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**Australia Indonesia Partnership for
Emerging Infectious Diseases**

Human Health and Animal Health Program
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Glossary of Terms and Abbreviations

AIP-EID	Australia Indonesia Partnership for Emerging Infectious Diseases
ACIAR	Australian Centre for International Agricultural Research
APSED	Asia-Pacific Strategy for Emerging Diseases
DA	Australian Department of Agriculture
DAI	Development Alternatives International
DG LAHS	Ministry of Agriculture Directorate-General Livestock Animal Health Services
EWARS	Early Warning Alert and Response System
EID	Emerging Infectious Diseases
EPT	Emerging Pandemic Threats
EU	European Union
FAO	UN Food and Agriculture Organization
FETP	Field Epidemiology Training Program
GHSA	Global Health Security Agenda
GOA	Government of Australia
GOI	Government of Indonesia
H5N1; H1N1; H7N9	Sub-types of Influenza A virus
IHR	International Health Regulations
ILRI	International Livestock Research Institute
INDOHUN	Indonesia One Health University Network
iSIKHNAS	Integrated National Animal Health Information System
IVL	Indonesian Veterinary Leadership
KOMNAS Zoonosis	National Commission for Zoonotic Disease Control
MERS-CoV	Middle East Respiratory Syndrome Coronavirus
MOA	Ministry of Agriculture
MOH	Ministry of Health
NIHRD	National Institute of Health Research and Development
OIE	World Organisation for Animal Health
PIPF	Pandemic Influenza Preparedness Framework
POSKO	Ministry of Health Outbreak Command Post
PSC	Program Steering Committee
PVS	Performance of Veterinary Services
SAFETYNET	South Asia Field Epidemiology and Technology Network, Inc
SARS	Severe Acute Respiratory Syndrome
SEAOHUN	South East Asia One Health University Network
SOPs	Standard Operating Procedures
TEPHINET	Training Programs in Epidemiology and Public Health Interventions Network
TOR	Terms of Reference
USAID	United States Assistance for International Development
USCDC	United States Centers for Disease Control and Prevention
WHO	World Health Organization

1 Executive Summary

Emerging infectious diseases (EID) such as highly pathogenic avian influenza (HPAI), severe acute respiratory syndrome (SARS), Ebola Virus Disease and Nipah Virus have heightened global attention to animal-human interfaces and the essential capabilities required of human and animal health systems to detect and respond to EIDs. Many of the drivers of disease emergence and rapid spread are prevalent in Indonesia, which is considered among the world's 'hot spots' for EIDs. These diseases have the potential to exact a heavy economic and social toll in a variety of ways. The massive scale of international travel and trade means that diseases emerging in Indonesia pose a real threat for other countries in the Asia-Pacific region, including Australia.

Since the emergence of HPAI in Indonesia in 2004, Australia has supported Indonesia to combat the threat of EIDs and invested over \$40 million in Indonesia through various programs. The current Australia Indonesia Partnership for Emerging Infectious Diseases (AIP-EID) program has been implemented since 2011. The program has two arms that are being implemented separately: one targeting human health and implemented by the WHO Country Office for Indonesia in partnership with the Ministry of Health (MOH); and the other one targeting animal health and implemented by the Australian Department of Agriculture (DA) in partnership with the Ministry of Agriculture (MOA). Australian support has been well received by the Government of Indonesia. It has been instrumental in enabling Indonesia to increasingly comply with its international obligations under WHO's International Health Regulations as well as building national human and animal disease surveillance systems and emergency response mechanisms.

Substantial progress has been made in building Indonesia's EID preparedness, detection and response capacities, but many challenges remain. These include limited human resources, unclear policies, weak governance, minimal infrastructure and operational resource constraints. Disease response efforts are hampered by a myriad of policies and coordinating mechanisms, and limited abilities in leadership, strategic planning and management. Moreover, since the majority of EIDs are of animal origin, an increased attention to the animal-human interface and strengthening the cross-cutting capacities of the MOH and MOA to deal with the zoonotic diseases is needed. This aligns with the globally-recommended "One Health" approach that encourages multi-disciplinary and multi-sectoral approaches to address emerging zoonotic diseases.

The proposed new DFAT EID program adopts the One Health approach by working synergistically in both the animal health and human health sectors. The program builds on existing collaborations between the Australian Department of Agriculture (DA), the World Health Organisation (WHO) and their Indonesian counterpart agencies. These partnerships have proven valuable in creating necessary linkages, delivering program outputs and achieving overarching outcomes. Of note, a valuable government-to-government relationship has been cultivated between DA and MOA in areas of mutual interest. Therefore, this program will apply the same delivery approach with strengthened collaboration between animal and human health sectors. The activities will be conducted in collaboration and coordination with other development and technical assistance partners such as ACIAR, USAID, US Centers for Disease Control and Prevention (US CDC), the Food and Agriculture Organization (FAO), US Department of Agriculture (USDA), JICA and the Animal Protection League.

Strategically for Australia, the benefit of continued investment is three-fold: (a) public health, including protecting the people of Australia and Indonesia from diseases of epidemic potential, (b) biosecurity, to protect the Australian livestock industries, and (c) trade, whereby bilateral cooperation increases confidence and transparency, and encourages a more

favourable environment for Australian exports of livestock produce. This program builds on the success of previous phases of Australian investment to provide targeted interventions for mutually beneficial, effective and sustainable collaboration. A single design is presented that incorporates both human health and animal health programming applying the One Health approach. The investment will result in increased alignment between the two sectors in their EID preparedness, detection and response measures.

The goal of the program is 'to enhance Indonesia's human and animal disease prevention and response capacities to increase national, Australian and global biosecurity'. This will be achieved by complementary animal health and human health arms of the program with the following shared high level program outcomes:

1. Strengthened Indonesian government systems for integrated preparedness and rapid response to animal health and public health emergencies.
2. Strengthened Indonesian government animal health information system and public health surveillance systems, and the effective use of information.
3. Enhanced institutional and individual performance in leadership, management and evidence-based decision-making.

For tactical and pragmatic reasons, component outcomes in each arm of the program will be delivered in parallel through WHO (with MOH) and DA (with MOA); however, the design creates synergy at a component level and ensures strategic alignment with the three high-level outcomes. Component outcomes include:

Human health:

1. Improved public health emergency preparedness and risk management.
2. Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases.
3. Increased performance of public health workforce in epidemiology.
4. Improved Government funding management for surveillance and control of EID.

Animal health:

1. Strengthened emergency management.
2. Enhanced national animal health information system (iSIKHNAS) and the effective use of information to support surveillance, veterinary service delivery, policy development & advocacy.
3. Strengthened leadership and management within Indonesia's Veterinary Service.

The program will commence in July 2015 for three years. The total funding allocation is \$9,900,000, where \$3,000,000 is allocated for the human health components and \$6,900,000 is allocated for the animal health components. The larger funding allocation to animal health is due to the lower baseline and resources available to this sector and the greater investment needed to build sustainable national and sub-national capacities. For human health, more mature Indonesian systems exist but need further investment to consolidate national and sub-national level capabilities as well as increased inter-sectoral alignment.

2 Analysis and Strategic Context

2.1 Country and Sector Issues

Indonesia, along with other countries in Southeast Asia, is a hotspot for emerging infectious diseases (EIDs). Population growth, changing patterns of land use, intensification of agriculture and other factors are creating new ecological niches and new opportunities for disease emergence. As economic development continues and animal and human populations increase further, the significance of these factors will intensify.

Recent outbreaks of highly pathogenic avian influenza (HPAI) and rabies in Indonesia add to a long list of emerging zoonotic diseases—Ebola virus disease, MERS-CoV, avian influenza H7N9 and others—that currently threaten global public health. Globally, there is heightened awareness of the health implications of close animal-human interfaces and the necessity to address epidemic diseases when and where they originate. This is particularly important in an age of intensive global travel and trade, whereby EIDs may rapidly exert a regional or global effect.

