



Australia Indonesia Health Security Partnership Mid-Term Review Report Annexes

June 2023

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9.1 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 20 months. 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

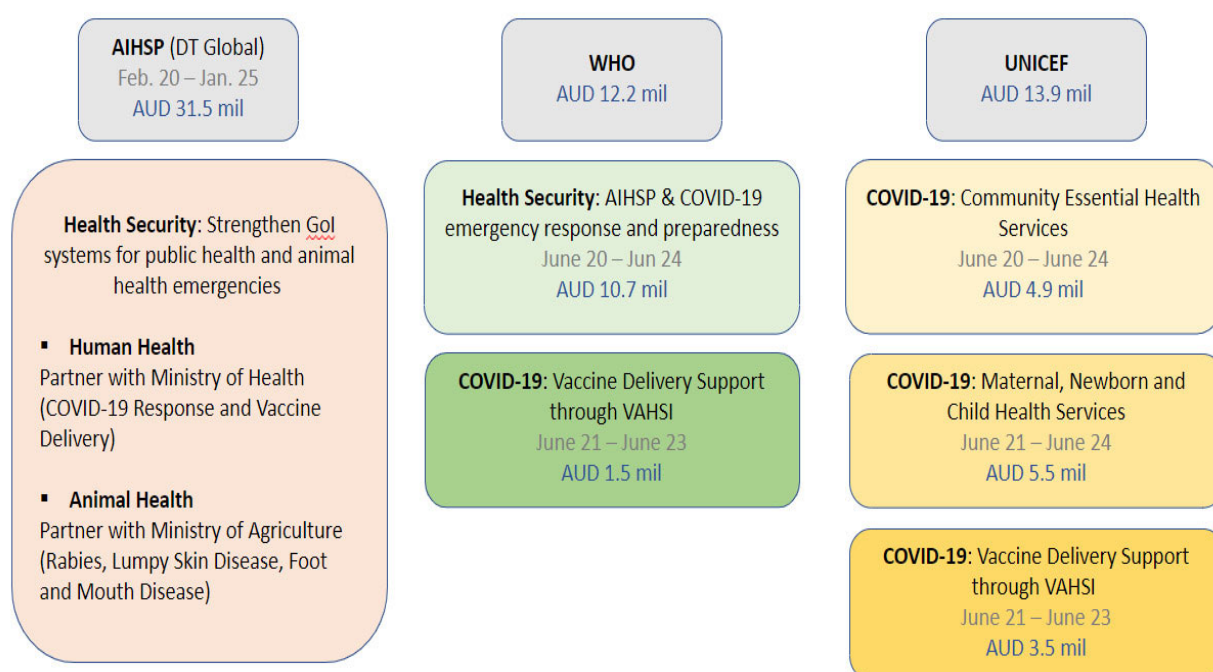
The Australian Government is assessing Australia's health security partnership with Indonesia (INN089), which includes activities managed by DT Global, UNICEF and WHO.

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



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.

Key evaluation questions	Evaluation sub-questions
Effectiveness: Are programs making progress towards expected outcomes?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • 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 (the Review 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 and 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/Responding%20to%20COVID-19%20in%20Indonesia.pdf
UNICEF Indonesia quarterly Situation Reports	https://www.unicef.org/appeals/indonesia/situation-reports
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

9.2 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

Institution	Year	Title
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

Institution	Year	Title
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

9.3 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 Prasetya 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

No.	Name	Institution	Role	Location
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
61	Tim Meinke	Global Health Security	Advisor	Jakarta

No.	Name	Institution	Role	Location
62	Anastasia Susanto	CHISU - USAID	Team Lead (Digital Transformation)	Jakarta
63	Farida Camallia Zenal	FAO	Country National Veterinary Advisor	Jakarta
64	Muhammad Azhar	FHI360	Team Leader	Jakarta
65	Dwi Hanayani	IFRC	Health and WASH Program Coordinator	Jakarta
66	Luuk Schoonman	FAO	Team Leader	Jakarta
67	Nurul Rahmayanti	CHISU	Team Lead (Digital Transformation)	Jakarta
68	Pungkas Bahjuri Ali	Bappenas	Health and Community Nutrition Director	Jakarta
69	Dewi Amila Saliha	Bappenas	Assigned Coordinator for AIHSP	Jakarta
70	Nancy Dian Aggraeni	Coordinating Ministry Human Development & Cultural Affairs	Deputy Assistant for Disease Prevention and Control	Jakarta
71	Rama Fauzi	Coordinating Ministry	Head of Disease Prevention and Control working group	Jakarta
72	Cynthia	Coordinating Ministry	Staff	Jakarta
73	Prof. Drh. Wiku Bakti Bawono Adisasmito	National Agency for Disaster Management (BNPB)	FMD task force	Jakarta
74	Dr. Imran Pambudi	Ministry of Health	Director of CDC	Jakarta
75	Drh. Sitti Ganefa Pakki	Ministry of Health	Head of Zoonosis Working Group, CDC Directorate	Jakarta
76	Getrudis Tandy	Ministry of Health	Head of Working Group Advanced Immunization, Immunization Directorate	Jakarta
77	Setiaji	Ministry of Health	Senior Adviser to the Minister on Health Technology	Jakarta
78	Dewi Nur Aisyah	Ministry of Health	Primary Health Care Tribe - Digital Transformation Office	Jakarta
79	Anda Sapardan	Ministry of Health	Head of Partnerships - Digital Transformation Office	Jakarta
80	Arimbi Yogasara	Ministry of Health	Partnerships Manager - Digital Transformation Office	Jakarta
81	Yudhi Ramlan	Ministry of Health	Partnerships Officer - Digital Transformation Office	Jakarta
82	Nunung	Ministry of Agriculture	Director of Animal Health	Jakarta
83	Wicak	Ministry of Agriculture	Emergency Response	Jakarta
84	Febi	Ministry of Agriculture	FMD Response	Jakarta
85	Ihson	Ministry of Agriculture	SIKHNAS/Surveillance and Lab	Jakarta
86	Yuni Yupiana	Ministry of Agriculture	Directorate of Animal Health	Jakarta
87	Mario Lintang Pratama	Ministry of Agriculture	Directorate of Animal Health	Jakarta
88	Sylvia Maharani Ananta	Ministry of Agriculture	Directorate of Animal Health	Jakarta

