



BRINGING THE FUTURE NOW

Partnership Report 2024

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BRINGING THE FUTURE NOW: PARTNERSHIP REPORT 2024

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Disclaimer:

The data in the grant disbursement table is only for registered foreign grants in the Ministry of Finance in the Jan-Dec 2023 period, recorded by Planning and Budget Bureau and Finance and State Property Bureau of the Indonesian Ministry of Health. Differences in recording from other sources may occur due to several factors: 1) The collaboration has not met the criteria specified in the registered grant in the Ministry of Finance; instead, it represents a different form of collaboration. 2) The collaboration meets the criteria of a registered grant in the Ministry of Finance but has not yet undergone the full registration process in the period January - December 2023 3) Differences in program and period categories in the recording process.

THE MINISTER REMARKS



BUDI GUNADI SADIKIN
Minister of Health Republic of Indonesia



My dear esteemed colleagues,

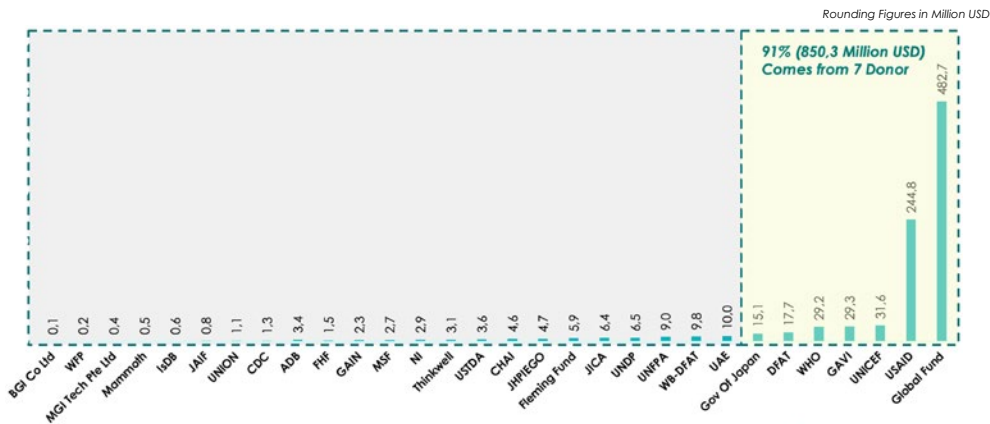
Since I was first appointed Minister of Health in 2020, President Joko Widodo entrusted me with the mandate not only to save the nation from the Covid-19 disaster but also to build a resilient health architecture for the future generations—a system where our children’s children can be empowered and equipped to ward off, withstand, and win over whatever challenges may come their way. Hence, a transformation in the Indonesian health system is indispensable—an endeavor necessitating massive yet precise and swift action.

From the outset, we humbly recognized that achieving systemic health transformation within a relatively short time frame cannot be accomplished by a single party alone. The Ministry of Health cannot act in isolation. Thus, one of our primary objectives is to engage as many stakeholders as possible to join us in this transformative prioritization of health. Our responsibility lies in establishing a system wherein each stakeholder can synergistically contribute their unique strengths, accelerating innovative progress through comprehensive, integrated collaboration. In this endeavor, we are incredibly thankful to have international development partners who play a significant role in fostering a progressive and inclusive Indonesian health ecosystem.



Graph 1 - Summary of Registered Foreign Grants in the Ministry of Health of Indonesia

THE FOREIGN GRANT COMMITMENT OF THE MINISTRY OF HEALTH FOR THE YEARS 2021-2025 REACHES ~931.7 MILLION USD (13,976.0 BILLION RUPIAH)*



*) Includes additional budget from new commitments to 6 donors for 2024-2025 (GF, ADB, WHO, CHAI, MSF and TWI) totalling 2,886.4 billion IDR (~192.4 million USD) (1 USD : 15,000 IDR)

Since 2021, approximately **931,7 Million USD (13,976.0 Billion Rupiah) in grant funds from international development partners** have been jointly committed and managed to drive impact on Indonesia's health transformation. This amount is indeed substantial, surpassing the budgets of several ministries and institutions in Indonesia. This undoubtedly reflects confidence and optimism in prioritizing and collectively supporting Indonesia's health progress. We extend our sincerest appreciation to the **30 international development partners** who have joined us in this noble mission of fostering a robust and empowered Indonesian health system. empowered Indonesian health system.



Table 1- Realization of Registered Foreign Grants on Health Transformation (in IDR, Jan - Dec 2023)

Pillar of Health Transformation	Sum of Grants: Cash	Sum of Grants: Service	Sum of Grants: Goods	Sum of Grand Total	Proportion
Pillar 1: Primary Care	1.873.908.705.042	759.882.859.083	799.011.075.854	3.432.802.639.979	82,85%
Pillar 2: Secondary Care	6.217.919.961	2.688.988.680	203.948.293.500	212.855.202.141	5,14%
Pillar 3: Health System Resilience	35.103.514.168	188.663.670.632	70.972.199.450	294.739.384.250	7,11%
Pillar 4: Health Financing	1.031.448.957	97.170.134.003	-	98.201.582.960	2,37%
Pillar 5: Health Talent	3.127.440.387	615.749.394	-	3.743.189.781	0,09%
Pillar 6: Health Technology		37.083.211.726		37.083.211.726	0,90%
Management Support and Others	57.519.713.128	6.253.990.760	-	63.773.703.888	1,54%
Sum of Grand Total	1.976.908.741.643	1.092.358.604.278	1.073.931.568.804	4.143.198.914.725	100%

In 2023 alone, we have utilized grants of cash, services, and goods of more than **4.1 trillion rupiah**, of which **82.85% were allocated to Pillar 1: Primary Care Transformation**. The significant support is evident in the implementation of innovative programs, piloted in areas beyond the Ministry of Health's reach alone. These diverse pilot programs subsequently evolved into best practices, which were then scaled up into strategic plans for health sector development and integrated into the Ministry of Health's routine programs in the following years. This is what we are presenting in the form of a collection of stories, titled **'Collaborative Innovation Story: Bringing the Future Now'** at this Indonesia Health Partners Meeting in June 2024.



Table 2 - Collaborative Innovation Story Contents on Health Transformation Pillars

PILLAR 1: PRIMARY CARE TRANSFORMATION	1. Tuberculosis 2. HIV/AIDS 3. Malaria 4. Non Communicable Diseases 5. Maternal and Child Health 6. Nutrition 7. Environmental Health 8. Immunization 9. PHC Integration & Public Health Laboratory 10. Health Promotion
PILLAR 2: SECONDARY CARE TRANSFORMATION	11. Referral Hospital
PILLAR 3: HEALTH SYSTEM RESILIENCE TRANSFORMATION	12. Health Resillience (Medicine, Vaccine, Medical Device) 13. Surveillance 14. Disaster and Health Crisis
PILLAR 4: HEALTH FINANCE TRANSFORMATION	15. National Health Account 16. Health Technology Assessment
PILLAR 5: HEALTH TALENTS TRANSFORMATION	
PILLAR 6: HEALTH TECHNOLOGY TRANSFORMATION	17. Information Technology
INTERNAL TRANSFORMATION OF MINISTRY HEALTH	18. Management Support of Ministry of Health



This book bears a collection of stories showcasing best practices in the field, representing innovative collaborations undertaken collectively by all health stakeholders, initiated by international development partners. Our collaborative innovation stories range from detecting national tuberculosis cases to reducing the number of Zero Dose Children in Sumatra, improving community nutrition in the interior of Java, enhancing health resilience in disaster-stricken conditions in Kalimantan, establishing a reliable cancer referral hospital in Sulawesi, and persistently striving for the elimination of malaria in Papua. Each of these accomplishments is a rich testament to our impact—enabled only by our joint strength in numbers.

The stories in this book challenge the notion that Indonesia cannot build a strong and resilient health architecture. That seemingly distant future is, in fact, being realized here and now. As the Ministry of Health progresses swiftly through our ambitious health transformation, we are grateful for the numerous contributions from our international development partners who tirelessly introduce various innovations in the field of health. Through this book, we hope to reflect on this collective journey and express our profound gratitude to all those who have partnered with us in **bringing the future now.**



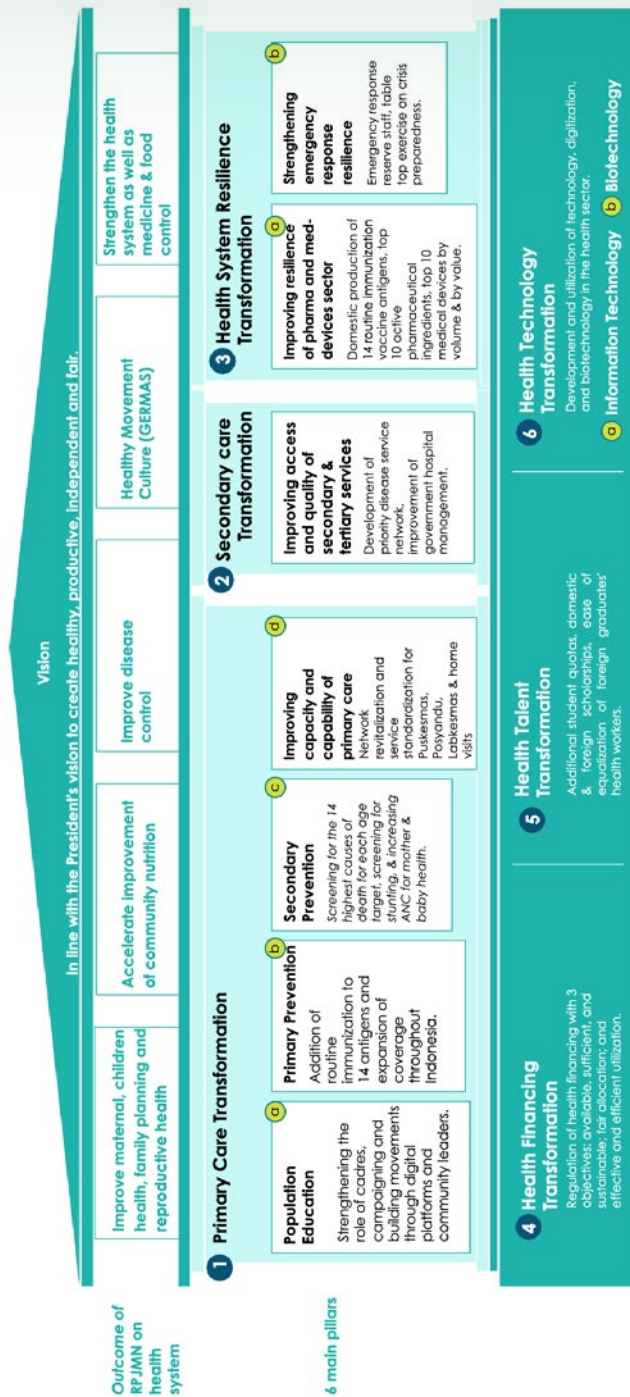


Image 1 - Indonesia Health System Transformation Pillars

MOH IS COMMITTED TO IMPLEMENTING

a health system transformation

The 6 pillars of transformation supporting the Indonesian health system:



This collection of stories aims to convey how our commitment and support actually reach those in need. We realize that today's achievements merely mark the starting line. The persevering spirit of endurance and steadfast commitment to this public health endeavor are what will bear the fruits of our labor.

The Ministry of Health remains committed to implementing the six pillars of health transformation. We hope that the Transformation of Primary Care, widely supported by international development partners, can be better integrated and scale up its impact, enabling Indonesian health to focus more on prevention rather than responsive curation. The Transformation of Secondary Care will continue to enhance hospital capacity for treating cancer, heart disease, stroke, uronephrology (KJSU), and maternal and child health (KIA). Health System Resilience Transformation will persist in striving for independence in producing medicines and vaccines domestically while also strengthening our response to disaster emergencies.

Health Financing Transformation will continue its efforts to identify and implement a robust and sustainable financing model to achieve Universal Health Coverage (UHC). Additionally, Health Talent Transformation will continue to address the shortage of Indonesian doctors and health workers through innovation in the hospital-based residency program. We will also improve the quality of health human resources to keep pace with the latest developments, including offering scholarships for health workers. The Health Technology Transformation is also ongoing, with the development of a more extensive SATUSEHAT integration application, digitizing health service facilities, and advancing biotechnology development.

Someday in the future, as we stand atop the hill of our legacies, I hope you too will share our joy – reminiscing about the steps you braced and the footprints you imparted on this journey in charting a brighter destiny for healthier Indonesian children – and their children, alike. Thank you.



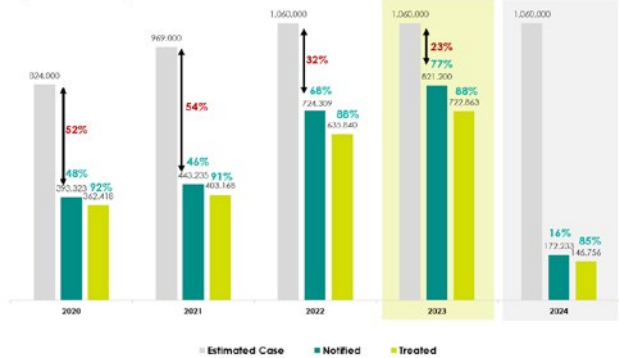


01. **TUBERCULOSIS:** Stepping a Giant Stone to Save Lives

Indonesia has been the second-largest TB burden in the world after India, with 1,060,000 new TB cases and 134,000 deaths. TB cases are one of the deadliest killers in the world, with around 15 people dying from TB every hour. In an effort to combat TB and achieve TB elimination by 2030, the government has issued the Presidential Decree of 2021 on TB Control.

TB Case Notification in 2023

TB case notification in 2023 are the highest compared to previous years: ~821 thousand



Notes:
• Estimated cases based on the Global TB Report 2023
• 2023 – Final TB data as of March 1, 2024
• 2024 – Studio data contributed in April 14, 2024

Final Data in 2023		
Indicator	Achievement	Target
Case Notification		
• DS TB: 658,718 (98.5%)	821,200 (77%)	800,000
• DR TB: 12,482 (1.5%)		
Treatment enrollment		
• DS TB	713,729 (88%)	100%
• DR TB	9,134 (73%)	90%
Treatment success rate		
• DS TB	87%	90%
• DR TB	56%	60%
TPI Coverage	35,649 (2.6%)	50%

Source: Final Data of 1 March 2024

Source: Final Data of 1 March 2024

Through strong ambition and collaboration among ministries, stakeholders, private sectors, and community organizations, TB case notifications improved in 2023. **A total of 821,200 new TB cases were reported, contributing to over 77% of the latest TB case estimation of one million.** In 2023, over 2.4 million high-risk populations were screened for TB, consisting of 513,838 people from TB high-risk populations (household contacts, close contacts, Diabetes Melitus patients, people living in correctional facilities) and 1,911,491 contacts (living closely with TB patients).

Stepping a Giant Stone Together
to Save Lives



**Table 3- Realization of Registered Foreign Grants on Tuberculosis
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
	The Global Fund (GF)	1.650.854.497.360
	US Agency for International Development (USAID)	99.592.424.939
	Government of United Arab Emirates (UAE)	76.166.926.309
	World Health Organizations (WHO)	8.393.772.321
	United Nations Children's Fund (UNICEF)	4.632.509.119
Sum of Grand Total		1.839.640.130.048

The Ministry of Health (MoH) of the Republic of Indonesia is thankful for the collaboration of international development partners in fighting TB together. We deeply appreciate the support of the Global Fund to the MoH. Through this support, **the Global Fund has been assisting in the implementation of TB control programs in 38 provinces and 514 districts/cities.** This assistance includes support for the discovery, treatment, and recovery of all TB patients in Indonesia, providing access to diagnosis and screening, offering training for TB program managers from the central level to health facilities, providing Information, Education, Communication (IEC) tools and media, and providing enablers for TB drug resistance patients (TB RO).

On the other hand, **the Global Fund also supports the STPI Penabulu consortium, which has aided in the implementation of TB control programs in 30 provinces and 190 districts/cities.** The community actively participates in several core activities, namely case finding efforts through Contact Investigation and Community Outreach, providing assistance and enabler support for TB RO patients. Additionally, the community conducts training and capacity building for cadres, cadre coordinators, patient supporters, and case managers. Efforts to provide IEC media are also prioritized to support the performance of the field team. The community also focuses on strengthening local Civil Society Organizations (CSOs) both from a managerial and program perspective, as well as involving survivor organizations in joint efforts to carry out TB elimination programs.



“



Yelviani Sovita (DR TB Patient) – Pekanbaru Riau

For me, as a patient with drug-resistant tuberculosis, being free from the pain and treatment that I have been undergoing for months is a form of freedom that I have been waiting for all this time. The ups and downs, enthusiasm, difficult treatment with serious side effects, and several other conditions made me grow into a strong person when I recovered from TB.

The patient supporter, namely Kak Eflin, really helped me to achieve my future freedom. Apart from that, the enabler support given to us every month is also very helpful so that I don't need to feel confused about where to buy vitamins and balanced nutritious food. Transport to access the hospital is also easy with this enabler.

The World Health Organization (WHO) has been supporting the development of national policies, guidelines, and providing technical assistance. Meanwhile, **USAID** is working intensively to increase access to high-quality and responsive TB services, improve the quality of diagnosis and treatment outcomes for TB patients in private services, increase TB case notifications in private health facilities, and improve the TB service network in district-based public and private health facilities. USAID also provides technical assistance to increase the discovery of TB-DR cases at the Muhammadiyah Hospital MENTARI locus, improve the quality of TB-DR treatment, increase the success rate of TB-DR treatment, and provide support in the form of consultants to assist the TB work team. Additionally, USAID facilitates the integration of hospitals' electronic medical record systems with the Tuberculosis Information System (SITB) and the national integrated health data exchange platform SATUSEHAT.

The Government of the United Arab Emirates also provided 25 Mobile Portable X-Ray units for 8 priority provinces, 4 Becton Dickinson (BD) Max units for the vertical laboratory of the Ministry of Health, 13 BD Max units for provincial/district hospitals and laboratories, and 17 health facilities received



sets of BD MAX MDR Assay Reagent, BD MAX STR Reagent, and BD MAX PCR Cartridge. Additionally, hearings were held on the formation of TB RO Community Organizations and funding to support community and TB RO counseling in 5 provinces, namely Bangka Belitung, Bengkulu, East Kalimantan, NTB, and North Sulawesi.

