

PARTNERS

During the last two decades, the international community has shown interest in, and attention to, health development in Indonesia. Largest bilateral grant providers are AusAID and USAID to support maternal and child health (including nutrition and family planning) and communicable disease control, with smaller amounts supporting decentralization and health policy reform during the period 2000-2004. During 2005-9, substantial amounts of bilateral and multilateral funds from a range of partners were disbursed to address multiple challenges posed by disasters and emergencies, avian influenza and polio eradication.

Support from the Asian Development Bank focused on ensuring access to health services through infrastructure investments, but the emphasis has shifted to building local management and clinical capacity, community empowerment, and improving operational competence. In 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. WHO has displayed a leadership role in assisting the Ministry of Health, Indonesia, in the preparation of GFATM proposals. Since 2003, a substantial total of grant amounts was mobilized under the GFATM mechanism, totalling US\$ 137,250,375.

Furthermore, during the period 2002-2006, GAVI funded a total of US\$ 27 million to strengthen the areas of immunization services, injection safety and new vaccines.

There are currently 25 UN agencies, funds and programmes operating in Indonesia. WHO together with the Food and Agricultural Organization (FAO) is taking the lead role in coordinating the UN approach to support national capacity to respond to avian influenza and pandemic preparedness. WHO is also an active member in the *United Nations technical working group for disaster risk reduction* which aims to improve UN coordination and facilitate support to Indonesian government to manage risks from, and respond effectively to disasters. WHO also coordinate activities closely with other UN agencies working in health areas, in particular with United Nations Children Fund (UNICEF), United Nations Population Fund (UNFPA), International Labour Organization (ILO) and FAO.

The importance of the role of nongovernmental organizations (NGOs) in Indonesia has been growing since the late 1970s. There is little information on the number of NGOs providing health care services; the overall figures range from 8,000 to over 13,000 officially registered NGOs. In response to the tsunami and subsequent earthquakes, a large number of NGOs arrived at Aceh and Nias.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The international community has shown continuing interest in, and attention to health development in Indonesia. Donor commitment following tsunami (2004) and Avian Influenza cases has been encouraging. Country Coordination Mechanism (CCM) responsible for formulating proposals to the GFATM established and successful in mobilizing resources for health. Coordination of UN agencies work and support through United Nations Development Assistance Framework (UNDAF) which provides a collective, coherent and integrated UN system response to national priorities and needs. UN coordination and support to Indonesian government to manage risks from, and respond effectively to disasters coordinated through <i>United Nations technical working group for risk reduction</i>. 	<ul style="list-style-type: none"> Sustainability of mobilizing resources for health. Coordination of donor and NGO activities in all health sectors, especially for emergency relief and reconstruction. Coordination and optimal use of funds to fill gaps and ensure sustainability of health projects.

WHO STRATEGIC AGENDA 2007-2011

The overall goal of the World Health Organization in Indonesia is to improve the health of the Indonesian people by supporting health development and effective response to urgent needs, advocating health promoting policies, raising awareness of neglected public health priorities and providing technical leadership in collaboration with the Government, donor partners and other actors in health.

In the light of country needs, government policies, activities of other development partners and WHO's own objectives, the WHO Country Cooperation Strategy for Indonesia has identified six priority areas:

- Health policy and system development.** Support national efforts to promote policies and strengthen the health system to improve access to quality health services.
- Prevention and control of communicable diseases.** Provide technical and management support to help sustain and strengthen key programmes to prevent and control communicable diseases.
- Health of women, children and adolescents.** Promote policies and strengthen programmes to improve child, adolescent and reproductive health.
- Noncommunicable diseases, mental health, health and environment.** Promote public health approaches to prevention and control of noncommunicable diseases, mental health and environmental health.
- Emergency preparedness and response.** Strengthen emergency preparedness and response.
- Partnerships, coordination and WHO's presence in countries.** Promote partnerships, coordination and WHO's presence in countries.



ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/idn/en/>
WHO country office website <http://www.who.or.id>

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