

Proposed Activities to supplement Australian Indonesia Partnership for Emerging Infectious Diseases – Human Health Program 2011-2014

1. Background

1.1 More than 70% of emerging infectious diseases (EIDs) globally are of animal origin. The ongoing **outbreak of avian influenza and the reemergence of rabies in Indonesia illustrate the importance of continuing to address the risk** to global health security posed by zoonotic EIDs. Australia has played a major role in supporting the strengthening of regional EID capacity for preparedness and response, and was one of the first donor countries to fund avian influenza programs in Indonesia in March 2004. Early support provided emergency funding for the avian influenza H5N1 response and has evolved to strengthen the capacity of EID disease detection and response. These programs have been successful in developing a five-year surveillance and outbreak response roadmap, establishing a national Outbreak Command Post, strengthening the field epidemiology training program (FETP), and piloting an enhanced early warning alert and response system (EWARS) for EIDs.

1.2 This evolution from a focused response to avian influenza to a broader risk management posed by zoonotic diseases is illustrated by the establishment of a ministerial level intersectoral **National Zoonosis Committee** in March 2011. This is in line with the evolving global approach to tackling the risk, through the **One Health** framework. In essence, this framework endeavours to promote risk management through collaborative efforts between animal, ecological (particularly wildlife) and human health systems, that work in such a way to **ensure community resilience, health and safety** while at the same time **ensuring sustainable livelihoods** for those involved in food production.

1.3 Strengthening capacities in Surveillance and Response is also in line with other regional and global health security frameworks, particularly the **International Health Regulations (IHR)**, and the Asia Pacific Strategy for Emerging Diseases (APSED) 2010. A recent review in 2011 of core capacities required under the IHR has indicated **there are still gaps in both Surveillance and Response, and at Points of Entry**, the two main components of core capacity needed for IHR implementation. As a consequence of these gaps, the GoI through the recently established multi-sectoral committee is considering a request for two year extension of capacity development from the current deadline in June 2012.

2. Rationale for Expanded Activities:

2.1 The existing Australian funded EID human health program, implemented by the Indonesian MOH through the World Health Organization (WHO), has been instrumental in advancing Indonesia's capacity in surveillance and response. Improvements in surveillance has meant more events are being and will be detected, and there now needs to be a **new focus on risk reduction, risk assessment, and event response, particularly in the area of zoonosis and risk communication**. These new activities will supplement the ongoing efforts of strengthening event surveillance through EWARS, Outbreak Command Post, FETP and support for response to specific outbreaks.

2.2 The Government of Indonesia has prioritized strengthening of capacity in the area of zoonosis prevention and control, as exemplified by the establishment KOMNAS Zoonosis. Expanded activities in the Australian funded EID program will support this greater priority accorded by the GoI.

2.3 Expanded activities will also complement the animal health component of the Australian EID program in a more comprehensive and cohesive way.

2.4 Lastly, the GoI also recently established a multisectoral high level committee to oversee implementation of the IHR, and the MoH has requested WHO assistance to develop an action plan to develop core capacities in Surveillance and Response and Points of Entry for the next two years.

3. Goal and Outcomes

3.1 The goal of the program is to enhance the surveillance system for EID detection and response through strengthening of the key underlying systems.

3.2 By the end of the program, the short term intended development outcomes are:

1. MoH (Directorate General Disease Control and Environmental Health "DCEH*") and an increased number of provinces / districts have strengthened systems for the detection and control and prevention of EIDs.
2. MoH (DCEH) has a strengthened system for the response to EIDs.
3. Indonesia has strengthened human resources for the detection, control and prevention of EID's

(* DCEH includes the Surveillance and Outbreak Response and Zoonosis Sub-directorates; the zoonosis activities will be implemented through the latter).

4. Proposed Inclusion of Component 5:

4.1 Component 5: Strengthening of capacity in the area of zoonotic risk reduction, risk assessment and risk communication and epidemic response.

4.1.1 The Ministry of Health has prioritized five zoonotic diseases for prevention and control: Avian Influenza, Rabies, Leptospirosis, Anthrax and Plague. Number of initiatives has been started in order to control these diseases. Surveillance of ILI, SARI and East Jakarta project primarily focusing on AI surveillance, case management and hospital preparedness for the AI or Pandemic; revision of national guidelines of Leptospirosis control and development of national guidelines on intra-dermal rabies vaccination. The proposed activities build on this foundation. Attention to these priority diseases will also form a platform for strengthening risk assessment and response to any future zoonotic EID.

4.1.2 Additionally, risk communication efforts need to be increased to supplement and reinforce zoonotic disease prevention and control. MoH, Indonesia has also envisaged that reaching the community and service providers is the efficient way of preventing, controlling and responding to the potential outbreaks.

5. Activities:

5.1 Zoonosis: Capacity building on priority zoonotic diseases with the development of national guidelines an surveillance strategy, training on the national guidelines for priority zoonotic diseases, strengthening of the capacity of rapid response team on epidemic prone provinces and at the center level; risk reduction with provision of expansion of healthy food markets, risk reduction for paddy field workers (farmers), promotion of dog vaccination; case management training on rabies and identification of other possible endemic zoonotic diseases.

5.1.1 Outcome: Reduced transmission of zoonotic diseases, and more effective and timely response to the outbreaks of diseases of zoonotic origin.