The Voices from Cilincing, North Jakarta District



TEMU TPT (TATAP MUKA EDUKASI MANFAAT DAN GUNA TERAPI PENCEGAHAN TUBERKULOSIS), MEET AND EDUCATE THE BENEFITS OF TUBERCULOSIS PREVENTION THERAPY

Mrs. Ratimah is a TB survivor who has undergone TB treatment for 6 months at the Cilincing District Health Center. At the beginning of treatment, Mrs. Ratimah was very worried about her child being infected and sick with TB.

"In October 2023, the Cilincing District Health Center invited Mrs. Ratimah and her son to attend the TPT Gathering which was followed by a tuberculin test," said Dr. Manda, Person in Charge of TB at Cilincing Community Health Center.

After it was discovered that Ratimah's child met the requirements to be given TPT, Mrs. Ratimah agreed until finally in January, Ratimah's child had completed TPT. Mrs. Ratimah said that her child had no side effects when taking TPT.

"I am very grateful that this program exists. As someone who does not have higher education, I can understand that TB can be prevented. It feels good to see my child can play as usual and not worry about him getting TB," said Mrs. Ratimah.



Despite the giant leap in notifications, the big battle against TB continues. Challenges persist for those affected by TB, as some do not promptly seek TB treatment or complete it entirely.

New alternatives and innovations are continuously needed to increase case findings and treatment enrollment. To achieve the ambitious target of TB elimination by 2030, let's be part of making history together.

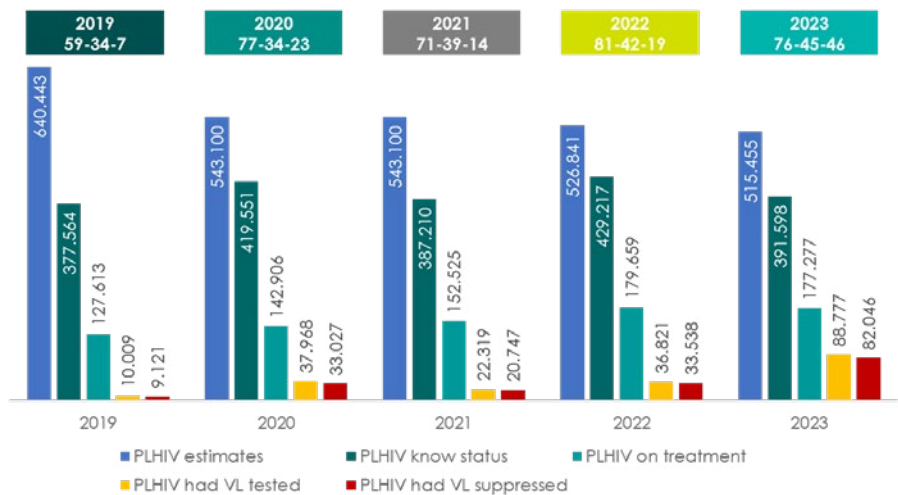




02.
HIV/AIDS:
Ending the Epidemic amidst
Silence and Stigma

Indonesia has committed to ending the AIDS epidemic by 2030 through the 95-95-95 strategy, which sets targets of 95% of estimated HIV status awareness among people living with HIV (PLHIV), 95% treatment coverage for PLHIV, and 95% viral suppression among treated PLHIV. According to reports and estimates from the Indonesian Ministry of Health and UNAIDS, there were approximately **540,000 people living with HIV/AIDS in Indonesia in 2022. Among them, an estimated 429,215 know their HIV status (79%), 179,659 were receiving antiretroviral therapy (ART) (33%), and only 33,395 were virally suppressed (6%).** With an HIV prevalence of 0.3% among people older than 15, Indonesia’s HIV epidemic is concentrated among key populations (KP) in most provinces, including men who have sex with men, sex workers, and people who inject drugs, except for Tanah Papua, which has an estimated HIV prevalence of 2.3% according to the latest IBBS conducted in 2013.”

HIV testing and treatment cascade in the last 5 year



According to national data, **new HIV infections among individuals over 15 years old decreased by almost 50% in 2022 compared to 2010;**



however, there was a slight increase among men who have sex with men (MSM). While successful interventions have led to a decline in new HIV infections overall, a more focused effort to reach key populations will be required to achieve epidemic control. Current national data indicates that **Indonesia's general population has an HIV prevalence rate of 0.2%, compared to 17.9% among MSM, 11.9% among transgender individuals, and 13.9% among people who inject drugs,** based on the integrated biological and behavioral surveillance (IBBS) survey in 2019. To achieve the 95-95-95 goals, these populations need to be reached with adequate services.

Reaching out to those who are in silence



**Table 4 - Disbursement of Registered Foreign Grants on HIV/AIDS
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
HIV/AIDS	World Health Organization (WHO)	355.562.187.092
	US Agency for International Development (USAID)	161.577.422.676
	The Global Fund (GF)	38.571.479.535
	United Nations Populations Fund (UNFPA)	65.600.000
Sum of Grand Total		555.776.689.303

The major efforts in reaching out to key populations that have been undertaken by **the Global Fund** include the initiation of pre-Exposure Prophylaxis (PrEP) for 9,799 key populations (including 7,314 Men who have sex with men, MSM) across 60 healthcare services as early implementation/pilot projects (in 21 districts). The Global Fund also supports Yayasan Spiritia in reaching MSM in 158 districts, Transgender individuals (TG - Waria) in 112 districts, and People who Inject Drugs (PWID) in 60 districts. Outreach support has been provided through



various modalities, including Door-to-Door activities, which reached 63,147 MSM, 2,393 TG individuals, and 556 PWID for testing; Mobile clinic activities, which reached 127,506 MSM, 14,039 TG individuals, and 14,430 PWID for HIV testing; and HIV self-testing activities, with a total of 135,935 (MSM, TG, PWID) individuals using oral-fluid tests. Additionally, in 2022-2023, the Indonesia AIDS Coalition (IAC) reached Female Sex Workers, and the Global Fund provided prevention packages, including condoms, in 140 districts, and supported key populations experiencing gender and human rights violations in 23 districts.



Wati (initial name), 38 years old woman with HIV

The Unheard Voices of Woman with HIV

"When I first learned that I had HIV, I felt like my world was falling apart. I really didn't expect to get infected until my husband got hospitalized and tested for positive HIV. What's worse was that my husband was really sick, we couldn't work and we could not use BPJS (the national health insurance, ed.) to pay for the hospital. Initially my child had to take the test once a month, and then once every three months, once every six months, and once a year. After she continuously tested negative for a year, the testing stopped."

Women are vulnerable to HIV infection from their partners. In Indonesia, approximately **200,000 women aged 15 and older live with HIV, accounting for about 38% of the 520,000 adults aged 15 and over living with HIV.** With the additional burdens of misinformation, stigmatization, and discrimination, women often find themselves unable to access healthcare services, thus risking not receiving proper treatment. **As part of the Leaving No One Behind program funded by the Government of Japan, UNFPA Indonesia initiated Cash Voucher Assistance (CVA) in 73 cities and districts** aimed at helping people living with HIV access life-saving HIV treatment during the COVID-19 pandemic.

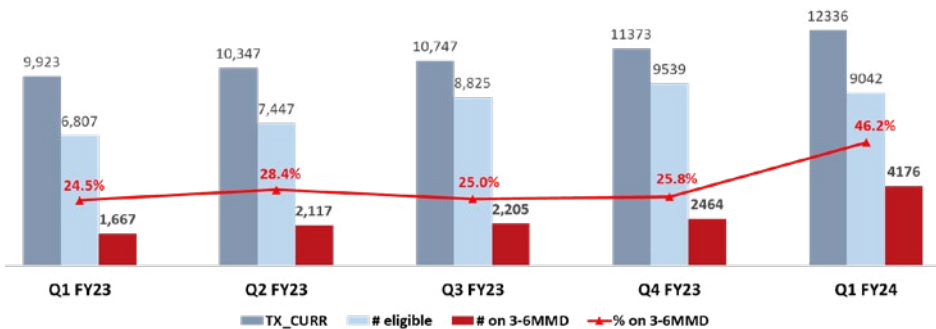
One of the greatest challenges in implementing the HIV program is that it is implemented in the decentralized government system of Indonesia. To ensure the sustainability of the intervention, Technical Assistance Mentoring was provided in nine provinces, six of which were funded by the



Global Fund and three of which were funded by USAID. The program design, implementation supervision, and monitoring evaluation were supported by the World Health Organization (WHO).

Building on the solid foundation of treatment retention rates in DKI Jakarta, Banten, and West Java, **USAID** is actively implementing a multifaceted Technical Assistance strategy titled “Gain and Sustain” to prevent or minimize patient loss at various stages of HIV care. As a pioneering move, the program utilizes private sector telemedicine platforms for home-based ART delivery and has introduced the “Aku Siap” communications initiative to stimulate demand for **Multi-Month Dispensing (MMD)** among PLHIV and healthcare providers.

3-6 MMD - Jakarta - Puskesmas



The ‘Aku Siap’ initiative, translated as ‘I am ready’, has significantly increased MMD uptake within just one month of its launch. Following the directive from the Jakarta Provincial Health Office to accelerate MMD, the initial phase of ‘Aku Siap’, named the World AIDS Day Challenge, aimed to achieve 50% MMD coverage across 42 Jakarta Puskesmas and 1 NGO/private sector facility. The progress is evident, with 46.2% of eligible PLHIV receiving MMD by the end of the first quarter, as depicted in the slide. Among the participating sites, 21 surpassed the 50% coverage benchmark—a remarkable increase from just 5 in the prior quarter—with 5 facilities achieving over 75% MMD coverage for eligible patients.





Budi.

A peer group supporter in Mojokerto, East Java

“

"I have experienced being rejected and misjudged by society. I finally decided to work in the community to eliminate the stigma. Most people think that your life will be cut short because of HIV. But we share the information that we can lead a long and healthy life. We convince them that this virus is not a killer. We believe what kills people is not the HIV virus but the infections and the low condition in patient's mental health. "

In terms of achievements in policymaking, Indonesia stands out as the only country in the South East Asia Region (SEARO) to have adopted all recommendations from the WHO for HIV, which have been implemented into policies and standard procedures.

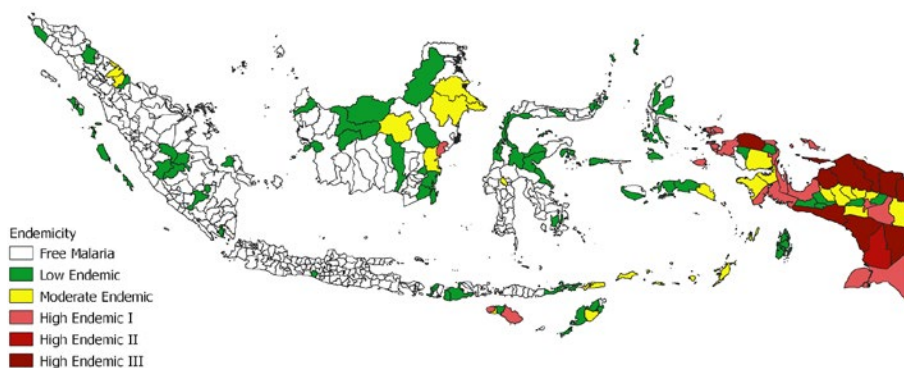
Reaching those who find it difficult to voice their burdens and live under the pressure of stigma will be a long journey for us together. Let's continue to find them and provide encouragement, helping them live with a sense of acceptance.





03.
MALARIA:
Towards Elimination in Tanah Papua

According to the World Malaria Report 2023, **Indonesia ranks as the second-largest contributor to malaria cases in Southeast Asia and 36th globally, with an estimated 1 million cases in 2022.** Despite progress made since 2014, when 389 out of 514 (76%) districts and five out of 38 provinces were verified as malaria-free areas by the Minister of Health, the reduction in cases has plateaued. WHO modeling indicates that existing interventions have not been sufficient to alleviate the burden of malaria in Indonesia, **particularly in Tanah Papua.**



Tanah Papua is a region where socioeconomic and topographical variables converge to create an environment conducive to malaria transmission, making the fight against malaria particularly challenging. **In 2023, this region alone recorded over 386 thousand malaria cases, accounting for an astonishing 92% of the total 418,546 cases reported nationally.** Since 2004, Tanah Papua has implemented various malaria-fighting strategies, including the widespread distribution of long-lasting insecticide-treated nets (LLINs) for prevention, early detection, and treatment facilitated by village malaria workers, and efforts to strengthen partnerships between public and private entities to improve case management and surveillance. **Despite these interventions, the number of malaria cases remains significantly high.** This situation was thoroughly evaluated during the midterm malaria program review in 2022, which convened internal and external malaria experts facilitated by **the World Health Organization (WHO) and the Global**

Fund. The findings underscored the urgent need for new breakthrough innovations to rapidly reduce the malaria burden in Tanah Papua.

Towards Elimination in Tanah Papua



**Table 5 - Disbursement of Registered Foreign Grants on Malaria
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
Malaria	The Global Fund (GF)	228.851.195.073
	World Health Organization (WHO)	79.356.592.778
	United Nations Children’s Fund (UNICEF)	17.319.155.276
Sum of Grand Total		325.526.943.127

Mass Drug Administration (MDA) is another chemoprevention strategy endorsed by WHO (2023). Through MDA, all individuals in a target population receive a treatment course of antimalarial drugs, irrespective of their malaria infection status. The medication addresses both existing malaria infections and prevents new infections for a specified period. The MDA strategy targets to swiftly reduce the malaria burden in emergency settings and areas with moderate to high transmission rates.

In 2023, after a series of consultations and discussions among the national malaria programs of the Ministry of Health (MOH) Indonesia, three levels of WHO, the expert committee on malaria, and partners, **an initiative was launched for malaria mass chemoprevention administration as an additional intervention package to accelerate rapid burden reduction.** The pilot project has been endorsed through the Minister of Health Decree No. HK 01.07/MENKES/138/2024.



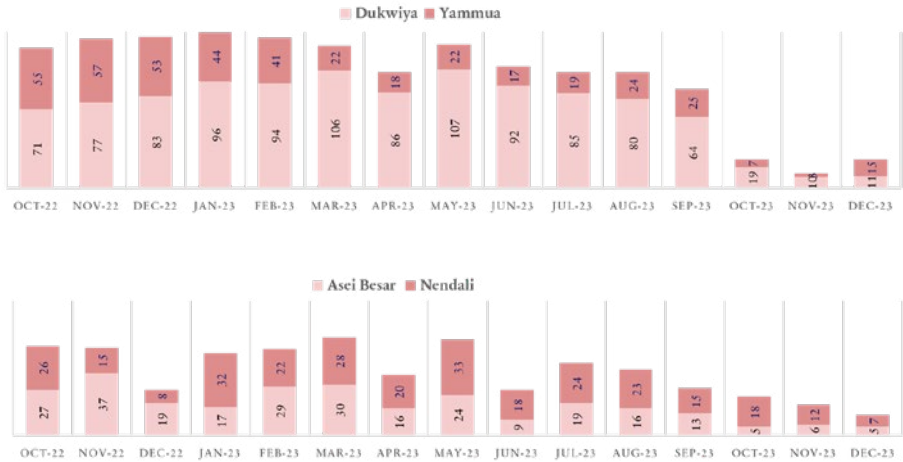


Priscilla Ikari, a village malaria worker of Nendali village, Jayapura district, holds a toddler to support his father in administering chemoprevention medicines to him.

The Ministry of Health (MoH), in collaboration with UNICEF, WHO, the Global Fund, and OUCRU (Oxford University Clinical Research Unit), conducted an MDA pilot project called **MOMAL (Minum Obat Massal Malaria) in four villages across two districts in Papua: Dukwiya and Yammua in Arso Barat, Keerom; and Asei Besar and Nendali in Kampung Harapan, Jayapura. This marks the first MDA project ever conducted in Indonesia.**

The MOMAL pilot project in Papua was a collaborative effort between the national malaria program of the Indonesian Ministry of Health (MOH), the Global Fund, UNICEF, WHO, and the Oxford University Clinical Research Unit (OUCRU) Indonesia. The MOH supplied all malaria medicines from the national budget (APBN), while the Global Fund supported operating costs through the principal recipient (PR) MOH and through the PR Perdhaki (a civil society organization/CSO), approximately for the sensitization of MOMAL meetings at the community level. UNICEF provided technical staff in two districts and funding for data management, along with OUCRU. WHO offered support for technical assistance from designing interventions, planning, supportive supervision, activity documentation, including monitoring drug resistance used in MOMAL.





The results of the MOMAL intervention, along with other malaria interventions in the four villages, can be observed in the chart. **The number of malaria cases detected in the four villages decreased rapidly, with an average reduction of 20-60% compared to the number of cases in the same month of the previous year.**



Mrs. Yustin C. Tokoro.
A pregnant woman in Asei Besar village, Jayapura

“

Before the Malaria program in my village, we were always worried. Every time someone was sick, others would fall ill too. It was very hard for us to go to the doctor or hospital because we live very far away, on the small island of Sentani Lake. Not only did we receive medicines, but we also obtained bednets from a village malaria worker and underwent malaria screening at the Puskesmas during my antenatal care.”



A historic discovery has been made. Dreams are getting closer to reality. Let's bring more smiles to the land of Papua through our joint efforts to eliminate Malaria.





04. NON COMMUNICABLE DISEASES: Restoring Sights, Revitalizing Lives

Visual impairment and blindness remain significant health challenges in society, as they can manifest at any age due to various causes and risk factors.

According to data from the World Report on Vision, approximately 2.2 billion people worldwide experience vision problems, and of these, 1 billion cases are preventable or treatable. The morbidity and disability rates associated with these conditions not only diminish human productivity and quality of life but also lead to considerable economic losses for states.

According to the Rapid Assessment of Avoidable Blindness (RAAB) Survey, an estimated 3 out of every 100 individuals aged over 50 in Indonesia experience blindness, totaling around 1.6 million people, with approximately 80% of cases attributed to cataracts. **Globally, Indonesia ranks third in terms of the highest number of visual impairments.** Based on data from the **Global Burden of Disease study, the number of blind individuals in Indonesia was estimated to reach 3.7 million in 2020.** The economic impact of these losses, stemming from a decrease in quality of life measured by Quality Adjusted Life Years (QALY) Lost, is estimated at 84.7 trillion rupiah. Without interventions to reduce the prevalence of blindness, the rate continues to escalate annually, projected to reach 611.2 trillion rupiah within five years.