Strong human health and animal health systems are essential in mitigating these threats and protecting people and livestock industries from disease outbreaks. The essential and cross-cutting capabilities of human health and animal health systems to detect and respond to EIDs are reflected in the World Health Organization's (WHO) International Health Regulations (IHR), the World Organisation for Animal Health's (OIE) Performance of Veterinary Services (PVS) and the One Health concept.

“One Health” is a concept that recognizes the dynamic relationships between the health of people, animals and the environment. The One Health approach is characterized by multi-disciplinary and multi-sector collaboration to address the threats posed by EIDs

Australia was one of the first countries to support Indonesia combat the threat of EIDs including HPAI H5N1. Since 2004, Australia has invested over \$40 million to Indonesia in four phases. The current Australia Indonesia Partnership for Emerging Infectious Diseases (AIP-EID) is implemented through two partners: WHO Country Office for Indonesia for support to MOH/sub-national health structures and through the Australian Department of Agriculture (DA) for support to MOA/sub-national veterinary structures. This phase of AIP-EID commenced in 2010 (Human Health) and 2011 (Animal Health) and is due for completion in June 2015 (a six-month extension of the program was granted from its original scheduled end date of December 2014).

The Government of Indonesia (GOI) is committed to strengthening health systems for the prevention, detection and response to EID. This is evident through a range of initiatives within the Ministry of Health (MOH) and Ministry of Agriculture (MOA), some of which have been supported by international programs (see below). The National Commission for Zoonotic Disease Control (KOMNAS Zoonosis) was established in 2011 to support cross-cutting coordination between key line ministries, including the MOH and MOA. However, the commission has struggled to stimulate the sort of actions which its mandate allows and in recent years systems strengthening have occurred primarily within line ministries.

In 2005, a review of core capacities for the implementation of the IHR was conducted by WHO. The review found that capacity to detect and respond to outbreaks needed strengthening, especially at the provincial and district levels. Since then, there has been incremental strengthening of disease preparedness and response systems, with periodic evaluations and self-assessments. By June 2014, Indonesia reported that it had achieved

the IHR core capacities, albeit acknowledging the need to continuously evolve and maintain these capacities, especially at sub-national level.

In the animal health domain, the OIE conducted a review of Indonesia's veterinary services in 2007; this was followed by an OIE PVS Gap Analysis in 2010. Also in 2010, Australian Government support moved away from programs to control specific diseases (avian influenza and rabies) and towards a sustainable systems strengthening approach: this is reflected in the design of the current AIP-EID Animal Health program. MOA remains committed to improve the 'critical competencies' of the veterinary service in support of livestock production, rural development and public health (through the control of zoonotic diseases).

In 2014, GOI played a leading role in the development of a Global Health Security Agenda (GHSA). By elevating political attention and broadening participation from multi-sectoral stakeholders, the agenda aims to accelerate the development of global capacity to prevent, detect, and rapidly respond to infectious disease threats. Indonesia is currently leading the development of the zoonotic disease component of the agenda where technical assistance from the current AIP-EID program is best placed to help strengthening Indonesia's leadership on this agenda.

2.2 Issues Analysis

Although sound progress has been made in recent years, substantial challenges remain. Detection and control of disease outbreaks is constrained by limited human resources, unclear policies, inadequate infrastructure, a lack of operational resources and weaknesses in leadership and governance. These impediments are compounded by the challenges of vertical and horizontal coordination in a decentralized governance system and the sheer size and diversity of the Indonesian archipelago.

A sustained investment by the Government of Indonesia is required to strengthen both animal health and public health systems. In support of this objective, the Australian government is well placed to provide technical assistance and build on the most effective outcomes of the existing (2011–2015) AIP-EID program.

In the human health domain, the existing AIP-EID program provided technical support to the geographic roll-out and leveraging of technologies that facilitate communication and reporting. To date, 31 of 34 provinces have systematic capability to report both event and case-based disease data relating to 23 infectious diseases/syndromes. This includes full support to six traditionally difficult to reach provinces; namely East Nusa Tenggara, Maluku, North Maluku, Aceh, Jambi and East Kalimantan. The MOH Outbreak Command Post (POSKO) can now verify 95 per cent of reports and disease rumours within 24 hours, and it generates daily reports.

To develop human resource capacity development, the program-funded secretariat for the Field Epidemiology Training Program (FETP) fulfils a vital role in the coordination of the field component of the two-year FETP. The success of investment in FETP now sees the program poised for rapid growth based on Indonesia's national and sub-national needs. The zoonotic disease risk analysis and awareness program has provided valuable capacity development in avian influenza control, rabies case management, leptospirosis and legionellosis, where program-funded WHO technical staff have contributed in a range of areas including disease investigation and revision of national guidelines to improve quality care and surveillance processes.

Taking into account the increasingly improved Indonesian capacities in human health, future investment will focus on the maintenance of core capacities at the national level and further consolidation at sub-national levels.

For animal health, the AIP-EID has seen a strong and effective partnership develop between DA and MOA, as well as sub-national stakeholders in Indonesia's animal health service. Unlike WHO and its long-term partnership with MOH, the partnership between DA and MOA under AIP-EID only commenced in 2011.

To date, the animal health program under AIP-EID has contributed to the strengthening of emergency preparedness and response to animal health emergencies in Indonesia. The program has supported the drafting of empowering legislation, the preparation of response plans (KIATVETINDO) for priority exotic diseases and the development of technical guidelines including risk assessments and standard operating procedures (SOPs). Several outbreak simulation exercises have complemented the process of policy development and promoted a stronger level of understanding and commitment to the strengthening of emergency management systems.

The development of an integrated national animal health information system (iSIKHNAS) has been a monumental outcome of the program. It is a comprehensive and powerful information system that provides real-time support to all people in the animal health system, from the village reporter to the central policy-maker. The iSIKHNAS system is currently being extended nationally with substantial funding from central and some sub-national governments.

The Indonesia Veterinary Leadership (IVL) course—supported by AIP-EID in collaboration with several Indonesian and Australian universities—has seen two batches of upcoming leaders in the Indonesian veterinary service obtain essential skills and leadership, planning and management. A strong demand for IVL currently exists as well as the desire to embed it sustainably into existing training structures offered by universities or the Indonesian Veterinary Medical Association.

A very genuine and effective partnership between Australia and Indonesia has been established through the AIP-EID program. Relationships have been forged at the government-to-government level, as well as through technical institutions and with individuals. These relationships are founded on mutual trust and respect and allow Australia to contribute to Indonesia's development in specific technical areas, as well as contributing favorably to the broader bilateral relationship.

In future, there are greater opportunities for the application of the One Health concept, whereby resources available at each line Ministry can be mobilized to support the others' objectives. This includes sharing of information and its system, human resource capacity and, if relevant, infrastructure especially during the emergency response.

A One Health approach that melds several strategic priorities common to both human and animal health can build upon the existing technical, coordination and political commitment. Success of future investment would be two-fold; it can improve human health through better control of emerging threats and it can improve animal health, food security and profitability of animal production. To be successful, investment should:

- Focus on the prevention, detection and rapid response to emerging and priority endemic infectious diseases;
- Align with international standards (in particular, the WHO IHR and OIE PVS) and regional priorities for the strengthening of human and animal health systems;

- Provide experts and technical assistance as the principal form of aid;
- Be implemented through Indonesian government systems with a focus on sustainable systems strengthening;
- Use existing partners who are invested in the collaboration with MOH and MOA.

