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| Australia Indonesia Health Security Partnership Mid-Term Review Report Annexes |
| June 2023 |

Table of Contents

[9.1 Terms of reference for Mid-Term Review of the AIHSP and COVID-19 response activities 2](#_Toc135825621)

[9.2 List of documents reviewed 8](#_Toc135825622)

[9.3 List of interviewees 11](#_Toc135825623)

[9.4 Methodology – analysis frameworks 18](#_Toc135825624)

[9.5 Activities that addressed the NAPHS Technical Areas 19](#_Toc135825625)

[9.6 JEE recommendations in the NAPHS that were addressed by Australia 2020-2023 23](#_Toc135825626)

### Terms of reference for the Mid-Term Review of the AIHSP and COVID-19 response activities

**Introduction**The Australian Government is undertaking a Mid-Term Review (MTR) of the Australia Indonesia Health Security Partnership (AIHSP). Undertaking an MTR is a requirement in the AIHSP agreement. The MTR will also assess the impact of COVID-19 health response activities delivered by the World Health Organisation (WHO) and United Nation’s International Children’s Emergency Fund (UNICEF), which are scheduled for completion within 20months. The MTR seeks to assess performance and inform remaining implementation and future options, noting that the 2024 national election may shift the policy landscape.

At a bilateral leader meeting on 6 June 2022, President Widodo and Prime Minister Albanese committed to a renewed focus on health cooperation and recovery from COVID-19. This will be supported by the Memorandum of Understanding on Health Cooperation between Australia and Indonesia signed in 2022, which aligns with the AIHSP priority focus of public health emergency preparedness and response.

The AIHSP, WHO and UNICEF programs directly action the Indonesia COVID-19 Development Response Plan to strengthen health security and respond to the COVID-19 pandemic. This includes providing vaccines, emergency assistance, and partnering with Indonesia to build resilient and health security systems. Through regional support, Australia funded the delivery of more than 77 million COVID-19 vaccines (COVAX) and vital vaccine rollout support and infrastructure, as well as bilaterally donated 8.4 million COVID-19 vaccine doses (VAHSI). It also recently provided 3 million Foot and Mouth Disease vaccines, and 200,000 rabies vaccines in Bali. The imminent Development Policy will further progress health security and COVID-19 recovery in Indonesia, linked to DFAT’s regional Indo-Pacific Initiative for Health Security.

Australia’s support closely aligns with Indonesia’s health priorities to respond to COVID-19 and assist Indonesia’s ambitious human health reforms, the national ‘health transformation’. In September 2021, Indonesian Health Minister Sadikin asked Australia to support its national health reform agenda, with an emphasis on strengthening primary healthcare. AIHSP’s focus and flexibility was well-placed to assist reforms and expand support. This has included undertaking a review of Indonesia’s national health system for the Ministry for Development (BAPPENAS), which will inform Indonesia’s next National Development Plan (RPJMN) and subsequent national Health Strategy. This complements effort progressing health transformation reforms by the Ministry of Health (MoH), Ministry of Finance and Australia’s economic governance program (PROSPERA).

**Background**The Australian Government is assessing Australia’s health security partnership with Indonesia (INN089), which includes activities managed by DT Global, UNICEF and WHO.

**AIHSP** is a five-year bilateral health security program established in February 2020 with a budget of AUD 14 million, and partners with the MoH and Ministry of Agriculture (MoA). In addition, it also includes a health security component delivered by the World Health Organisation (WHO, AUD 2.5 million). The program builds on Australia’s previous bilateral human and animal health programs, including the Australia Indonesia Partnership for Emerging Infectious Diseases (AIPEID, 2010-2018). AIHSP has a focus on national health security, as well as targeted support in Central Java, Bali and South Sulawesi.

AIHSP End of Program Outcomes (EOPOs) seek to strengthen Government of Indonesia (GOI) systems to prevent, detect and respond to public health and animal health emergencies and strengthen national coordination responses to health threats. It aims to increase national health security in Indonesia to bolster Indonesian, Australian, regional and global health security. It engages a multisectoral ‘One Health’ approach to integrate health sectors working with GOI, and other Australian and Indonesian agencies. AIHSP is overseen by a Program Coordinating Committee (PCC) and two Program Steering Committees (PSC, animal and human health). These governance mechanisms are co-chaired by GOI and DFAT’s Minister Counsellor for Governance and Human Development, and the contract is managed by DT Global.

During 2021 and 2022, funding increased to AUD 31.5 million to support an expanded scope of public health and animal health threats, including support to VAHSI, and responses to outbreaks of Lumpy Skin Disease and Foot and Mouth Disease. AIHSP also supports Indonesia’s G20 Presidency with administrative and technical inputs into the G20 Health Ministers’ Action Plan to Strengthen Global Health Architecture.

**Figure A: AIHSP, WHO and UNICEF Project Scope and Value**

This figure explains AIHSP, WHO and UNICEF Project Scope and Value.



During 2020 and 2021, new **COVID-19 response programs** were introduced to respond to emergency needs through **WHO** and **UNICEF**. Australia’s support contributes to multi-donor trust fund arrangements (WHO AUD 12.2 million, UNICEF AUD 13.9 million).

The goal of the WHO program is to strengthen resilience and preparedness of Indonesia’s health systems at provincial and district level, including supporting the Ministry of Health with vaccine delivery. The UNICEF COVID-19 response supports GOI vaccine roll-out and reducing COVID-19 impact on maternal and child health, including supporting the Ministry of Health to maintain essential community health services. This includes:

* WHO Indonesia Response Plan to strengthen health systems, information systems and surveillance, infection prevention and control, and laboratory capacity building
* WHO health security to enhance government and governance coordination, emergency preparedness, surveillance and response systems for detecting and responding to outbreaks
* Vaccine Access and Health Security Initiative for vaccine delivery support through both WHO and UNICEF
* UNICEF Indonesia’s COVID-19 Response Plan to support the maintenance of community essential health services, WASH, nutrition, GEDSI services, and procurement of critical goods.
* UNICEF Indonesia’s COVID-19 Response Plan targeted at maternal, newborn and child health services.

The MTR seeks to sharpen Australia’s understanding of the results and impact of these multilateral COVID-19 response programs. The Investment Management Review (IMR) did not assess these activities in 2022 but will do so in 2023.

**Purpose and objective**The **purpose** of this review is to assess whether Australia’s health security partnership with Indonesia (activities managed by DT Global, UNICEF and WHO) are on track and achieving results.

The **objective** of the MTR is to assess AIHSP and COVID-19 response activities effectiveness, efficiency and impact on vulnerable communities, in order to inform future development assistance, including whether to continue with the current approach to health assistance or to undertake a different approach.

**Scope**The scope of the review is focused on assessing AIHSP and COVID-19 response activities. It will not assess other activities within the current bilateral health investment, such as nutrition; mosquito-borne disease; HIV/Aids, tuberculosis, and malaria; reproductive health; and (non-COVID-19) immunisation.

It will also not engage with the DFAT Centre for Health Security’s (CHS) consideration of UNICEF and WHO routine immunisation proposals, or PROSPERA’s health reform efforts. The review will also not assess investment sustainability at this stage, which will be assessed in an end of program evaluation.