The Indonesian government has implemented various initiatives to address visual impairment, including screening programs at integrated primary healthcare centers tailored to different stages of life. For infants and toddlers, the Vision Test is conducted as part of stimulation, detection, and early growth and development interventions. Schoolchildren undergo basic eye examinations and visual acuity tests through the School Health Program (Health Penjangkaran). During the productive years and in old age, screenings for visual acuity, early detection of refractive errors, and cataracts are performed. Elderly individuals undergo eye examinations using the SKILAS (Elderly Health Screening) instrument. **The vision impairment screening program is a key component of the Ministry of Health's Strategic Plan, aiming to achieve a 90% screening rate for priority Non-Communicable Diseases across different age groups by 2024.** The Ministry of Health is diligently working with numerous stakeholders to achieve this target, including collaborating with international development partners.



Restoring Sights, Revitalizing Lives



**Table 6 - Disbursement of Registered Foreign Grants on Malaria
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
Non Communicable Diseases	World Health Organization (WHO)	4.768.962.108
	Fred Hollow Foundation (FHF)	2.991.680.302
	Clinton Health Access Initiatives (CHAI)	2.380.823.144
	United Nations Children's Fund (UNICEF)	1.343.969.055
	The Union	46.105.000
Sum of Grand Total		11.531.539.609

In the field of eye health, the Ministry of Health receives support from **The Fred Hollows Foundation (FHF)**. The Fred Hollows Foundation (FHF) is a non-governmental international organization headquartered in Sydney, Australia. It operates as a non-sectarian, non-political, and non-profit entity, with a mission to enhance eye health and prevent blindness in alignment with the programs of the Government of the Republic of Indonesia. The collaboration between the Ministry of Health and FHF aims to enhance public vision health comprehensively, addressing visual impairment and blindness through promotive, preventive, curative, and rehabilitative efforts. This includes addressing cataracts in the general population, refractive errors in school-age children, and other visual impairment issues. These program priorities align with the strategic objectives outlined in the Ministry of Health of the Republic of Indonesia's 2020 – 2024 plan and Minister of Health Regulation Number 82 of 2020 regarding the Management of Visual Impairment and Hearing Impairment.





The school children's vision screening program includes the provision of glasses to elementary school students in West Java.
(Courtesy: UNICEF)

FHF's support through collaboration from March 2022 to March 2025 includes the Comprehensive Eye Care (CEC) program in West Nusa Tenggara Province and the National Integrated Cicendo Eye Health (NICEH) program in West Java Province. The implementation of these programs involves partnerships with the Provincial Health Service, District/City Health Service, Community Health Centers, National Eye Center, Cicendo Eye Hospital, West Nusa Tenggara Provincial Eye Hospital, and Professional Organizations (PERDAMI).

In two years of implementation, the CEC program in West Nusa Tenggara has achieved several milestones, including:

1. The development of an accredited eye health training curriculum for doctors and nurses, as well as a curriculum for training teachers and cadres;
2. The training of doctors and nurses from 15 health centers;
3. The training of 132 teachers out of the target of 500 Physical Education and Health teachers;
4. Conducting community eye screenings and cataract surgeries for 2,392 eyes; and
5. the development of a Vision Impairment Roadmap at the provincial level for West Nusa Tenggara Province.

Moreover, the NICEH program in West Java has achieved significant milestones, including:

1. The training of 285 nurses and 125 health cadres;
2. The distribution of 12,500 eye health Information, Education, and Communication (IEC) posters and media for public education purposes;
3. Conducting community eye screenings and cataract surgeries for 323 eyes;



4. Screening and providing glasses for school students;
5. Establishing three Vision Centers in districts/cities; and
6. Developing a Vision Impairment Roadmap at the provincial level for West Java Province.



Implementation of an eye vision screening program for the elderly, integrated with Posyandu, and support for free cataract surgery. (Courtesy: MoH & FHF)

One of the finest Vision Center Community Health Centers is the Bagu Community Health Center (Puskesmas Bagu) in Central Lombok Regency, West Nusa Tenggara Province. Puskesmas Bagu has even become a reference for comparative studies, both domestically and internationally, due to its comprehensive and integrated eye health services.

FHF's support for the Vision Center encompasses increasing capacity and providing training for Puskesmas health workers. Additionally, FHF supplies complete medical equipment for screening and diagnostic eye examinations. Capacity-building initiatives also extend to school teachers and eye health cadres. Teachers refer children with refractive errors to the Vision Center for further examination. Furthermore, health cadres educate the community about eye health, conduct simple screenings, and refer individuals to community health centers. They also accompany health workers in mobilizing cataract patients, including post-cataract surgery follow-ups. Collaboration with referral hospitals, including visits by eye specialist doctors, is also facilitated. Moreover, collaboration with local optics to provide glasses reflects the vision center's commitment to offering a one-stop service.





Observing the success and impact of the Vision Center at the Puskesmas Bagu several districts in West Nusa Tenggara Province have developed at least one Vision Center, aligning with the direction of the Governor of West Java Province. Currently, there are around 13 Vision Centers in NTB Province, supported either by FHF or independently by the local government. The Ministry of Health has endorsed this positive innovation by compiling Guidelines for Integrated Eye Health Services in 2022. Additionally, several Vision Centers in other provinces were inaugurated on World Sight Day in 2022 and 2023. The success story of Puskesmas Bagu is also documented in the WHO Guideline.



Sitti Rohmi Djalilah.
Vice Governor of West Nusa
Tenggara. (Courtesy: berita11.com)

“

The West Nusa Tenggara Provincial Government is immensely grateful to FHF for their assistance in West Nusa Tenggara development, especially considering that progress in the health sector necessitates collective efforts and cooperation from all parties. It's crucial to change the community's mindset regarding the severity of the issue of blindness, which has been recognized since early ages due to its distinctive characteristics. The West Nusa Tenggara must prioritize addressing the issue of blindness as early as possible.”



When the eyes are a window to experience the world, then fighting for eye health is a noble job. Let's continue joining hands to provide more light in the darkness.





05. **MATERNAL AND CHILD HEALTH:** Improving Quality Care for Mothers and Children

Based on Long Form Population Census (LFSP) data from 2020, the Maternal Mortality Rate in Indonesia is 189 per 100,000 Live Births, while the National Medium Term Development Plan (RPJMN) target is 183 per 100,000 Live Births in 2024, and the SDGs target is 70 per 100,000 Live Births in 2030. Meanwhile, the Infant Mortality Rate in Indonesia stands at 16.85 per 1,000 Live Births, while the Neonatal Mortality Rate is 9.3 per 1,000 Live Births. These data highlight the necessity for structured and measurable innovative efforts to reduce MMR and IMR.

Indonesia experiences a paradoxical phenomenon with a high maternal mortality, despite a reported high proportion of deliveries attended by health providers in health facilities. **Poor quality of care is a major contributory factor to the unacceptably high maternal mortality in Indonesia. While midwives are the largest providers of maternal health care in Indonesia, many of the women accessing health services provided by midwives may not receive the necessary “skilled care,” as competency remains a concern.** Earlier reports on the midwifery workforce in Indonesia also suggested that newly graduated midwives were not always well-prepared to perform skills at the expected level upon graduation and that this was concerning where new graduates would be in positions where they would be the only midwives available (Middelton, 2014).

Variability in care is also a pressing issue in maternal and child health services, contributing to inequities in health outcomes across different regions and healthcare facilities. Rural and marginalized communities, in particular, often face lower-quality care, exacerbating disparities in access and outcomes. Furthermore, inadequate data quality and monitoring systems present obstacles to assessing and improving the quality of care. Addressing these challenges requires comprehensive strategies to enhance healthcare access, strengthen healthcare workforce capacity, improve data quality and monitoring systems, and promote culturally competent and patient-centered care delivery approaches. **As Indonesia continues its journey towards achieving optimal maternal and child health outcomes, quality improvement remains a central focus of healthcare reform efforts.**



Improving Quality Care for Mothers and Children



Table 7 - Disbursement of Registered Foreign Grants on Maternal and Child Health (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Maternal and Child Health	US Agency for International Development (USAID)	160.701.137.625
	Japan International Cooperation Agency (JICA)	20.381.852.102
	John Hopkins University Affiliate (JHPIEGO)	17.622.780.000
	United Nations Children's Fund (UNICEF)	14.438.034.642
	United Nations Populations Fund (UNFPA)	6.277.985.565
Sum of Grand Total		38.338.800.207

The Ministry of Health's programmes to address maternal mortality employs a continuum of care life cycle approach, starting from pre-pregnancy and extending through pregnancy, childbirth, and postpartum care. There are at least seven accelerative strategies being taken to expedite the reduction of Maternal Mortality Rate (MMR). These include enhancing the capacity of healthcare professionals such as doctors and midwives in maternal and neonatal health services, along with training for handling maternal and neonatal emergencies. Another strategy involves supporting regional general hospitals (RSUD) through referral hospitals and professional organizations to improve the quality of maternal and neonatal services.

USAID supports the Ministry of Health's efforts in Maternal and Child Health through the **USAID Momentum** program. The main objective of this program is to reduce preventable maternal and infant deaths in government and private healthcare facilities. This goal is achieved by increasing access to and the quality of health services in six provinces with high maternal and newborn mortality rates: North Sumatra, Banten, DKI Jakarta, East Java, South Sulawesi, and East



Nusa Tenggara. **The program supports more than 130 hospitals and 600 community health centers (Puskesmas) in the provinces.**

Until 2022, USAID MOMENTUM has (1) supported 47 district/city governments in six provinces (North Sumatra, DKI Jakarta, Banten, East Java, South Sulawesi, and East Nusa Tenggara) to strengthen district/city planning and budgeting aimed at improving maternal and newborn health (2) launched a quality improvement program in 167 hospitals and 422 primary health facilities to enhance the quality of maternal and newborn care (3) facilitated agreements between government and private health facilities in 14 districts/cities to establish referral networks involving hospitals and primary health facilities, enabling mothers and newborn babies to receive life-saving services.



A midwife helps a mother use the Kangaroo Mother Care (KMC) method for her low birth weight baby at Alia private hospital supported by USAID Momentum. Within three months of implementation, Alia Hospital gave birth to 34 low birth weight babies. The hospital was able to reduce cases of hypothermia in babies treated in the NICU from 100% to 7%.

(Courtesy: USAID MOMENTUM)

In maternal health, the Ministry of Health also collaborates with the United Nations Populations Fund (UNFPA). UNFPA supports the acceleration of the reduction of maternal mortality through focusing on three pillars: a) family planning/reproductive health, including adolescent reproductive health; b) midwifery education; and c) improving Emergency Obstetric Care (EMoC) and utilization of routine data for quality improvement. In reproductive health, UNFPA supported by Global Affairs Canada (GAC) through Better Reproductive Health and Rights for All (BERANI), supported the Ministry of Health in the development of tools for quality monitoring and assurance of family planning services, as well as the training of teachers for Adolescent Reproductive



Health education. In midwifery education, UNFPA supported by Global Affairs Canada (GAC) through Better Reproductive Health and Right for All (BERANI) worked together with the Directorate General of Health Workforce to support 10 midwifery schools as centers of excellence, implementing internationally benchmarked curricula standards. In the pillar on data for quality improvement, UNFPA supported assessments and analysis in emergency obstetric and neonatal care and piloted Maternal and Perinatal Death Audit and Response in six hospitals. During the Cianjur Earthquake response, UNFPA also provided technical and financial support to the Reproductive Health Sub-Cluster to ensure maternal and neonatal health services are available.

Jhpiego provided technical assistance to adapt the World Health Organization's manual, *Managing Complications in Pregnancy and Childbirth: A Guide for Midwives and Doctors*, for use in Indonesia; this adaptation serves as the national standard for maternal and newborn health care. Jhpiego also launched an SMS (text message) service to provide pregnant women and new mothers with information on reproductive health, pregnancy, childbirth and care for newborns, infants and early toddlers, gaining more than 300,000 subscribers from 284 districts.

Prioritizing Women in the Cianjur Earthquake Response Saves Lives



One day after the earthquake, which claimed 662 lives, left 114,683 people internally displaced, and destroyed more than 68,000 homes and public facilities (BNPB, 2023), the United Nations Population Fund (UNFPA), in collaboration with the Ministry of Health, set up a reproductive health tent in Cugenang, one of the five most affected sub-districts. This initiative was conducted under the coordination of the Ministry of Health, with support from the Australian Department of Foreign Affairs and Trade (DFAT). After the earthquake, many people not only lost their homes but also their sources of income. Pregnant



women, in particular, faced higher risks during pregnancy due to the disruption of access to essential healthcare services necessary for ensuring a healthy pregnancy and safe delivery.

In total, UNFPA's humanitarian assistance from November 2022 to September 2023 reached 16,642 individuals (12,599 females, 4,043 males). It included the distribution of 1,500 dignity kits and the operationalization of three reproductive health tents providing maternal health and reproductive health services for 3,101 women. Additionally, 200 pregnant mothers received cash voucher assistance.



Wulan and Farhan.

A married couple survived in Cianjur Earthquake, 2023

“

“This is our first child, praise be to God, after being married for about a year and a half. We are thankful for the assistance provided in the shelter. The midwife also helped us with naming the baby Evano. We are grateful that Wulan could give birth safely and that we had the aid, including the dignity kits, that she and her baby needed to survive for the time being.”

**Preventing deaths of mother and child is a must.
Let's save our future generation - the most
valuable investment - through saving the lives of
Indonesian mothers and babies.**





06.
NUTRITION:
Fighting The Triple Burden

Indonesia has experienced many important events on its journey to becoming a middle-income country. These include a significant reduction in child mortality rates and a significant increase in children's enrollment in primary schools. Nevertheless, improvements in the nutritional status of Indonesian children are still relatively slow. Millions of Indonesian children and teenagers remain threatened by high rates of stunting and wasting, as well as the 'triple burden' of malnutrition' where undernutrition, overnutrition, and micronutrient-deficiency occur.

Table of Nutrition Status of Indonesian Babies under 5 Years Old 2013-2023 (%)

NUTRITION STATUS	RISKESDAS		SSGI			SKI
	2013	2018	2019	2021	2022	2023
Stunting	37.6	30.8	27.7	24.4	21.6	↓0.1 21.5
Wasting	12.1	10.2	30.8	7.1	7.7	↑0.8 8.5
Underweight	19.6	17.7	16.3	17.0	17.1	↓1.2 15.9
Overweight	11.8	8.0	4.5	3.8	3.5	↑0.7 4.2

In 2018, Indonesia, through the National Strategy, fully committed to reducing stunting. **According to the Basic Health Research (Riskesdas) in 2018, the prevalence of stunting was 30.8%, but it succeeded in decreasing to 21.5% by 2023 (Indonesian Health Survey - SKI, 2023)**, through strengthened coordination, collaboration, and specific, sensitive interventions. Massive-scale specific nutrition interventions were carried out, from the national level down to the community health centers. This initiative began with the preparation and socialization of the 'Guidelines for the Management of Specific Nutrition Services at Community Health Centers to Accelerate Stunting Reduction,' extending to all 38 provinces and down to the community health center level to improve nutrition services. Despite progress, challenges persist, particularly in financing and infrastructure at the community health center (puskesmas) level. Efforts are currently underway to address these challenges, including increasing the capacity of health workers and program financing through the National Budget (APBN) and grants.



Fighting The Triple Burden



Table 8 - Disbursement of Registered Foreign Grants on Maternal and Child Health (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Nutrition	Global Alliance for Improved Nutrition (GAIN)	19.172.747.145
	United Nations Children's Fund (UNICEF)	17.525.875.484
	Nutrition International (NI)	12.880.900.705
	World Health Organization (WHO)	3.596.849.350
	United Nations Populations Fund (UNFPA)	287.831.472
Sum of Grand Total		53.464.204.156

The Global Alliance for Improved Nutrition (GAIN) is a Swiss-based foundation launched at the United Nations in 2002 to tackle the human suffering caused by malnutrition. GAIN aims to support and advise the Ministry of Health (MoH), nutrition stakeholders, academia, businesses, and development partners as they build and mobilize food and nutrition plans to advance nutrition for all people. To this effect, MoH finalized the standardization of Emo-demo training material for health workers, and in 2023, MoH provided funds for Emo-demo to be implemented nationwide for the stunting reduction strategy. GAIN has also facilitated the MoH to get release the copyright for the Multi Nutrient Powder (MNP) for the brand "MUVIKID" to facilitate business sectors for its initial distribution, to assist with business plan for distribution, and to facilitate the selected business sectors to be included in the procurement system of MoH.

Nutrition International (NI) has been actively involved in implementing health and nutrition initiatives for vulnerable communities in Indonesia since 2006. These efforts have encompassed a range of programs, including 1) Technical assistance on large-scale food fortification 2) the Better Investment for



Stunting Alleviation (BISA) initiative 3) Technical Assistance for Nutrition (TAN) Project, and 4) Vitamin A Supplementation provision.

Stunting prevention is implemented from upstream to downstream, beginning with the targeting of young women who are prospective mothers and will give birth to the next generation. At the policy level, the Ministry of Health and the Secretariat of the Vice President, with the support of the Global Financing Facility - **World Bank**, prepared **the 'Guidelines for the Management of Specific Nutrition Services at Community Health Centers to Accelerate Stunting Reduction'** for the implementation of the Investing in Nutrition Early Years (INEY) Program in 2021. These guidelines can serve as a reference for implementing high-quality specific interventions. These guidelines were implemented in 34 provinces down to the community health center (Puskesmas) level in August 2022, followed by orientation sessions for provincial health units nutrition program holders in all 34 provinces in November 2022.

Through **"Aksi Bergizi"** program by **UNICEF**, massive activities are being carried out to prevent stunting in babies by meeting their nutritional needs during the first 1000 days of life (HPK), which includes **exclusive breastfeeding (ASI eksklusif) for the first six months**, followed by the introduction of **complementary foods rich in animal protein**, and **continued breastfeeding for up to two years or more**. The effort to increase exclusive breastfeeding coverage is achieved by enhancing the capacity of health workers and providing support to mothers and fathers in the practice of exclusive breastfeeding. UNICEF and WHO are also calling on workplaces to implement **maternity leave policies** and **workplace regulations that support breastfeeding**. They also urge workplaces to provide adequate time and appropriate space for mothers to breastfeed or express and store breast milk.