2.3 Rationale for Australian Engagement

The investment is aligned with DFAT's 2015–2019 draft strategy for health which includes an overarching objective to contribute to regional health security by ensuring that Indonesia is well equipped to detect and control pandemic threats to the region, including to Australia and Australians.

The Australian national benefit of investment is three-fold: (a) protecting the health of people; (b) protecting livestock industries; and (c) supporting bilateral cooperation and trade.

a) Protecting the people of Australia and Indonesia from diseases of epidemic potential

Emerging infectious diseases exact a heavy economic and social toll in a variety of ways. The direct costs of disease control burden public health systems. Significant outbreaks affect many sectors of society, including financial systems, tourism and law enforcement. If health systems fail, fear, lack of food or loss of livelihood may quickly lead to a loss of confidence in governments and civil unrest. It is in Australia's interests to support the stability and prosperity of Indonesia, which may be undermined by public health emergencies. Furthermore, global travel and trade mean that diseases emerging in Indonesia may rapidly exert a regional or global effect and threaten the health of Australians.

b) Protecting Australian and Indonesian livestock industries

Australia is free of many of the important animal and zoonotic diseases present in Indonesia and the Southeast Asian region. Strengthening Indonesia's veterinary services brings benefit to Australians by reducing the threat that such diseases pose to Australia's livestock industries and society due to geographical proximity and frequent traffic between the two countries. This type of off-shore (pre-border) activity is part of Australia's investment in managing risks along a biosecurity continuum. Given the trans-boundary nature of infectious disease, strengthening one country's animal health system makes a broader contribution to regional biosecurity.

c) Supporting bilateral cooperation and agricultural trade

Indonesia and Australia have an important trade relationship, including in the livestock sector where Indonesia has long been Australia's largest export market for live cattle. Bilateral cooperation in the area of animal health, particularly when implemented through a government-to-government partnership, builds an important relationship and contributes to GOI having greater confidence in Australia's systems, processes and animal health status—these are valuable foundations to support trade.

However, poor animal health currently acts as a barrier to free and efficient trade of animals and animal products in Indonesia. Therefore, investment in animal health systems supports Indonesia's efforts to increase livestock production, productivity and marketing, and therefore improve farmer incomes.

Disease causes direct economic loss to livestock producers: in the face of disease, more resources (animals, feed, labour, etc.) are required per unit of livestock production than would be required if the animals were healthy. Improving animal health brings direct benefit to livestock producers who, in Indonesia, are almost exclusively in the private sector.

The investment is expected to deliver results that also link to broader DFAT objectives in Indonesia relating to rural development, poverty alleviation and governance. There will also be alignment with other Australian Government-funded programs (including ACIAR IndoBeef collaborative research program) and it will be complementary to other donor/technical agency EID initiatives including USAID, US CDC and FAO.

The investment is closely aligned with Indonesian national priorities and keenness to develop health and animal health systems in accordance with international frameworks such as the IHR and PVS.

The animal health component qualifies as “aid for trade” and contributes to achieving the Australian Government’s target for this.

2.4 Lessons Learnt

Lessons learnt from existing program modalities

The WHO is hosted by MOH and has been a long-term partner in health in Indonesia with excellent advocacy and coordinating capacity. The implementation of previous phases of AIP-EID has been smooth due to the long-established mechanisms that are well-understood by GOI partners. The mechanism provides an opportunity to collaborate directly with MOH, as well as with universities and sub-national authorities, and to fund inter-sectoral activities.

The implementation of the Animal Health Program by DA took time to establish, primarily because relationships, policies, and working arrangements were rudimentary when the program began in mid-2011. An Independent Progress Review (IPR) in late 2012 found the program to be relevant and well supported, but with scope for improvement in the efficiency of program management (in particular, the IPR recommended greater autonomy of the in-country team). The IPR recommendations were promptly addressed and a substantially greater rate of progress towards outcomes occurred throughout 2013–2015. Both DA and MOA perceive a broader benefit in the government-to-government partnership, beyond the ‘face value’ of direct program outcomes.

The five technical areas (components and sub-components) of the existing animal health program each align with specific agencies or parts of the Indonesian veterinary service; for example, a quarantine component aligned with the Indonesian Agricultural Quarantine Agency (IAQA) and a laboratories component aligned with diagnostic laboratories. Given a general lack of horizontal and vertical coordination between government agencies, this aspect of the design posed challenges to the implementation of a cohesive program. This was recognized in the IPR and several ‘monumental’ outcomes were identified to harness synergies and unite program components towards common goals.

Lessons learnt on coordination between programs and with the Indonesian government

Although the WHO and DA programs in the current phase of AIP-EID are standalone, they have been coordinating routinely through monthly ‘Chief-of-Party’ meetings in Jakarta. These meetings bring together all international donor and partner agencies (DA, WHO, FAO, USAID, US CDC) to discuss strategies and activity updates on each agency’s EID program. Therefore, WHO and DA staff are highly familiar with each other and there is awareness about each other’s work, mandate and processes.

In addition, WHO and DA have been collaborating in the current phase on a variety of activities. For example, in the design of iSIKHNAS, DA and MOA visited MOH/WHO to learn more about EWARS and event-based surveillance. Similarly, joint meetings were held that

involved all of these partners to draft the four-way linking framework. This framework seeks to foster collaboration and outline the mechanism for information sharing between the 'four ways' in EID preparedness and response; namely, human health epidemiology, human health microbiology, animal health epidemiology and animal health microbiology.

Other donor support

In addition to the Australian Government, a number of other donor and technical agencies support EID capacity strengthening for human and animal health in Indonesia. Major partners include WHO, FAO, USAID, and US Centers for Disease Control and Prevention (US CDC). Coordination forums take place regularly to review and update on program activities and to ensure that country investments are well coordinated and avoid duplication.

Several agencies have channelled their investment through the WHO Country Office, creating synergies in implementation and communication. Through 2008–2013, the European Union (EU) funded the WHO to support the implementation of the national strategic plan for HPAI H5N1. In 2014–2016, EU support will allow WHO to build biorisk management capacities as per the IHR. WHO Headquarters and Regional Office also channel funds for overarching initiatives through the WHO Country Office, such as the Asia-Pacific Strategy for Emerging Diseases (APSED), the Pandemic Influenza Preparedness Framework (PIPF) and the Global Action Plan for Influenza Sustainable Vaccination.

US CDC has supported Indonesian capacity for influenza virological and epidemiological surveillance, FETP technical capacity building, emerging viral pathogen characterization and established a model for harmonized laboratory and epidemiological surveillance for respiratory diseases, arboviruses and EIDs. US CDC is currently designing its future investment in Indonesia with reference to the GHSA.

USAID, through its Emerging Pandemic Threats (EPT) program, has provided substantial support for pandemic planning, laboratory strengthening, disease surveillance and preparedness for emerging diseases such as avian influenza and MERS-CoV. Parts of the EPT program with a human health focus were implemented through WHO. In animal health, USAID has supported initiatives to control avian influenza through programs implemented by FAO, Development Alternatives International (DAI) and the International Livestock Research Institute (ILRI). The EPT program ended in 2014 and the design of EPT2 in Indonesia is currently underway, with an emphasis on 'action plans' of the GHSA.

Animal health programs funded by USAID under the EPT program have tended to focus on specific technical aspects of the control of highly pathogenic avian influenza (HPAI). The FAO program has had a strong focus on the control of HPAI in poultry, with interventions such as live bird market surveillance, laboratory diagnostics, and village-level biosecurity. While technically sound, these interventions have not necessarily yielded sustainable development of capacity within the Indonesian Government framework. It is anticipated that future FAO work under EPT2 may adopt more of a sustainable development approach, in part because of the MOA's preference for the approach modelled by AIP-EID.

