Indonesia is engaged in the process of ensuring effective decentralization and functioning of the health system while at the same time responding to urgent health needs brought about by natural disasters as well as emerging and re-emerging communicable and non-communicable diseases.

In line with the national development plan, Indonesia has developed its longer-term Health Strategy document 2005-2025. The second medium-term health strategy 2009-2014 is expiring in 2014 and the process of preparing for the third medium-term health strategy 2015-2019 is ongoing. National strategic planning document 2011-2025 on HRH is in place. An ICT master plan for MoH exists which needs revising.

Implementation of universal health coverage (UHC) through national health insurance system (SJSN) is in place since January 2014 with the aim of reaching the entire population of Indonesia by 2019. Prevention of non-communicable diseases (NCDs) is being given special priority. Increased level of maternal mortality is a great concern and the government is putting emphasis on improving access and quality of maternity services. While Indonesia accession to the Framework Convention Tobacco Control (FCTC) is still awaited, progresses are being observed from the government part with the number of tobacco control related legislations and presidential decrees and also continued persuasion toward FCTC accession.

The Indonesian health system was decentralized to district level in 2000. An updated national health system document is in place. Annual operational plans for each technical unit of health ministry, provincial and district health offices are developed based on national medium-term strategy. Out-of-pocket expenditure is still high with growing private health sector. With the implementation of UHC, the private health institutions are encouraged to enroll within the UHC scheme under national social security management agency for health (BPJS). The government is promoting private health practitioners’ engagement with the public sector through UHC to improve access to health care services.

There is a clear need to define roles and functions of the health system at the different levels of government in the areas of human resources for health, health sector performance, increasing and redirecting health sector financing, institutionalizing the newly introduced social health insurance, i.e. Indonesian version of Universal health Coverage (UHC), and determining how health institutions could develop to foster effective community participation.

COOPERATION FOR HEALTH

During the last two decades, the international community has shown continuing interest in, health development in Indonesia. The two largest bilateral grant providers are USAID and AusAID, who account for nearly two-third of all grants given. Since 2003, the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI) started to disburse funds earmarked for special programmes. Indonesia graduated from GAVI co-financing status in 2012. WHO has displayed a leadership role in assisting the Ministry of Health in the preparation of GFATM proposals. WHO is also assisting the Ministry of Health in “making the money work” by actively participating in the Country Cooperation Mechanism as well as providing technical support to the TB and HIV programmes through the “intensified support and action” programmes, which use GFATM funds through WHO to support technical assistance. Furthermore, currently there are 25 UN agencies, funds and programmes operating in Indonesia. WHO is a lead UN country team, and actively involved in the UN Partnership and Development Framework (UNPDF), a common strategic framework for operational activities of the UN system at country level. WHO is currently the lead agency for a number of UNPDF outputs related to improved health and nutrition.
## Strategic Priorities and Main Focus Areas for WHO Cooperation

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<th>Strategic Priority</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Provide technical and management support to help sustain and strengthen key programmes to prevent and control communicable diseases. | • Expand coverage and impact of HIV interventions for prevention, control and care  
• Provide continued technical support to address MDR and XDR TB and TB-HIV co-infections through interventions such as TB infection control and treatment, drug resistance monitoring, operational research and TB-HIV collaboration  
• Promote implementation of combination therapy for malaria treatment, as well as wider coverage of impregnated bednets for malaria prevention and control  
• Technical support in Neglected Tropical Diseases of public health importance, especially Lymphatic Filariasis, Leprosy, Yaws, Schistosomiasis and soil transmitted helminthes  
• Support achieving universal childhood immunization in every village |
| **STRATEGIC PRIORITY 2:** Promote public health approaches to prevention and control of noncommunicable diseases | • Support monitoring of the prevalence of noncommunicable diseases and related risk factors  
• Support implementation of best practices in tobacco control; and adherence to, and implementation of, the WHO Framework Convention for Tobacco Control  
• Support prevention and health promotion to control and prevent NCD |
| **STRATEGIC PRIORITY 3:** Promote policies and strengthen programmes to improve child, adolescent and reproductive health | • Support improvement of access to quality maternal, neonatal, child, and adolescent health services  
• Promote diversification of reproductive and sexual health services, including adolescent health, reproductive tract infections and cancers, and healthy ageing  
• Advocate strengthening of national capacity to integrate gender equity and a human rights approach into policies and programmes  
• Promote Gender Equity and Equality and actions against violence against women |
| **STRATEGIC PRIORITY 4:** Support national efforts to promote policies and strengthen the health system to improve access to quality health services in support of Universal Health Coverage (UHC) | • Strengthen management and innovations in the health system by supporting implementation of regulations for public and private provision of health services in line with universal health coverage.  
• Strengthen HRH institutional capacity by supporting for appropriate standards, protocols, pre-service trainings and continued professional development along with support implementation of global and national strategies on human resources for health  
• Support revising as needed and implementing national medicine policies including medicine procurement and supply chain management along with quality assurance of essential drugs, equipment and traditional medicines  
• Strengthen and institutionalize integrated health information systems with UHC information systems along with capacity strengthened for utilization of HIS data for planning and decision making. |
| **STRATEGIC PRIORITY 5:** Strengthen the preparedness, surveillance and effective response to disease outbreaks, acute public health emergencies and the effective management of health-related aspects of humanitarian disasters | • Improve the capacity of the health care system to manage cases of epidemic-prone diseases and to prevent hospital-acquired infections  
• Strengthen surveillance, response to and preparedness for, disease outbreaks and pandemics, especially in the context of the International Health Regulations (IHR 2005)  
• Emphasize emergency mitigation and preparedness, including better hazard and vulnerability assessments |