**Audience**The primary audience for the review is DFAT, including Jakarta Post’s Health Unit, PROSPERA, Canberra’s CHS, Global Health Division and Indonesia Branch, as well as the Department of Agriculture, Fisheries and Forestry. A secondary audience includes implementing partners, MoH, MoA, Ministry of Environment and Forestry (MoEF), BAPPENAS, and government partners for targeted provincial locations. It is intended that the review findings will be shared with key stakeholders and published on DFAT’s website.

**Key Evaluation Questions**The Review Team will have opportunity to refine the key evaluation questions (KEQ) in discussion with DFAT as part of the review inception.

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| **Key evaluation questions** | **Evaluation sub-questions** |
| **Effectiveness:** Are programs making progress towards expected outcomes? | * Are AIHSP intermediate outcomes (IO) and EOPOs on track? * Has COVID-19 WHO and UNICEF activities had the expected impact? |
| **Efficiency:** How efficient have the programs been? | * Did increased funding impact the efficiency of AIHSP? * Did mixed modalities impact the efficient delivery of responses to COVID-19 or health security threats? |
| **Vulnerable communities:** Is the investment making a difference to vulnerable communities in Indonesia at this time? | * Is the investment making a difference to a) women and girls b) people with disabilities c) the elderly? Why? * What other vulnerable communities is the investment making a difference for and why? |
| **Future options:** What does the Mid-Term Review findings suggest for DFAT’s future assistance to the health sector in Indonesia? | N/A |

**Review process and deliverables**It is aimed to undertake the review from December 2022 to April 2023 with in-country consultations in January – February 2023. The **review process** (with proposed numbers of preparation days) will include:

1. Initial introductory meeting and remotely pre-briefing with DFAT
2. Desk review and appraisal of key documents
3. Review Plan (including consultation questions and adjustments to the KEQs)
4. Inception meeting and remote briefing with DFAT
5. In-country consultations and online consultations with DFAT Canberra
6. Aide Memoire and presentation/s
7. Preparation of draft review, including a summary for GoI
8. Final report (versions in Word and PDF) and remote briefing to DFAT

The review will include the following **key deliverables**: an evaluation plan (up to eight pages); aide memoire (up to seven pages) with debriefing to DFAT; draft report (up to 30 pages excluding Annexes); a separate review summary for GOI (up to three pages); and final report (up to 40 pages, excluding annexes) with final presentation to DFAT. The final report will include an executive summary, assessments and findings, and conclusions and recommendations.

These deliverables must comply with DFAT M&E Standards and Accessibility Guidelines. DFAT will facilitate publishing, and Management Responses to the review.

**In-country consultations**In-country consultations are planned to be conducted over 2.5 weeks during January – February in Jakarta, Bali and South Sulawesi. The following list is a guide for consultations and will be discussed and refined by the Review Team in consultation with DFAT.

* Post: GHD Minister Counsellor & Human Development Counsellor, Health Unit, PROSPERA, DAFF, CSIRO, ASEAN Mission
* Canberra (remote interviews): Assistant Secretary CHS, Head of Global Health Division, Indonesia Desk
* AIHSP, DT Global, PCC, PSC
* Sub-contractors: RECONSTRA, Save the Children, Indonesian Red Cross, ACDP
* UNICEF, WHO
* GOI:
  + MoA: DG Livestock and Animal Health, Director for Animal Health, Director of Quarantine
  + MOH: DG Disease Prevention and Control, DG Pharmaceuticals and Medical Devices, Head of the Badan KPK, DG Health Services, DG Public Health, Senior Adviser on Health Technology (Digital Transformation Office), DG Public Health, Director of Directly Transmitted Disease, Director of Global Health and Technology Policy, Director for Health Surveillance and Quarantine
  + BAPPENAS: Deputy Minister for Human Resources and Culture, Director of Public Health and Nutrition
  + BNPB: Head of FMD Task Force
  + National Research and Innovation Agency (BRIN)
  + Kemenko PMK: Deputy for Coordination of Health Quality Improvement and Population Development, Assistant Deputy of Disease Prevention and Control
  + Provincial governments of Bali and South Sulawesi.

**Review Team Composition**The review team will be composed of up to four consultants, led by an M&E or development expert with extensive experience undertaking formal reviews of development programs. The Team Leader will have proven experience leading an evaluation and producing a quality review.

It is required that the review team has expertise in M&E and a good understanding of the current Indonesian development context and Australian development priorities. The review team will have experience evaluating bilateral health programs and multilateral programs. The review team should have a good understanding of health security (animal and human health), and Government of Indonesia’s processes and structures both at national and sub-national levels. It is strongly preferred that some review team members have a demonstrated understanding of gender equality and social inclusion issues, particularly within M&E frameworks.

A translator may be hired as required. DFAT representatives will be consulted and assist as needed.

**DFAT Roles and Responsibilities**Counsellor, Human Development Section, Jakarta Post (the Review Owner) will be the evaluation delegate to review and approve the evaluation plan and approve the procurement method and outcome. The delegate will join the briefing of the evaluation team, will review and provide comments on the draft report and management responses.

Officer within Human Development Section, Jakarta Post (theReview Manager) will manage the evaluation process, including planning the evaluation in close consultation with Counsellor, procure the evaluation team, coordinate input throughout the review and prepare management responses.

Minister Counsellor, Governance and Human Development Branch, Jakarta Post will approve the MTR, management response and publication of the final report and management response.

A Reference Group made up of DFAT officers at Post and in Canberra will be consulted on key deliverables and provide inputs, as required.

**Publication and Management Response**The review will be published an uploaded to the DFAT website along with Management Responses prepared by DFAT.

**Key Resources**The following resources will be provided to the Review Team to undertake the Desktop Review. This can be discussed at the Inception Meeting.

Desk Review Documents

* AIHSP Investment Design
* AIHSP Contracts and Subsidiary Arrangements (including amendments)
* AIHSP Workplans, AIHSP Concept Notes
* AIHSP Annual Reports, Six-Monthly Reports and Progress Reports (Year 1-3)
* AIHSP Minutes from Steering Committee Meetings
* AIHSP MERLA Framework, AIHSP Risk Register
* UNICEF COVID-19 Response Plan
* UNICEF Concept Notes, Progress Reports, Annual Reports
* WHO Concept Notes, Progress Reports, Annual Reports
* CDRP Reports
* Annual Investment Monitoring Reports, Partner Performance Assessments, Significant Policy Change stories
* National Action Plan for Health Security, Government of Indonesia, 2020-2014
* DFAT Office of Development Effectiveness (2017), ‘Evaluating a decade of Australia’s efforts to combat pandemics and emerging infectious diseases in Australia and the Pacific 2006 – 2015: Are Health Systems Stronger?’