In short, there remains much work to be done in strengthening Indonesia's animal health and human health systems and this is recognized by the Government of Indonesia and various bilateral and multilateral donors. The concurrent design phases for AIP-EID and EPT2, together with the strong working relationship between the development partners, is allowing for maximum coordination and complementarity.

The new DFAT investment will be based on the lessons learnt and future challenges related to the regional and global EID threats, and will focus on improving the alignment between human health and animal health EID preparedness and response using a One Health approach. Since the investment will build upon previous phases of AIP-EID, implementation

of the various components will continue through existing mechanisms. The new DFAT investment design is highly focused and specific, which provides clarity to the implementing partners as well as to the MOH and MOA.

3 Investment Description

3.1 Program Logic and Expected Outcomes

The One Health approach and inclusion of both human health and animal health services is proposed given that the majority of EIDs of people are of animal origin.

This second phase of AIP-EID builds on the success of previous phases of Australian investment to provide targeted interventions for mutually beneficial, effective and sustainable collaboration. A single design is presented to incorporate both human health and animal health programming according to the One Health concept. For tactical and pragmatic reasons, implementation will occur in parallel through WHO (with MOH) and DA (with MOA); however, outcomes are aligned strategically with several common themes of interventions. The investment will continue the same program modalities and approach as the 2011–2015 program; however, it will strengthen the alignment between the human health and animal health components to foster the One Health approach.

The investment has a broad goal with two higher level development outcomes that it will contribute towards. There are three key end-of-investment program outcomes that apply jointly to both the human and animal health interventions. These program outcomes will be achieved through four human health (HH) component outcomes and three animal health (AH) component outcomes (Figure 1).

Broader goal: Sustainable economic development, food security and a reduction in the global threats posed by emerging infectious diseases.

Higher level development outcomes:

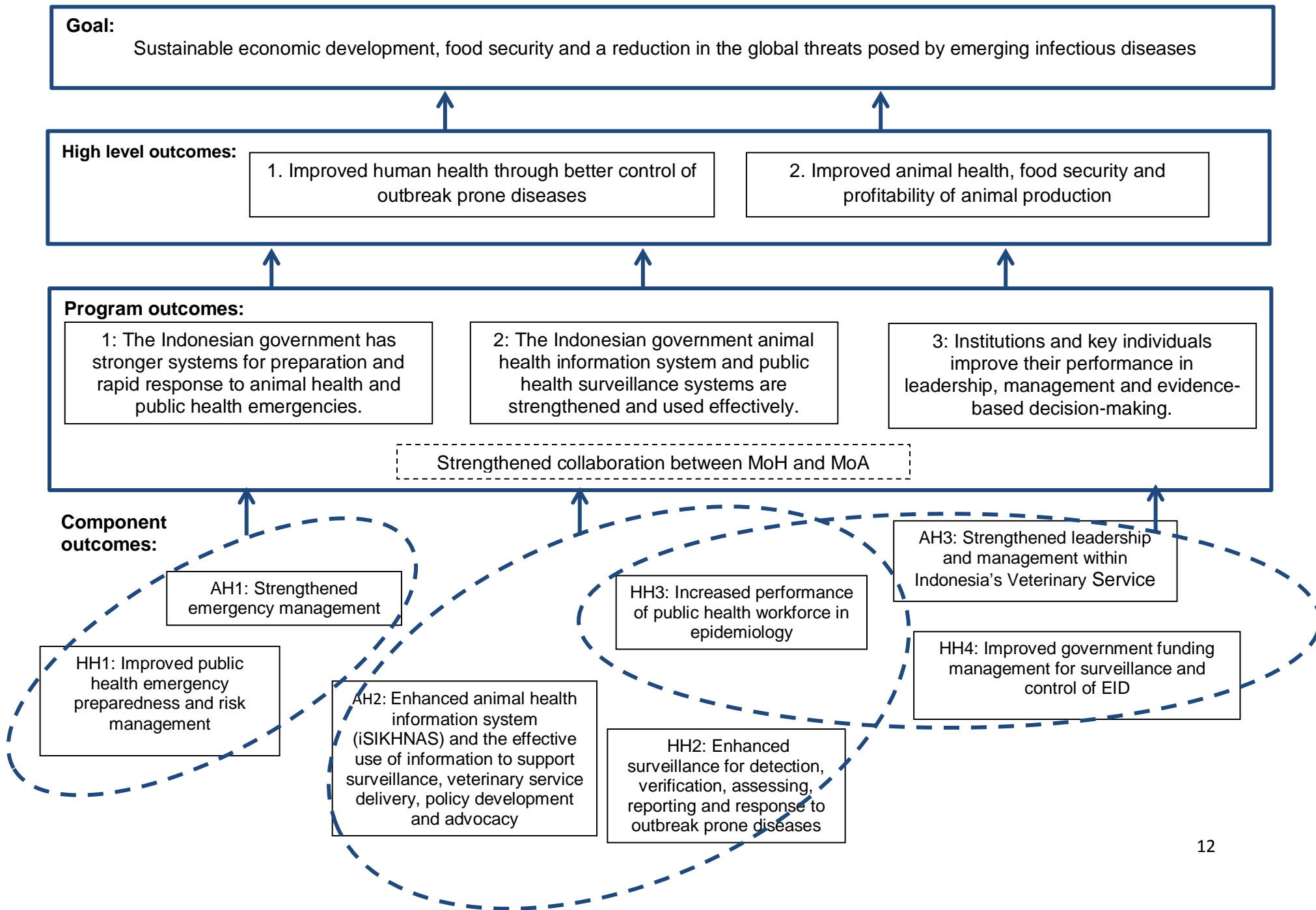
1. Improved human health through better control of outbreak prone diseases.
2. Improved animal health, food security and profitability of animal production.

Program outcomes:

1. The Indonesian government has stronger systems for preparation and rapid response to animal health and public health emergencies.
2. The Indonesian government animal health information system and public health surveillance systems are strengthened and used effectively.
3. Institutions and key individuals improve their performance in leadership, management and evidence-based decision-making.

As Figure 1 highlights (in circles), the human health and animal health components are implemented in parallel yet combine to achieve the collective end-of program outcomes. The alignment is described in each component below and the governance arrangements to ensure alignment are described in the management arrangements. Importantly, alignment in this One Health context translates to a variety of approaches along the continuum of coordination (e.g. sharing of information between line Ministries), cooperation (e.g. sharing resources between the sectors to fund shared priorities including staff training) and collaboration (e.g. participation in joint EID outbreak investigation or disease response activities). The individual components and their expected results are described below per implementing partner (WHO and DA). The output and activities planned to achieve each human health and animal health component can be seen in Annex 1.

Figure 1: Higher level program logic describing both human health (HH) and animal health (AH) components



The program has four human health and three animal health components. Components build capacity within each sector and improve MOH and MOA alignment for EID preparedness, detection and response. For this, a variety of One Health strategies will be applied. WHO and DA will encourage information-sharing between MOH and MOA, and identify opportunities for cooperation towards common disease control objectives. Collaboration in training, disease investigation and evidence-based decision-making will be promoted to build a more cohesive system of EID preparedness and response involving both Ministries.

3.2 Description of Human Health Components

Component HH1: Improved public health emergency preparedness and risk management

There has been a paradigm shift in the preparedness and response to pandemics. The previous paradigm and guidelines followed a rigid staging of pandemics whereas the current paradigm follows a continuum based on comprehensive risk assessments for all hazards and threats of known and unknown aetiologies. Therefore, the program will assist with reviewing the existing national preparedness and response guidelines to better reflect changes in the paradigm. The program will also incorporate the WHO pandemic influenza risk management guideline, which is based on the principle of all hazard Emergency Disaster Risk Management for Health (EDRMH), and link to the core capacity strengthening activities required under IHR. The refined guidelines will be aligned with the disaster risk management structure already in place and emphasize the need for appropriate and timely risk assessment for evidence-based decision making at national, sub national and local levels. The guidance will illustrate how the mechanism required for response to and recovery from pandemic influenza can be applied, as appropriate, to the management of all relevant health emergencies.

