *Bebas TB* strengthened TB case detection in healthcare settings and among high-risk populations. The agency promoted screening of the patients and then provided treatments for those affected by the disease (Health, n.d.).

Geopolitical Risks and Institutional Weakening

Indonesia is highly reliant on International donors for the sustainability of its TB-fighting efforts, with at least 72 percent of the total funding for TB acquired from external sources (Saktiawati & Probandari, 2025). However, this level of dependence can put Indonesia in a precarious and vulnerable position. Even prior to the implementation of Trump's policy, despite the availability of funding provided by external contributors and internal sources, Indonesia remains confronted by funding insufficiency in the fight against TB. According to Indonesia's National Strategy document, the country required USD 3 billion from 2020 – 2024; however, the funds available were only around USD 990 million. Given the current context, with Trump's controversial policies that weaken the global health system, Indonesia's situation will become worse. With the US withdrawal from the WHO, budget reductions may result in many drawbacks, such as a lack of technical advisory, slowed progress in medical guidelines and monitoring frameworks, and a decline in the quality of monitoring and evaluation standards.

Moreover, the current U.S. policy also hits hard on the Global Fund as the largest financial contributor to TB programs globally. The financial pressure on the global health system will obstruct the agency from delivering its mandate. Even though the U.S. still pledged to contribute to the Global Fund during the 2022 - 2025 financial cycle, disbursement remains uncertain because it is decided by U.S. congressional appropriations. Moreover, U.S. foreign aid reductions on global health challenge the

Global Fund in its replenishment efforts and will put pressure on countries that rely heavily on it (Indonesian *Economics Observatory, 2025)*. There will be disruption in medical supply chains, delays in the implementation of programmes, and other areas that are significant to TB response in Indonesia. The consequences are even more severe due to the close alignment of the Global Fund to other crucial institutions like WHO and USAID. WHO's funding cuts and the dissolution of USAID will significantly interrupt the Global Fund's capacity to deliver coordinated TB interventions *Economics Observatory, 2025)*. Furthermore, the dismantling of USAID has profound consequences on Indonesia's TB intervention, considering the institution's significant role as a key technical and financial contributor to the country. The absence of this agency will create a major funding shortfall, along with weakened technical foundations for sustaining TB programs (Roush, 2025). Without USAID and its *BEBAS TB* program, it will be hard for Indonesia to move towards its 2030 TB elimination targets.

Future of Indonesia's TB Control amid Geopolitical Shift and Policy Implications

Recent geopolitical changes have provided Indonesia with considerable challenges. As a country highly reliant on international donors, Indonesia is at risk of being unable to sustain its TB response progress. It is expected to affect multiple facets of Indonesia's TB response, including financial disruptions, supply chain obstruction, disruption to TB program implementation, and cross-sectoral coordination. This situation compels Indonesia to adopt necessary measures to safeguard the progress and sustainability of its TB initiatives. Given the trajectory, it is imperative for Indonesia to increase its national budget allocation for TB programs. Ensuring a stable financial source is critical to Indonesia's success in achieving its target, as well as the strengthening of institutional capacity, including JKN. Moreover, developing and reinforcing policy frameworks at both national and sub-national levels are essential to ensure the effectiveness of TB efforts coordination. Additionally, Indonesia must further intensify and expand South-South cooperation. By deepening collaboration between fellow low- and middle-income countries, Indonesia is able to foster mutual capacity enhancement, information exchange, and joint innovation that will promote greater sustainability in Indonesia's TB control efforts.

DISCUSSION

Using the framework of global health governance, Indonesia's effort to eradicate tuberculosis is analysed through a multilevel perspective. A key starting point of the analysis is to identify actors involved in the system, both state and non–state actors. Firstly, state actors can be recognised in two functions: first, the locus in which global health policy is implemented and targeted, that is, Indonesia; and second, the state that plays a major role in the global health system in terms of financial assistance, that is, the United States of America. Meanwhile, this study also seeks to examine the importance of prominent multilateral mechanisms influencing global health, and specifically the health system in Indonesia. These actors include the WHO, the Global Fund, and USAID, which have been highly influential in funding, technical assistance, capacity building, and advocacy. These actors are selected because they are highly

affected by current global health geopolitical change. By doing so, the challenges that impact Indonesia can be comprehended thoroughly.