On the other hand, **The Basic Health Research (Riskesdas) in 2018 recorded that 26.8% of children aged 5-14 years suffered from anemia, while 32% experienced anemia between the ages of 15-24 years**. Anemia can increase the risk of giving birth to low birth weight babies, premature babies, and the risk of bleeding during childbirth. The intervention



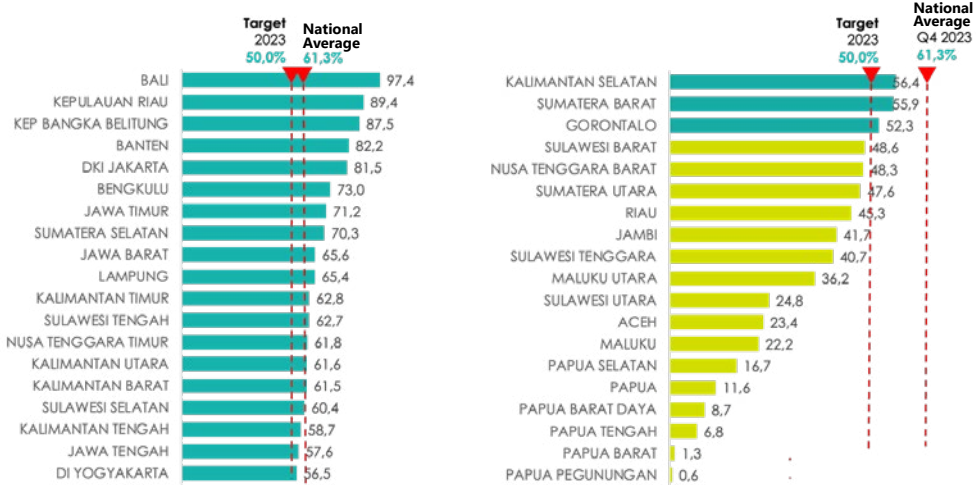
for female adolescents begins with a health check, **including anemia screening for grade 7 and 10 female students**. If anemia is detected, follow-up procedures are carried out based on the severity of the condition, including **facilitating the weekly consumption of Blood Supplemented Tablets (Tablet Tambah Darah - TTD) at schools**.



Female adolescents in Aceh take Blood Supplemented Tablets every week to prevent anemia, (Tablet Tambah Darah - TTD) which also has an impact on preventing stunting. (courtesy: MakassarToday)

The Aksi Bergizi activities commenced with a pilot project in 2017 in Klaten and West Lombok Regencies, which were successfully scaled up to become a national program and can now be financed through the National Budget (APBN Special Allocation Fund - DAK) in 2024. It has been proven that Aksi Bergizi supports the achievement of blood supplement tablet consumption indicators for female adolescents where most provinces have achieved the target in 2023 with a national achievement of 61.3%.





(source: Sigizi Terpadu pada 31 Januari 2024)

To prevent wasting, early detection in toddlers before medical complications arise is important to facilitate treatment. Simple colored bands, known as Upper Arm Circumference Ribbon (Pita LiLa - Lingkar Lengan Atas) bands can be easily used at community level and healthcare facilities, and even by families, in detecting wasting and referring children under five who need care. The latest guidelines from the **World Health Organization (WHO)** and the Ministry of Health recommend measuring LiLa as an effort to detect wasting at the community level, particularly through community health and education centers, such as Posyandu and PAUD.



Orpa Korwa, a teacher at early childhood education center (PAUD) Elim in Sentani, Papua, participated in wasting screening using Pita LiLa - the ribbon to measure upper arm circumference. (courtesy: UNICEF)



Nutrition and food form the bedrock of health. Addressing the triple burden is pivotal in our journey toward health transformation. Let's collaborate further to enhance the nutrition of Indonesia.





07.
ENVIRONMENTAL HEALTH:
Revolutionizing WASH and Waste

Access to safe water, sanitation and hygiene (WASH) is essential foundations for people's health and quality of life. Improvements in WASH services at all settings, including WASH at the health care facilities, schools, and at the community level can decrease the disease transmission and infection. Access to sustainable safe water and sanitation is a paramount requirement to improve public health, gender equality and rights of the people living in rural and urban areas.

The recent report from the drinking water quality survey in 2021, involving 20,000 households, indicates that access to safely managed water is 11.8%. The survey also finds that 7 out of 10 households consumed water contaminated by *Escherichia coli* (Household Drinking Water Quality Surveillance - SKAMRT MoH, 2020). The high proportion of *E. coli* presence in the water may be associated with poor sanitation conditions and inadequate hand hygiene access at the household level. The study reveals that most households have access to sanitation (93.2%), but there is an issue of inequality, with lower sanitation access in rural areas. Access to hand hygiene facilities is also a challenge, as only 62% of households have handwashing facilities with soap located on the premises. **In 2022, Indonesia committed to increasing access to safe drinking water from 11.8% to 54% by 2030 and safe sanitation from 15% to 53%.**

The similar context at the household level resonates with WASH in institutionalized settings, including healthcare facilities. **Approximately 14.77% of puskesmas in Indonesia still lack access to improved water sources.** This means these puskesmas either have no access to water or are using water from unprotected sources, such as surface water from springs, lakes, wetlands, seas, and rivers, without proper treatment. **Additionally, about 25.67% of puskesmas in Indonesia have limited sanitation services (i.e., toilets shared by patients and staff, unclean conditions, and insufficient water)** (Health Facility Research - Rifaskes MoH, 2019). These significant gaps in WASH, fundamental aspects of healthcare facilities, may hinder the country's ability to provide essential quality care and prevent avoidable deaths. Together with international development partners, MoH takes serious steps to address this issue.



Revolutionizing WASH and Waste



**Table 9 - Disbursement of Registered Foreign Grants on Environmental Health
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
Environmental Health	World Health Organization (WHO)	12.209.232.597
	United Nations Children's Fund (UNICEF)	9.671.055.705
Sum of Grand Total		21.880.288.302

The water safety plan (WSP) is globally recognized and widely adopted as the most effective and reliable approach to ensure the high quality of drinking water and protect communities from contamination. Since its introduction in Indonesia in 2017 by the WHO, the WSP has been adopted by drinking water providers across the country. **MoH has taken serious steps to establish basic guidance and initiate WSP audits and risk-based drinking water quality inspections. With WHO's support, mechanisms and tools for WSP audits have been drafted and tested in six water providers: Delta Tirta Sidoarjo district water provider, Surya Sembada Surabaya Municipal Water Provider, Umbulan regional water provider, Communal Water System Temanggung, Depok City water provider, and Tangerang district water provider.** Additionally, WHO continues its collaboration with MoH and actively engages in developing technical aspects and implementing a risk-based approach to prioritize hamlets for surveillance.





Health officers from all 34 provinces participated in a capacity building on WASH and healthcare waste management and the WASH information system (SIKELIM) (courtesy: WHO)



A trial on WHO sanitary inspection form for dug wells was conducted by MoH staff in East Java Province. (courtesy: WHO)

Since 2020, WHO has supported the MoH in improving WASH and waste management in healthcare facilities. This support includes capacity-building for all provincial health officers, revamping the environmental health of the health facilities information system (SIKELIM), and policy advocacy to include WASH and waste management in the national strategy.

WHO Indonesia has been supporting the development and socialization of the WASH-waste management information system (SIKELIM) since 2021, as well as the implementation of an inclusive WASH and waste management system in Indonesia. From 2022 to 2023, this support continues with a focus on: (i) capacity-building workshops on healthcare waste management, the WASH information system (SIKELIM), and WASH for Health Facility Improvement Tools (WASH FIT) for the 34 Provincial Health Officers (PHOs) and the MoH team and (ii) the pilot implementation of the COVID-19 Healthcare Waste Management and WASH FIT Information System in five provinces: Banten, Jogjakarta, Greater Jakarta, West Java, and Bangka Belitung Island.





"I became a member of the WASH task force in Puskesmas Pasar Ambon. Along with other members, I gave feedback on how the WASH facilities should serve everyone. Adding ramps, widening doors and providing handrails in toilets means providing access for us, people with disabilities. Such change will also be useful for the elderly and pregnant women."

Siti.

A task force member on transforming Puskesmas into inclusive facilities with WASH access for all, including for people with disabilities, in Metro, Lampung.

Aligned with the Indonesian government's commitment to ensure WASH access in all primary healthcare facilities, **UNICEF supported the scaling up of the WASH FIT methodology in 282 primary healthcare centers (Puskesmas)** across 12 (twelve) districts in 7 (seven) provinces. The WASH FIT methodology focuses on seven domains: water, sanitation, hygiene, medical waste, environmental cleanliness, energy and environment, and management and workforce. Additionally, the implementation was carried out with consideration for climate, gender equality, diversity, and social inclusion (GEDSI). As a result of the program, 977 local government officials and Puskesmas staff received orientation on the WASH FIT methodology and were equipped with the skills to conduct WASH assessments in Puskesmas. In twelve districts, 146 Puskesmas have made significant improvements in their WASH facilities. **A total of 1,146 WASH facilities have been upgraded or constructed, including 217 water, 329 sanitation, 327 hygiene, and 294 waste facilities.** Furthermore, **SIKELIM, as a national monitoring system for medical waste and WASH in healthcare facilities, has been introduced to 1000 subnational participants.**



WASH FIT assessment score before intervention (baseline)

No	District	Average of WASH FIT Assessment Score - Baseline							
		Water	Sanitation	Healthcare Waste	Hand Hygiene	Environmental Cleaning	Energy & Environment	Management	Total
1	PIDIE	51	44	58	48	61	81	75	59
2	LEBAK	63	62	64	75	61	88	82	71
3	PEKALONGAN	93	88	70	76	77	76	90	85
4	PEMALANG	79	60	75	85	63	91	80	76
5	SIDOARJO	79	73	73	88	79	93	88	81
6	LUMAJANG	96	85	86	94	96	97	87	91
7	SUMBAWA BARAT	81	62	55	67	66	78	73	69
8	BELU	66	68	59	81	73	84	77	71
9	FLORES TIMUR	56	49	50	85	84	82	77	64
10	KUPANG CITY	58	49	51	71	56	80	78	62
11	GOWA	74	60	67	67	52	80	71	67
12	MAROS	70	58	56	78	66	85	53	66
TOTAL		71	65	64	76	69	86	76	71

WASH FIT assessment scorepost - intervention (endline)

No	District	Average of WASH FIT Re-Assessment Score - Endline							
		Water	Sanitation	Healthcare Waste	Hand Hygiene	Environmental Cleaning	Energy & Environment	Management	Total
1	PIDIE	74	75	60	88	75	82	81	76
2	LEBAK	94	87	84	100	90	95	94	92
3	PEKALONGAN	93	97	95	88	100	87	94	93
4	PEMALANG	94	90	91	100	84	96	92	92
5	SIDOARJO	92	91	88	97	96	98	95	94
6	LUMAJANG	99	96	94	100	97	99	98	98
7	SUMBAWA BARAT	87	86	80	97	79	86	84	86
8	BELU	82	83	75	92	78	85	83	83
9	FLORES TIMUR	82	80	76	95	84	89	91	85
10	KUPANG CITY	78	75	78	88	67	80	81	78
11	GOWA	85	81	85	92	76	87	81	84
12	MAROS	81	79	78	96	83	91	83	84
TOTAL		87	85	82	94	84	90	88	87



*A staff member of Puskesmas Jereweh, West Sumbawa, shows the disability-friendly toilet facilities built by UNICEF.
(Courtesy: Antara, UNICEF)*



"In the past, patients complained about low water flow and the lack of disability-friendly facilities. Now, even patients unaccompanied by their families can use the bathroom independently. There is never a shortage of water facilities, and people no longer complain about water."

Iwan Setia Budhy.

Head of Puskesmas Jereweh, West Sumbawa

Without healthy environment, there won't be healthy people. Let's create healthier environment to ensure healthier lives for everyone.





08. **IMMUNIZATION:** Reaching Zero-Dose Children

Indonesia uses population estimates for planning immunization services at all administrative levels, with the target population adjusted each year. **The target population of surviving infants is over 4.3 million.** Of these, **over 600,000 infants (614,446) were reported to have missed out on receiving the first dose of DTP (Diphtheria Tetanus Pertussis)-containing vaccine in 2021,** based on administrative report data.

Over the last five years, the number of Zero-Dose (ZD) children in Indonesia has been increasing. **The total number of ZD children from 2017 to 2021 is reported at 1,525,936 children, at an average annual growth rate of 65%.** Administrative data is used to monitor immunization progress and conduct catch-up activities. Given the vast geographic landscape of Indonesia, and the decentralization of management, planning, and delivery of immunization services, the number of ZD children and the reasons behind it vary drastically across provinces. The key barriers to immunization have been identified: 1) Poor accessibility due to hard-to-reach and remote geographic areas 2) Insufficient cold chain capacity 3) Inadequate human resources capacity 4) Limited funding leading to suboptimal service delivery at the community level and 5) Low vaccine acceptance in certain communities citing religious/cultural reasons.

The disruption of service availability during the COVID-19 pandemic is one of the main contributors to the decline in immunization coverage and the increase in the country's Zero-Dose (ZD) population. A survey conducted in 2020 on the impact of the pandemic on routine immunization found that immunization services were disrupted in more than 84% of total integrated health service posts ("posyandu") and 65% of all health centers ("puskesmas"). **While many puskesmas continue to offer immunization services during the pandemic, others are either partially interrupted or have completely shut down immunization services.**

Key demand-side problems have caused a significant decrease in coverage values due to the public's fear of COVID-19. This has hindered parents and caregivers from bringing their children to public immunization



posts or health centers. As such, the survey also found a shift in preference to accessing immunization services through private facilities during the pandemic (up to 43% of respondents in 2020). However, the scale to which private facilities provide these services remains unclear, and there is a likelihood that these services went unrecorded and are misinterpreted as a drop in coverage. Additionally, hoaxes and negative messages spread within the community about immunization, and concerns of some community members regarding the halal/ haram status of the vaccines persist. The Ministry of Health of the Republic collaborates with all parties, including international development partners, to collaborate in overcoming challenges in continuously reducing Zero Dose Children in Indonesia.

Reaching Zero-Dose Children



Table 10 - Disbursement of Registered Foreign Grants on Immunization (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Immunization	Global Alliance Vaccine Immunization (GAVI)	103.094.738.219
	World Health Organization (WHO)	53.565.651.485
	United Nations Children's Fund (UNICEF)	50.199.939.505
	United Nations Development Program (UNDP)	33.697.405.304
	Japan International Cooperation Agency (JICA)	17.047.664.100
	Clinton Health Access Initiatives (CHAI)	11.439.398.196
Sum of Grand Total		269.044.796.809

The Theory of Change (ToC) for Targeted Interventions (TI) proposed under the **Gavi** Middle Income Countries' Approach to reach zero-dose (ZD) children and restore routine immunization coverage in Indonesia was developed by the ad-hoc immunization technical working group for Gavi MICs (referred



to as 'MICs TWG'), led by the Expanded Program of Immunization (EPI) unit within the Ministry of Health (MOH) Indonesia. Gavi has also provided cash support for Indonesia's immunization program, spanning from 2000 to 2023.

WHO offers evidence-based guidance and support to countries. WHO's staff of international, national and sub-national technical officers and data assistants, are key in assisting the country to develop data driven planning and monitoring. Its mandate heavily relies on capacity building health workers and monitoring the performance of service delivery. This, in turn, enables the Ministry of Health (MOH) to have the supervisory skills and tools to plan and implement supportive supervision and routine performance monitoring, thus deterring additional immunization coverage backsliding.

UNICEF teams beyond health/immunization collaboratively build engagement with Ministries of Education, Women's Empowerment and Child Protection, Finance, and Labor to sustain immunization programming and expand immunization platforms, ensuring equity in coverage for population subgroups beyond early childhood, including adults, pregnant women, mothers, and adolescents. UNICEF has well-established five Field Offices (supporting nine provinces) with skilled and trained immunization officers. UNICEF has also developed digital supportive supervision tools that can be accessed by the Ministry of Health (MOH), Provincial Health Offices (PHO), District Health Offices (DHO), and Health Facilities (HFs).



Women on the frontlines of the fight against polio in Central Java, united in determination to protect as many children as possible. (courtesy: UNICEF)

JICA provided a grant in the form of 330 vaccine refrigerator units (Vestfrost VLS 404A AC), which complete the logistics chain for vaccine management



in Indonesia. Additionally, JICA organized training for trainers related to cold chain equipment maintenance. **UNDP** has been supporting the Ministry of Health (MOH) to ensure the efficient and timely supply of vaccines during the COVID-19 pandemic using the SMILE logistic system. UNDP has supported the MOH in providing data from SMILE to the 'national COVID-19 one data dashboard'. Similar to COVID-19, UNDP has facilitated the transformation among managers, enabling them to make decisions with access to accurate and real-time logistics data on consumption, remaining stock, and vaccine expiry in SMILE. Today, there have been more than 25,000 users who are actively using SMILE COVID19. SMILE has been projected as the sole logistic monitoring system within the Ministry of Health's digital ecosystem, and all information in SMILE will be interoperable with Satu Sehat, ASIK, Digital Inventory National (DIN), Asset Inventory, the National Audit Body, the FDA, and other platforms built by the Ministry of Health and other bodies.

Since 2017, **CHAI** has supported the EPI program in Indonesia to strengthen and sustain routine immunization program performance. In 2019, CHAI supported EPI and ITAGI to assess Indonesia's readiness for Gavi Transition, which highlighted risks, particularly in new vaccine procurement and subnational financing (operational costs of service delivery). CHAI has been supporting selected provinces to identify key immunization activities that could address local needs, develop costing exercises for planning and budgeting purposes, and map available resources. CHAI has also assessed and engaged community structures, such as the role of Village Health Volunteers (VHV), to increase the uptake of new and underutilized vaccines within the focal provinces.



Reno Febrianson, Immunization officer of Puskesmas Gunung Rampah, East Kalimantan, provided catch-up immunization as a response of pertussis outbreak. (Courtesy: WHO)



In North Sumatra's Medan, WHO collaborated with the district health office and Puskesmas to conduct house-to-house visits as part of a local polio vaccination campaign. They also coordinated with various stakeholders, including the local government, cadres, women's welfare organizations, the private sector, and health professionals, to improve community acceptance. This collaboration contributed to a significant increase in polio vaccination coverage (96.5%) in the city, protecting 161,019 children and setting a precedent for regions facing similar challenges. In Besitang sub-district of Langkat district next to Aceh, Langkat district health office and WHO conducted monitoring visits to Puskesmas, seeking support for the polio campaign and boosting the confidence of health workers and cadres. By the end of the campaign in May 2023, out of the 88,409 targeted children, Langkat district achieved an impressive 100% coverage for the first dose of polio vaccination and 95.3% for the second dose.