As most EID are of zoonotic origin, the national and sub-national commissions will be engaged through the MOH to deliver technical support, and to assist in implementing the strategic plans for priority zoonotic diseases. From a One Health perspective, there will be alignment here with animal health component (AH1, see Figure 1) that aims to strengthen emergency management capabilities at MOA. WHO and DA will ensure (through meetings or joint discussions) that each sector (MOA and MOH) articulates in its protocols how the other sector will be engaged during an emergency. For example, if a human case of HPAI H7N9 (an EID that is novel to Indonesia) is detected by MOH, the protocols will outline how MOA will be informed and involved in the response. This includes clarity on who is the mandated authority to report and the focal point for coordination.

HH1 Results:

- All levels adopt guidelines for pandemic preparedness and risk management.
Strengthened multi-stakeholder coordination at national and sub-national levels for EID pandemic preparedness and risk management.

Component HH2: Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases

By end-2014, MOH enhanced its Early Warning Alert Response System (EWARS) in 31 provinces. EWARS serves as the indicator-based surveillance which detects alerts of outbreak prone diseases. In 2015, MOH will expand EWARS to three other provinces (West Papua, DKI Jakarta and North Kalimantan) using national funding. WHO will provide technical support for smooth establishment and operation of EWARS in the new provinces and migration of 'offline

EWARS' version to 'web-based EWARS.' Funding and technical support will be delivered for the operational maintenance and continuous quality improvement of EWARS implementation through monitoring and refresher trainings. Further, as the current reporting units for EWARS are healthcare centres, there is a gap in capturing cases of the 23 infections/syndromes in hospitals. Through this investment, WHO will support MOH to pilot hospital-based EWARS to increase the representativeness for disease outbreak surveillance.

The MOH Outbreak Command Post has been successfully operational as epidemic intelligence for event-based surveillance at national level with 90% events verified within 24 hours. From the last DFAT investment, two of the technical staff positions at the Command Post have been successfully transitioned to GOI funding. Given the advantages that have been demonstrated by the Command Post for detection and response to emerging diseases and its pivotal role for event-based (rumour) surveillance, MOH aims to transition Command Post budgets from donor to national allocations. However, a further transition period is required to support its 24 hours / 7 days operation and ensure a sustainable capacity. Technical assistance will be continued to improve capacity of Command Post staff, as well as to update Command Post guidelines and SOPs to incorporate latest WHO 2014 guidelines for early detection, assessment and response to acute public health events.

Further innovations will be introduced to strengthen event-based surveillance at sub-national level. Guidelines, SOPs and training modules for sub-national level operation; reporting and coordination flow with national Command Post will be developed followed by training for event-based surveillance for provincial officers. Support for field investigation and verification will be delivered.

To improve coordination between human health and animal health authorities in the early detection of and rapid response to zoonotic disease outbreaks, a four-way linking framework on sharing epidemiological and virological data among human and animal health authorities was embraced by MOH and MOA. A Ministerial Decree and SOP framework is being drafted, where the SOP will describe data sharing mechanisms between MOH and MOA established surveillance systems, including EWARS and iSIKHNAS. Meetings will be held to finalize these key documents and will involve the MOA, DA, MOH and WHO stakeholders, along with other international agencies such as FAO, US CDC and USAID. This One Health approach to joint risk assessments will enhance evidence-based policy development and program evaluation. It will also invigorate the operational activities of provincial and district Rapid Response Teams (RRT), which include both human and animal health technical staff. RRT training will be updated to incorporate techniques for rapid risk assessment of public health risks relating to any type of hazard. This will strengthen national and sub-national level risk assessment capacity, which is mandated as a core capacity under the IHR. Joint risk assessments and integrated rapid response models will be piloted and expanded to priority provinces involving provincial zoonotic committees.

This component aligns with DA's and MOA's intention to strengthen iSIKHNAS which is a complementary system for animal health outbreak detection, reporting and response (Figure 1 AH2). The alignment between MOH and MOA for surveillance and response systems will be to encourage and enable sharing of the information and evidence arising from the two ministries and their sub-national authorities to trigger action in the partner sector. For example, if animal health surveillance findings at MOA suggest brucellosis to be a problem in parts of Indonesia, this information will be shared with MOH so that disease surveillance and control plans can be developed.

HH2 Results:

- Improved human resource capacity for outbreak prone diseases.
- Improved policy and systems for integrated human-animal health surveillance for outbreak prone diseases.

Component HH3: Increased performance of public health workforce in epidemiology

Field epidemiology training strengthens public health workforce capacity to meet IHR requirements. Programs, such as FETP, build expert capacity in population health, disease surveillance, disease programming, management and outbreak response. Field epidemiology expertise is essential for successful EID preparedness and response.

Using multi-donor funding (including DFAT), WHO has been supporting FETP in Indonesia since its revitalization in 2007. The FETP secretariat has made significant progress in utilizing government budgets for student scholarships as well as increasing the national quality and global visibility of the Program. WHO continues to advocate for the secretariat to be embedded and funded by national budgets. However, a longer transition period is required considering the recent changes in political and governance structures at MOH. In addition to FETP, other shorter strategies for building the public health workforce are being applied in Indonesia considering the large workforce needs and the various degrees of expertise required. In this design investment, short courses for health managers and surveillance officers will also be supported. Existing training courses offered through the MOH structures will be reviewed and updated, and will incorporate the necessary skill-set for operating indicator-based and event-based surveillance systems.

Importantly, training programs may be offered to MOA staff and other sectors in need of surveillance workforce capacity building. Such a model is currently feasible through the MOH Health Workforce Development Center (also known as PPSDM), where it encourages cross-fertilization of knowledge and further application of One Health. WHO will also ensure that initiatives in epidemiological training hold partnership with other donor programs including the South East Asia One Health University Network (SEAOHUN), Indonesia One Health University Network (INDOHUN), TEPHINET and SAFETYNET. This component aligns with the AH2 component (Figure 1), as there is a focus in both to strengthen the use of human and animal health information by upskilling and applied technical training of response staff.

The alignment here includes WHO and DA actively seeking shared training opportunities for MOH and MOA staff, inter-sectoral sharing of information about FETP/short-courses that may benefit integrated approaches and sharing of curricula developed regarding technical and 'soft' skills such as leadership and management between the two ministries. This type of collaboration will normalize the relationships between the staff at both ministries to improve communication and longer-term cooperation.

HH3 Results:

- Improved quality of Field Epidemiology Training programme (FETP).
- Improved capacity of Surveillance Officers and Health Managers to apply epidemiology approach for evidence-based decision making for outbreak early detection and rapid response.
- Improved collaboration between MoH and universities to provide appropriate training on epidemiology.

Component HH4: Improved government funding for surveillance and control of EID

DFAT funding will be used to support GOI in developing an adequate and sustainable funding base for surveillance and control of EID, which is critical in ensuring that the capacity built for outbreak detection and response is sustained. To achieve this DFAT will support MoH, Provincial Health Officers and an advocacy team to develop their skills in advocacy and communication. A national advocacy team will be formed involving MOH, Ministry of Home Affairs and Ministry of Finance. The advocacy team will map funding gaps and identify opportunities and ensure that there are GOI budget streams for outbreak detection and response within national, provincial and district budgeting planning cycles. The advocacy team will demonstrate the use of information, analysis and evaluation of surveillance systems to support evidence-based decision making to convince and gain commitment from authorities to allocate sufficient budget for surveillance and response of outbreak prone diseases. This component aligns with DA's and MOA's program to strengthen veterinary leadership and management (Figure 1, AH3), where the sectors can build from each other's lessons learnt. Lessons learnt will be shared on measures and strategies used to improve sustained government funding for EID surveillance and control. This will be done through program management meetings.

