REVISED STRATEGIC PRIORITIES FOR THE INDONESIAN WHO COUNTRY COOPERATION STRATEGY
(2014 – 2020)
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WHO Country Cooperation Strategy
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Based on the Mid-term Review including Consultations with
the Ministry of Health and Partners held on February 3, 2017
and a High-level MOH Review on March 2, 2017
Strategic Priorities

The following outlines the five Strategic Priorities for WHO work in Indonesia. Each of these priorities has up to four Main Focus Areas showing what WHO expects to accomplish related to the Strategic Priority. Within each Main Focus Areas are Strategic Approaches describing how WHO intends to achieve the Main Focus Area. These Strategic Priorities are meant to identify specific strategies for the WHO to assist the health sector in Indonesia during the period of the 2014 through 2020. Actual activities, specific results, and planned expenditures for these strategies are listed in the biennium workplans of the Country Office.

Strategic Priority 1: Address the challenges of communicable diseases and reach the national Sustainable Development Goal targets.

1.1 Main Focus Area: The SDG 3 HIV targets and control of hepatitis and sexually transmitted infections (STIs)

- **Strategic Approach 1.1.1:** Support expansion of sustainable, decentralized and integrated service delivery models that address the prevention and care treatment cascade of services for HIV, including TB-HIV collaborative activities and preventing mother-to-child transmission and STIs services within the framework of Universal Health Coverage
- **Strategic Approach 1.1.2:** Support the scaling up of access and quality of services for hepatitis diagnosis and treatment in line with WHO guidelines, integrated with HIV programme wherever possible, and focused on key populations.
- **Strategic Approach 1.1.3:** Promote the effective use of quality strategic information from surveillance, programme reporting, evaluations and implementation research to improve programmes

1.2 Main Focus Area: Implementation of the End Tuberculosis Strategy

- **Strategic Approach 1.2.1:** Support integrated patient centred TB care and prevention, focusing on early diagnosis and treatment of all types of tuberculosis (including drug-resistant tuberculosis and children) with screening of contacts and high-risk groups
- **Strategic Approach 1.2.2:** Promote supportive policies and systems that enhance political commitment and resources, regulatory framework, social protection schemes, engagement of public and private sectors, and involvement of civil society organizations and other partnerships
- **Strategic Approach 1.2.3:** Support innovation, operational research and rapid uptake of new tools, interventions and strategies to optimize implementation and impact

1.3 Main Focus Area: A decentralized and effective system for elimination/eradication of malaria and neglected tropical diseases (NTDs)

- **Strategic Approach 1.3.1:** Support intensified surveillance and response systems for malaria and NTDs (leprosy, yaws, lymphatic filariasis, schistosomiasis and soil transmitted helminthiasis) to eliminate/eradicate these diseases as per national targets
• **Strategic Approach 1.3.2:** Improve integrated vector management to help reduce and interrupt the transmission of malaria and other vector borne diseases (schistosomiasis, dengue, etc.), including capacity building and research

• **Strategic Approach 1.3.3:** With the support of partners, work toward the elimination and eradication of NTDs through the effective implementation of integrated campaigns with high geographical and population coverages (mass drug administration for LF, schistosomiasis, soil transmitted helminthiasis and yaws, and multi-drug treatment for leprosy) in targeted areas

1.4 Main Focus Area: Strengthened immunization systems enabling highly equitable vaccination coverage by reaching everyone, everywhere and the timely introduction of new, life-saving vaccines

• **Strategic Approach 1.4.1:** Support and promote coordination of all stakeholders, civil societies, professional organizations, and communities to improve immunization coverage, specifically by enhancing health workers capacity and addressing barriers of vaccine hesitancy at the individual and community levels, as well as to increase coverage among vulnerable populations, and unreached and under-reached populations

• **Strategic Approach 1.4.2:** Strengthen vaccine preventable disease surveillance (VPD) systems, including the capacity of public health laboratories, and monitoring of disease epidemiology to sustain polio free status, maternal neonatal tetanus elimination, progress towards achieving measles elimination and the control of rubella/congenital rubella syndrome

• **Strategic Approach 1.4.3:** Support the introduction and access to safe effective, quality and affordable new life-saving vaccines for public health priority diseases such as pneumonia (PCV), diarrhoea (Rota virus), cervical cancer (HPV), dengue and Japanese encephalitis

Strategic Priority 2: Address the challenge of noncommunicable diseases, their modifiable risk factors and mental health disorders in line with global commitments under UNGA resolutions and SDGs

2.1 Main Focus Area: Support to develop appropriate multisectoral policy frameworks for the prevention and control of major noncommunicable diseases (NCDs), mainly cardiovascular, respiratory diseases, diabetes and cancers.

