

Challenges and Opportunities of the 2022 G20 Summit in Strengthening Prevention, Preparedness, and Response (PPR) Financing as a Part of Global Health Architecture Restructuration

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Restructuring and strengthening the framework of Global Health Architecture (GHA) is one of the significant agendas raised at the 2022 G20 Summit held in Bali, Indonesia. One of the identified motivations behind this initiative concerns the gap in the prevention, preparedness, and response (PPR) financing policy and its sustainability. This problem generates inequity in the global health system—especially experienced by the low- and mid-income countries (LMICs)—and hinders the effort to comprehensively mitigate the impacts the threats have caused, such as from the current COVID-19 outbreak. Consequently, these countries are struggling due to their inability to acquire healthcare resources such as health infrastructures, vaccine access, and human resources. To understand how the 2022 G20 forum could contribute to restructuring and strengthening the architecture, this paper investigates the upcoming summit's potential challenges and opportunities in restructuring the GHA framework to close the gap in financing PPR and creating an equal global health system. In doing so, this article will apply desk study by collecting information from secondary data sources. One of the potential opportunities is to strengthen global health multilateralism through the G20 members' active engagement in the financial intermediary fund (FIF) platform. However, there is also a significant challenge regarding the current global solidarity and political tension. Therefore, the forum must consider these notions to create a more robust and sustained financial policy to strengthen the architecture.

Keywords: *restructuration; global health architecture; prevention, preparedness, and response (PPR); financial intermediary fund*

Introduction

Health is a fundamental aspect that supports the progress of human development. This facet develops into a part of human rights that must be fulfilled to achieve development progress, and the state becomes an actor who plays an essential role in ensuring good health quality for its citizens. However, countries are now facing a complicated

circumstance caused by the emergence of an unprecedented global health threat, namely the COVID-19 outbreak. Since its first emergence in Wuhan, China, in 2019, the number of COVID-19 transmissions has continued to increase. The rapid transmission of the virus has significantly impacted the stability of almost all global development sectors, be it social, economic, or educational, among

others. These include things such as slowing down the global economy that generates global recession and many people facing hardships to lift their welfare (Witteveen & Velthorst, 2020; Wang et al., 2021; International Monetary Fund, 2022), increasing unemployment (International Monetary Fund, 2022; Falk et al., 2021; Center on Budget and Policy Priorities, 2022; Ramadani, Sartika, and Herawaty, 2022), widening economic inequality, shifting the trend of social interactions that communities dependent on online platforms to communicate to each other as well as affecting the psychological sense of the people such as creating loneliness and affecting mental health (Calbi et al., 2021; Perez-Brumer et al., 2022), and many others. In addition, the high number of confirmed COVID-19 cases is also causing a very high global death toll. Therefore, steps to mitigate the risks posed by this pandemic are critically needed to minimize other impacts resulting from the outbreak.

Global affairs through the World Health Organization (WHO) have designed the anticipation and mitigation measurements to manage the impact of global health problems. However, the current pandemic has emerged massively and rapidly spreading, and nations are unprepared to tackle the problem. Lack of anticipation and prediction, as well as due the absence of specific global health mechanisms to prevent the potential global health threats, is considered to be significant challenges for countries to handle the widely increasing global pandemic (Djalante et al., 2020; OECD, 2020, pp. 18-20; OECD, 2022). The unpreparedness of

international actors in dealing with the current global pandemic can be seen in the lack of global health funding management, which has become one of the essential elements in the global health architecture (GHA) framework. As a result, the mechanism for regulating global health funds to help support the financing of the healthcare capacity development is disrupted and creates a possibility for countries that are classified as low-and middle-income countries (LMICs) are struggling to acquire access to proper health facilities and infrastructure, develop human resources to provide health care, as well as to get access to vaccines, drugs, among others. Eventually, the existing health architecture becomes questionable and global affairs need to restructure and strengthen the GHA, especially in strengthening the funding aspect.