HH4 Results:

- Improved strategic planning to determine sustainable funding levels required for surveillance and control of EIDs.
- Improved advocacy and communication skills for national and provincial advocacy teams.
- Policies, system, management capacities for sustainable funding for essential surveillance and control of EIDs in place.

3.3 Description of Animal Health Components

Component AH1: Strengthened emergency management

Strengthened animal health emergency management will reduce the likelihood and impact of disease incursions and the cost of control. Prompt control of animal health emergencies will reduce the risk to other areas of Indonesia and across the region.

Previous phase investments have contributed significantly to the strengthening of emergency preparedness and response to animal health emergencies in Indonesia. However, the establishment of a comprehensive, robust and resilient emergency management system requires a longer term commitment. In any emergency response it is imperative that agencies and individuals understand their roles and responsibilities, their areas of authority and lines of communication and reporting. The need for clearly defined organisational structure is even more critical under Indonesia's complex, decentralised governance system. Having defined roles under the Emergency Management System, including the use of an 'Incident Command System' (ICS), agencies and staff capabilities will need to be developed to take on the specified roles. Generally, there is an adequate level of technical understanding of disease control but much less competence in managing the complex issues faced during an emergency response including engaging political leadership and support, response logistics (funding and resources),

planning for a range of outcomes, communications, and managing and implementing field operations.

As described in human health component 1 (and in Figure 1), the One Health approach will be adopted in this component by clarifying the role and triggers for engaging MOH in the MOA emergency management system and SOPs and vice versa. Clarity on the disease information to be shared, by whom and methods for sharing the information will improve integrated preparedness and response processes. This will be achieved through joint meetings, the establishment of “coordinating committees” and incorporation into the SOPs.

AH1 Results:

- Emergency preparedness is enhanced with improved policies, procedures and capabilities.
- A robust and coherent mechanism for the management of animal disease emergencies is defined and established.
- Enhanced operational capacity to implement an emergency response.

Component AH2: Enhanced iSIKHNAS and the effective use of information to support surveillance, veterinary service delivery, policy development and advocacy

Indonesia’s integrated national animal health information system (iSIKHNAS) system has the potential to transform many elements of the veterinary service in Indonesia including the provision of field veterinary services, early detection/surveillance, disease control programs, resource allocation, policy development and advocacy. Following successful pilot projects that began in 2013, the first phase of broader national extension (‘roll-out’) of iSIKHNAS that targeted 50 districts in 13 provinces was successfully completed in 2014. Further national extension funded by GOI is currently underway.

As the system is used more widely, more stakeholders will be engaged and massively more data will become available. Further investment in a new program will provide technical ‘back-stopping’ to protect the investment made to date, support further enhancement of the system and promote the effective use of iSIKHNAS information for a range of practical purposes. The investment will also enhance the capacity of iSIKHNAS technical champions working alongside the Australian experts most closely involved in providing technical and strategic support.

Considerable functionality and automatic outputs (alerts, summary reports) have been developed to date. As data becomes more accessible through the establishment of iSIKHNAS, a valuable opportunity will emerge to promote the effective analysis and use of information in a variety of practical ways. Currently identified areas for enhancement include syndromic surveillance, field diagnostic support tools, smartphone applications for data collection and data access, and enhanced management of disease control programs including the use of vaccines and livestock identification. For this, there is user-driven demand for developing skills in data analysis, epidemiology and economics to ensure that iSIKHNAS is effective in influencing policies and decisions; planning, managing and monitoring diseases control programs; and providing evidence to support advocacy.

This component aligns strategically with WHO’s component to enhance indicator/event-based surveillance as well as to strengthen epidemiology capacity (HH2 and HH3, Figure 1) to create an environment for information sharing between the two line Ministries. WHO and DA will encourage both line ministries and sub-national structures to share surveillance findings and to

check that EID policies developed account for the other sector's role in the preparedness, surveillance and response continuum.

AH2 Results:

- The iSIKHNAS data management system continues to perform well as coverage by the system becomes wider nationally.
- Information made available through iSIKHNAS is used effectively to support surveillance, disease control, policy development and advocacy.

Component AH3: Strengthened leadership and management within Indonesia's Veterinary Service

Capacity in leadership at an institutional and personal level is essential for effective policy development, strategic planning and the delivery of veterinary services. PVS Evaluation and PVS Gap Analysis missions have visited Indonesia repeatedly, most recently in 2011, and assessed the national veterinary services as having a number of serious limitations. Major concerns were expressed over the limited capabilities in management, strategic planning and coordination, inadequate legislation, a lack of risk-based approaches to disease surveillance and control, and the quality of human resources and veterinary education. Gaps in leadership, planning and management have been partially addressed in the existing phase of AIP-EID. Support has been provided indirectly—for example, during collaboration on policy and the formation of strategic plans—and directly through support for the Indonesia Veterinary Leadership (IVL) course. There is currently a strong demand for leadership training from mid-career and senior veterinarians in government, district veterinarians, university undergraduates and postgraduates. This is very encouraging, but will require further development of the program and its resources and long-term support to ensure its integrity is maintained.

DA has supported the development of strategic plans and several disease control programs that are now being implemented. Along with technical capacity, skills in strategic planning, management and communication are critical to the effective and efficient delivery of these plans and programs. This investment aims to further develop capacity in these areas by providing mentoring and applied training in the design and implementation of disease control programs. This links with WHO's plans to build MOH capacity for evidence-based decision making including improved allocation of government funding for EID detection and response (HH4, Figure 1). DA and WHO will share information about successes and challenges in sustained government funding. Attendance of the partner sector at advocacy or planning meetings will be done as needed.

AH3 Results:

- Institutional and individual capacity exists within the Ministry of Agriculture to ensure strong leadership of the veterinary services.
- Enhanced core capabilities in the areas of strategic planning, program design, management, monitoring & evaluation.

3.4 Delivery Approach

The existing direct engagement investment model for delivery through WHO and DA has proven valuable in creating necessary linkages, delivering program outputs and achieving overarching outcomes. This investment design applies a similar approach that emphasizes technical

assistance and collaboration. The oversight by DFAT will continue to monitor and ensure alignment of progress with intended outcomes.

For human health, the program will be implemented through WHO Country Office in Indonesia. WHO will work directly with the MOH and partners. Key MOH units and partners include MOH Directorate-General of Disease Control and Environmental Health, National Institute of Health Research and Development (NIHRD), National and Provincial Committees for Zoonotic Disease Control, Directorate-General Medical Services, Agency for Development and Empowerment of Human Resources for Health (PPSDM), University of Indonesia, University of Gadjah Mada, provincial and district officers, provincial laboratories and public health laboratories, and medical professional organizations. The activities will be conducted in collaboration and coordination with other development and technical assistance partners such as USAID, US CDC, FAO and DA.

For animal health, the program will be implemented by the Australian Department of Agriculture in partnership with the Indonesian Ministry of Agriculture. A valuable government-to-government relationship has been cultivated between DA and MOA, and there is a natural mandate to cooperate at this level in areas of mutual interest. Retaining strong government linkages as well as some of the Department's existing program staff in Indonesia will further enhance the successful delivery of the DFAT investment. Technical direction and oversight will be provided from DA Canberra in addition to local DA management in Jakarta.