Ratna Dewi Sinaga.
Immunization Program Coordinator
in North Sumatera. (Courtesy: UNICEF)

“

“The more diseases that emerge, the more we need new vaccines. This not only requires a better understanding from the public but also adds more challenges in maintaining the quality of vaccines. This shows how important training in vaccine management is for us. I really love children, so I don't feel disturbed at all. When it comes to immunization, I am ready to be assigned anywhere.”

When diseases continue to evolve, it is unavoidable that immunization become the first protection. Let's strive to ensure that all Indonesian children are protected by immunization.





09.
**PHC INTEGRATION & PUBLIC
HEALTH LABORATORY:**
Integrating Healthcare in Every
Community

The concept of integrating Primary Health Care (PHC) is a crucial factor in optimizing the role of primary health services to address various health challenges and achieve national health indicators. In accordance with Decree No. 2015 of 2023 by the Minister of Health of the Republic of Indonesia, the PHC Integration constitutes an integral aspect of health transformation. **There are three focal points of PHC Integration.** Firstly, it involves adopting the life cycle as the cornerstone of health service integration. Secondly, it entails bringing health services closer to communities through networks extending to villages and hamlets, bolstering promotion and prevention efforts such as disease detection and screening. Lastly, it involves enhancing regional monitoring through digitalization and utilizing dashboards to track rural health situations.

In order to support the implementation of primary health services, the referral system, and the strengthening of the health security system, it is necessary to bolster public health laboratories that meet standardized capacities. Previously, **the integration of Public Health Laboratories (PHL), both government-owned and private, has not been achieved.** Instrument calibration and quality assurance have not been systematized. Additionally, laboratory-based disease surveillance and monitoring of health risk factors are not yet optimized.

The enhancement of the PHL management system in Indonesia aims at early disease detection and monitoring of health risk factors, as well as strengthening laboratory-based surveillance to improve public health. To achieve this, the Ministry of Health is committed to reinforcing and restructuring the management system of health laboratories in Indonesia. PHL is organized into five levels, including: Level 1 Community Health Laboratories, which are part of Community Health Centers (Puskesmas); Level 2 PHL at the district level; Level 3 PHL at the provincial level; Level 4 PHL in region, serving several areas; and Level 5 PHL as national reference centers. The Ministry of Health is collaborating with various stakeholders, including international development partners, to integrate primary health services and public health laboratories.



Integrating Healthcare in Every Community



Table 11 - Disbursement of Registered Foreign Grants on PHC Integration and Financial Consolidation (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
PHC Integration & Financing Consolidation	Think Well Institute (TWI)	19.551.116.517
	World Health Organizations (WHO)	6.190.201.710
	World Bank-Department of Foreign Affairs Trade of Australia (WB-DFAT)	8.116.912.237
Sum of Grand Total		33.858.230.464

The World Bank provided support for analytics for Telemedicine through a series of digital health-related notes. Among them is a tele-ultrasound note, which documents the potential of tele-ultrasound technology to improve health systems in low- and middle-income countries. These notes are currently in the finalization process. **The Australia Indonesia Health Security Partnership (AIHSP)** is supporting scale-up studies for the integration of primary services using activity-based costing methods, in collaboration with the Center for Health Financing and Decentralization Policy of the Ministry of Health of the Republic of Indonesia. In 2024, the involvement of the **World Health Organization (WHO)** in Primary Health Care (PHC) will commence. This will include the preparation of Terms of Reference (TOR) and Budget Plans (Rencana Anggaran Biaya - RAB) for activities in Remote Island Border Areas (Daerah Terpencil Perbatasan Kepulauan - DTPK), the drafting of guidelines for DTPK and engagement in Universal Health Coverage (UHC) activities and regional meetings. **The ThinkWell Institute** has undertaken several activities, including: 1) Conducting analyses on the flow of funds, 2) Deploying one staff member to each location to provide support for Puskesmas Readiness assessments, including villages in the PHC Integration program series, and 3) Preparing costs/budgets required for implementing PHC integration at regional and national levels. Other institutions involved in the PHC Integration Consortium,



which have provided significant support, include **PATH, Summit Institute for Development (SID)/Oxford University, the Bill and Melinda Gates Foundation (BMGF), The Global Fund, UNICEF, Asian Development Bank, Tanoto Foundation, and Astra.**

USAID launched its program supporting PHC Integration in partnership with the Ministry of Health of Indonesia in September 2023, targeting five provinces: Banten, East Java, East Nusa Tenggara, North Sumatera, and South Sulawesi. USAID supported the Ministry of Health (MoH) in developing and finalizing two e-learning modules for the MoH's Plataran Sehat learning platform. Separate modules were created for doctors and midwives, focusing on antenatal, intrapartum, and postnatal care. User acceptance testing was conducted, and after making minor revisions, the modules were uploaded to Plataran Sehat. USAID also supported the 44 districts to register nearly 100% of their cadres in the MoH's microsite. USAID will also support District Health Offices (DHOs) in achieving their facility targets for 2024, which include a total of 237 *puskesmas*, 602 *pustu*, and 5,012 *posyandu* across all five provinces. As a first step, MCGL collaborated with each district to identify one *puskesmas* (along with associated *pustus* and *posyandus*) to be strengthened as a Center of Excellence (CoE) or model network for ILP implementation. USAID has also completed PHC resource mapping in all 44 districts to document current facilities, available financial resources, human resources (including current skills/training status), clearly identifying existing resources, and noting any gaps that need to be addressed to support PHC scale-up. Additionally, USAID has established a PHC secretariat and developed a temporary PHC Integration dashboard, that includes the national dashboard and *puskesmas* dashboard.





*Biosafety Cabinet
Certification Practice
by NIHRD engineers
mentoring by US Centre
for Diseases and Control
Thailand-NSF Certifier
Officer.*

(Courtesy: US CDC)

The Association of Public Health Laboratories (APHL), funded through a cooperative agreement from the US Centers for Disease Control and Prevention (CDC), in collaboration with the Ministry of Health (MOH), has initiated a twinning/laboratory partnership between Indonesia's Public Health Laboratories and a United States State Public Health Laboratory. This initiative aims to develop long-term partnerships between laboratories, enhancing laboratory capacity and quality systems to provide effective and accessible laboratory support for the universal provision of essential health services in the country. The State of Michigan Department of Health and Human Services, Bureau of Laboratories (MDHHS BOL), has collaborated with the Indonesia MOH by providing a laboratory walkthrough video, which was presented twice to the Indonesia MOH. These previous interactions between the Michigan State PHL and Indonesia MOH's PHLs serve as a foundation for expanding this experience and initiating a laboratory partnership.





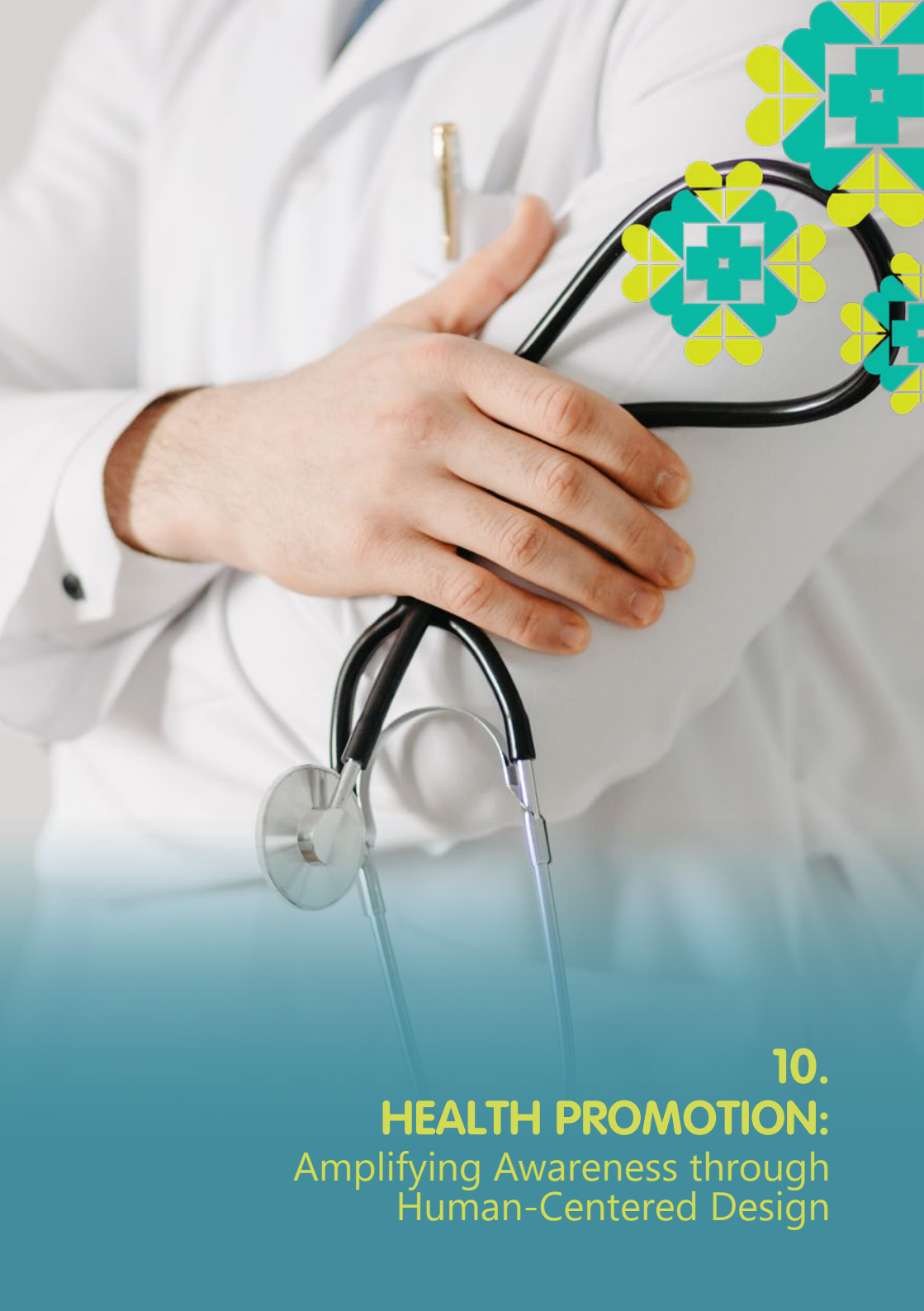
Mahmud Irwandi.
Head of Puskesmas Banjarwangi, Garut,
West Java. (Courtesy: Think Well Institute)

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One immediate change we have noticed in implementing PHC Integration is the increase in visit rates. Previously, we had a maximum of 40-50 visits, now we receive up to 70-100 visits a day, especially on market days. The patient satisfaction was also increased; we now have longer consultations with doctors. Additionally, there has been an increase in screening rates. The community's trust in the puskesmas has also increased since the implementation of PHC integration.

**Advancements in primary health care serve as the
vanguard of health transformation. Let's strive for
a more integrated approach to champion
prevention over cure.**





10.
HEALTH PROMOTION:
Amplifying Awareness through
Human-Centered Design

Since Indonesia reported its first case of COVID-19 in March 2020, coverage of routine immunization to prevent childhood diseases such as measles, rubella, and diphtheria has decreased. In fact, the decline reached more than 35% compared to the same period in the previous year. The results of a rapid assessment by the Ministry of Health and UNICEF in April 2020 showed that 84% of all health service facilities reported that their immunization services were disrupted at both levels, namely Puskesmas and Posyandu. Barriers to access due to the cessation of services, combined with a decrease in public demand due to fear of contracting COVID-19, were the causes of the decline in immunization services at that time.

The success of the immunization program is measured by achieving the target immunization coverage and is also determined by changes in the behavior of the target groups to increase immunization. **In 2020, as many as 17.1 million children under one year of age did not receive the initial dose of the DPT vaccine**, indicating a lack of access to immunization and other health services. **Additionally, about 5.6 million children were only partially vaccinated, and 60% of them live in low- and middle-income countries, including Indonesia.**

To be able to increase immunization coverage again, especially after the last COVID-19 pandemic, presents a challenge for the Ministry of Health in itself. Moreover, immunization services constitute one type of service provided to support primary prevention within the current Primary Care Transformation framework. The role of health workers and key figures such as religious leaders, community leaders, and cadres in understanding the behavior of the target group is crucial. Multi-stakeholder collaboration is urgently needed to enhance the effectiveness of immunization promotion, including the importance of assistance from international development partners.

**Amplifying Awareness through
Human-Centered Design**



**Table 12 - Disbursement of Registered Foreign Grants on Health Promotion
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
Health Promotion	US Agency for International Development (USAID)	20.619.265.243
	United Nations Children's Fund (UNICEF)	8.121.821.276
	World Bank-Department of Foreign Affairs Trade of Australia (WB-DFAT)	2.204.982.773
Sum of Grand Total		30.946.069.292

In order to increase routine immunization coverage in Indonesia, especially in the 14 Priority Provinces, the Directorate of Health Promotion and Community Empowerment MoH collaborates with UNICEF, Tulodo, GAVI, selected provincial and district health units, Universities, Academics, Professional Associations, Religious Organizations, and Non-Governmental Organizations (NGOs) **to enhance the capacity of health workers regarding the Human-Centered Design (HCD) based approach in immunization communication strategies.** This approach is oriented towards generating ideas and solutions and encourages us to collaborate in developing appropriate solutions with the target group in a timely manner.

HCD activities conducted by the Directorate of Health Promotion and Community Empowerment MoH involve two overseas development partners, UNICEF and GAVI. Of the total 14 HCD pilot projects, UNICEF financed eight provinces, while GAVI funded six provinces. Additionally, both UNICEF and GAVI previously funded training for facilitators at the central level. Furthermore, UNICEF is financing the preparation of the HCD module curriculum, which will be included in the system for accredited training purposes.

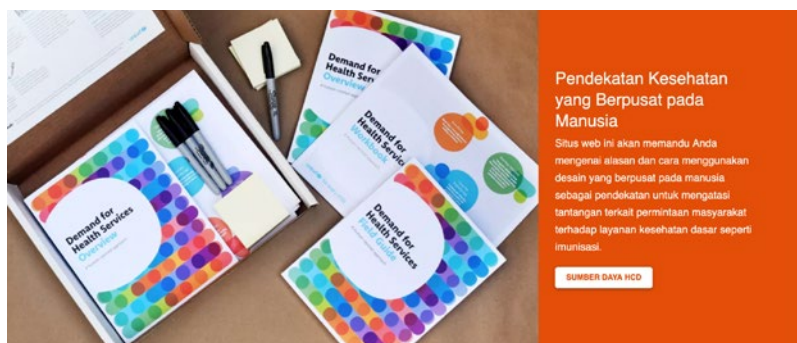




Head of the West Java Provincial Health Unit, Dr. Nina Susana Dewi officially opened immunization training based on the Human Centered-Design (HCD) approach. (courtesy: West Java Provincial Health Unit)

The support provided by UNICEF and GAVI as international development partners takes the form of training for health promotion workers and immunization workers at the central level, as well as health promotion managers and immunization managers at provincial, district/city health services, community health centers, and selected community organizations or partners in 14 provinces under the guidance of UNICEF.

The UNICEF HCD Global Guidelines for Health Workers serve as the main reference for HCD Training for Health Workers in Indonesia, along with communication platforms such as websites



Human-Centered Design (HCD) is a problem-solving process that begins with understanding individual factors and the challenges surrounding them. The



Human-Centered approach focuses on the perspective and participation of individuals/targets/goals at every stage, producing solutions that are more comprehensive and tailored to their needs. HCD is designed for individuals by paying attention to their daily lives in finding problems and solutions effectively, utilizing local capacity and limited resources.

HCD is employed to overcome problems where health services are available but the community/target does not utilize them. It helps identify supporting and inhibiting factors for desired healthy behavior, and suggests improvements for services.

Health workers or anyone who wishes to discover, understand, and respond to opportunities and challenges (supporters and barriers) related to desired health behaviors can employ the HCD approach. This method is particularly suitable for health workers who are highly curious and observant.



Training for Trainers in Human-Centered Design has resulted in the certification of over 200 trainers, spanning from the national to the district level.

(courtesy: Ministry of Health)

Riau Islands is one of the provinces where the HCD pilot project is being implemented. Following the Training of Trainers (ToT) conducted in Tanjung Pinang in 2021, 15 facilitators there have begun implementing HCD in selected districts/cities. A year after, a joint monitoring activity was conducted in the Riau Islands by the Ministry of Health, UNICEF, Tulodo, and the Riau Islands Provincial Health Service to evaluate the results of HCD implementation at the Mekar



Baru Community Health Center (Tanjung Pinang City), Tanjung Balai Karimun Community Health Center (Karimun Regency), and Kabil Community Health Center (Batam City).

From the monitoring results, there has been a general increase in visits for immunization. This indicates that the HCD approach has the potential to succeed in this area if implemented consistently and tailored to the needs of the target population.

Health promotion is key to the success of primary care. Let's continue to spread messages that inspire people to take care of their health, starting with themselves.





11. **REFERRAL HOSPITAL:** Expanding Capacity and Access Across Indonesia

Indonesia is currently faced with an increasing burden of non-communicable diseases (NCDs). The latest data from the Ministry of Health shows that around 2.5 out of 1,000 Indonesians are at risk of stroke every year with a death rate of 15%. In addition, as many as 1 per 1,000 people are at risk of having a heart attack per year with a mortality rate of 11%. Not only is this related to morbidity and mortality, but people with these diseases also have to wait quite a long time to receive medical treatment. For example, patients need to wait up to 12 months to undergo heart surgery. This worrying situation is not only experienced by adult patients, but also around 50,000 Indonesian children have congenital heart disease that cannot be treated. Ironically, it is not only the number of cardiovascular diseases that is increasing and burdening the healthcare system; other diseases such as cancer also need attention, considering that 70% of cancer sufferers who come to hospitals are already in an advanced stage. Likewise, data from 2019 shows a 70% increase in cases of end-stage kidney disease. These four diseases (stroke, cardiovascular disease, cancer, and uronephrological diseases) together consume 90% of health service funding in Indonesia with a total cost of around IDR 15.5 trillion (or around US\$ 1 billion).