• **Strategic Approach 2.1.1:** Support the updating of national multisectoral policies to include, as appropriate, best-buy and good-buy interventions for the prevention and control of major NCDs and their risk factors

• **Strategic Approach 2.1.2:** Promote sustainable multisectoral partnerships for high-level policy advocacy with relevant government agencies, civil society organizations and the private sector for NCDs, including mental health and substance use disorders

• **Strategic Approach 2.1.3:** Strengthen MOH’s institutional capacity to improve NCDs and mental health programmes, mobilize resources, build and maintain partnerships, and monitor implementation
2.2 Main Focus Area: Promote effective population-based interventions to address the behavioural (e.g. physical inactivity, unhealthy diet, tobacco use and harmful use of alcohol), dietary, biological, and environmental risk factors associated with NCDs

• **Strategic Approach 2.2.1:** Support the implementation of evidence-based regulatory measures to reduce tobacco use, including ratification of the WHO Framework Convention on Tobacco Control (WHO-FCTC), regulate alcohol use, and to reduce salt, sugar and trans-fat use in consumable products, including regulatory measures on food labelling and marketing to children

• **Strategic Approach 2.2.2:** Support community initiatives and population-wide campaigns to encourage healthy lifestyles, reduce obesity and promote behavioural changes to increase physical activity and modify unhealthy diets by reducing salt, sugar, and trans-fat consumption

• **Strategic Approach 2.2.3:** Promote lifestyle modifications for individuals at risk of developing NCDs and with alcohol and substance-use disorders through innovative rehabilitation approaches and technologies

• **Strategic Approach 2.2.4:** Strengthen health impact and vulnerability assessments to minimize human exposure to adverse environmental pollutants and conditions

2.3 Main Focus Area: Health system capacity to respond more effectively to prevent and manage NCDs and risk factors, and mental health and substance use disorders

• **Strategic Approach 2.3.1:** Identify and address health system-related gaps that undermine the implementation of NCD prevention and control interventions

• **Strategic Approach 2.3.2:** Support the strengthened capacity of healthcare providers and NCDs managers to better manage NCDs and their risk factors

• **Strategic Approach 2.3.3:** Support the adaptation and implementation of the Package of Essential Noncommunicable Disease (PEN) and Mental Health Global Action Programme interventions for primary health care

• **Strategic Approach 2.3.4:** Support improvements in primary and secondary prevention through better screening and management of NCD metabolic risk factors as well as palliative care provision for the terminally ill

2.4 Main Focus Area: Determine trends in four major NCDs and their risk factors, mental health and substance use disorders, as well as the effectiveness and impact of interventions

• **Strategic Approach 2.4.1:** Support the development of progress indicators of NCDs prevention and control determinants, risk factors, mental health and substance use to monitor trends and their integration into national surveys and health research priorities

• **Strategic Approach 2.4.2:** Improve the quality and use of existing health information systems and cancer registries to support surveillance activities and decision-making
Strategic Priority 3: Improve reproductive, maternal, newborn, child and adolescent health through increasing access to quality services

3.1 Main Focus Area: Quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) care with special attention to under-served and remote areas

- **Strategic Approach 3.1.1**: Advocate adoption of a quality improvement system for RMNCAH in line with international standards
- **Strategic Approach 3.1.2**: Improve RMNCAH related health information with a focus on Maternal Perinatal Death Surveillance and Response (MPDSR)
- **Strategic Approach 3.1.3**: Strengthen national policies, strategies and action plans aligned with the comprehensive implementation plan on maternal, infant and young child nutrition, and the Second International Conference on Nutrition Framework for Action that are consistent in improving under-nutrition and micronutrient deficiencies.