**Weblinks**

|  |  |
| --- | --- |
| Source | Weblink |
| AIHSP Website | (<https://www.aihsp.or.id/>) |
| COVID-19 Indonesia Dashboard | (<https://covid19.go.id/id>) |
| Ministry of Health Emerging Infectious Disease Dashboard | (<https://infeksiemerging.kemkes.go.id/dashboard/covid-19>) |
| Ministry of Agriculture Directorate of Livestock and Animal Health Website | (<https://ditjenpkh.pertanian.go.id/home>) |
| Intra-Action Review of Indonesia's COVID-19 Response Plan | (<https://www.who.int/publications-detail-redirect/intra-action-review-of-indonesia-s-covid-19-response-plan>) |
| UNICEF Indonesia COVID-19 Response in Indonesia | [https://www.unicef.org/indonesia/media/12226 /file/](https://www.unicef.org/indonesia/media/12226%20/file/) Responding%20to%20COVID-19%20in%20Indonesia.pdf |
| UNICEF Indonesia quarterly Situation Reports | ([https://www.unicef.org/appeals/indonesia/situation-reports](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.unicef.org%2Fappeals%2Findonesia%2Fsituation-reports&data=05%7C01%7CKirsty.Madden%40dfat.gov.au%7Cba8c0c39cb8f4c57801908daaa8fb75a%7C9b7f23b30e8347a58a40ffa8a6fea536%7C0%7C0%7C638009831473166416%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=JbuPwzfPiki6JqRAzL9qXASCsGIFX1Pi1SKrSS5HVog%3D&reserved=0)) |
| DFAT Monitoring and Evaluation Standards | (<http://dfat.gov.au/about-us/publications/Pages/dfat-monitoring-and-evaluation-standards.aspx>) |
| DFAT Accessibility Guidelines | (<http://dfatintranet.titan.satin.lo/external-engagement/communications-media/websites-publishing/policies-guidelines/Pages/accessibility.aspx>) |

### List of documents reviewed

| **Institution** | **Year** | **Title** |
| --- | --- | --- |
| AIHSP | 2020 | Annual Report 2020 Final Draft for DFAT |
| AIHSP | 2021 | Annual Report 2021 Final Draft for DFAT |
| AIHSP | 2020 | Budget Calculation CA2\_111122\_V9\_reduced amount for DFAT |
| AIHSP | 2021 | Draft Annual Work Plan 2021 |
| AIHSP | 2022 | Draft Annual Work Plan 2022 |
| AIHSP | 2020 | First Annual Work Plan |
| AIHSP | 2019 | AIHSP Investment Design 2019 – 2024 |
| AIHSP | 2022 | MERLA Plan revised 2022.11.30 |
| AIHSP | 2022 | Risk Register November 2022 |
| AIHSP | 2020 | Six-Monthly Progress Report February – July 2020 |
| AIHSP | 2021 | Six-Monthly Progress Report February – July 2021 |
| AIHSP | 2022 | Six-Monthly Progress Report February – July 2022 |
| AIHSP | 2022 | Last Mile Vaccination Report Pilot Phase Consolidated |
| AIHSP | 2023 | Animal Health 2023 Workplan-ENG\_FINAL |
| AIHSP | 2021 | GEDSI Strategy 25022021 |
| AIHSP | 2023 | Human Health 2023 Workplan-ENG\_FINAL |
| AIHSP | 2021 | Provincial Level GEDSI Profiles - no cover graphics |
| AIHSP | 2022 | Activity Concept Note Strengthening Laboratory Capacity in 5 Provinces |
| AIHSP | 2022 | Activity Concept Note Emergency Support to Control FMD Outbreak - Vaccine Procurement\_Batch1&2\_FINAL\_090922 |
| AIHSP | 2022 | Activity Concept Note Emergency Support to Control FMD Outbreak\_rev011022\_FINAL |
| AIHSP | 2023 | Last Mile Vaccination Report - Final for DFAT – January 2023 |
| AIHSP | 2022 | Annual Report 2021\_FINAL DRAFT FOR DFAT\_11032022 |
| AIHSP | 2022 | Deed of Amendment No 1 SO 75826-1 Signed 25 February 2022 |
| AIHSP | 2020 | 1st AIHSP Animal Health PSC Meeting |
| AIHSP | 2020 | 1st AIHSP Human Health PSC Meeting |
| AIHSP | 2021 | 1st AIHSP PCC Meeting |
| AIHSP | 2021 | 2nd AIHSP Animal Health PSC Meeting |
| AIHSP | 2021 | 2nd AIHSP Human Health PSC Meeting |
| AIHSP | 2022 | 2nd AIHSP PCC Meeting |
| AIHSP | 2022 | 3rd AH PSC Meeting 16 November 2022 |
| DFAT | 2020 | Indonesia delivery support via UN AIHSP |
| DFAT | 2021 | Vaccine Delivery Support Indonesia |
| DFAT | 2017 | Evaluating a decade of Australia's efforts to combat pandemics |
| DFAT | 2021 | Investment Monitoring Report February 2020 – February 2021 |
| DFAT | 2022 | Investment Monitoring Report February 2021 – February 2022 |
| DFAT | 2021 | Performance Assessment CARDNO February 2020 – February 2021 |
| DFAT | 2022 | Performance Assessment CARDNO July 2021 – June 2022 |
| DFAT | 2020 | Performance Assessment UNICEF Humanitarian and Health July 2020 – June 2021 |
| DFAT | 2021 | Performance Assessment UNICEF Humanitarian and Health July 2021 – June 2022 |
| DFAT | 2021 | Performance Assessment UNICEF MCH July 2021 – June 2022 |
| DFAT | 2020 | Performance Assessment WHO July 2020 – June 2021 |
| DFAT | 2021 | Performance Assessment WHO July 2021 – June 2022 |
| DFAT | 2022 | Significant Policy Change for COVID-19 - 2022 – Final |
| DFAT | 2020 | Approved Minute WHO Covid-19 and AIHSP |
| DFAT | 2020 | Approved COVID-19 Response to UNICEF with Specific Focus on MCH |
| DFAT | 2020 | AIHSP Service Order No 75826-1 DHOM-Cardno 3 February 2020 |