Some prominent international actors have begun to formulate feasible mechanisms to address the impact of the current global pandemic has caused. The Group of Twenty (G20)—a multilateral economic cooperation organization of twenty emerging economies – is one of the actors actively contributing to accelerating the mitigation of COVID-19 diseases. This year, the forum will hold its meeting in Bali, Indonesia, and one of its significant agendas raised is the restructuring of GHA that pinpoints the urgency to address and mitigate global health issues, especially regarding the occurring global outbreak and one of the concerns that the forum seeks is related to the funding mechanism. In this paper, the author proposes, “What are the opportunities and challenges of the G20 Summit in restructuring and strength-

ening the financial mechanism in the GHA framework?”. Analyzing the opportunities and challenges that potentially be faced by the summit becomes very important to help understand the chances that G20 member countries can take advantage of in their contribution to designing comprehensive global health funding policies and to pay attention to the potential challenges that will be faced in achieving the goals.

In elaborating on the analysis, this paper presents general information about global COVID-19 and its current development. They then followed by defining the GHA notion and discussing its implementation challenges, especially regarding financing the Prevention, Preparedness, and Response (PPR) mechanism that the global health actors are currently facing. Next, the author will describe the role and urgency of the G20 forum in health issues, which will address the research question proposed and becomes the core part of this paper, as it will analyze the challenges and opportunities for the forum in restructuring and strengthening PPR financing mechanism as a part of global health architecture restructuring. Eventually, a concluding remark will be presented.

COVID-19 at a Glance: The Emergence, its impacts, and the current global condition

The World Health Organisation (WHO) has confirmed Coronavirus disease (COVID-19) as an infectious disorder mainly affecting the respiratory system. People can be diagnosed with the COVID-19 virus if they catch a fever, dry cough, and tiredness, as these are the common symptoms of the disease (World Health Organization, 2020).

As mentioned, the first transmission case was found in Wuhan City, China, on December 31, 2019. Since its first occurrence, the virus began spreading outside mainland China to several countries such as Thailand, Italy, South Korea, and Japan. It made them the virus’s epicenter (WHO, 2020) until the whole world was finally exposed to this pandemic.

The COVID-19 pandemic has resulted in massive and critical changes in the local, nation-state, and international scopes. Countries are working hard to survive this situation even though their economic and social conditions have deteriorated dramatically. In the economic sector, for instance, many countries have eventually imposed lockdowns that strictly prohibit their citizens from traveling out of their homes, causing the economy to experience a setback where the exchange of economic transactions between demand and supply is slowing as economic actors are unable to run their business (Chudik, 2020) productively. In addition, many people are losing their job the unemployment rate is observed to be significantly increasing.

Regarding its social impacts, COVID-19 transmission has led to the estrangement of direct social interaction in the community. The restrictive policies implemented have resulted in this so that social activities, such as associations, teaching and learning activities in schools, and religious activities, are very limited in their implementation. However, at this time, several countries such as China, Japan, and Indonesia have been imposing policies to relax the restrictions, and social interaction activities in the community are slowly

starting to return to normal by implementing the applicable health protocols (International Monetary Fund, n. d.; Han et al., 2020; Ryan et al., C. S., 2020; Shafer et al., 2021; Fardah, 2022).

The development in the global transmission of COVID-19 cases is reported to have fluctuated. Tracing back to 2021, global COVID-19 cases showed a very high increase due to the emergence of a new Delta variant. The tightening of restrictions on people's mobility has also been strengthened and has impacted the slowdown in the development of vital global sectors. However, along with the massive development of vaccine distribution and global health facilities, the transmission of COVID-19 tends to be controlled, even though the total number of cases is still relatively high. This has also decreased the number of virus transmissions and has made several countries begin to implement relaxation policies toward social restriction.

A report released by the WHO has shown a decrease in transmission and death rates. However, the cumulative confirmed cases and death toll still show a very high number. As of August 29, 2022, it was reported by this organization that the confirmed weekly transmissions and death rates showed a downward trend. This trend has occurred since early August after experiencing an increase at the end of July (WHO, n.d.). To obtain more detailed information, Figure 1 and Figure 2 below illustrate the dynamics of the trend of the global COVID-19 cases and the total death rate, which was abstracted from the official report of the WHO (n.d.).