No.	Name	Institution	Role	Location
89	E. Riva	Ministry of Agriculture	Directorate of Animal Health	Jakarta
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
94	Nick Harris	IPCHS -Indo-Pacific Centre Health Security		Canberra
95	Beth Cookson	DAFF	Deputy Chief Veterinary Officer	Canberra
96	George Hughes	OCVO	Ex Indo officer with DAFF	Canberra
97	Francette Dussan	ACIAR		Canberra
98	Phoebe Readford	ACDP		Canberra
99	Gede Aryasena	One Health Risk	Provincial, Head	Bali
100	I Made Rentin	Disaster Management Agency/BPBD		Bali
101	Dr Anak Agung Sagung	Provincial Health Office	Head of Health Promotion Unit	Bali
102	Nyoman Dana	Yayasan Bunga Bali (DPO)	Head of Yayasan	Bali
103	Abdi Negara	Majelis Desa Adat		Bali
104	Prof I Ketut Puja	Veterinary Medical Association	Head of Association	Bali
105	Leni Astiti	HWDI - Women with Disabilities		Bali
106	I Wayan Ika Wiastana	Provincial Development Planning Agency	Head of Agency	Bali
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
113	Denni Rajagukguk	AIHSP	Provincial Coordinator	Bali
114	Made Angga Prayoga	AIHSP	District Coordinator	Bali
115	Prof Sri Budayanti	One Health Collaborating Centre (OHCC), University of Udayana	Head	Bali
116	I Nyoman Adi Budiartawan	OHCC		Bali
117	Kadek Darmawan	OHCC		Bali
118	Ni Putu Shinta Utari Dewi	OHCC		Bali
119	Gede Rahmanabha	OHCC		Bali
120	Ayu Kirana Praweswari	OHCC		Bali

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122	Meldyana Moika	Puskesmas Sawan 1	Surveillance Staff	Bali Province, Buleleng
123	Putu Ayu Rieka Nurhaeni	District Health Office	Head of Agency	Bali Province, Buleleng
124	Dr Sucipto	District Health Office	Head of Office	Bali Province, Buleleng
125	Gede Artamawan	District Health Office	Head of CDC unit	Bali Province, Buleleng
126	I Made Sumiarta	District Agriculture and Food Security Office	Head of Office	Bali Province, Buleleng
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
131	Agung Joni Wahyuda	AIHSP	Provincial Coordinator	South Sulawesi
132	Martdwita Bayulestari	AIHSP	Subnational Activity Coordinator/COVID-19	South Sulawesi
133	Sakiyah	AIHSP	District Coordinator	South Sulawesi
134	Suhaeda Kudus	AIHSP	Admin Assistant	South Sulawesi
135	Badwi M. Amin	UNICEF	Health Specialist	South Sulawesi
136	Indrias Rosmeifinda	UNICEF	Social and Behavioral Change/RCCE Officer	South Sulawesi
137	A. Dharmawan Bintang	Provincial Development Planning Agency	Head of Agency	South Sulawesi
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 Sulisty	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	Ety 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. Syahrana	Provincial Development Planning Agency	AIHSP Secretariate	South Sulawesi