| DFAT | 2022 | Amendment of Arrangement DFAT and UNICEF – 30 March 2022 |
| DFAT | 2020 | Countersigned EOL 73210-27 WHO 4 June 2020 |
| DFAT | 2020 | Deed of Amendment SO AIHSP Cardno DT Global |
| DFAT | 2022 | AIPEID-AIHSP ANIMAL HEALTH SA Amendment |
| DFAT | 2022 | Amendment No.1 73210-27 WHO and DFAT - Top up funding |
| DFAT | 2020 | First Amendment of the AIHSP Human Health Component (Draft) |
| DFAT | 2021 | Humanitarian Contribution Arrangement to UNICEF 2021 |
| DFAT | 2020 | UNICEF Standard Arrangement EOL DFAT Signed 4 June 2020 |
| DFAT | 2021 | WHO-DFAT - Non-core voluntary contribution letter – VAHSI |
| DFAT | 2022 | GHD Southeast Asia Health Consultations – Indonesia |
| DFAT | 2022 | Indonesia CRP-PAF Guideline |
| GoI | 2020 | AIHSP Animal Health Subsidiary Arrangement |
| GoI | 2020 | AIHSP Human Health Subsidiary Arrangement |
| GoI | 2020 | National Action Plan for Health Security Indonesia 2020 – 2024 |
| GoI | 2022 | Roadmap to COVID-19 Vaccination August 2022 |
| GoI | 2020 | Intra Action Review COVID-19 Response 11 – 14 August 2020 |
| GoI | 2022 | KMK No. HK.01.07-MENKES-4805-2021 regarding Indicators for the Adjustment of Community Health Program and Social Restriction for COVID-19 Response |
| GoI | 2021 | KMK No. HK.01.07-MENKES-6429-2021 regarding the Implementation of Centralized Quarantine and Isolation for COVID-19 Response |
| GoI | 2022 | MoH Circular No. HK.02.01-MENKES-18-2022 regarding Prevention and Control of COVID-19 Omicron B.1.1.529 |
| GoI | 2022 | Directorate General P2P Circular No. HK.02.02-I-2-485-2022 regarding Improvement of Case Detection of SARS-CoV-2 Virus Variant |
| UNICEF | 2022 | UNICEF DFAT C-19 Vaccine Support Annual Report March 2022 |
| UNICEF | 2021 | UNICEF COVID-19 Comprehensive Response Plan December 2021 |
| UNICEF | 2022 | UNICEF COVID-19 Respond Recover Reimagine March 2022 |
| UNICEF | 2022 | UNICEF ICO C-19 Vaccine Progress Report 28 October 2022 |
| UNICEF | 2020 | Indonesia Consolidated Emergency Report 2020 |
| UNICEF | 2021 | Indonesia Consolidated Emergency Report 2021 |
| UNICEF | 2020 | Australia Contribution Summary Jun-Dec 2020 to UNICEF two-pager |
| UNICEF | 2021 | Australia Contribution Summary FY 2021 to UNICEF two pager |
| UNICEF | 2021 | UNICEF ICO C-19 vaccine Progress Report September 2021 |
| UNICEF | 2022 | UNICEF ICO C-19 vaccine Progress Report September 2022 |
| UNICEF | 2020 | UNICEF Indonesia COVID-19\_Expanded Response Plan July 2020 |
| UNICEF | 2021 | Vaccine Delivery Support VAHSI UNICEF |
| UNICEF | 2020 | UNICEF COVID-19 Comprehensive Response Plan 2020 |
| UNICEF | 2020 | UNICEF Indonesia COVID-19\_Expanded Response Plan July 2020 |
| UNICEF | 2021 | UNICEF COVID-19 Response Plan Agenda 2021 |
| UNICEF | 2021 | UNICEF COVID-19 Response Plan Agenda 2021 – 2022 |
| UNICEF | 2022 | UNICEF COVID-19 vaccine support February 2022 |
| UNICEF | 2021 | UNICEF COVID-19 vaccine support January 2021 |
| UNICEF | 2021 | Australia Contribution Summary June – December 2021 to UNICEF two-pager |
| UNICEF | 2022 | Results Brochure of COVID-19 Response October 2022 |
| UNICEF | 2021 | Results Brochure UNICEF Responding to COVID-19 in Indonesia December 2021 |
| UNICEF | 2020 | Results Brochure UNICEF Responding to COVID-19 in Indonesia November 2020 |
| UNICEF | 2021 | Contribution agreement UNICEF DFAT C-19 vaccine 4 June 2021 |
| UNICEF | 2021 | Australia Contribution Summary Dec 2021 to UNICEF two-pager |
| UNICEF | 2021 | UNICEF ICO C-19 vaccine support Inception Report July 2021 |
| WHO | 2020 | DFAT Covid Response Annual Report June 2020 - July 2021 |
| WHO | 2022 | COVID-19 Response Plan WHO Indonesia 2022 – 2023 |
| WHO | 2021 | WHO Indonesia COVID-19 Vaccination Support Plan 2021 – 2022 |
| WHO | 2021 | Progress Report DFAT VAHSI 2021 |
| WHO | 2022 | Progress Report DFAT VAHSI November 2022 |
| WHO | 2022 | WHO COVID-19 Response Final Report 2022 |
| WHO | 2022 | Intra Action Review February 2022 |
| WHO | 2021 | Intra action review of Indonesia COVID-19 response January 2021 - summary report for partners |
| WHO | 2020 | WHO Proposal for AIHSP June 2020 – June 2024 |
| WHO | 2020 | WHO COVID-19 Response Plan in Indonesia |
| WHO | 2021 | Link to summary COVID Intra Action Review Recommendations |
| WHO | 2022 | Final Revision Report Survey of COVID-19 Vaccination Coverage in Bali |
| CSIRO | 2021 | CSIRO DFAT-COVID19-Project-Report |
| CSIRO | 2020 | CSIRO Quarterly Project Report December 2020 |
| CSIRO | 2021 | CSIRO Quarterly Project Report June 2021 |
| CSIRO | 2020 | CSIRO Quarterly Project Report September 2020 |
| CSIRO | 2020 | Final Big Data COVID19 Indonesia |
| CSIRO | 2021 | Jakarta COVID model V1 Final |
| CSIRO | 2020 | Project Plan Vaccine Development Panel |
| CSIRO | 2021 | CSIRO COVID-19 Pixie Indonesia Report |