In Figure 1, the yellow arrow shows the weekly trend of COVID-19 transmission as of August 29, 2022. Up to that date, the trend of COVID-19 transmission has declined since August 1, 2022. On this date, the total number of confirmed cases was 7,169,732 (black arrow), with 332,916 additional cases. The following week until August 29, the trend of COVID-19 transmission continued to decline and reached 3,895,127 at the end of the observed period. Meanwhile, the global total death rate depicted in Figure 2 explains an identical description, where, generally, the trend from the beginning of August to the 29th shows a decrease in the death rate. Only on August 8 (pink arrow), the global death toll experienced a slight increase from the previous week, which accounted for 17,364 death cases. Since then, the trend has declined until the end of August 2022 (red arrow), reaching 11,585.

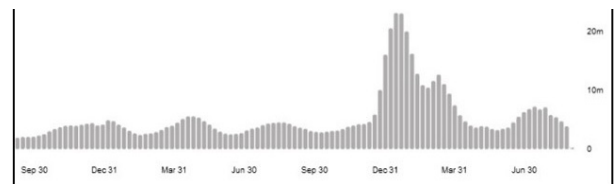


Figure 1. Graph of the weekly COVID-19 transmission trend from September 2020–August 2022 (WHO, n.d.)

The decline in COVID-19 transmis-

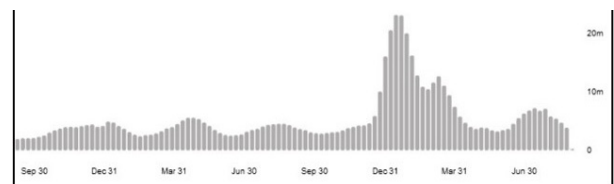


Figure 2. Graph of the weekly COVID-19 death toll COVID-19 since September 2020–August 2022 (WHO, n.d.)

sions and the global death toll shows hope for global affairs to escape the COVID-19 crisis. Nevertheless, the global health actors still must strengthen the mechanisms for preparedness, risk management, and mitigation of the impact of this health threat. For this reason, they must strengthen the structure of multilateralism, partnership, and strong global health diplomacy to effectively address global health problems, especially the currently occurring coronavirus. By ways of cooperation and building diplomacy, the involved nations will find it easier to deal with common global health problems, be able to meet their domestic health infrastructure needs, accelerate the mitigation and recovery in the post-pandemic condition, and it can strengthen sustainable health development, which will certainly affect the improvement social and economic development; without cooperation, one country will less likely be able to deal with these problems by itself (Federal Ministry of Health, 2022; Akashi et al., 2019; G20, 2022). To realize it, a strong global health architecture is critically needed.

Global Health Architecture (GHA)

a. Global Health Architecture as a Framework

The increasing awareness of the global actors towards global health problems has allowed those entities to formulate a *global health architecture* (GHA). According to Kickbush et al. (2012), GHA refers to a dynamic and systematic relationship between various actors that en-

gage in global health affairs and a collaborative process to achieve a common goal to address the related issues. The core point of this architecture is *multilateralism* and *cooperation* between states and international health organizations in building a global network to address common health issues that threaten global society.

The global health architecture serves some fundamental functions to guarantee the formulation of a cooperative and sustainable global health system that invites various agencies dealing with global health matters. The presence of the GHA system is expected to be able to guarantee the production of global public goods, manage the externalities across nations, maintain global solidarity mobilization, deal with stewardship facet, support the technical work carried out by the global health units, monitor, and lending, as well as bridging the multilateral negotiations (Hoffman & Røttingen, 2013, p. 1018). Then, to implement the visions and missions carried by the framework, Sidibe and Buse mention three agencies to fulfill fundamental functions in implementing the framework, where one can handle the financing of the programs carried out by the global health actors as a unit that can set the norms and standards; and another element that supports the advocacy and accountability of the framework (2013).