This situation is caused by several factors, one of which is limited access to referral hospital services, especially in remote areas of Indonesia. Apart from the limited referral services available in rural and remote areas, the quality of health services is also still low, with limited diagnostic capacity and long waiting times for treatment. **The three main gaps identified include:**

- 1. The distribution of health service facilities by region**
- 2. Hospital health equipment and**
- 3. Human resources (HR) in various regions.**

To support the achievement of health development aligned with the agenda and policy direction of the 2020-2024 National Medium-Term Development Plan (RPJMN), **the Ministry of Health launched a priority service outreach network program (including cancer, heart disease, stroke, uronephrology, maternal and child health).** This program aims to



provide an overview of the breakthrough policy changes needed as a strategic initiative in controlling NCDs through the role of hospitals as referral health services in Indonesia. The Ministry of Health is also collaborating with overseas development partners to realize breakthrough transformations in hospital health services.

Expanding Capacity and Access Across Indonesia



Table 13 - Disbursement of Registered Foreign Grants on Referral Hospital (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Referral Hospital	Government of Japan (GOJ)	203.960.451.600
	Japan ASEAN Integration Fund (JAIF)	5.398.141.010
	United Nations Children’s Fund (UNICEF)	2.061.906.030
	World Health Organizations (WHO)	1.434.703.501
Sum of Grand Total		212.855.202.141

One of the hospital construction grants received by the Ministry of Health came from the government of the United Arab Emirates. The United Arab Emirates (UAE) government decided to provide significant assistance by building the Emirates-Indonesia Cardiology Hospital in Solo Technopark. The hospital, which will have a capacity of 100 beds, will be built on an area of 17,000 square meters with a three-story building concept, covering a building area of 8,750 square meters. Not only that, the construction of this hospital was fully funded by the UAE Government as part of their commitment to help reduce the death rate from heart disease in Indonesia.

The Cardiology Hospital facilities include outpatient facilities consisting of 10 consultation rooms and 4 observation and monitoring rooms, as well as



inpatient rooms consisting of a presidential suite, 1 bed VIP room, a general treatment room, and an isolation room. Additionally, there are operating room facilities consisting of 3 operating rooms, 1 coronary care unit, PICU, NICU, ICU, and a data service unit. Furthermore, the emergency room is equipped with nine beds, a triage room, a resuscitation room, an observation room, an action room, and an isolation room. This Cardiology Hospital will implement sustainable building concepts such as using a solar panel system as the main energy source, having rainwater reservoirs, and committing to making carbon reduction efforts. Therefore, the hospital buildings will also apply the concept of green buildings.



The mayor of Solo visited to see the progress of the construction of The Emirates-Indonesia Cardiology Hospital in Solo Technopark in March 2024.

(courtesy: Ministry of Health)

The Ministry of Health also received significant support from **the Government of Japan**, including a grant for 102 Mobile X-Ray Units, X-ray protection screen units, and X-ray protection apron units. All of these tools will be useful in supporting health facilities in Indonesia in carrying out radiological examinations quickly and easily. The Ministry of Health, through the Harapan Kita Heart and Blood Vessel Hospital, also has signed a memorandum of understanding (MOU) for the construction of the Harapan Kita Tokushukai Cardiovascular Center with the **Tokushukai Medical Group**. The contents of the MoU relate to joint projects for the construction of buildings, health equipment and supplies, building interiors, as well as the utilization of Tokushukai medical and health personnel to carry out clinical practice, research, and education, including in the field of advanced medicine. The building resulting from this collaboration will be named the "HARAPAN KITA-TOKUSHUKAI Cardiovascular Center". The



grant allocation is prioritized for the construction of a 22-story building, with the details of floors 1-20 designated for services, the 21st floor for MEP (mechanical, electrical, and plumbing), the 22nd floor for a helipad, and 3 basements.



The Handover of 102 Mobile X-Ray Units, X-ray Protection Screen Units, and X-ray Protection Apron Units from the Government of Japan to the Vice Minister of Health.
(courtesy: Ministry of Health)



The MoU Signing of Harapan Kita Heart and Blood Vessel Hospital and Tokushukai General Incorporated Association in Tokyo, Japan, witnessed by The Minister of Health.
(courtesy: Ministry of Health)

Apart from the grant scheme from the international development partners, hospital construction is also carried out by the Ministry of Health using loan schemes, one of which is from the Islamic Development Bank (IsDB). This project aims to improve access and quality of health services by strengthening referral health services at vertical hospitals in the areas of maternal and child health services, cancer center services, and superior respiratory health services. The hospitals are Dharmais Cancer Hospital and Persahabatan General Hospital in Jakarta, Hasan Sadikin General Hospital in West Java, Sardjito General Hospital in Yogyakarta, General Hospital Prof. Dr. I.G.N.G Ngoerah in Bali, Dr. Wahidin Sudirohusodo General Hospital in South Sulawesi, H. Adam Malik General Hospital in North Sumatera, M. Hoesin General Hospital in South Sumatera,



Dr. Soeradji Tirtonegoro in Central Java, and Prof. Dr. R.D. Kandou in North Sulawesi.



R.D. Kandou Hospital is a target for developing cancer services, especially for northern Indonesia, so that it is able to provide complete cancer services. The integrated cancer service at R.D. Kandou Hospital is expected to be able to serve 14,664 men with cancer potential (0.74/1000) and 56,478 women with cancer potential (2.85/1000) from the 9 provinces supported by R.D. Kandou Hospital. Inside this cancer care center, cutting-edge technology meets compassionate care.



“ We were all filled with gratitude. R.D. Kandou Hospital Cancer Center is not just a building; it is a testament to love, resilience, and the indomitable human spirit. Thank you for turning our longing into purpose, our worry into hope. May this center stand tall, becoming a beacon that guides others through stormy seas. And we hope that every patient who comes to this hospital will receive not only treatment but also compassion, dignity, and unwavering support.

Ivonne Elisabeth Rotty.

General Director of R.D. Kandou Hospital Cancer Center, North Sulawesi.

The hospital is a place of hope and warmth for families. Let's ensure that Indonesian hospitals are at the forefront of curing diseases and making the dreams of many families come true.





12.
HEALTH RESILIENCE:
Powering Our Own Future of Health

Covid-19 provides a lesson that the scarcity of medical equipment and medicines, resulting from disruptions in global supplies, and the gap in access to technology and products from developed to developing countries, have also worsened the pandemic situation in Indonesia. **The domestic industry has not been able to meet the domestic demand for medicines, considering that 90% of medicine raw materials still depend on imports.** The Indonesian government's main strategy to reduce infection rates at that time made Indonesia aware of the importance of having a domestic vaccine industry capable of meeting vaccine needs, including routine immunization vaccines and pandemic pathogen vaccines.

Reflecting on the pandemic, Indonesia is striving to create and strengthen health resilience in the country. One of the strategies involves ensuring the availability of medicines, medical devices, and vaccines within its borders. However, several challenges hinder the development of resilience in the pharmaceutical and medical device industries, including limited available technology and the need for market guarantees. **Data from 2019 to 2020 reveals that 88% of medical device transactions are imported. Additionally, in the vaccine industry sector, until 2019, Biofarma was the sole producer of vaccines in Indonesia.**

Urgent support for the industry, in the form of facilitating cooperation with foreign parties for joint ventures, technology transfer, and assistance, as well as implementing regulations that can foster a resilient ecosystem for the domestic pharmaceutical and medical equipment industry, is necessary.

Powering Our Own Future of Health



Table 14 - Disbursement of Registered Foreign Grants on Health Resilience (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Health Resilience (Medicine, Vaccine, Medical Device)	World Health Organizations (WHO)	45.964.919.254
	World Bank-Department of Foreign Affairs Trade of Australia (WB-DFAT)	11.301.782.800
	The Fleming Fund (FF)	1.238.401.682
Sum of Grand Total		58.505.103.736

The Fleming Fund supports a range of additional projects delivered at national, regional, and global levels to support the generation, sharing, and use of high-quality Antimicrobial Resistance (AMR) data. In the collaboration with Ministry of Health, several programs has been conducted that include 144 laboratories and pharmacies in-country, conducted AMR and AMU questionnaire to map out current data availability and capacity. The Fleming Fund has also supported facilitation of Ministry of Health meetings attended by colleagues from the Directorate of Pharmaceuticals, Directorate of Medical Service and ARCC. The AMR pilot study has also been published in the One Health Journal 13 (2021) - a collaborative project between the Ministry of Health, Ministry of Agriculture and Ministry of Environment and Forestry in 2018-2019.

The transformation of pharmaceutical resilience and medical devices aims to **target domestic production of 14 routine immunization vaccine antigens and tuberculosis vaccines**, alongside mastering mRNA and viral vector vaccine platform technology. It also **aims to produce the 10 largest consumer drug raw materials** by value and biological products, as well as increase the domestic production and utilization of medical devices.

To date, **Indonesia has been able to produce 10 of the 14 routine immunization vaccine antigens, marking an increase of 3 antigens compared to before 2019.** Not only does Indonesia produce various antigen



types, but it also currently has production/manufacturing facilities for mRNA vaccine platform technology. Additionally, Indonesia is currently involved in several multi-center clinical trials for vaccine development (e.g. tuberculosis vaccine candidates) and several consortia for neglected tropical diseases.

Of the total 10 largest consumption drug raw materials by value, 8 of them can be produced domestically. These include Paracetamol (PT Riasima Abadi Farma), Atorvastatin, Clopidogrel, Amlodipine, and Azithromycin (PT Kimia Farma Sungwun Pharmacopia), as well as Candesartan and Bisoprolol (PT Kimia Farma Sungwun Pharmacopia and PT BrightGene Biomedical Indonesia), and Omeprazole (PT Ferron Par Pharmaceuticals). Apart from these 10 molecules, several others have been produced domestically, including Pharmaceutical Salt by PT Karya Daya Syafarmasi; Simvastatin, Efavirenz, Entecavir, Lamivudine, Zidovudine, Tenofovir, Rosuvastatin, Attapulgit, and Remdesivir by PT Kimia Farma Sungwun Pharmacopia; and Sitagliptin, Dapagliflozin, Entecavir, Imatinib, and Gefitinib by PT BrightGene Biomedical Indonesia.



PT Etana Biotechnologies Indonesia, the first mRNA-based vaccine factory in Indonesia, was inaugurated by President Joko Widodo on October 7 2022. (Courtesy: Secretary Presidential Office)

One of the Ministry of Health's international collaborations that has an impact on transforming health resilience is collaboration with **the International Finance Corporation (IFC)**. The International Finance Corporation (IFC) is the largest global development institution focused on the private sector in emerging markets. IFC works in more than 100 countries, using its capital, expertise and influence to create markets and opportunities in developing countries.



McKinsey analysis (2022) shows that the potential growth of the Indonesian medical device market reaches 12%, much higher than the predicted global growth potential (6%). **The national vaccine industry has also grown 3x compared to pre-pandemic times.** This condition is an opportunity for IFC to contribute to ensuring that growth is sustainable. In May 2023, The Ministry of Health and IFC signed a memorandum of understanding (MoU) regarding a program aimed at exploring opportunities to strengthen the development of health sector projects in Indonesia. These projects, particularly focused on pharmaceuticals, vaccines, and health technology, align with the transformation of Indonesia's health system.

As of 2024, IFC has engaged with 35 national pharmaceutical and medical device industries to enhance their capacity. Among them, three have explored equity investment opportunities, totaling a potential investment of USD 466,000,000. Additionally, 31 other industries are in the process of submitting investment proposals, consulting, seeking support for IPOs, exploring partnerships at regional and global levels, and participating in the Indonesian MES program. Previously, in 2022, IFC disbursed a USD 50,000,000 investment to BrightGene Bio-Medical Technology Co., Ltd., facilitating its cross-border expansion into Indonesia. This was achieved by establishing a subsidiary, PT BrightGene Biomedical Indonesia, located in Karawang, West Java.

The Ministry of Health has also entered into a Memorandum of Understanding (MoU) with **The Foundation for New Innovative Diagnostics (FIND)** to enhance access to diagnostics in Indonesia. Collaborative efforts between the Ministry of Health and FIND encompass several key areas, including **improving diagnostic accessibility, providing technical assistance to the domestic diagnostic manufacturing industry, advancing digital health, addressing antimicrobial resistance, and fostering talent transformation in the health sector.**

Several FIND programs are currently underway; (1) mapping the domestic medical device manufacturing industry, particularly in diagnostics (2) providing



technical assistance to the domestic In Vitro Diagnostics (IVD) manufacturing industry for product development and market expansion (3) conducting coaching sessions for companies such as PT Kalgen DNA and PT Bio Farma. FIND has conducted due diligence on these companies to aid in the development of diagnostic products and facilitate the PQ-WHO certification process. (4) building capacity through workshop activities on diagnostic development and market expansion (5) conducting market access analysis of the IVD ecosystem in Indonesia.

Indonesia, represented by the Ministry of Health, actively contributes to the Coalition for Epidemic Preparedness Innovations (CEPI) to support product availability and enhance vaccine production capacity for supplying countries in the Global South and ASEAN regions during future outbreak scenarios, aiming to address the unequal access to vaccines experienced during the COVID-19 pandemic.



As a result, on September 19, 2023, CEPI and Bio Farma signed a 10-year cooperation agreement aimed at accelerating pandemic response efforts. This agreement focuses on introducing the latest vaccine production technologies, specifically viral vector and mRNA, to Indonesia and the ASEAN region. CEPI



has committed to an initial investment of up to USD 15,000,000 to bolster production capabilities for a wider range of vaccines. This support includes facilitating the implementation of mRNA and viral vector technologies at Bio Farma facilities for the first time.



“Enhancing the competitiveness of the domestic pharmaceutical and medical equipment industry is among the government’s initiatives to attain national health independence and resilience, thereby bolstering Indonesia’s overall competitiveness on the global stage. We aspire to foster greater solidarity and international cooperation to fortify resilience in pharmaceuticals and medical devices.”

Lucia Rizka Andalucia.

General Director of Pharmacy and Medical Device,
Ministry of Health, Indonesia.

Indonesia’s commitment to achieving autonomy in health resilience creates numerous opportunities. Let’s be part of the growing industry and global competitiveness.





13. SURVEILLANCE: Driving Detection before Disruption

With a population of more than 270 million living on 17,500 islands, Indonesia faces challenges in detecting and conducting disease surveillance. **The tropical climate, high population mobility, and vulnerability to natural disasters exacerbate these challenges.** Detecting key pathogens and antimicrobial resistance through improved surveillance and diagnostic networks is critical for preventing, detecting, and responding to priority zoonotic diseases, such as avian influenza, anthrax, and rabies.

Lessons learned from three years of the COVID-19 pandemic emphasize the need to strengthen surveillance capacity for early detection of emerging diseases and to identify increasing trends in disease cases with laboratory confirmation. The current endemic status of COVID-19 does not imply its disappearance; rather, it signifies a controlled situation, though the possibility of new variants emerging persists, potentially leading to increased cases and fatalities as the virus continues to circulate. Therefore, **vigilance and preparedness must be maintained by enhancing laboratory-based surveillance capacity at both national and regional entry points.**

Surveillance is crucial for understanding the impact and epidemiology of diseases such as rotavirus and polio. However, inadequate rotavirus surveillance and subpar performance of polio surveillance facilities at the national level indicate significant gaps in Indonesia's disease surveillance system. Meanwhile, **certain provinces and districts/cities face their own challenges, such as (1) a lack of skills and knowledge among health workers, (2) limited involvement of private health service facilities, and (3) low commitment from various stakeholders.** These challenges disrupt the development of an optimal surveillance system capable of identifying and detecting disease outbreaks early.

Driving Detection before Disruption



**Table 15 - Disbursement of Registered Foreign Grants on Surveillance
(in IDR, Jan - Dec 2023)**

Programs	Partners	Sum of Grand Total
Surveillance	Australia Dept of Foreign Affairs and Trade - Indonesia Health Security Partnership (DFAT/AIHSP)	118.415.366.486
	World Health Organizations (WHO)	16.733.185.360
	US Agency for International Development (USAID)	8.418.872.020
	Mammoth Foundation	7.848.725.000
	MGI Tech Singapore Pte.Ltd	6.423.170.496
	United Nations Children's Fund (UNICEF)	2.631.517.839
	Japan International Cooperation Agency (JICA)	2.026.888.449
	BGI Genomics Co Ltd	1.691.847.175
	US Center for Disease Control & Prevention (CDC)	796.358.926
Sum of Grand Total		164.984.931.751

The Australia-Indonesia Health Security Partnership (AIHSP) is Australia's bilateral health security program. **AIHSP is a flexible program and employs a One Health approach by supporting a range of activities to strengthen both Indonesia and the region's capacity to prevent, detect and respond to public health threats.** Since 2021, AIHSP has conducted several programs that include 1) Mapping laboratory capacity for infectious disease surveillance 2) Round Table Discussion Laboratory Capacity for Early Detection of Infectious Diseases and 3) Strengthening Laboratory Capacity in 5 Provinces.

To strengthen surveillance of immunization-preventable diseases in Indonesia, throughout 2023 **the World Health Organization (WHO)** and the Ministry of Health (MoH) are strengthening the capacity of district/city health offices and collaborating with key stakeholders such as officers surveillance, pediatricians, and hospital associations. WHO also assisted the MoH to establish rotavirus surveillance in Jakarta and South Kalimantan.