### List of interviewees

| **No.** | **Name** | **Institution** | **Role** | **Location** |
| --- | --- | --- | --- | --- |
| 1 | Kirsty Madden | DFAT | Health Team | Jakarta |
| 2 | Prudence Borthwick | DFAT | Health Team | Jakarta |
| 3 | Enda Pehulisa | DFAT | Health Team | Jakarta |
| 4 | Ming Toh | DFAT | Health Team | Jakarta |
| 5 | Katty Danni | DFAT | Health Team (Former) | Jakarta |
| 6 | Madeleine Moss | DFAT | Minister Counsellor, Human Development & Governance | Jakarta |
| 7 | Hannah Derwent | DFAT | Human Development & Governance | Jakarta |
| 8 | Lulu Wardhani | DFAT | Rural Development Unit Manager | Jakarta |
| 9 | Nina FitzSimons | PRISMA | Team Leader | Jakarta |
| 10 | Donna Bennett | DFAT | Counsellor | Jakarta |
| 11 | John Leigh | AIHSP | Program Director and lead of HH work | Jakarta |
| 12 | Isradi Alireja | AIHSP | Deputy Director (Program Implementation), Lead of AH | Jakarta |
| 13 | Emer Purdon | AIHSP | Deputy Director (Operations Planning and Performance) | Jakarta |
| 14 | John Weaver | AIHSP | Animal Health, Epidemiology Advisor | Jakarta |
| 15 | Joko Daryono | AIHSP | Technical Program Manager AH | Jakarta |
| 16 | Dr. Cut Dara Permatasari | AIHSP | Technical Program Manager Emergency Response | Jakarta |
| 17 | Lea Suganda | AIHSP | Senior Technical Program Manager, HH | Jakarta |
| 18 | Andrew Prasettya Japri | AIHSP | Program Manager Human Health | Jakarta |
| 19 | Dr. Anung Sugihartono | AIHSP | MOH Chief Advisor BKPK / Senior Health Security Adviser | Jakarta |
| 20 | Tri Nugroho | AIHSP | Capacity Building Specialist - One Health Training | Jakarta |
| 21 | Dr. Ines Atmosukarto | AIHSP | Biomedical and Genome Science Initiative (BGSI) Adviser | Jakarta |
| 22 | Dr. Lia Partakusuma | AIHSP | Adviser on Lab Strengthening | Jakarta |
| 23 | Yulianto | AIHSP | Technical Program Manager VAHSI | Jakarta |
| 24 | Shafiq Pontoh | AIHSP | STA Social Media Specialist | Jakarta |
| 25 | Sindarta Gemilang | Reconstra | Researcher | Jakarta |
| 26 | Cut Novianti Rahmi | Reconstra | Ops. Manager | Jakarta |
| 27 | Albert Mulyono | Prevalensi | Director | Jakarta |
| 28 | Agus H Setiawan | INDOHUN | Program Manager | Jakarta |
| 29 | Joko Pamungkas | PMI | Central Java Branch | Jakarta |
| 30 | Wiwied Trisnadi | Save the Children | Senior Manager | Jakarta |
| 31 | Sari Soegondo | ID.COMM | Executive Director | Jakarta |
| 32 | Dr N. Paranietharan | WHO | Country Representatives | Jakarta |
| 33 | Inga Williams | WHO | Planning Officer | Jakarta |
| 34 | Dieter Eckhart | WHO | Technical Officer (Partnerships) | Jakarta |
| 35 | Tamara Curtin-Niemi | WHO | Emergencies Team Lead | Jakarta |
| 36 | Setiawan Jati Laksono | WHO | Incident Management Team Lead | Jakarta |
| 37 | Mushtofa Kamal | WHO | Incident Management Team - surveillance & risk assessment | Jakarta |
| 38 | Dr Endang Wulandari | WHO | Emergencies Epidemiologist & Incident Management Lead | Jakarta |
| 39 | Regina Christian | WHO | Incident Management Team | Jakarta |
| 40 | Maria | WHO | Emergency Team | Jakarta |
| 41 | Paba Palihawadana | WHO | Medical Officer EPI | Jakarta |
| 42 | Olivi Silalahi | WHO | National Professional Officer (Routine Immunization) | Jakarta |
| 43 | Rodri Tanoto | WHO | National Professional Officer (New Vaccine) | Jakarta |
| 44 | Jee Hyun Rah | UNICEF | Chief of Nutrition | Jakarta |
| 45 | Marcella Christina | UNICEF | Chief of Field Operations | Jakarta |
| 46 | Ismail Kamil | UNICEF | Deputy Representative Operations | Jakarta |
| 47 | Jennifer Hahn | UNICEF | Donor Relations Specialist | Jakarta |
| 48 | Milen Kidane | UNICEF | Chief Child Protection | Jakarta |
| 49 | Bobby Syahrizal | UNICEF | Health Specialist | Jakarta |
| 50 | Risdianto Irawan | UNICEF | Data Centre Specialist | Jakarta |
| 51 | Kenny Peetosutan | UNICEF | Health Specialist | Jakarta |
| 52 | Rizky Syafitri | UNICEF | Social & Behaviour Change Specialist | Jakarta |
| 53 | Hery Firmansyah | PMI, WHO Partner | M&E | Jakarta |
| 54 | Masrawati Sinaga | WVI, WHO Partner | Int'l Resource Acquisition Manager | Jakarta |
| 55 | Avianto | IFRC (Shelter Group),  WHO Partner | Consultant for Shelter | Jakarta |
| 56 | Lilis Heri | University of Indonesia | Senior Lecturer, FEB Demography Institute | Jakarta |
| 57 | Roksana Khan | PROSPERA | Head of Public Sector, Project Lead for the | Jakarta |
| 58 | Dr Riznawaty Imma | PROSPERA | Senior Health Adviser | Jakarta |
| 59 | Yanto | McKinsey & Company | Associate Partner | Jakarta |
| 60 | Monica Latuihamallo | Global Health Security | Team Lead (Health Security) | Jakarta |
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| 83 | Wicak | Ministry of Agriculture | Emergency Response | Jakarta |
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| 90 | Febi Purwo Suseno | Ministry of Agriculture | Directorate of Animal Health | Jakarta |
| 91 | Siti Yullianti | Ministry of Agriculture | Directorate of Animal Health | Jakarta |
| 92 | Asih Eka | Ministry of Agriculture | Directorate of Animal Health | Jakarta |
| 93 | Purnama Martha | Ministry of Agriculture | Directorate of Animal Health | Jakarta |
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| 103 | Abdi Negara | Majelis Desa Adat |  | Bali |
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| 107 | Bagus Wesnawa | Provincial Development Planning Agency | Head of Governance and Human Development Unit | Bali |
| 108 | I Wayan Widia | Provincial Health Office | Head of CDC unit | Bali |
| 109 | Nyoman Gede Anom | Provincial Health Office | Head of Office | Bali |
| 110 | I Wayan Sunada | Provincial Agriculture, Food Security Office | Head of Office | Bali |
| 111 | Agung Inten Wiradewi | Provincial Agriculture, Food Security Office | Head of Livestock Services and Animal Health Division | Bali |
| 112 | Made Artawan | Provincial Agriculture, Food Security Office | Vet officer | Bali |
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| 117 | Kadek Darmawan | OHCC |  | Bali |
| 118 | Ni Putu Shinta Utari Dewi | OHCC |  | Bali |
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| 127 | I Made Suparma | District Agriculture and Food Security Office | Head of Livestock Services and Animal | Bali Province, Buleleng |
| 128 | Made Astawa | Village Administrator | Head of Village | Bali Province, Mayong village |
| 129 | Nyoman Supastra | TISIRA | Head of TISIRA | Bali Province, Mayong village |
| 130 | Nu Luh Widarmi | TISIRA | Member of TISIRA | Bali Province, Mayong village |
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| 133 | Sakiyah | AIHSP | District Coordinator | South Sulawesi |
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| 138 | Ukrima Rijal | Provincial Development Planning Agency | Head of Governance and Human Development Unit |  |
| 139 | Junaedi | Provincial Development Planning Agency | Secretary | South Sulawesi |
| 140 | Dr. Hj. Rosmini Pandin, MARS | Provincial Development Planning Agency | Head of Office | South Sulawesi |
| 141 | Dr. Erwan Sulistyo | Provincial Health Office | Head of Health Services Unit | South Sulawesi |
| 142 | Ardadi | Provincial Health Office | Head of CDC Unit | South Sulawesi |
| 143 | Sri Wahyuni | Provincial Health Office | Head of Health Promotion Unit | South Sulawesi |
| 144 | Siti Hidayah | Provincial Health Office | Head of Surveillance and Immunization Section | South Sulawesi |
| 145 | Etty Heriaty | Provincial Health Office | Head of Maternity Health Program Management | South Sulawesi |
| 146 | Yani Rande | Provincial Health Office | Head of Child Health Program | South Sulawesi |
| 147 | Alham R. Syahruna | Provincial Development Planning Agency | AIHSP Secretariate | South Sulawesi |
| 148 | Anggriani | Provincial Development Planning Agency | Head of Economic and Natural Resources Division | South Sulawesi |
| 149 | Drh. Nurlina Saking, M.Kes | Provincial Development Planning Agency | Head of Office | South Sulawesi |
| 150 | Drh. Sriyanti Haruni | Provincial Development Planning Agency | Head of Animal Division | South Sulawesi |
| 151 | Drh. Sahrini Rauf | Provincial Development Planning Agency | Head of Technical Unit | South Sulawesi |
| 152 | Drh. Wahyuningsih | Provincial Development Planning Agency | Veterinary | South Sulawesi |
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| 155 | Yoga Indar Dewa | PERTUNI (DPO, Blind) | Head | South Sulawesi |
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| 157 | Syarif Ramadhan | Women with Disabilities PERDIK | Head | South Sulawesi |
| 158 | Sustriani A Tahir | KOALISA | Head | South Sulawesi |
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| 160 | Prof. Yahya Thamrin | University of Hasanuddin | Faculty of Public Health | South Sulawesi |
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| 162 | Lilisari Ramadhani | Provincial Disaster Management Agency/BPBD | Member of Health Emergency Operations Centre | South Sulawesi |
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| 164 | Alham | Research and Development | Member of Health Emergency Operations Centre | South Sulawesi |
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| 167 | Rahmanur Syam | Yayasan Gaya Celebes (YGC) | Program Manager | South Sulawesi |
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| 176 | Yusriadi Arief | Subdistrict Government | Head | South Sulawesi, Tompobulu |
| 177 | Abdul Razak | Puncak Village Government | Head | South Sulawesi, Tompobulu |
| 178 | Asmawaty Nurahmi Mukhtar | Puncak Village Government | Women's organization Head | South Sulawesi, Tompobulu |
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| 180 | Hidayat | NPC (local DPO) |  | South Sulawesi, Tompobulu |
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| 183 | Dr. H. Muh. | District Health Office | Head | South Sulawesi, Maros |
| 184 | Yunus, S.Kep,M.Kes | District Health Office | Health Promotion Unit | South Sulawesi, Maros |
| 185 | Nurul Muthmainnah | District Health Office | Health Promotion Unit | South Sulawesi, Maros |
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| 187 | Nuryadi | District Social Affairs Office | Head | South Sulawesi, Maros |
| 188 | Laurensius Nong Kese | Public Administration | Head | South Sulawesi, Maros |
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| 190 | Drh. Dini WY | Disease Investigation Centre | Medik Veteriner | South Sulawesi, Maros |
| 191 | Drh. Titis Furi Djatmikowati | Disease Investigation Centre | Medik Veteriner | South Sulawesi, Maros |
| 192 | Drh. Siswani | Disease Investigation Centre | Medik Veteriner | South Sulawesi, Maros |
| 193 | Drh. Dini Marmansari | Disease Investigation Centre | Medik Veteriner | South Sulawesi, Maros |
| 194 | Drh. I Putu Sudarma | Disease Investigation Centre | Medik Veteriner | South Sulawesi, Maros |