b. The Problem in Global Health Architecture Amid Global COVID-19 Pandemic

As a global instrument, GHA is pro-

jected to regulate the mechanism of global health management, partnership, and sustainability to create a sense of multilateralism in strengthening international cooperation to prevent global health threats. One of the agendas carried out by the global health actors in their collaboration is regarding the design of the Prevention, Preparedness, and Response (PPR) mechanism. Generally, the system has several objectives, such as reducing the risk of threats to global health, mitigating the impacts caused by health disorders, taking precautionary measures to encounter health threats, managing early response as well as rehabilitation for public health emergencies when health disasters occur, to construct global network surveillance and research to prevent emerging infectious diseases, to help support all nations in accessing health infrastructures, among others (WHO, n.d.; ECDC, n.d.; WHO, 2022). Since the coronavirus transmission has expanded worldwide and caused a massive impact on all sectors, the PPR has become an utterly important element for global health actors to mitigate the risks it has triggered at this critical time.

However, in realizing an effective PPR mechanism, the global health actors often encounter some challenges, and one of them is concerning the disparity in the PPR financing, so it becomes a problematic issue that hinders the strengthening of good quality of global health (Jessica, 2022). As a result, recalling the statement in the introductory part, this gap has led to global health inequity, where the LMICs

have to face substantial budget pressures. It remains struggling to develop the quality of its health sector, such as the inability to acquire access to health infrastructure due to lack of financing and access to acquire or produce its health care system, as well as has relatively low-quality human resources in developing the health sector, the problem of political instability, and many others (Glassman et al., 2022; Hamid et al., 2020; Dawkins et al., 2021).

Before the emergence of the global COVID-19 outbreak, funding issues within the GHA mechanism had been studied by the majority of global health experts since the appearance of the SARS virus in 2003, the 2009 H1N1 outbreak, and Ebola in 2014-2016 centered in Africa (Glassman et al., 2022). They found that the financing mechanism was still utterly minimum to mitigate and measure feasible preparedness strategies in combatting those viruses. As a recommendation, they suggested that global health actors increase sustainable financing to ensure the preparedness of all actors in anticipating and mitigating the possibility of new global health threats in the future (Glassman et al., 2022).

In the current state where the global community has been heavily suffering from disadvantages caused by the newly emerged Coronavirus Disease (COVID-19) pandemic, the gap in PPR has grown higher. The World Health Organisation (WHO) (2022) mentioned that the current pandemic has created a significant gap in preparedness ca-

capacities. This unpreparedness arises because of the need for more anticipation and gains relatively minimum attention from most countries to project potential threats that can grow in the future. Therefore, the majority of states are unable to formulate preparedness policy to respond and mitigate this newly emerging pandemic immediately; for example, in the case of production as well as creating an equal distribution of COVID-19 vaccines and the infrastructures that support it, the prominent global actors have failed in pursuing this agenda (Kim, 2021, p. 1). A study conducted by Tatar et al. (2021) similarly emphasizes the inequality of vaccine distribution in global affairs, where the wealthiest nations tend to hoard the vaccines produced so that they can distribute them immediately to their citizens. In their research, which gathered data on vaccine distribution until March 31, 2021, of 178 countries and involved about 98% of the world population, the result shows that there is a severe COVID-19 vaccine distribution inequality which is illustrated by a Lorenz Curve (2021, pp. 1-2) in Figure 3 below. The figure shows the proportion of vaccines depicted on the vertical (Y) axis and the cumulative population level shown on the horizontal (X) axis. Equality can be achieved when the curve is precisely on the straight diagonal line with a slope of 1 which forms an angle of 45 degrees (red line); however, the Lorenz curve is observed to be situated below the diagonal line (blue curve) which indicates an

inequality (2021, p. 2).