3.2 Main Focus Area: Human resources development and deployment for RMNCAH especially in under-served and remote areas

- **Strategic Approach 3.2.1**: Support the standardization and quality of RMNCAH pre-service and in-service training across the public and private sectors

3.3 Main Focus Area: Effective evidence-based interventions on adolescent and reproductive health, with special attention to pre-conception care

- **Strategic Approach 3.3.1**: Advocate policies that ensure health related rights of adolescents and their equitable access to pre-conception care and sexual reproductive health services
- **Strategic Approach 3.3.2**: Promote pre-conception education and care to prepare healthy mothers and healthy pregnancies

Strategic Priority 4: Strengthen the health system to enable Indonesia to achieve Universal Health Coverage (UHC)

4.1 Main Focus Area: Quality and coverage of health services with an emphasis on prevention and promotion using the family-centred approach

- **Strategic Approach 4.1.1**: Advocate for the inclusion of preventive and promotive health services as part of UHC and undertake research directed at quantifying the benefits which may derive from such an approach
- **Strategic Approach 4.1.2**: Strengthen institutional capacity for enhancing the quality of health services by institutionalizing the quality and safety framework, patient and community engagement and accreditation of health facilities and health training programmes
- **Strategic Approach 4.1.3**: Support implementation of UHC through building capacity to develop National Health Accounts (NHAs) and System Health Accounts (SHA11), using Health Technology Assessment (HTA) for priority setting and efficiency improvement
4.2 Main Focus Area: Comprehensive national health policies, strategies, and plans

- **Strategic Approach 4.2.1:** Facilitate the review of ongoing plans and the development of national health policies, strategies and plans
- **Strategic Approach 4.2.2:** Support developing and implementing national strategies for integrated people-centred health services and national action planning to roll out the global strategy on Human Resources for Health (HRH) workforce 2030
- **Strategic Approach 4.2.3:** Provide and coordinate technical support for revising and effectively implementing national policies and strategies and tools for increasing access to and rational use of affordable essential medicines including antimicrobials

4.3 Main Focus Area: Public sector health information systems at district, provincial, and national levels for measurement of SDGs

- **Strategic Approach 4.4.1:** Support SDG measurement through interoperability among public sector health information systems at district, provincial and national levels
- **Strategic Approach 4.4.2:** Convene all relevant stakeholders to promote the establishment of a national Civil Registration and Vital Statistics (CRVS) System and enhanced system for death registration
- **Strategic Approach 4.4.3:** Develop bridging systems and information dashboards to integrate existing information systems
- **Strategic Approach 4.4.4:** Support the government’s health workforce utilization, planning, and training by establishing a national Health Workforce Account

Strategic Priority 5: Enabling capacity for preparedness and response to public health emergencies and disasters

5.1 Main Focus Area: Capacity to prevent, detect, verify, assess, inform, and respond to public health events

- **Strategic Approach 5.1.1:** Facilitate assessment, planning, monitoring, evaluation and capacity building for full implementation of IHR 2005 core capacities ensuring multisectoral involvement and collaboration using the one-health approach
- **Strategic Approach 5.1.2:** Strengthen capacity for risk assessment, communication and management of public health events
- **Strategic Approach 5.1.3:** Strengthen management and communication of foodborne and zoonotic risks along the farm-to-table continuum, including multisectoral actions for integrated foodborne disease surveillance and the implementation of Codex standards

5.2 Main Focus Area: Laboratory capacities for disease surveillance to promote evidence-based decision-making

- **Strategic Approach 5.2.1:** Strengthen public health laboratory capacity for bio-safety, bio-security, surveillance, evaluation, and data analysis for evidence-based responses
- **Strategic Approach 5.2.2:** Facilitate public health laboratory networking across the government and private sector
5.3 Main Focus Area: All-hazard approach in improving preparedness plan for emergencies and disaster risk reduction activity

- **Strategic Approach 5.3.1**: Advocate and facilitate updating policies and strategies for all-hazard emergency preparedness and disaster risk reduction
- **Strategic Approach 5.3.2**: Strengthen the country’s capacity for all-hazard emergency preparedness and disaster risk reduction using a bottom-up approach through building community resilience and involvement of academic institutions
- **Strategic Approach 5.3.3**: Advocate the use of all-hazard emergency information management and research in disaster risk reduction at the district, provincial and national levels

5.4 Main Focus Area: Emergency preparedness and post disaster response

- **Strategic Approach 5.4.1**: Provide technical assistance to develop and test all-hazard emergency preparedness and response plans for vulnerable districts and provinces
- **Strategic Approach 5.4.2**: Enhance capacities of the rapid response and emergency medical teams during emergencies and its collaboration with public health operations centres and ambulance referral systems
- **Strategic Approach 5.4.3**: Promote the alignment of existing coordination and collaboration mechanisms across sectors as a health cluster lead for emergencies and disasters
- **Strategic Approach 5.4.4**: Enhance capacity for post disaster health system rehabilitation and reconstruction to build back better as part of achieving SDG goal no.11 using safe health facility initiatives framework