### Methodology – analysis frameworks

The following table lists the framework used for analysis of some of the KEQs and sub-questions and the rationale for selection of each framework.

|  |  |  |  |
| --- | --- | --- | --- |
| **Key evaluation questions** | **Evaluation sub-questions** | **Framework** | **Rationale** |
| **Effectiveness**  **KEQ1:** Are programs making progress towards expected outcomes? | * KEQ1.1: Are AIHSP intermediate outcomes (IOs) and EOPOs on track? | AIHSP’s **MERLA Framework** including thematic and cross-cutting outcomes. Rate progress using AIHSP ratings scales | To enable triangulation with AIHSP reporting and comparison with AIHSP’s self-reported ratings of progress |
| **Effectiveness & relevance (coherence & impact)**  **KEQ2:** How are the programs contributing to the health sector in Indonesia? | * KEQ 2.1 How have the DFAT-funded AIHSP, UNICEF and WHO activities contributed to Indonesia’s COVID-19 response? | Technical Areas in the GoI’s National Action Plan for Health Security (NAPHS) 2020-2024, including noting which WHO Joint External Evaluation (JEE) recommendations were addressed | To demonstrate Australia’s holistic contribution to GoI health security plans, including addressing gaps identified by the JEE |
| **Effectiveness & relevance (coherence & impact)**  **KEQ2:** How are the programs contributing to the health sector in Indonesia? | * KEQ 2.2: How have the DFAT-funded AIHSP, UNICEF and WHO activities contributed to the strengthening of human and/or animal health systems and response to infectious disease outbreaks in Indonesia? | WHO Health Systems Strengthening Framework[[1]](#footnote-1) + additional One Health component | To demonstrate Australia’s holistic and contribution to systematic strengthening of human and animal health systems in Indonesia |
| **Efficiency**  **KEQ3:** How efficient have the programs been? | * KEQ 3.1: Did increased funding impact the efficiency of AIHSP? | The following efficiency parameters were used: resourcing by partners and within DFAT; timeliness of activities; process of implementation; responsiveness to emerging needs of GoI; contextual factors that could impact on efficiency | To assess the impact of the tranches of funding on efficiency |

### Activities that addressed the NAPHS Technical Areas

The following are Australian-funded activities conducted by AIHSP, UNICEF and WHO that have contributed to the GoI National Action Plan for Health Security Indonesia 2020-2024. These are listed by the NAPHS Technical Areas and include both COVID-19 and non-COVID activities. Where activities were only conducted for a limited period of time, the year the activity occurred is included.

**National legislation, policy and financing**

* + WHO supported MoH to issue COVID-19 response ministerial decrees, policy guidance and training modules, e.g., on the use of Ag-RDTs, case investigation and contact tracing.
  + DFAT topped up the funding for routine immunisation support for WHO until June 2024.

**IHR coordination, communication and advocacy**

* + WHO facilitated an Intra Action Review (IAR)[[2]](#footnote-2) and regularly monitored its recommendations. The 7th IAR monitoring meeting was conducted in November 2022.
  + UNICEF and WHO supported GoI to develop the National Deployment and Vaccination Plan (NDVP).
  + Technical working groups have facilitated information sharing and increased communication between development partners and humanitarian agencies, e.g., the RCCE Working Group Co-Chaired by UNICEF and IFRC.

**Antimicrobial resistance**

* UNICEF supported the GoI to develop the National Costed Roadmap for Hand Hygiene for All and National Task Force.
* UNICEF assisted MoH in rolling out a national hygiene behaviour change training guideline and trained health practitioners.

**Zoonotic disease**

* While not COVID-19 related, as part of Emerging Infectious Diseases (EID) preparedness, MoH developed a *nipah* risk mapping tool based on information provided by WHO on global, regional and other credible sources on EID.

**Food safety**

* While not COVID-19 related, WHO supported the MoH in its bioinformatic/genome sequencing capabilities to be used for tracing food-borne bacterial disease outbreaks.
* While also not COVID-19 related, iSIKHNAS, supported by AIHSP, was used to monitor food safety at slaughterhouses.

**Biosafety and security**

* While not COVID-19 specific, AIHSP conducted workshops/programs on biosafety for human and animal laboratories, DICs and other laboratory-related services.

**Immunisation**

* Through the AIHSP Last Mile project and with VAHSI support, as at March 2023, a total of 263,559 men and women, including 39,350 elderly and 1,684 people with disabilities were vaccinated against COVID-19.
* In collaboration with the MoH, WHO developed training materials and facilitated training of health workers in technical aspects of COVID-19 vaccine delivery, including handling of vaccines that have cold-chain requirements.
* WHO hired a total of 47 COVID-19 vaccination officers to monitor vaccination and for vaccine preventable disease surveillance in certain provinces.
* UNICEF hired technical support to improve data accuracy for real-time vaccination systems e.g., PCare, SMILE and the KPCPEN dashboard.
* WHO supported the GoI to conduct systematic supportive supervision of COVID-19 vaccination using the ONE online tool,[[3]](#footnote-3) co-developed by WHO and MoH.
* UNICEF facilitated the arrival of over 104 million doses of vaccines via the COVAX Facility, worth of AUD$3.75 million (Sept 2022).
* UNICEF provided technical support in the integrated field monitoring of COVID-19 vaccination and routine immunisation.