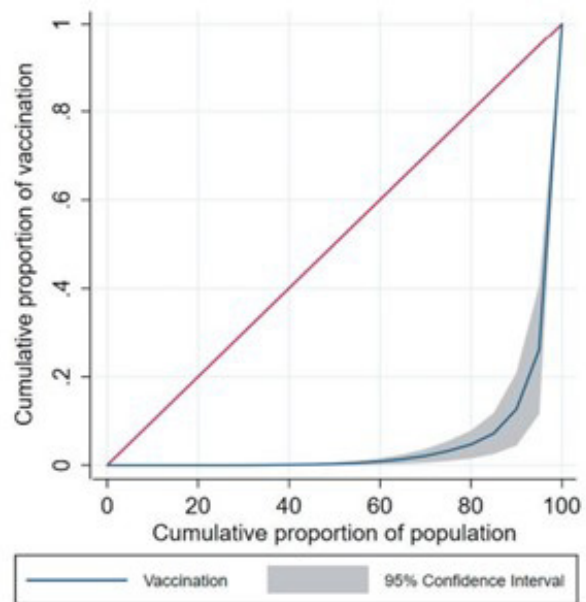


Figure 3. Lorenz Curve of COVID-19 vaccine distribution

Abstracted from Tatar et al. (2021, p. 2)

In further research regarding vaccine inequity, the poorer states, such as Burundi, the Democratic Republic of Congo, and Chad, had only less than one percent of the total population be fully vaccinated. In comparison, only two percent of citizens have received vaccines in Haiti and Yemen (United Nations, 2022). Therefore, it can be seen that the global vaccine distribution remains highly unequal.

In addition to vaccine distribution inequity, another problem identified in the LMICs is the lack of available health facilities, especially to treat patients with infectious diseases. Quoting from Angrup et al. (2020), it is mentioned that “...very few hospitals have stand-alone buildings or even wards with negative pressure ventilation settings to house infectious patients such as COVID-19.” Further-

more, it is also identified that the availability of qualified medical staff, including doctors and nurses, is relatively poor, which challenges these countries to immediately serve healthcare for the patients, especially those infected by the coronavirus (2020). In fact, not only are the LMICs suffering from the degrading quantity of competent health workforces, but almost all nations experience this phenomenon. Their lives are at stake as they become the forefront of handling COVID-19 and providing care services to infected patients.

Furthermore, Angrup et al. (2020) highlighted other aspects regarding the availability of good quality health and medical instruments. They considered that in LMICs, the availability of essential personal protective equipment (PPE), such as gloves, goggles, face shields, respirators, gowns, and aprons, was minimal. Consequently, the health actors, including the doctors, nurses, and health workers, are forced to deal with patients by not using proper protective apparatuses, which pose a high risk to their lives. Then, it was identified that the level of hygiene in the environment around hospitals in LMIC countries still needs to be improved, where disinfection is not adequate, and some medical equipment is also easily contaminated by viruses. Inadequate facilities for disinfectants, soaps, alcohol-based hand rubs (ABHR), piped water supply, and electricity makes the cleanliness of the hospital environment in LMIC countries prone to be contaminated by viruses. Consequently, the fulfillment of proper and hygienic health facilities is a big

challenge for these countries to be realized.

G20 Forum and Global Health Architecture Restructuration Amid Global Health Threats

The impacts triggered by the emerging health issues like COVID-19 have alarmed global health actors to formulate more anticipative policies to mitigate the risks the threats have caused. One of the notable multilateral organizations that have been contributing to help address global health problems is the Group of Twenty (G20). In general, this multilateral forum consisting of 19 newly emerging economies and one supranational organization—the European Union (EU)—was formed to build and strengthen international economic and financial agendas. Its main tasks include coordinating economic policy to achieve global stability and sustainable economic growth. In its development, the G20 agenda has moved beyond economic development and begun to address other common global issues including health, and environmental issues, among others; the meeting of Health Ministers at the 2017 G20 summit in Berlin, Germany, to discuss global health matters such as antimicrobial resistance (AMR), public health emergencies, and universal health coverage (UHC) (Akashi et al., 2019) has shown the expansion of the G20 forum agenda and roles also to address global health issues.