Project activities will be delivered by DA-contracted Indonesian or international experts for specific projects within the program. DA will work directly with MOA and partners. Key MOA units and partners include the DG Livestock Animal Health Services (particularly the Directorates of Animal Health and Veterinary Public Health), the Indonesian Agricultural Quarantine Agency, the Indonesian Agency for Agricultural Research and Development, the veterinary schools (especially the Institut Pertanian Bogor and the University of Gadjah Mada), the veterinary laboratories (including the Disease Investigation Centres, Pusvetma, BBPMSOH and the provincial and district laboratories), provincial and district agencies and officers and the professional organisations. Work to strengthen whole-of-government coordination of emergency preparedness and response will engage with BNPB, Komnas Zoonosis and the supporting ministries including MOH, MOF, Polri, TNI, Women's Affairs and Communications and Information. One Health partners will include MOH, Komnas Zoonosis and national and international development agencies. The activities will be conducted in collaboration and coordination with other international development and technical assistance partners such as FAO, ACIAR, USAID, USDA, JICA, US CDC and the Animal Protection League.

4 Implementation Arrangements

4.1 Governance and Management Arrangements

Governance arrangements are intended to meet the following objectives:

1. Strong engagement and 'ownership' by the Government of Indonesia
2. Good alignment between the public health and animal health parts of the program
3. Efficient and effective implementation in accordance with relevant policies and standards
4. Alignment and synergy with other aspects of the Australian Government's work in Indonesia (and the Department of Agriculture's work, in particular).

Governance arrangements—including a Program Coordination Committee and Program Steering Committees (Figure 2)—are intended to ensure that both the GOI and the Government of Australia (GOA) strongly contribute to the setting of priorities, design and implementation of activities, and regular reviews of progress. Accountability for results is expected to be shared.

Both WHO and DA technical Program Steering Committees (PSC) meetings will be held every six months and will provide high-level monitoring and decision making mechanism for the sector-relevant program components. WHO and DA will participate in each other's PSC and other coordination forums to share the results of high-level monitoring and promote the alignment and collaboration intended under the One Health concept. Annually, a Program Coordination Committee (PCC) meeting will be conducted to ensure the alignment of 12-month operational plans for the human health and animal health components. The PCC will include all key program stakeholders: MOH, MOA, WHO, DA and DFAT.

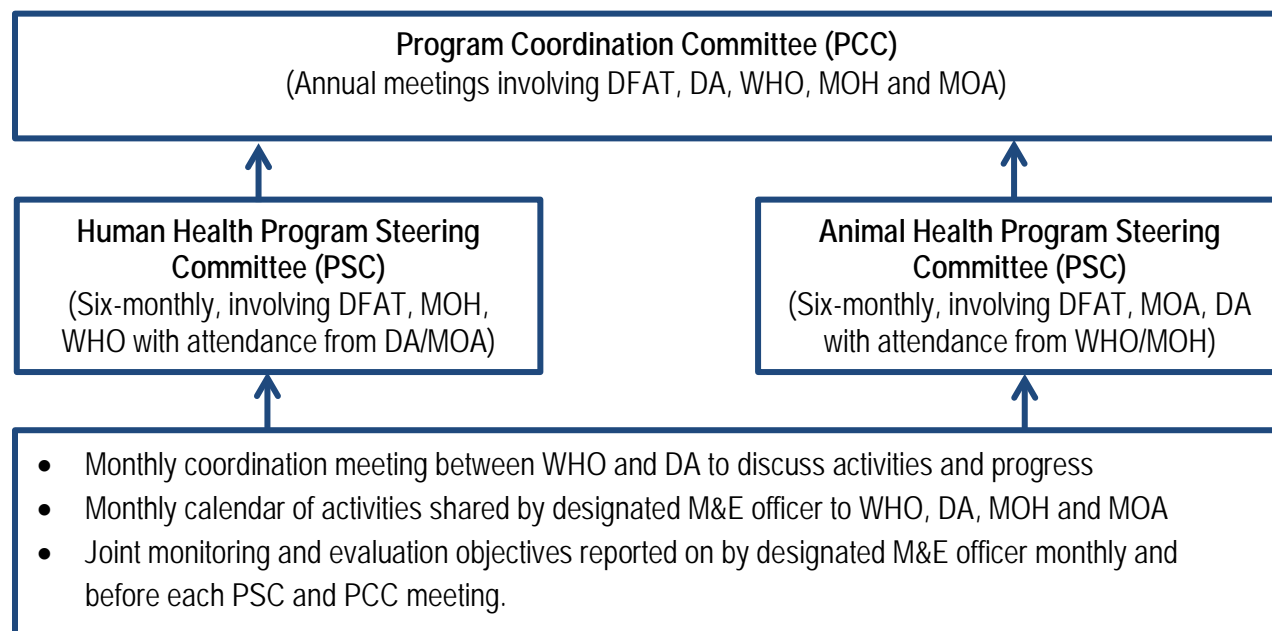


Figure 2: Process and timelines of management arrangements to ensure alignment between components and progress against program outcomes.

At the beginning of the new program and once all key personnel at DA and WHO have been selected, a meeting involving WHO, DA, MOH, MOA and DFAT will be held to identify joint M&E objectives for the program. This will provide the framework for alignment and ensure that key stakeholders are committed to and understand the One Health approach. Continuing from existing mechanisms, WHO and DA will coordinate progress against their respective components at the Chief of Party meetings held monthly in Jakarta. In addition, the M&E officer (Annex 2 - recruited by DA and jointly funded for activities by WHO) will maintain an activities calendar. The calendar will enable each agency to see upcoming activities such as trainings, meetings or exercises in case there is opportunity for joint participation. The M&E officer will also monitor progress against the program's joint M&E. These regular processes will then feed into the existing DA and WHO Program Steering Committees (PSC) meetings.

DFAT will continue to oversee the implementation of the program to ensure good governance and alignment with the Australian government's broader foreign policy and development objectives. This may include periodic independent progress evaluations or reviews (e.g. 15-month mid-term review) in the design investment's three-year period. Efficient arrangements for DFAT oversight of the EID program have been established in the current phase of the program and will continue in a similar manner.

Progress reports will be required by DFAT in February (six-monthly report) and August (Annual Report) each year. These reports will be concise but comprehensive and include: a general review of the previous six months; progress against targets; key issues and constraints; and requests for alterations to the planned activity schedule. The report should be the key background document for PSC and PCC meetings. A summary of expenditure against the budget should be forwarded independently to DFAT. The Annual Report should also include an annual review against the monitoring and evaluation framework, a work-plan for the next year's activities and a reconciliation of the yearly expenditure.

The Department of Agriculture's embassy-based officers (Minister-Counsellor and Counsellor) will be included in governance meetings and other relevant forums to foster a cohesive approach to the department's engagement with the Indonesian government.

4.2 Implementation Plan

A three-year implementation plan can be found in Annex 3, assuming that the program will start in July 2015. Since the governance structures and a number of activities will continue from the previous phase of AIP-EID, implementation is expected to smoothly transition for this investment.

Foundational activities can be seen in Annex 1. These provide clarity about how WHO and DA will rapidly commence activities designed.

4.3 Resources

The costs by implementing agency and component are given in the tables below. For WHO, the costs for component activities are based on WHO rates for travel, operational funds, meeting packages and consultants. For DA, the costs per component are based on established DA rates for operational funds, travel, meeting packages and for contract procurements including technical consultants.

As per the cost tables below, budgets are assigned for staffing requirements at both WHO and DA. At WHO, five positions will be funded to enable the program outcomes to be achieved.