**National Laboratory System**

* WHO, CSIRO, the Royal College of Pathologists of Australasia and the National Institute of Health Research and Development (NIHRD) supported the MoH and 1,034 laboratories in 34 provinces to build an external quality assurance system for the country’s COVID-19 testing laboratory network.
* WHO supported 31,000 health facilities at puskesmas level with capability for antigen-rapid diagnostic testing (Ag-RDT), 1,300 laboratories to do PCR testing, 1,034 laboratories for external quality assurance (QA) and laboratories in genomic sequencing for COVID-19.
* WHO provided more than 24 million Ag-RDTs to Indonesia with some Australian support (Dec 2022).
* WHO worked with the MoH to ensure sufficient laboratory capacity for the investigation of AEFIs (adverse events following immunisation). Recommendations were shared with MoH, NITAGI and cross ministries to guide updates to COVID-19 vaccination policy.

**Real-Time Surveillance**

* WHO provided technical assistance and regular updates to GoI to implement the national genomic sequencing strategy, involving 12 laboratories.
* WHO supported the National Committee Management and Assessment of AEFI to develop and disseminate AEFI and AESI (Adverse Effect of Special Interest) surveillance guidance, with regular coordination meetings held and technical assistance on the guidelines at a subnational level.
* Indonesia developed an active surveillance system using a sentinel approach. **AESI sentinel active surveillance** commenced in 2021. Fourteen sentinel sites were established with support from WHO for this surveillance system and the Brighton Collaboration for aspects of guideline development.
* WHO has supported MoH in developing and implementing its COVID-19 surveillance transition plan including: integrating COVID-19 into existing surveillance systems linked to a global surveillance platform.
* While not COVID-19 related, AIHSP partner, Reconstra, piloted and trained health workers in the use of the Secure & Interoperable Surveillance and Health Information System (SISHIS) focusing on zoonoses surveillance.
* While also not COVID-19 specific, AIHSP worked with the MoH’s Digital Transformation Office (DTO) to review human health surveillance and information systems as well as transforming and piloting the individual registry, PCare, to be One Health mobile.

**Reporting**

* WHO supported the MoH to identify missed targets, reasons for non-vaccination and the validation of administrative reports using rapid convenience assessments (RCA) of COVID-19 vaccination. The RCA in Bali was funded by DFAT.
* The monthly WHO situation reports (Sitreps) contained a summary of the COVID-19 situation to date.
* UNICEF strengthened sub-national capacity (health offices) by providing regular data analysis and advocacy materials to improve the use of quality data for responding to COVID-19.

**Workforce development**

* WHO in collaboration with Indonesian Medical Association (IDI) and the MoH provided regular training and supportive supervision to health care workers at national and sub-national levels to ensure safe vaccination delivery and injection.
* WHO facilitated an online course package on “COVID-19 vaccination training for health workers.”
* WHO provided training on contact tracing and analysing the data for health workers in three districts in Bali and puskesmas.
* WHO supported the development and dissemination of key COVID-19 technical guidelines and FAQ for health workers in all 34 provinces.
* UNICEF assisted the GoI to adjust the community-based child protection mechanism for COVID-19.

**Preparedness**

* The vaccination readiness of the MoH and sub-national health offices was measured with WHO’s VIRAT/VRAF 2.0 tool. UNICEF helped WHO to conduct a survey using VIRAT tools at a sub-national level, then developed a dashboard for VIRAT results.
* WHO supported the MoH to improve its bioinformatic/genomic sequencing capabilities in tracing the source of a variety of outbreaks, not only COVID-19, but in other areas.
* UNICEF helped the Indonesia’s Ministry of Women’s Empowerment and Child Protection (MoWECP) to utilise the RapidPro digital platform to identify children who had lost their parents/caregivers due to COVID-19.

**Emergency response operations**

* WHO helped the MoH in supporting the Public Health Emergency Operation Centre (PHEOC) and its dashboard.

**Linking public health and security authorities**

* AIHSP partner, CSIRO, completed modelling for Jakarta and Bandung for the management of human mobility and impacts for COVID-19 virus transmission and economic recovery.
* Pulse Lab Jakarta’s work on a mobility model and risk assessment map, provided information for decision makers on social mobility.
* WHO worked with MoH, IFRC, and FAO, to develop contact tracing strategies for COVID-19 by modifying the existing DHIS2 platform to become a tool for contact tracing data collection and analysis.
* WHO, IOM, UNICEF, and UNDP jointly developed national guidelines on community-based isolation and quarantine facilities.

**Medical countermeasures and personnel deployment**

* WHO supported the FDA/BPOM to issue emergency use authorisation for COVID-19 vaccines including providing guidelines and training.

**Risk communication and community engagement**

* WHO, along with other partners, provided the MoH with assistance in developing daily and weekly press conference materials on COVID-19 for infodemic management
* WHO and other development partners worked with the MoH in the KPCPEN forum to ensure that more at-risk population groups (e.g., the elderly) were prioritized in the early phase of the COVID-19 vaccination campaign. WHO also provided technical assistance on the revision of the national guidelines on vaccination to be more inclusive of the elderly, people with comorbidities, and pregnant women.
* UNICEF conducted an analysis on gender-related barriers and inequities to help tailor UNICEF Indonesia’s COVID-19 response and recovery plan.
* UNICEF conducted a poll among 5,000 young people about youth exposure to hoaxes as feedback for the development of an infodemic strategy.
* As at March 2022, UNICEF supported the MoH to reach 53 million people with service messages, and to combat misinformation through social media and chat-bots.
* UNICEF has been engaging a private telecommunications company to support SMS dissemination on COVID-19 information on key life-saving behaviours and vaccination promotion that has reached 50 million people monthly (Sept 2022).
* UNICEF supported a mini soap series and short testimony video series of lay people on how to prevent COVID-19.
* UNICEF supported content creation for the GoI’s COVID-19 website (covid19.go.id) and KPCPEN social media platforms (@lawancovid19\_id).
* AIHSP assisted the MoH to identify and reach at-risk groups for COVID-19 vaccination, especially the elderly and people with disabilities at a sub-national level (Bali and South Sulawesi).

**Points of entry**

* WHO assisted the GoI in adopting the Points of Entry (PoE) readiness tool and conducting periodic PoE readiness assessments for routine and emergency capacity at PoE.

### JEE recommendations in the NAPHS that were addressed by Australia 2020-2023

The following table lists the recommendations in the GoI National Action Plan for Health Security (NAPHS) Indonesia 2020 – 2024 that have been addressed by Australian-funded activities between February 2020 and March 2023. These are listed by the NAPHS technical areas, with the number of WHO Joint External Evaluation (JEE) recommendations per technical area in brackets. In the right-hand column are some examples of the Australian-funded activities that contributed to the JEE recommendation.