The upcoming G20 summit in Bali, Indonesia, will be conducted in November by raising the motto “*Recover Together, Recover Stronger.*” One of the three main agendas is to restructure the global health architecture. This notion was initiated as the global health

situation was in crisis, which led to massive impacts in all global sectors. Under his presidency, President Joko Widodo, in his speech, invited world countries to strengthen global health architecture to build a more resilient world against pandemics and future shocks (Office of Assistant to Deputy Cabinet Secretary for State Documents & Translation, 2021). Furthermore, the president emphasized that by strengthening the global health cooperation mechanisms, it is expected that global health resources, such as funding, vaccines, medicines, health infrastructure, and good quality health workers, can be distributed relatively with transparency and inclusivity, that can be accessed by all nations (2021). This multilateral meeting between member states will eventually be a golden momentum for them to rethink and strengthen the global health network and multilateralism to achieve the goal of mitigating the risks caused by the current—which is COVID-19—and the future global health threats as well as for a better global health architecture.

As identified earlier, one of the issues the GHA is currently facing is the financial gap in funding the global prevention, preparedness, and response (PPR) mechanisms. There are some opportunities for the G20 forum to strengthen global multilateralism to improve global health funding so that the quality of PPR mechanisms becomes well-improved and closes the gap in health infrastructure distribution, which is in line with the purpose of the GHA restructuring agenda. First, the G20 forum can contribute to strengthening the global health network by using the Joint Finance and Health Task

Force (JFHTF) platform. This task force was formed in 2021 under the presidency of Italy to strengthen pandemic prevention, preparedness, and response which emphasizes the revamping of the global health funding mechanism to form a global health order that is more resilient to potential health threats (Ministry of Economy and Finance, 2021). In meeting the objective, this task force has held a series of intensive meetings involving various actors, including G20 member countries and several invited nations, international organizations such as the World Health Organisation (WHO), Organisation for Economic Cooperation and Development (OECD), World Bank, the United Nations Environment Program (UNEP), the United Nations Children's Fund (UNICEF), among others, in each meeting conducted (Kenny, 2022). The issue of strengthening the coordination between health and financial aspects becomes the main agenda at the meetings. One notable JFHTF meeting was the fourth virtual conference conducted on May 31, 2022. In this session, the main agenda raised was regarding the formulation of a new financial mechanism that can be utilized to alleviate the gaps in global health financing (Kenny, 2022). Therefore, the JFHTF platform can be used as an opportunity for the member states to increase a solid multilateral architecture so that cooperation, communications, and partnership among global health actors will reach better prospects to mitigate the current pandemic and anticipate potential health threats in the future.

In addition to the JFHTF platform, the G20 member states also take advantage of

the panel conference agendas whose meeting results can be an opportunity for the forum to increase everyday global awareness of health threats and to plan and strengthen the global health funding system. In 2021, for example, the forum conducted the G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response (HLIP) to discuss the design of financial mechanisms that are useful for anticipating potential health threats as reflected in the proposal of Global Health Threats Fund instrument as the result of the meeting. This instrument was designed to increase the surveillance capacities to monitor infectious diseases transmissions and their impacts, providing a more robust grant financing structure, ensuring the reliability of the funding system that can increase solid public-private partnerships, providing support for the improvement of scientific research and innovation capacities, as well as to improve more investments on healthcare and medical sources including facilities, drugs, human resources, and other needs relevant to health, as a part of strengthening the PPR capacities (WEMOS, n.d.; Friends of the Global Fund Japan, 2021; The G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response, 2021, p. 9). The projected amount of funds for global health finance mobilization is approximately accounts US\$ 10 billion per year, and in providing this donor, the countries involved are based on pre-agreed contributions (The G20 High-Level Independent Panel on Financing the Global Commons for Pandemic Preparedness and Response,

2021). Therefore, this funding proposal can be considered for this forum to develop further this funding system that can be used to create better global health management and mitigate the risks of global health threats, including COVID-19.