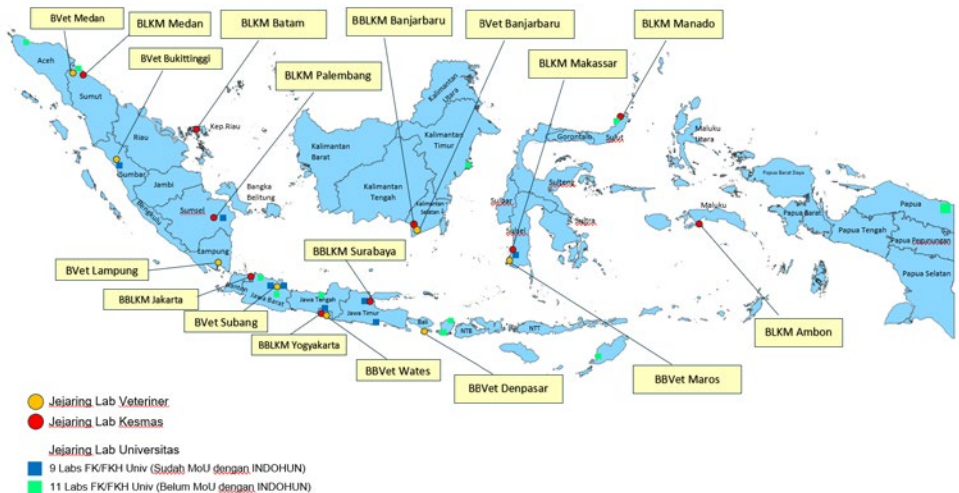


*Environmental surveillance
sampling for polio in the
Konto River, Jombang by the
Environmental Health and Disease
Control Engineering Center*,
Surabaya.*

**Balai Teknik Kesehatan Lingkungan dan Pengendalian Penyakit*

Through the Infectious Disease Detection and Surveillance (IDDS) program, USAID is strengthening the One Health lab network (JLOH). The One Health Lab network map can be seen in the image below;

THE MAP OF ONE HEALTH LABORATORY NETWORK



During the efforts to strengthen the JLOH, USAID conducted training for Lab Protocol PREDICT with 20 laboratory staff across four Public Health Laboratory Units (BLKMs) in Makassar, Manado, Batam, and Ambon. The training was

certified by MoH Health Laboratory Center (BBLK) in Ciloto with an accredited module from MoH, aiming to enhance capacity in detecting new pathogen EIDs from 10 virus families (Enterovirus, Bat Coronavirus, Human Coronavirus, Flavivirus, Paramyxovirus, Hantavirus, Henipavirus, Influenza, Nipah, and Herpesvirus). Additionally, USAID strengthened JLOH communication and coordination to develop nine Action Plans for potential collaboration between lab networks to be implemented from 2023 to 2024. Strengthening the capacity for detecting priority zoonoses was also pursued by harmonizing laboratory test standards for diseases such as Leptospirosis, Avian Influenza, Anthrax, and others, as well as mapping Serovar/Serogroup *Leptospira* in Indonesia.



Pilot implementation of cross-sector integrated Avian Influenza H5N1 surveillance in Kab. Hulu Sungai Utara and Kab. Banjar, Prov. South Kalimantan, applies event-based surveillance methods following cases in poultry and indicator-based surveillance.

(Courtesy: MoH & FHF)

Currently, Indonesia has an Early Warning and Response System (Sistem Kewaspadaan Dini dan Respon - SKDR) which will provide warning signals (alerts) if there is an occurrence or increase in unusual diseases in an area.

SKDR is a platform for reporting diseases with potential outbreaks/outbreaks.

In 2020, the SKDR network was still limited to community health centers with (a total of 10,237 reporting units). With support from various partners such as **WHO, JICA, US CDC, and USAID**, the number of SKDR reporting units has increased. It now includes not only **10,487 community health centers but also 1,449 hospitals, 51 Health Quarantine Centers** (serving as entrance points), and 15 laboratories (part of the network of public health laboratories).



Since 2022, the development of Event Based Surveillance (EBS) recording has commenced within SKDR. EBS involves immediate reporting (within 24 hours) of potential outbreak or disease cases, enabling prompt disease response and control efforts. Previously, EBS recording was conducted manually, with reports sent via email, SMS, or WhatsApp. By recording EBS directly on the SKDR website, reported disease incidents can be quickly disseminated across various levels, facilitating faster disease control responses to prevent disease spread.

Additionally, since 2023, SKDR has integrated the use of Artificial Intelligence (AI) through the Epidemic Intelligence from Open Sources (EIOS) platform provided by WHO. This integration aims to capture rumors of potential outbreaks, disease importation, and related information from the internet and media. Each week, **nearly 80,000 signals enter the SKDR surveillance system, with 84.8% detected and verified within 24 hours. These signals are also obtained using AI through EIOS for 24 diseases identified in Minister of Health Regulation 1501/2010 as having the potential for outbreaks.**



"The SKDR application currently being used enables us to quickly detect unexpected cases, particularly in identifying the 24 diseases with outbreak potential and cases of food poisoning. One such instance was the discovery of a mysterious disease in the Garut area, which resulted in fatalities. Upon investigation, it was identified as diphtheria. We believe that the use of this application plays a crucial role as it serves as an early signal for prompt response"

Lely Yuliani.

Head of Health District Unit, Garut, West Java.

**Covid-19 has turned the world upside down,
making us no longer able to compromise on the
importance of detection before disruption.
One Indonesia, One Health.**





14. **HEALTH AND DISASTER CRISIS:** Getting Prepared for Emergency Response

As the frontline in efforts to address health crises, the MoH Health Crisis Center has formed Health Reservists named Tenaga Kesehatan Cadangan (TCK). **TCK comprises human resources consisting of teams or individuals with backgrounds in health and non-healthcare fields, who are prepared by the government in pre-crisis conditions to be mobilized during emergency health crisis situations**, whether natural, non-natural, or social. This team encompasses various elements of society, including both health workers and non-health workers. Currently, the MoH Health Crisis Center has **11 regions** in Indonesia that still require strengthening in terms of preparedness and enhancing early response to health crises.

As of May 16, 2024, there are 14,096 individuals, 253 teams, and 503 EMTs registered, spread across all provinces of Indonesia, and this number continues to grow. This program also aligns with the **Emergency Medical EMT Type 2 certification process by WHO**. However, as time has passed, several challenges have emerged, including the need for supporting facilities/infrastructure, health logistics, and human resource competency, which have not been fully met. Additionally, there is a need to increase capacity/training for TCK members in areas that are unevenly distributed. Given these challenges, the MoH Health Crisis Center requires a certain budget to meet the needs of this program. Alternative financing support outside the National Budget (APBN) can be obtained through international grants.



In December 2023, the Minister of Health inaugurated 90 Type 2 Health Reservists, including pharmacists, orthopedics, surgeons, internal medicine specialists, and pediatricians, all of whom are targeted to obtain WHO certification.

(courtesy: MoH)



The MoH Health Crisis Center has been entrusted with managing grants from a number of international development partners. This is inseparable from the strong collaboration between the Health Crisis Center and a number of international non-governmental organizations including UNICEF, MSF, WHO, USAID, and UNDP in improving mitigation, preparedness and response to medical emergencies. The allocation of this grant is used for several purposes, namely health crisis management training, strengthening local capacity for health crisis preparedness and management, as well as disaster management application development.

Getting Prepared for Emergency Response



Table 16 - Disbursement of Registered Foreign Grants on Disaster and Health Crisis (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Disaster and Health Crisis	US Agency for International Development (USAID)	41.788.799.679
	United Nations Children’s Fund (UNICEF)	17.561.840.660
	Medecins Sans Frontieres (MSF)	6.401.188.773
	United Nations Development Program (UNDP)	1.963.539.665
Sum of Grand Total		67.715.368.777

One of the main aspects of strengthening local capacity is education and training. Health education programs tailored to local needs will provide the necessary knowledge and skills for communities. This can include increasing understanding of the impact of a disease that has the potential to become a health crisis, ways of preventing it, warning signs, and necessary emergency actions. **A total of 1,045 TCK individuals have received training and capacity strengthening.**





Field rehearsal for Health Reservist handling flood by Health Provincial Unit of South Kalimantan.

(courtesy: Information Unit of South Kalimantan Province)

One of the areas benefiting from assistance from international development partners is South Kalimantan. **UNICEF donated 19 disaster management tents to be used as field hospital tents** during the health crises in South Kalimantan Province. In addition to providing tents, health workers in the area were also trained on how to build and use these tents in emergency situations. The Head of the South Kalimantan Provincial Unit, Diauddin, mentioned that the tents from UNICEF were very helpful for disaster management in South Kalimantan. Moreover, South Kalimantan is one of the areas that has the potential for natural disasters, such forest and land fires (Kebakaran Hutan dan Lahan - Karhutla) and floods.

Through disaster crisis management training, individuals and teams can become better prepared and resilient in facing unexpected challenges. They will acquire the skills, knowledge, and confidence necessary to respond quickly, appropriately, and sustainably in emergency situations, ultimately saving lives and minimizing losses. **Strengthening disaster crisis management in the regions is also carried out by providing 190 sets of field hospital tents and supporting equipment to 10 regional health crisis centers**, preparing health crisis contingency plans in several regions, and strengthening through the integration of management information systems, including health crisis logistics. **With the assistance of international development partners, various guides and applications such as Rapid Health Assessment, TCK-EMT database, and management logistics, including health crisis contingency plans, are being implemented.**



One of the training and capacity building programs was carried out by **Medecins Sans Frontieres (MSF)** or known as Doctors without Borders. In December 2022, MSF launched the MSF E-Hub or Capacity Building Hub for Emergency Preparedness and Response program. The E-Hub program focused on collaboration and coordination in disaster management, and developed a comprehensive disaster response training curriculum. MSF also offered training for Emergency Medical Teams, Mental Health and Psychosocial Support, Data Management and GIS, and Water Sanitation and Hygiene during disasters.



“

I am a general practitioner in the field of disease prevention and control. I was a training participant in Health Services in Disaster Situations. Undoubtedly, the training conducted by MSF stands out, especially in its emphasis on real-world contexts and experiences in disaster situations. The training methodology is comprehensive, providing not only medical clinical skills but also guidance on how to coordinate effectively amidst a disaster scenario.

Istianah Hariyanti.

A doctor from Health District Unit of Serang, Banten Province.

Not only has it impacted on a national scale, but the Indonesian TCK team has also started to participate in international disaster management. The Indonesian government dispatched humanitarian aid in the form of the Indonesian Emergency Medical Team (EMT) (INA-EMT) to assist with the 2023 Turkey earthquake disaster. The Ministry of Health of the Republic of Indonesia, in coordination with the National Disaster Management Agency (BNPB), deployed the Indonesian Medical Emergency Team (INA-EMT), totaling 105 individuals from various health and non-health professions.





INA-EMT Indonesia provided health services to the people of Turkey by establishing the INA-EMT Field Hospital (RS) in Hassa City, Hatay Province. Operationalization of the INA-EMT Field Hospital commenced on February 15, 2023, and concluded on February 28, 2023. Prior to the cessation of health services, INA-EMT members conducted technical training for Turkish health workers who would be responsible for continuing health services at the INA-EMT Field Hospital. Additionally, a majority of INA-EMT's logistics, including both health and non-health logistics, were donated to the Turkish government.

As a disaster-prone country, Indonesia has the potential to emerge as a leader in developing health strategies for disasters. Let's strengthen ourselves to save more lives, not only in Indonesia but also worldwide.





15. **NATIONAL HEALTH ACCOUNT:** Accelerating Production and Automation

National Health Accounts (NHA) is one of the priority programs in the health transformation pillar, namely the fourth pillar of Health Financing System Transformation. NHA is a tool that systematically and comprehensively records the flow of health funds in a country. Through NHA, we can observe the magnitude of health spending, both from the government and the private sector, at both the national and subnational levels. **The target of this NHA program is to accelerate NHA production to t-1, which was initially t-2, so that the NHA results can be used to provide recommendations for health program planning and budgeting.**

NHA production has been carried out by the Indonesian Ministry of Health's NHA Team in collaboration with academics from the University of Indonesia. In its implementation, NHA requires collaboration from various ministries and institutions at the national level, as well as with provincial and district/city governments at the subnational level. Therefore, **clear and firm regulations are needed to ensure the success of collaboration and the long-term sustainability of this program.** Without adequate legal basis, program implementation can be vulnerable to administrative obstacles as well as different interpretations at the subnational level. Therefore, the government must pay special attention to strengthening the legal basis that supports NHA production so that it runs smoothly and is well-coordinated across all relevant sectors.

Another challenge faced is interoperability and automation of data collection from various NHA data source stakeholders. Currently, the Health Financing Information System (Sistem Informasi Pendanaan Kesehatan - SIPK) holds promise in the NHA data collection process. Although this concept is very beneficial in producing timely and accurate data, its implementation can be complicated due to limited infrastructure, human resource readiness, and integration of existing systems between ministries/agencies. The automation process also encounters technical challenges related to interoperability between platforms, and data security issues are also a significant concern. However, we need to overcome this challenge because good data quality is the key to producing accurate analysis and supporting appropriate decision-making in generating policy recommendations for Indonesia's health development.



Accelerating Production and Automation



Table 17 - Disbursement of Registered Foreign Grants on National Health Account (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
National Health Account	US Agency for International Development (USAID)	62.218.338.410
	World Health Organizations (WHO)	2.040.919.665
Sum of Grand Total		64.259.258.075

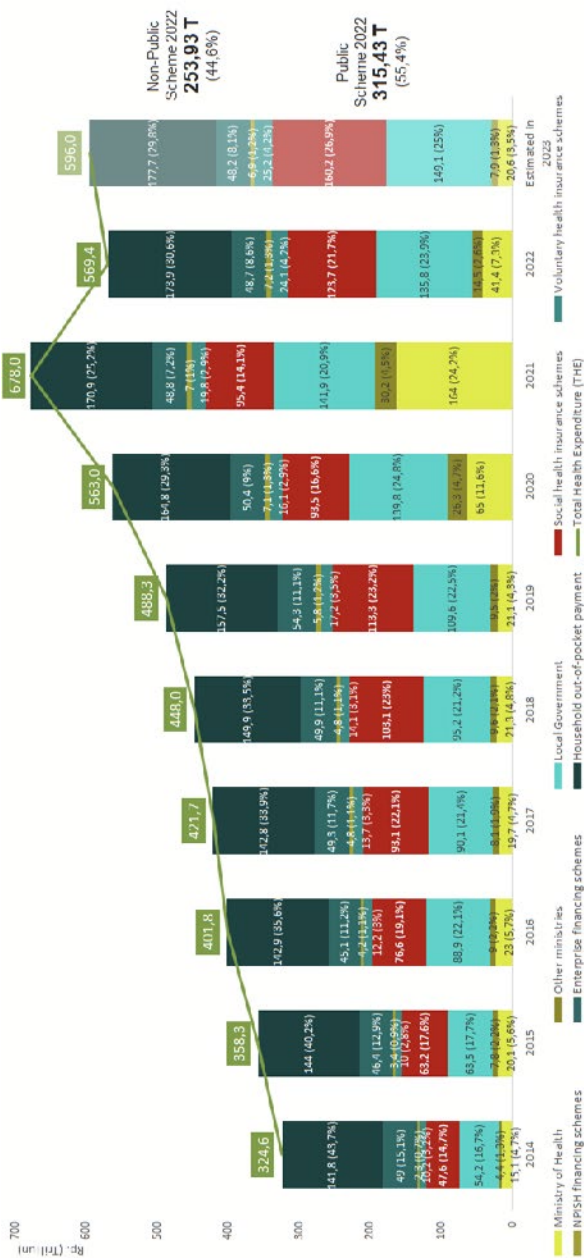
USAID, through the Health Financing Activity (HFA) program portfolio, has supported NHA production since 2019 by providing capacity building for the NHA team and technical assistance (TA) in NHA production and analysis. USAID-MTaPS also supports the production process for pharmaceutical spending in 2021 and 2022, as well as the implementation of a pharmaceutical shopping tracking workshop to be held in 2023. The support provided is in the form of technical assistance (TA) services, both domestic and overseas. **The output of this activity includes a report on Indonesian pharmaceutical spending for 2021 and 2022, as well as a user guide for tracking pharmaceutical shopping. Indonesia is one of three countries (along with Burkina Faso and Benin) involved in the pharmaceutical spending tracking project supported by MTaPS.**

WHO support in 2023 includes the development of NHA methodology, such as setting primary health care spending limits; discussions/workshops related to pharmaceutical spending and determining calculation limits for primary health care spending; production of spending based on disease (Disease Accounts); and NHA workshops. This support will continue until 2025, covering pharmaceutical spending, primary health care spending, Disease Accounts, NHA workshops for reclassifying NHA accounts, and regional health spending production. **Through WHO support, the NHA team had the opportunity to discuss with NHA experts from WHO SEARO and Headquarters, as well as NHA teams from other countries.**





INDONESIAN HEALTH EXPENDITURE DATA 2022 THE RESULT OF COLLABORATION BETWEEN THE MINISTRY OF HEALTH AND MANY PARTIES, INCLUDING INTERNATIONAL DEVELOPMENT PARTNERS

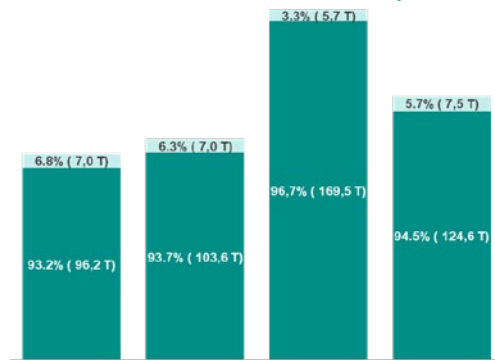


(Courtesy: MoH Centre for Health Financing and Decentralization Policy)

There are two main time points in NHA production, namely June to produce aggregate spending data and December to produce full NHA figures. Support from TA in assisting production, discussion and triangulation is very important for confirming the NHA results produced by the Indonesian Ministry of Health.

The Pharmaceutical Expenditure and Disease Accounts reports which are part of the overall NHA report were also successfully produced as an integrated part of the collaboration with international development partners.

PROPORTION OF PHARMACEUTICAL PRODUCT PROCUREMENT THROUGH E-PURCHASING MECHANISMS TO TOTAL PHARMACEUTICAL EXPENDITURES, 2019-2022



(Courtesy: National Health Account, 2023)

The best practice in NHA production, with funding assistance from international development partners, involves tracking health spending based on disease in the National Health Insurance (Jaminan Kesehatan Nasional - JKN) scheme. This funding is crucial because the National Budget (APBN) does not allocate funds for in-depth investigations of specific health spending patterns as part of NHA production. With financial support from international development partners, the NHA Indonesia Team had the opportunity to meet with experts from various countries and share experiences on how to produce Disease Accounts. Indonesia's best practices in analyzing health expenditure by disease can serve as a valuable model for other countries. Thus, funds from overseas development partners not only provide direct benefits to Indonesia but also have the potential for broader impact in global health improvement efforts.



TRAINING ON PHARMACEUTICAL EXPENDITURE WITH ANDRE ZIDA, THE EXPERT FROM USAID-MTAPS



(Courtesy: MoH Centre for Health Financing and Decentralization Policy)

WORKING SESSION ON NATIONAL HEALTH ACCOUNTS AGENDA, INVOLVING MINISTRY OF HEALTH TECHNICAL UNITS AND WORLD HEALTH ORGANIZATIONS (WHO)



(Courtesy: MoH Centre for Health Financing and Decentralization Policy)





Hendro S. W. Buky
Planning Staff of Health Provincial Unit
of East Nusa Tenggara.