**TA NATIONAL LEGISLATION, POLICY AND FINANCING (4 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Conduct a policy analysis to identify and evaluate the need for new policies; review existing policies for gaps and potential conflicts; and harmonize and develop strategies for policy implementation across line ministries and administrative levels. | * WHO supported updates to COVID-19 vaccination policies * AIHSP supported the development of LSD Contingency Plan, FMD Roadmap and Guidelines/SOPs for zoonotic diseases * WHO provided advice on emergency use authorisation for COVID-19 vaccines * AIHSP supported policy review to inform the development of Indonesia’s new Medium-Term Development Plan (2024-2029) and Long-Term Development Plan (2025-2050) |
| Document and publish administrative arrangements and policies from various sectors, in order to encourage cross sectoral collaboration. | * AIHSP supported the development of a One Health Policy Brief, informing the G20 Health Ministers’ Action Plan to Strengthen Global Health Architecture declared in Bali in October 2022 * AIHSP supported the development of One Health forum in four pilot provinces |

**TA IHR COORDINATION, COMMUNICATION AND ADVOCACY (3 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Increase number of training opportunities for city, provincial and national officials to support communication of cases/events between all three levels | * AIHSP supported One Health Training of Trainers and training for government staff in four provinces * AIHSP supported training for BBVet and animal health services on the iSIKHNAS and iVLab to increase animal disease case management and surveillance |

**TA ANTIMICROBIAL RESISTANCE (AMR) (5 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Promote public awareness and community empowerment on AMR through human and animal health care providers at local | * UNICEF supported the development of the National Costed Roadmap for Hand Hygiene for All and National Task Force * UNICEF helped develop a national hygiene behaviour change training guideline and rolled out training for practitioners |

**TA ZOONOTIC DISEASE (4 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Increase budgetary and human resources allocation to One Health Response teams, and to the prevention and detection of zoonotic diseases at sub-national level | * AIHSP piloted a community-based surveillance and case management for rabies control in three villages in Bali |

**TA FOOD SAFETY (3 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Ensure the implementation of Food Safety Management Systems in processing plants of food of animal origin | * MoA monitored food safety at slaughterhouses through iSIKHNAS which was supported by AIHSP |

**TA BIOSAFETY and BIOSECURITY (4 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Develop a master training and certification scheme for Biosafety and biorisk officers in both the human and animal sectors, accredited, and certified by int’l bodies such as WHO, FAO, OIE, IFBA, NSF, etc. | * AIHSP supported workshops and extension programs on biosafety and biocontainment practices to DICs, specialist laboratories, Pusvetma, BPMSOH and Balitvet. |

**TA IMMUNISATION (5 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Develop a national coverage improvement plan focused on equity, which addressed drop outs and intensifies community awareness of the benefits of vaccination | * WHO and UNICEF supported the development of the National Deployment and Vaccination Plan for COVID-19 * AIHSP, UNICEF and WHO RCCE activities for COVID-19 vaccination, including for at-risk groups * UNICEF supported the continuation of routine vaccination during COVID-19 |
| Conduct an EPI coverage survey to validate the reported administrative data | * UNICEF provided technical assistance to improve real time vaccination systems and the MoH’s COVID-19 vaccine coverage dashboard |

**TA NATIONAL LABORATORY SYSTEM (6 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Increase the number of accredited health laboratory | * AIHSP supported the development of the national action plan for improving laboratory capacity * WHO helped increase the number of laboratories with PCR and whole genome sequencing (WGS) capability for COVID-19 |
| Work on decreasing the time of turnover from referral to result as this may affect the treatment | * WHO provided AG-RDTs for COVID-19 diagnostic and training for health workers |

**TA REAL TIME SURVEILLANCE (3 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Advocate and encourage local government units to honour existing commitments to sustainable implementation and adequate funding of surveillance programs | * 90 animal health officers in Maros, Bone and Pinrang in South Sulawesi were trained to use iSIKHNAS with support from AIHSP * Village-level, community-based surveillance team for rabies control was piloted in Bali |

**TA REPORTING (4 Recommendations)**

|  |  |
| --- | --- |
| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Increase the reach of the wildlife information system (SEHAT SATLI) to all provinces in Indonesia | * Interoperability between systems (ISIKHNAS, EWARS and SEHAT SATU) has been explored and discussed with support from development partners (AIHSP, USAID, FAO, and others) |

**TA WORKFORCE DEVELOPMENT (4 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Strengthen linkages with academia and int’l partners, in order to ensure that the quality of applied epidemiology training meets global standards | * WHO and UNICEF provided relevant guidelines and supported health workers training in infection and prevention control (COVID-19) * AIHSP seconded technical advisors to assist the Ministry of Health to develop guideline for reserve health workers and program for primary health care level * AIHSP supported the Australian CSIRO to strengthen testing capabilities of animal health laboratories   CSIRO developed a prototype analytical tool for Whole Genome Sequencing (WGS) to support Indonesia’s ability to sequence COVID-19 pathogens in 2021 |

**TA PREPAREDNESS (4 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Review and update national disaster plans (during COVID19) | * WHO supported the development of the National Action Plan for Health Security 2020-2024 * AIHSP supported the development of Health Emergency Response Plan in four pilot provinces (Central Java, Yogyakarta, Bali, South Sulawesi) |

**TA EMERGENCY RESPONSE OPERATIONS (5 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Implement comprehensive training in case management and infection prevention and control for all health personnel based on an all hazards approach, and including the IHR (2005) | * AIHSP supported the upgrades of iSIKHNAS early detection capability with automated weekly alerts to disease managers and increased use of case confirmation of field clinical diagnoses. * AIHSP supported iSIKHNAS system interoperability with the BBVets systems for case management and provided training in four pilot provinces |

**TA PUBLIC HEALTH AND SECURITY AUTHORITIES (5 recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Completely revise infectious disease outbreak and health quarantine laws to ensure the inclusion of land quarantine measures and clear mandates for collaboration | * Australia-funded CSIRO developed modelling of people’s mobility to provide data for social restriction policy in two provinces with high COVID-19 cases (Jakarta and Bandung) * WHO worked with MoH, IFRC and FAO to develop contact tracing strategies for COVID-19 |

**TA MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT (5 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Develop regulations for sending medical countermeasures based on int’l standards | * WHO provided technical guidelines and training for BPOM to perform emergency use authorization for COVID-19 vaccines |

**TA RISK COMMUNICATION (5 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Further integrate and align the cross-agency risk communication system | * UNICEF co-chaired the RCCE Working Group for COVID-19 |
| Increase risk communication skills in local government, particularly non-natural disasters | * AIHSP, UNICEF and WHO supported and organise RCCE activities for COVID-19 vaccination, including for at-risk groups * UNICEF supported KPCPEN in countering the COVID-19 infodemic |
| Further develop and regularly update risk communication guidelines, SOPs for health sector | * In 2021, AIHSP encouraged the development of MoH’s new risk communication guidelines, to include inclusive vaccination and involvement of non-government stakeholders |
| Update communication strategies including messaging and media strategy | * Jointly in partnership with provincial governments in South Sulawesi and Bali, AIHSP supported inclusive COVID-19 vaccination activities and promoted the involvement of disabled people organisations in message or content production |

**TA POINTS of ENTRY (4 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| Conduct a human resource needs assessment at designated points of entry (POE) that systematically identifies gaps in performance, redundancies and future performance needs (e.g., training, staff recruitment) | * AIHSP supported the development of SOPs for domestic port of entries (PoE) in Bali (Gilimanuk) |

**TA CHEMICAL EVENTS (4 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| - | No relevant activities |

**TA RADIATION EMERGENCIES (4 Recommendations)**

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| **JEE Recommendation in NAPHS** | **Examples of Australian support** |
| - | No relevant activities |

1. WHO, 2010. *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies.* [↑](#footnote-ref-1)
2. IAR is a comprehensive multi-sector qualitative review of actions undertaken thus far in response to an ongoing emergency. [↑](#footnote-ref-2)
3. ONA (link provided in WHO report https://enketo.ona.io/x 18Rq3kbb cannot be accessed) assess how the health facilities manage the vaccination session towards high-quality vaccination delivery that includes administration, prefilling and recapping, waste management, cold-chain management. [↑](#footnote-ref-3)