5.2 Risk Communication: Capacity building for public health emergency and behavior change communication at center and selected provinces. Media orientation, development of training materials and training for emergency communication for provincial health authorities; provision operational communication and application of indigenous knowledge and research finding for the BCC.

5.2.1 Outcome: Reduced transmission of zoonotic diseases, and timely and effective risk communication for epidemic preparedness and response.

5.3 Public Health Emergency Preparedness: Capacity building for public health preparedness through support for IHR implementation in Indonesia 2012 – 2014. Establishment of an IHR secretariat with national experts, development of a national action plan to address gaps in Surveillance and Response and at Points of Entry, and ongoing assessment and monitoring and evaluation activities are needed to ensure Indonesia achieves the core capacities for IHR by 2014.

5.3.1 Outcome: Core capacities required under IHR 2005 in Surveillance and Response and Points of Entry achieved by 2014, which includes extension of EWARS to all provinces and ongoing support for FETP.

Key Component	Activities	Sub activities	Output	Links to PDD and existing program
	5.1 Zoonosis			
Strengthening of capacity in the area of zoonotic risk reduction, risk assessment and risk communication and epidemic response	5.1.a Improved integration of surveillance and response for priority zoonotic diseases MoH focal point: Zoonosis sub-directorate	5.1.a. 1 National guidelines development, dissemination and training for integrated surveillance and response in priority zoonotic infections in high risk provinces	Trained Human Resources including rapid response team members on integrated zoonotic diseases surveillance available	MoH and sub-national levels have strengthened system for the detection and response to EIDs (objectives #1, #2)
		5.1.a. 2 National support to integrated field investigation for priority zoonotic diseases, especially avian influenza, by national, provincial and district surveillance officers / rapid response teams	Field investigation reports available on priority zoonotic diseases, especially avian influenza	MoH and sub-national levels have strengthened system for the response to EIDs (objectives #1, #2)
	5.1.b Risk reduction MoH focal point: Zoonosis sub-directorate	5.1.b. 1 Advocacy meetings and WHO technical assistance for Healthy Food Markets program in selected provinces	Agreement for Healthy Food Markets program continued in selected provinces	Indonesia has strengthened human resources for the prevention of EID's (objective #3)
		5.1.b. 2 Advocacy meetings by MoH supported by WHO for rabies prevention in high risk provinces	Agreement for integrated rabies prevention campaign in high risk provinces	Indonesia has strengthened human resources for the prevention of EID's (objective #3)
	5.1.c Improved response to zoonotic infections MoH focal point: Zoonosis sub-directorate	5.1.c. 1 Expert review meetings of current responses to avian flu, rabies and leptospirosis	Expert recommendations for improved management of priority zoonotic infections	Indonesia has strengthened human resources for the response to EID's (objective #3)
		5.1.c. 2 Training on Case Management of rabies including intradermal vaccination	Trained human resources at district level in cost effective animal bite case management in selected provinces	Sub-national levels have strengthened system for the response to EIDs (objective #2)
		5.1.c. 3 Training on Leptospirosis National	Trained human resources at district	Sub-national levels have strengthened system for

		Guidelines in epidemic prone provinces	level in effective leptospirosis case management in selected provinces	the response to EIDs (objective #2)
		5.1.c. 4 Training on early referral and management of suspect avian influenza	Trained human resources at district level in avian influenza case management in selected provinces	Sub-national levels have strengthened system for the response to EIDs (objective #2)
		5.1.c.5 Monitoring and evaluation of priority zoonotic diseases prevention and control	Technical assistance by national experts available for advice, monitoring and evaluation	
	5.2. a Behavior Change Communication MoH focal point: Centre for Health Promotion, Zoonosis sub-directorate	5.2. a. 1 Design effective community-based behavioral change interventions for AI and other emerging disease prevention and control programs, apply communication for behavioral impacts (COMBI) in disease prevention and control programs.	Technical assistance by WHO P4 social mobilization specialist 6 months	Indonesia has strengthened human resources for the prevention of and response to EID's (objective #3)
		5.2.a. 2 Produce effective communication media at community level through community involvement approach and apply community-based social mobilization/community involvement in disease prevention and control programs		
		5.2.a. 3 Development of the BCC campaign to address prevention of priority zoonotic EIDS	Behaviour change materials prepared	Indonesia has strengthened human resources for the prevention of and response to EID's

				(objective #3)
	5.3. a National IHR focal point function enhanced MoH Focal Point: Surveillance Directorate	5.3. a. 1 Development of IHR Action Plan 2012 – 14 by IHR secretariat, including roll out of EWARS and human resource development through FETP	Technical assistance by national experts to develop and finalize plan	MoH and an increased number of provinces / districts have strengthened systems for the detection and control and prevention of EIDs. (objective #1)
		5.3. a. 2 Monitoring and Evaluation of IHR Action Plan in Surveillance and Response and at Points of Entry	Technical assistance by national experts to monitor implementation of plan until June 2014	MoH and an increased number of provinces / districts have strengthened systems for the detection and control and prevention of EIDs. (objective #1)
		5.4.a Advice to MoH on gaps, issues and solutions to IHR implementation and APSED implementation	WHO technical assistance (P5 epidemiologist 24 months)	MoH (DCEH) has a strengthened system for the response to EIDs. (objective #2)
		5.4. b WHO program travel and administrative support	Administrative support is delivered	
GRAND TOTAL				AUD 1,695,000