These actors operate at distinctive levels and construct a complex network of interactions that represents the interdependency of all actors involved. In addition, these interactions are shaped by power relations between actors, financial interconnectedness and dependencies, and also policy measures. Thus, discussing actors' connectivity in the case of global TB governance is essential to understand challenges and barriers that can significantly determine Indonesia's effort to end TB by 2025.

Indonesia as a State Actor

Indonesia as a sovereign country plays a significant role as a locus where TB eradication is implemented (Harman & Papamichail, 2025). As one of the major contributors to TB burden in the world, it is imperative for Indonesia to implement global principles on TBC eradication efforts to eliminate the disease by 2035. It is responsible for translating, adapting, and implementing *the End TB strategy* into action to achieve its goal. Nevertheless, the implementation of the End TB initiative in Indonesia requires substantial financial resources, especially given the complexity of its geographic landscape and demographic diversity, limited effectiveness of intersectoral coordination mechanisms, and ineffective decentralized health policy management in Indonesia (Antaria, n.d.-b). Indonesia has shown commitments to eradicate TB in the country, reflected in the existence of Presidential Regulation No. 67 of 2021 and its derivative regulations, both at the national level and subnational level. Despite the fact that there is still a gap in policy and implementation due to ongoing structural issues across the regions that hamper the progress of achieving the end TB goal, inadequate funding mechanisms further amplifies the challenge faced by the country (Jiang et al., 2024)

Indonesia is highly reliant on external sources for its TB eradication initiatives. Based on the findings, 72 percent of its total allocation for TB programs comes from international donors (Saktiawati & Probandari, 2025). It indicates how reliant and fragile is Indonesia's TB effort situation really is in terms of financial sustainability and its program continuity. Indonesia has long faced a persistent funding gap in its efforts to eliminate the disease, which undermines Indonesia's ability to strengthen its capacity to scale up TB interventions both in preventive and curative measures (Antaria, 2024). Heavy dependence on external donors will essentially put Indonesia's national TB programs at risk, especially considering the global uncertainty and fluctuations in international donor priorities.

The United States as a State Actor

The US has held a pivotal role in global health governance for decades, exercising its roles in political, economic, and diplomatic spheres across various global health multilateral settings. It has been the largest financial contributor in global health initiatives and is also a leading force in the mechanisms. Not only that, but the US has also implemented bilateral programs such as USAID that played a significant role in delivering aid aimed at supporting health initiatives in low- and Middle-income countries (LMICs), including Indonesia (Roush, 2025). However, US engagement in

global health initiatives is subject to broader foreign policy objectives, which are often shaped by political leadership and priorities (Aremu et al., 2025a).

Harman (2025) mentions how states' interests direct the dynamics in global health governance, particularly in terms of financial resources and political power. In reference to this, the US has been influencing the current global health geopolitical landscape by adopting a more inward-policy approach, which significantly impacts the decreased flow of funding to multilateral mechanisms and 80 percent reductions of development programs following the dismantlement of USAID (Reuters Website, 2025). Not only regarding funding and the dissolution of USAID, but the US also decided to withdraw itself from WHO. As a country that has long provided leadership in the global health governance system, this withdrawal signals a substantial setback, disrupting coordinated global responses in global health and weakening major institutions in global health governance. In addition, one significant policy that also hampers the system is the imposition of tariff rises by the US, which impacts market access and global supply chains worldwide (reference). This policy potentially restricts access to procurement of medical infrastructure and essential pharmaceuticals (Aremu et al., 2025a; Reuter Website, 2025; The Global Fund, 2025). Ultimately, the US' policy reorientation under Trump's second administration has substantially undermined these systems and can challenge efforts to achieve global health goals, including in TB response (Aremu et al., 2025b).