“

We, from the East Nusa Tenggara Provincial Health Service team, are very happy and grateful for the guidance and supervision regarding health accounts. The information presented has helped us to maintain our knowledge of health financing and budgeting, which we can continue to share with stakeholders. We will also advocate for the importance of health accounts in forums such as the Regional Health Working Meeting, attended by regional leaders. We hope that these health accounts will receive further attention from policymakers in East Nusa Tenggara.

**Transforming health financing is a long journey,
especially in Indonesia’s decentralized system.
Let’s continue to learn and share to achieve our
common goal, Universal Health Coverage.**





16. HEALTH TECHNOLOGY ASSESSMENT: Empowering Decision Making through Data

Indonesia is at a crucial point in health financing, especially concerning the financing for the National Health Insurance (JKN) program. **As of December 2023, JKN membership coverage has reached 269 million people, or around 95.70%.** In an effort to ensure continued access to technology and quality health services, Indonesia is facing financial challenges due to the increased use of health services, expansion of benefit packages, and significant cost increases. According to the 2022 National Health Account report, the majority, or 60%, of JKN spending is allocated to non-communicable diseases. JKN spending on non-communicable diseases could reach 76 trillion Rupiah, or 4.9 billion dollars, in 2022. **In the context of quality control and program cost control for JKN, Health Technology Assessment (HTA) plays an important role in providing recommendations for evidence-based policy making.** This ensures that JKN program financing can be sustainable and community access to innovative technology and health services increases. Therefore, the need for HTA study results and recommendations continues to rise.

Health Technology Assessment (HTA) serves as a tool for quality control and cost control within the JKN program, aligning with the mandate of Presidential Decree No. 12 of 2013 concerning Health Insurance, which was updated by Presidential Decree No. 82 of 2018. In executing this mandate, the Health Technology Assessment Committee (Komite Penilaian Teknologi Kesehatan - Komite PTK) plays a vital role in implementing HTA in Indonesia. The committee conducts studies on various health technologies, including drugs, devices, and health procedures within the ambit of individual and community health efforts, both for the JKN program and other government-funded initiatives. The findings of these studies are utilized by the Komite PTK to formulate policy recommendations aimed at determining resource allocation priorities. The focus lies on the utilization of cost-effective health technology, thereby enhancing the quality of life for the Indonesian population.

Some of the challenges in producing HTA studies include 1) incomplete proposed data 2) ineffective dissemination of steps for submitting topic proposals to relevant stakeholders 3) low literacy regarding HTA 4) Lengthy



assessment times due to decentralized hospital data availability 5) Varied completeness and quality of data across hospitals 6) Limited number of HTA agents 7) Absence of a monitoring mechanism for HTA implementation across different management units and 8) Limited funding for HTA studies and capacity development.

Empowering Decision Making through Data



Table 18 - Disbursement of Registered Foreign Grants on Health Technology Assessment (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Health Technology Assessment	US Agency for International Development (USAID)	13.562.593.880
	World Health Organizations (WHO)	828.614.488
Sum of Grand Total		14.391.208.368

The Ministry of Health collaborates with various international development partners to enhance the implementation and production of HTA studies in Indonesia. This collaboration spans multiple stages, beginning with **the selection of HTA priority topics, followed by the execution of HTA assessments and appraisals, and culminating in the formulation of HTA recommendations.**

In terms of topic selection, the Ministry of Health, in conjunction with **USAID** through the MTaPS program, has received **technical assistance aimed at refining the HTA priority topic selection process. Originally, this process took 6–8 months but has now been streamlined to 4 months,** allowing for more time each year for the implementation of selected HTA studies. Improvements to the topic selection process are detailed in the HTA topic selection manual, which was introduced during the socialization of HTA topic proposal submissions for 2024. These enhancements contribute to enhanced transparency, broader stakeholder involvement, and a more cohesive topic selection process.



From 2021 to 2023, 8 HTA studies were conducted, 5 of which received support and technical assistance from international development partners. These five studies were focused on non-communicable diseases. One such study examined cervical cancer screening using the HPV-DNA method in comparison to IVA and Pap smear methods. **The findings of the HTA study on cervical cancer screening revealed that the HPV-DNA method can detect more significant number of pre-cancerous lesions, allowing for early case treatment that can improve patient productivity and quality of life. As a follow-up to the recommendations from this study, a pilot for cervical cancer screening using HPV DNA has been conducted and National Cervical Cancer Elimination Plan for Indonesia 2023-2030 has been developed.**

The Ministry of Health, in collaboration with various international development partners, embarked on strengthening the HTA methodology. This effort included **revising the general HTA guidelines in 2022 and progressing towards the development of adaptive HTA methods.** The revised HTA guidelines were prepared by the HTA Committee and the Ministry of Health, with technical assistance provided by **the World Bank.** Furthermore, the World Bank and USAID supported the Ministry of Health in developing adaptive HTA methods, leading to **Indonesia successfully conducting the first trial of HTA studies using adaptive methods.** The trial focused on pembrolizumab for patients with non-small metastatic lung cancer cells.

2022 HTA GUIDELINES REVISION BOOK



(Courtesy: MoH Centre for Health Financing and Decentralization Policy)



The development of the HTA method was accompanied by efforts to enhance the capacity of HTA agents or those implementing HTA studies, including academics, universities, and hospitals. This capacity-building initiative is conducted through collaborations with World Bank, WHO, and USAID with an aim **to increase the number of HTA studies from only 2-3 studies per year to 27 HTA studies planned to be conducted in 2024.**

CAPACITY DEVELOPMENT OF HTA AGENTS IN 2023



(Courtesy: MoH Centre for Health Financing and Decentralization Policy)

United Nations for Development Program (UNDP) also supported HTA development by providing technical assistance. What works well in this technical assistance is its systematic approach to project development and implementation. The inclusion of diverse stakeholder and expert consultations ensures a comprehensive understanding of diverse perspectives, fostering buy-in and support from relevant parties. UNDP also facilitated participation in key events such as the **HTA Asia Link conference**. This strategic investment serves to enrich stakeholders' understanding of all facets of Health Technology Assessment (HTA), encompassing both full and adaptive approaches. By fostering increased knowledge exchange and collaboration within the HTA community, UNDP empowers stakeholders to navigate complex healthcare challenges effectively and contribute meaningfully to evidence-based decision-making processes. This collaborative effort not only enhances individual



capacities but also strengthens the collective expertise necessary for sustainable healthcare development.



Lukman Hilfi.
Center of HTA, Department of Public Health, Universitas Padjadjaran.

“

I would like to express my appreciation for the implementation of the HTA capacity building activities organized by the Ministry of Health together with World Bank, WHO, USAID. This activity is very beneficial as it provides in-depth insights into various aspects of HTA, including Adaptive HTA, Modelling HTA (Decision Tree and Markov Model), Sensitivity Analysis, and Budget Impact Analysis. The materials presented by qualified and experienced speakers have helped us understand HTA evaluation techniques comprehensively.



Formulating data-driven policies is an immensely challenging yet important task. Let's continue collaborating to build impactful and sustainable health policies for Indonesia.





17. **INFORMATION TECHNOLOGY:** Digitizing Data and Information within the Ecosystem

As an archipelagic country with 60,000 healthcare facilities spreading across more than 17,500 islands, 38 provinces, and 514 districts, Indonesia overcomes challenges in health data and systems. Pertinent issues in the aspect of information technology mainly cover the unintegrated, inaccurate, and low interoperability of personal health data. This is a result of unstrategized digitalization, where healthcare workers must input more than 60 application and information system on daily basis, significantly reducing the efficiency of healthcare service delivery. The lack of standardization also adds to the problem faced by Indonesia's health system, covering integral elements such as pharmaceutical and medical devices data, surveillance data, and health human resources data.

In addressing the national health data challenges, the Ministry of Health launched a health system transformation comprising six pillars, including health technology transformation. As the main guideline for development and implementation, the MoH also launched the Blueprint of Health Digital Transformation Strategy 2021-2024. The implementation of health technology transformation is overseen by the Centre of Data and Information (Pusdatin) and Digital Transformation Office (DTO), which develops the national health information exchange named **SATUSEHAT Platform. This platform aims to integrate over 400 applications and information systems and standardize health data from the national to the regional level.**

SATUSEHAT Platform serves as the backbone of the national health data exchange and offers additional products, including the SATUSEHAT Mobile App for accessing personal medical records and SATUSEHAT Data for accessing accurate national health data to improve data-driven health policymaking. In 2024, SATUSEHAT Platform continues to be developed to provide further functionality. The MoH also advocates for wider implementation of Electronic Medical Record (EMR) integration in health facilities. With the new blueprint for the 2025-2029 period underway, support from the international development partners is essential in accelerating the development and implementation of SATUSEHAT across the country.



Digitizing Data and Information within the Ecosystem



Table 19 - Disbursement of Registered Foreign Grants on Information Technology (in IDR, Jan - Dec 2023)

Programs	Partners	Sum of Grand Total
Information Technology	United Nations Children's Fund (UNICEF)	19.174.899.843
	US Agency for International Development (USAID)	17.908.311.883
Sum of Grand Total		37.083.211.726

SATUSEHAT is very lucky to be supported by many international development partners. USAID CHISU Indonesia aims to improve the interoperability of selected information systems, increase data use, and support HIS sustainability and resilience, particularly related to MNH, TB, HIV, One Health, COVID-19, and health financing. To successfully achieve this vision, CHISU Indonesia works to achieve four critical, strategic objectives: (1) Strengthened governance and enabling environment; (2) Increased availability and interoperability of quality health data and information systems; (3) Increased demand and use of health data and information to address health priorities, gaps, and challenges; and (4) Strengthened organizational development of local nongovernmental partners for sustained health data use. Support from **UNICEF** has been essential particularly in the primary care integration, where UNICEF helped the initial development of several features in ASIK on Mother and Child Health and Immunization. UNICEF also supported Pusdatin-DTO in conducting capacity building programs as well as workshops for the ASIK wide implementation throughout 2022-2023. **WHO** supported the Health Information System in Indonesia aligns with the WHO's Outcome 4.1 Strengthened country capacity in data and innovation as outlined in Thirteenth General Programme of Work (GPW 13) 2019-2023. As one of the main products in the SATUSEHAT ecosystem, SATUSEHAT Data was developed in 2023 with the support from **UNDP** particularly in developing the data warehouse. The support concluded



with the Go- Live Launching of the SATUSEHAT Data in September 2023. The support from **DFAT-AIHSP** for Pusdatin-DTO particularly in the aspect of digital health covers technical advisory for digital health transformation in primary healthcare as well as technical assistance in the development of terminology server to accelerate data standardization process in the SATUSEHAT Platform.

Summit Institute for Development with the support from Bill Melinda Gates Foundation (BMGF) actively supports the primary care integration

(ILP) initiative, particularly in developing the Standardization Modules and FHIR API in the SATUSEHAT Platform. Along with the longstanding support to the MoH in handling HIV/AIDS, Tuberculosis and Malaria diseases, **Global Fund** has also been supporting digital health transformation by providing grants for interoperability workshops and socialization of SATUSEHAT Platforms, ASIK, and SATUSEHAT Data. This allows Pusdatin-DTO to reach health facilities and district health offices better to promote the implementation of EMR and integration to the SATUSEHAT Platform.

THE HANDOVER OF ISO 27799:2016 AS ONE OF THE SATUSEHAT ACHIEVEMENT IN SECURITY ASPECT



(Courtesy: MoH)

SATUSEHAT emerges as the solution to the aforementioned problems and challenges. Conceived by the MoH as a prioritized E-Government System, SATUSEHAT has achieved significant milestones as of April 2024. Firstly, Data Integration and Interoperability have been realized within SATUSEHAT. According



to records from the Digital Transformation Office (DTO), **the SATUSEHAT Portal has registered 34,180 health facilities, with 31,313 of them granted API production access. Furthermore, 17,450 health facilities are actively engaged in sending data to SATUSEHAT.** This indicates that approximately one-quarter of the total health facilities in each province of Indonesia are now connected.

Another notable achievement is the digitalization of Primary Care Integration through the Healthy Indonesia Application (ASIK). To improve healthcare service delivery at the primary care level, the MoH launched ASIK for healthcare workers to perform health recording, starting with immunization records and baby's growth development. **ASIK's user-friendly interface, time-saving features, efficiency, and optimal performance have facilitated the recording of 200,491,724 individual immunization records as of April 2024. Additionally, 36,803,925 individuals have received immunization services through ASIK, with 10,249 (98.29%) puskesmas reporting routine immunizations within the ASIK platform. Not only that, ASIK also makes it easy for individuals to receive recent information on their immunization, with 554,178 notification messages sent to 213,153 users.**

TRAINING OF HEALTH WORKERS ON THE USE OF THE ASIK APPLICATION WHICH IS INTEGRATED WITH WHATSAPP CHATBOT



(Courtesy: MoH)



To ensure that the new transformative system is perceived as user-friendly as initially anticipated, MoH organized face-to-face technical support sessions for the Information Technology teams at healthcare facilities. Acknowledging that one of the challenges of digital transformation is the inequality in access and infrastructure, the MoH has ensured that every region in Indonesia, particularly the Eastern region, can readily access SATUSEHAT. While ongoing improvements are deemed necessary, health workers in Papua have already begun to experience the ease and effectiveness that SATUSEHAT provides.



"SATUSEHAT means the data becomes one. We only need to input data once, then we send it to the SATUSEHAT Platform. The required data will be available everytime we need to access data"

Erick Sokota.

Nurse and IT Officer at Puskesmas Remu, Sorong City, Southwest Papua.



"WhatsApp chatbot feature has been beneficial for us as cadres. Now, it is easier for us to record data on child weight at Posyandu. We can monitor children's growth and nutritional status, and their parents will receive the information through WhatsApp."

Rina Mariana.

Cadre of Posyandu Kemuning 4, Bogor, West Java.

Technology is the hope for Indonesia, the archipelagic nation. Let's continue to develop innovations and facilitate the adoption of technology for the advancement of Indonesia's health in the digital era.





18.

INTERNAL TRANSFORMATION:

The Long Strive to Achieve
Kemenkes Hebat

The six pillars of health transformation represent a long-term direction and strategy that require the capability and capacity to bring them to execution. As the Ministry of Health, we are fully aware that the comprehensive transformation of Indonesia's healthcare system can only happen if we continue to transform ourselves. Therefore, we are committed to pushing ourselves towards achieving our vision of **Kemenkes Hebat, Indonesia Sehat.**

To enhance our organization's collaborative growth process, we have introduced the 7th pillar of health transformation: the Ministry of Health's internal transformation. This pillar comprises five key components:

1. Planning and Budgeting,
2. Organizational Structure,
3. Human Resources,
4. Technology and Digitalization, and
5. Policy.

We believe that human resources are the primary drivers of sustainable change. We are committed to reforming our work culture, focusing on three aspects:

1. Effective Execution,
2. New Ways of Working, and
3. Service Excellence.

We encourage ourselves to become a leader of change. We are committed to serve as role models in embodying our daily work culture, using our authority to promote change, and fostering champions within our respective work units.



IMPLEMENTATION OF INDONESIA CIVIL SERVANTS (ASN) CORE VALUES OF BERAKHLAK



INTO WORKING CULTURE OF MINISTRY OF HEALTH (Courtesy: MoH)

As part of our commitment to creating a lifelong learning organization, the Ministry of Health also launched **Kemenkes Corporate University** in 2023. Kemenkes Corpu is positioned to be an enabler in realizing strategies and achieving health transformation targets, increasing the capacity and competency of Ministry of Health talents, and fostering a learning culture within the organization. Kemenkes Corpu flagship program is the **Managerial Leader Program**, which aims to enhance managerial and leadership skills across various levels within the ministry. The program's curriculum is structured across five levels of leadership, starting from "Self Leadership" at level one to "Transformational Leader" at level five. Learning methods employed include classroom sessions, mentoring, coaching, buddy programs, field studies, and special assignments such as secondments with international organizations.



KEMENKES CORPORATE UNIVERSITY GRADUATION DAY MANAGERIAL LEADER PROGRAM BATCH 1- 2023



(Courtesy: MoH)

We recognize the challenges involved in transforming work culture and enhancing human resource competency. It is a complex and long-term endeavor requiring sustained commitment to achieve tangible impact for all. Therefore, we are deeply grateful to our international development partners for their unwavering support in this ongoing journey, such as **UNICEF, WHO, Asian Development Bank (ADB), The World Bank, and World Bank - Australia Department of Foreign Trades (WB-DFAT).**

In enhancing the MoH planning and financial capabilities, **UNICEF** has provided invaluable technical assistance by conducting background studies for the health sector strategic plans. Additionally, **WHO** played a crucial role by delivering training on planning, implementing, and evaluating health programs. WHO also facilitated the review process for our sector's strategic plans. **The Asian Development Bank (ADB)** continues to offer crucial support through ongoing technical assistance to various strategic units. This assistance aims to accelerate health transformation both during and after the Covid-19 pandemic. ADB provides expertise in several key areas, including public health, hospital management, health policy, talent management, and partnership development. ADB has also committed to facilitating secondments for Ministry of Health talents at ADB headquarters in Manila. This secondment opportunity is designed to provide a meaningful and sustainable learning experience for Ministry of Health talents. **The World Bank** has also facilitated the secondment of Ministry of Health talents to its office in Washington DC for a six-month

period in 2023. This program is financed jointly by the World Bank and the Australian Department of Foreign Affairs and Trade (**WB-DFAT**).



Irene L. Indalao
Project Management Officer for
Biomedical and Genome Science
Initiatives (BGSi), the Ministry
of Health of the Republic of
Indonesia.



It is indeed, an honor to be given an opportunity by the Minister of Health and selected as one of the first secondees. The secondment program is very beneficial for the government officials to learn how to work, exchange experiences and knowledge, as well as collaborate with people from different nations and regions.

One of the highlights working as the health specialist in the Bank is when I was trusted to do a mission with a multidisciplinary team and given a part to contribute to the primary health care system in pandemic preparedness and response study in Belize. The team was wonderful and passionate about doing what they do and I learned a lot from them.

During my secondment period, I saw so many opportunities that Indonesia's official not only can learn but also contribute. I do hope that the secondment program will continue and expand, not only with the Ministry of Health but with other government agencies.

Transforming people and culture is a challenging endeavor, yet it remains a noble pursuit. Let us join forces to cultivate exceptional talent within the Ministry of Health.

Kemenkes Hebat Indonesia Sehat.



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- Economic Research Institute for ASEAN and East Asia
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HEALTH TALENT CAPACITY BUILDING

- Government of Australia
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- The UK Health Security Agency (UKHSA) - United Kingdom
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- World Health Organizations

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