No.	Name	Institution	Role	Location
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
154	Andi Arfan	GERKATIN (DPO, Blind)	Head	South Sulawesi
155	Yoga Indar Dewa	PERTUNI (DPO, Blind)	Head	South Sulawesi
156	Nisria Maghfirah	HWDI – Association of	Promotion Division	South Sulawesi
157	Syarif Ramadhan	Women with Disabilities PERDIK	Head	South Sulawesi
158	Sustriani A Tahir	KOALISA	Head	South Sulawesi
159	Dr. Ahmad Nursyamsi	University of Hasanuddin	Faculty of Medicine	South Sulawesi
160	Prof. Yahya Thamrin	University of Hasanuddin	Faculty of Public Health	South Sulawesi
161	Haryanto	Provincial Health Office	Member of Health Emergency Operations Centre	South Sulawesi
162	Lilisari Ramadhani	Provincial Disaster Management Agency/BPBD	Member of Health Emergency Operations Centre	South Sulawesi
163	Andi Arsunan Arsin	University of Hasanuddin	Member of Health Emergency Operations Centre	South Sulawesi
164	Alham	Research and Development	Member of Health Emergency Operations Centre	South Sulawesi
165	Dr. Andi Alfian Zainuddin	University of Hasanuddin	Secretary of Department	South Sulawesi
166	Laksmi Trisasmita	Yayasan Kesehatan Masyarakat Sahabat Dhuafa (YKMSD)	Program Manager	South Sulawesi
167	Rahmanur Syam	Yayasan Gaya Celebes (YGC)	Program Manager	South Sulawesi
168	Prof. Sukri Palutturi	University of Hasanuddin	Director of Centre for Indonesia Healthy	South Sulawesi
169	Surahman Syah Said	Yayasan Jenewa Madani	City Study (CIHCS), Faculty of Public Health Director	South Sulawesi
170	Drh. Wahyuningsih	Provincial Livestock Services and Animal Health Office		South Sulawesi
171	Masrida Baharuddin	Provincial Health Office	Traning Centre/BBPK	South Sulawesi
172	Fatimah	Provincial Health Office		South Sulawesi

No.	Name	Institution	Role	Location
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174	Hasan Rahim	District Health Office	Head of CDC	South Sulawesi, Tompobulu
175	Dr. Rita Widiastuti	Puskesmas Tompobulu	Head	South Sulawesi, Tompobulu
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
179	Hasni	puskesmas Tompobulu	Vaccination Coordinator	South Sulawesi, Tompobulu
180	Hidayat	NPC (local DPO)		South Sulawesi, Tompobulu
181	Sahran	District Development Planning Agency	Governance & Human Development	South Sulawesi, Maros
182	Farida Syukur	District Agriculture Office	Head of Animal Health Division	South Sulawesi, Maros
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
186	Uci Setiyani	Community Centre for Animal Health	Staff	South Sulawesi, Maros
187	Nuryadi	District Social Affairs Office	Head	South Sulawesi, Maros
188	Laurensius Nong Kese	Public Administration	Head	South Sulawesi, Maros
189	Drh. M. Gustav	Disease Investigation Centre	Medik Veteriner	South Sulawesi, Maros
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

9.4 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?	<ul style="list-style-type: none"> ● 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?	<ul style="list-style-type: none"> ● KEQ 2.1 How have the DFAT-funded AIHSP, UNICEF and WHO activities contributed to Indonesia's COVID-19 response? 	Technical Areas in the Gol'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 Gol 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?	<ul style="list-style-type: none"> ● 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 + 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?	<ul style="list-style-type: none"> ● 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 Gol; contextual factors that could impact on efficiency	To assess the impact of the tranches of funding on efficiency

¹ WHO, 2010. *Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and their Measurement Strategies*.

9.5 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 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.

² IAR is a comprehensive multi-sector qualitative review of actions undertaken thus far in response to an ongoing emergency.

- 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 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.

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.

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 Gol'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 Gol in adopting the Points of Entry (PoE) readiness tool and conducting periodic PoE readiness assessments for routine and emergency capacity at PoE.

9.6 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.	<ul style="list-style-type: none"> • 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.	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 ZOO NOTIC 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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.	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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)

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	<ul style="list-style-type: none"> ● 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)

JEE Recommendation in NAPHS	Examples of Australian support
Review and update national disaster plans (during COVID19)	<ul style="list-style-type: none"> ● 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)

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)	<ul style="list-style-type: none"> ● AIHSP supported the upgrades of iSIKHNAS early detection capability with automated weekly alerts to disease managers and

	<p>increased use of case confirmation of field clinical diagnoses.</p> <ul style="list-style-type: none"> ● AIHSP supported iSIKHNAS system interoperability with the BBVets systems for case management and provided training in four pilot provinces
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TA PUBLIC HEALTH AND SECURITY AUTHORITIES (5 recommendations)

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	<ul style="list-style-type: none"> ● 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)

JEE Recommendation in NAPHS	Examples of Australian support
Develop regulations for sending medical countermeasures based on int'l standards	<ul style="list-style-type: none"> ● WHO provided technical guidelines and training for BPOM to perform emergency use authorization for COVID-19 vaccines

TA RISK COMMUNICATION (5 Recommendations)

JEE Recommendation in NAPHS	Examples of Australian support
Further integrate and align the cross-agency risk communication system	<ul style="list-style-type: none"> ● UNICEF co-chaired the RCCE Working Group for COVID-19
Increase risk communication skills in local government, particularly non-natural disasters	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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	<ul style="list-style-type: none"> ● 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)

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)	<ul style="list-style-type: none"> ● AIHSP supported the development of SOPs for domestic port of entries (PoE) in Bali (Gilimanuk)

TA CHEMICAL EVENTS (4 Recommendations)

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

TA RADIATION EMERGENCIES (4 Recommendations)

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