The weakened international institutions caused by the geopolitical shift and its impacts

Global health governance systems are aimed at solving global issues, and essentially, due to the complexity of the problem, it cannot be done by a single actor. Tuberculosis is a longstanding infectious disease that has affected humanity for centuries, and it requires integrated, multisectoral, and collaborative efforts across borders to effectively prevent, control, and eliminate it (Harman & Papamichail, 2025; Williams & Wyner, 2017). While states remain the key actors, the role of bilateral and multilateral institutions such as the WHO, the Global Fund, and USAID is equally fundamental and cannot be underestimated. The current US conduct has significantly destabilized this framework and posed a serious threat to global health targets, including TB eradication in Indonesia (reference). Indonesia, which has consistently relied on WHO for normative guidance, technical assistance, training, capacity building, and coordination with multisectoral agencies, may find itself in a state of uncertainty as a result of setbacks affecting WHO in both funding and political leadership (Godlee, 1994). Moreover, Indonesia also heavily relies on the Global Fund as a funding source. Notably, the agency provides 62 percent of Indonesia's total funding for TB response (The Global Fund, 2025). The financing provided by the Global Fund supports the procurement of essentials for TB response in the country and scales up necessary interventions to intensify TB case finding. Nevertheless, the Global Fund's financial position has also been disrupted by US policy. The country cuts its funding to the agency, which exacerbates the existing funding gap in the global health system, including in Indonesia. Indonesia, which has already been experiencing a funding gap in TB response prior to the current geopolitical shifts, is likely to face an increasingly

aggravated situation due to the current global context (Zahra & Wahid, 2023). Beyond that, Indonesia is further strained by the dismantlement of USAID. This US bilateral agency has long provided Indonesia with major assistance in its TB eradication efforts, essentially through the provision of technical and financial support. However, the dissolution of this integral agency has left Indonesia facing significant setbacks in its TB efforts. *Bebas TB* program, a collaboration between USAID and Indonesia, has been suspended, and other significant programs remain in uncertain condition (Health, n.d.; USEMBASSY, 2023). Recent global geopolitical turbulence has put Indonesia in a vulnerable position, necessitating the adoption of strategic solutions for the arising challenges.

Recommendations

While the evidence of Indonesia's commitment to ending TB in 2035 is shown by the existence of Presidential Regulation on TB response, a stronger implementation of the regulation remains essential. Nevertheless, it is deemed that Indonesia still lacks of derivative regulations to support the overarching framework. There are only two implementation regulations by far, formulated by the Indonesian Ministry of Health and the Indonesian Ministry of Manpower; meanwhile, several other ministries have only begun to integrate their TB response into their programs, but with no standalone regulations. Moreover, to strengthen and reinforce the TB response framework, the development of derivative policies, both at national and sub-national levels, that facilitate clearer implementation guidelines on the ground is considered required. Furthermore, given global conditions, accelerating domestic financing for TB response and seeking alternative sources of funding are necessary to ensure continuity of Indonesia's TB efforts. Beyond overarching financial strategy, enhancing co-financing schemes between national and subnational governments is essential to support long–term sustainability in Indonesia's TB eradication programs. Apart from that, enhancing the leveraging of south- south cooperation remains an innovative strategy that can be reinforced by the country. To some degree, Indonesia has started initiating cooperation between pharmaceutical companies with India, for diagnosing skin tests for latent TB, and conducting research collaboration with South Africa. Those efforts mark potential collaborations between Indonesia and other Global South countries. However, these efforts have been maximised in broader end TB efforts in Indonesia. Therefore, expanding partnerships with other global south countries is essential to ensure the sustainability of Indonesia's TB response (Mukhtar Wijaya, 2025).

CONCLUSION

The weakening of the prominent institutions in global health governance hampers Indonesia's pursuit of eradicating TB in the country. The current geopolitical landscape presents multifaceted impacts ranging from the disruption of financial availability, the obstruction of medical and infrastructure supply chains, and the disturbance of the implementation of TB programs. These interconnected challenges endanger the sustainability and quality of TB-fighting efforts in Indonesia, especially as the country ranked second-highest in TB burden in the world and is heavily reliant on external donors. Ultimately, to mitigate the risks of the change in the global health financial

landscape, Indonesia should adopt comprehensive strategies such as accelerating national budget allocation for TB, enhancing and reinforcing national and sub-national regulations, strengthening institutional capacity, and further engaging in South-South cooperation in TB efforts.

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