The G20 Forum also has the opportunity to support the global health financial system through its active involvement in promoting and implementing Financial Intermediary Fund (FIF) comprehensively. According to World Bank (n.d), FIF refers to a set of “*financial arrangements that typically leverage a variety of public and private resources in support of international initiatives, enabling the international community to provide a direct and coordinated response to global priorities.*” In general, the purpose of this funding mechanism is to provide and assist global affairs in countering the problems that threaten the global society through strengthening the Prevention, Preparedness, and Response (PPR) capacity, be it at the national, regional, and global levels (The World Bank, 2022). The impacts resulting from the global COVID-19 transmission are a severe threat that humankind is currently facing and have already been the top priority for the international actors to immediately be mitigated. Therefore, the World Bank’s Board of Executive Directors has initiated the FIF, which specifically directed to respond to and mitigate the impact of COVID-19 by strengthening the PPR mechanism covering the national, regional, and global levels. The WHO Director General, Dr. Tedros Adhanom Ghebreyesus, has even recognized the FIF as a mechanism capable of closing the gap in funding

preparedness capacities to reach excellent quality PPR implementation and become an essential instrument in the global health architecture (WHO, 2022).

There are four fundamental elements in the implementation of the FIF funding scheme. Those include 1) a governing board as a decision-making unit in the mechanism; 2) an administrative secretariat to support the work of the governing board; 3) a financial trustee concluded by the World Bank; and 4) the FIF implementing entities at the national, regional, and global levels (The World Bank, 2022). At the national level, FIF assists in several aspects, such as strengthening the disease surveillance system; proper development of laboratories and operational mechanisms; increasing the capacity building for emergency communication, coordination, and management; improving the capacity and skills of the health workforce; and developing more community engagement (2022). Meanwhile, at the regional level, the forms of support provided by the FIF scheme include assistance in strengthening the functions and coordination of PPR and providing technical, analytical, learning, and convening assistance (2022).

The implementation of FIF involves various actors, and each has its role, which reflects the four fundamental elements mentioned earlier. The World Health Organization (WHO) has a significant role as a central actor in implementing FIF. The organization plays a vital role in supporting the technical advisory panel, participating in the secretariat formed by delegating staff who will carry out the coordination function to strengthen

the technical advisory panel and become one of the FIF implementing entities (The World Bank, 2022). Furthermore, the World Bank also takes part in FIF operations through three prominent roles, including 1) as a trustee, which regulates donor transfers to external parties after receiving recommendations from the FIF governing body; 2) acts as a secretariat in charge of administering program management and administration services to the FIF and backing its governing body; and 3) an observer to the FIF's governing board and will work as a supporter of FIF-financed projects implementation (2022). Furthermore, institutions such as Multilateral Development Banks involved in the PPR project, International Monetary Fund (IMF), and UN agencies also play an essential role as FIF-implementing entities that directly operationalize health funding (2022).

The initiation of FIF can undoubtedly be an excellent opportunity for strengthening health funding mechanisms to help countries facing difficulties in overcoming the risks posed by the coronavirus pandemic. Countries prioritized as recipients of health funds are the low-and middle-income countries (LMICs) to increase the capacity of these countries PPR in dealing with health threats such as those caused by COVID-19. Then, the entities that provide donors are not limited to states with an advanced economy, but international non-governmental organizations (INGOs) also participate in this mechanism. According to the World Bank (2022), the organizations that have participated in giving financial donors include the Bill and Melinda Gates Foundation and the

Rockefeller Foundation, which have contributed US\$15 million each, as well as the Wellcome Trust with a total contribution of GBP 10 million (US\$11.5 million). In the end, this FIF mechanism can be a platform used in building global health cooperation, and it is expected that this global health funding structure can ensure open access for the LMICs to obtain healthcare infrastructure and allow them to develop their PPR capacities. This mechanism can ultimately synergize with and adopt the previous Global Health Threats Fund proposal to increase active financial participation and coordination between global health actors in dealing with health threats, both currently occurring and those that could potentially occur in the future.

Then, other opportunities have the potential to strengthen GHA instruments that can be carried out by the G20 forum, namely by formulating policies on digitizing health services to form an effective and appropriate system for handling and mitigating infectious disease risks. Not only that, but digitalization is also essential to oversee the distribution flow of global funding for health missions in a transparent and accountable manner. Alfarizi and Arifian (2022), in their investigation, mentioned the importance of digitizing medical and healthcare services as a part of satisfying one of the global health management architectures, which emphasizes digitization of health services that is just and can be accessed effectively. For health workforces, digitalization is very helpful in determining accurate and fast diagnoses. It can collect, filter, and sort health data quick-

ly so that medical intervention can be immediately carried out for patients. Interestingly, providing healthcare service digitalization opens vast job opportunities for health workers and those involved in IT sectors, as the digital healthcare system might require more human resources to operate the mechanism (Alfarizi & Arifian, 2022, p. 7). The progress and innovations of health technology development can be essential in formulating feasible steps to strengthen GHA and formulating a health funding system that the G20 forum must consider.

As it has been explained that the G20 forum has several opportunities that can be utilized to strengthen the GHA; on the other hand, this organization must also face a severe challenge in achieving the goal of strengthening the multilateral mechanism. The challenge for the G20 forum in pursuing good GHA restructuration can be identified from the impact of international conflict, namely the Russo-Ukrainian War that currently threatens a peaceful and cooperative global constellation (Borrell, 2022). The war between Russia—as one of the G20 member countries—and Ukraine is the most challenging issue for the G20 forum to build a strong partnership in economic development to address global issues and, in the context of health matters, to help strengthen global health diplomacy between the member states (Llewellyn, 2022; Nugraha et al., 2022; Nangoy & Sulaiman, 2022). This also has the potential to disrupt the solidarity among the representatives to unite and decide feasible solutions to end global health crises, especially the ones caused by the current corona-

virus outbreak. For example, several Western countries that are members of the G20 have begun to show a non-cooperative attitude towards Russia in several G20 meeting agendas (Treeck, 2022). Some even harshly criticized and showed feelings of hostility to Russia after a series of attacks were carried out on Ukraine. On the other hand, Russia has also responded to the criticisms which are considered to be interfering with their national interests and considered some of these countries to be politicizing global health issues by mentioning the chaos of the Ukrainian health system after the invasion (Widianto, 2022; Shandilya, 2022). At the very worst, it was reported that a Russian representative walked out during the foreign ministers meeting to respond to the criticisms launched by some other representatives (Wolff, 2022).

The escalation between Russia and Ukraine has significantly impacted the developing global health architecture and cooperation between nations in strengthening health diplomacy. According to Fidler (2022), the situation in Europe is dire due to the Russian aggression against Ukraine. It generates multi-aspects tension, including political aspects, weakening the economic and diplomatic relations between the states in that area, and military tension. If the condition sustains, European nations, especially those involved in G7 and G20 organizations, will be handicapped in forming cooperation with Russia to emphasize health diplomacy.

Conclusion

Based on the findings and the analysis above, it is understood that the world is

currently facing a severe health crisis caused by the emergence of the global COVID-19 pandemic. The sense of multilateralism as the essence of the global health architecture becomes crucial to be strengthened and able to play a significant role in mitigating and reducing the risk of the coronavirus's impact. The restructuring of the GHA is an aspect that must be considered by all international actors, including the G20 forum. It can be concluded that in the effort to strengthen the architecture, the G20 forum has the opportunity to contribute to the restructuring project through its meeting agendas that are realized in the form of, such as the JFHTF platform, which has succeeded in bringing together various countries and international organizations to discuss effective strategies for strengthening the PPR funding. This is purposed to ensure the quality of global health amid the onslaught of the impact of the coronavirus. In addition, with the proposal for the Global Health Threats Fund system, this forum can extend its contribution by promoting this structure to strengthen the primary funding mechanism of the World Bank's Financial Intermediary Fund. The digitalization of healthcare services and monitoring of the flow of financial distribution is also an opportunity for the G20 forum to strengthen the health architecture. However, global stability, which is currently experiencing severe tension due to the conflict between Russia and Ukraine, can be a critical challenge for the G20 forum in increasing the sense of multilateral solidarity, which will hinder multilateral cooperation in formulating the global PPR funding system. Strength-

ening solidarity in unstable global dynamics becomes a matter that the G20 Forum must fulfill in order to be able to develop a more assertive global health multilateralism. This paper, however, still needs to investigate the progress of the post-G20 talk and the implementation of the concluded agreements to strengthen the global health architecture. This is caused by the lack of available data that explains this concern. Therefore, both issues can be utilized as a potential topic for further research in the future.

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