These are:

1. WHO Team Leader and Technical Officer for IHR – International Staff
2. WHO Technical Officer (TO) - International Staff
3. WHO Data Information Officer – National Staff
4. WHO Surveillance Officer – National Staff
5. WHO Programme Officer – National Staff

At DA, nine positions will be funded to enable the program outcomes to be achieved. These are:

1. Team Leader & Principal Veterinary Adviser – International Staff
2. Chief Technical Adviser - International Staff
3. Technical Program Officers – National Staff (x2)
4. Program Manager (Finance and Administration) – National Staff
5. Monitoring, Evaluation and Communications Manager – National Staff
6. Program Support Officer (Administration) – National Staff (x2)
7. Program Translator – National Staff

Annex 2 provides the Terms of Reference for the WHO and DA positions.

Table 1: Budget for Human Health components

ACTIVITY	TOTAL (AUD)	YEARS		
		2015	2016	2017
Component 1 : 1. Improved public health emergency preparedness and risk management				
a All hazard approach Emergency Preparedness and Response				
Pandemic EID risk management guideline	30,000	30,000	-	-
Development all hazard approach contingency preparedness plan	60,000	-	40,000	20,000
Simulation Excercise at sub national level	80,000	-	40,000	40,000
b Nationa/ Provincial Committee for Zoonosis				
Supporting establishment/ strengthening provicial zoonosis committee	15,000	15,000		
Field investigation for EIDs and priority zoonosis	10,000	10,000		
Trainings for EIDs and priority zoonosis	40,000	20,000	20,000	
Total Component 1	235,000	75,000	100,000	60,000
Component 2 : 2. Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases				
a Early Waning Alert and Response System				
Support Operational of Early Warning Alert and Response System	120,000	40,000	60,000	20,000
Laboratory diagnosis support for EWARS	35,000	35,000		
Hospital based EWARS	60,000	-	20,000	40,000
b Command Post and Event based Surveillance				
National Command Post	25,000	12,500	12,500	-
Event based Surveillance training- sub national level	40,000	20,000	20,000	-
c Human-animal linking framework through integrated risk assessment and rapid response				
Review of Rapid Response Team Training Module (Including rapid risk assessment for acute public health event)	10,000	10,000		
Joint risk assessment and Rapid Response Training (RRT)	125,000	25,000	60,000	40,000
Total Component 2	415,000	142,500	172,500	100,000
Component 3:3. Increased performance of public health workforce in epidemiology				
a Enhance Field Epidemiology Training Programme (FETP)				
FETP secretariat	30,000	15,000	15,000	-
Monitoring and evaluation	15,000	5,000	5,000	5,000
International Travel	15,000	5,000	5,000	5,000
Annual Field Supervisor Workshop	20,000	20,000	-	-
b Epidemiology short courses for health managers and surveillance officers				
Workshop for health managers	50,000	20,000	30,000	-
Epidemiology and surveillance training for Surveillance Officers human and animal health sector	105,000	20,000	45,000	40,000
Field Epidemiology Assistant short course	90,000	20,000	40,000	30,000
Total Component 3	325,000	105,000	140,000	80,000
Component 4 : Improved Government funding management for surveillance and control of EID				
Advocacy for sustainable funding for surveillance & response	30,000	20,000	10,000	-
Total Component 4	30,000	20,000	10,000	-
WHO Technical Assistance				
1) International Medical Officer Position for IHR implementation	610,000	152,000	305,000	153,000
2) International Technical Officer Position	533,000	133,250	133,250	266,500
3) National Surveillance and Outbreak Response Officer	209,000	41,800	83,600	83,600
4) National Data Information Officer Position	148,500	29,700	59,400	59,400
5) National Program Officer	130,000	-	46,400	83,600
Monitoring evaluation	15,000	5,000	5,000	5,000
WHO TA and travel TOTAL	1,645,500	361,750	632,650	651,100
Project Steering Committee	4,367		2,000	2,367
SUB-TOTAL	2,654,867	704,250	1,057,150	893,467
TOTAL with WHO PSE (13%)	3,000,000	795,803	1,194,580	1,009,618

Table 2: Budget for Animal Health components

ACTIVITY	TOTAL (AUD)	YEARS		
		1	2	3
Animal Health Component 1: Strengthening emergency management				
a Define Emergency Management System				
National consultant	36,000	18,000	9,000	9,000
Workshops and meetings	120,000	60,000	30,000	30,000
b Define Incident Command System				
National Consultant	36,000	18,000	9,000	9,000
Workshops and meetings	120,000	60,000	30,000	30,000
c Develop operational capacity				
Develop E-learning materials	100,000	60,000	30,000	10,000
Training courses and extension	260,000	60,000	120,000	80,000
Simulation exercises	160,000	40,000	80,000	40,000
Support attendance at regional meetings on EMS	18,000	6,000	6,000	6,000
Total Component 1	850,000	322,000	314,000	214,000
Animal Health Component 2: Enhancing the animal health system (iSIKHNAS) and the effective use of information to support veterinary service policy and delivery				
a Support national extension of iSIKHNAS				
International consultants	170,000	100,000	50,000	20,000
Local consultants	50,000	18,000	18,000	14,000
Workshops and meetings	80,000	30,000	30,000	20,000
Support training courses - iSIKHNAS champions	60,000	20,000	20,000	20,000
Support training courses - general	-			
b Enhance iSIKHNAS functionality				
International consultants	420,000	200,000	160,000	60,000
Local consultants	30,000	18,000	6,000	6,000
Workshops and meetings	180,000	60,000	60,000	60,000
Pilot projects and training courses	240,000	80,000	110,000	50,000
c Promote effective use of iSIKHNAS information for policy development and advocacy, disease surveillance and control				
International consultants	400,000	180,000	140,000	80,000
Local consultants	72,000	24,000	24,000	24,000
Workshops and meetings	104,000	40,000	40,000	24,000
Support training courses	230,000	80,000	80,000	70,000
Total Component 2	2,036,000	850,000	738,000	448,000
Animal Health Component 3: strengthening veterinary leadership and management				
a Develop leadership capabilities				
International consultants	95,000	50,000	30,000	15,000
Local consultant	36,000	12,000	12,000	12,000
Support IVMA meetings to establish accreditation	14,000	5,000	5,000	4,000
Workshops and meetings	30,000	10,000	10,000	10,000
Deliver training to trainers	130,000	60,000	60,000	10,000
Support training courses - general	285,000	120,000	120,000	45,000
b Develop planning, program management and M&E capabilities				
Local consultant	18,000	6,000	6,000	6,000
Workshops and meetings	40,000	20,000	10,000	10,000
Support training courses	120,000	40,000	50,000	30,000
Total Component 3	768,000	323,000	303,000	142,000
Staff				
0.1 FTE - DA Program Director	60,000	20,000	20,000	20,000
1 FTE Principal Veterinary Adviser (international)	1,050,000	350,000	350,000	350,000
1 FTE Chief Technical Adviser (international)	1,050,000	350,000	350,000	350,000
1 FTE Senior Technical Program Officer: Information Systems (national)	150,000	50,000	50,000	50,000
1 FTE Technical Program Officer: EMS and Leadership (national)	120,000	40,000	40,000	40,000
1 FTE M&E and Communications Officer (national)	120,000	40,000	40,000	40,000
1 FTE Program Manager (national)	120,000	40,000	40,000	40,000
2 FTE Administrative Support Officer (national)	138,000	46,000	46,000	46,000
1.5 FTE Translators	135,000	45,000	45,000	45,000
Total staff cost	2,943,000	981,000	981,000	981,000
Other costs				
Operational/corporate (DA/DFAT)	285,000	85,000	85,000	115,000
Project Steering Committee	18,000	6,000	6,000	6,000
Total other costs	303,000	91,000	91,000	121,000
TOTAL	6,900,000	2,561,000	2,421,000	1,900,000

4.4 Procurement Arrangements

For the human health component, the existing implementing partner mechanism will be continued with WHO. Amendments to reflect the updated investment will be made in the Exchange of Letters between WHO and DFAT. A Subsidiary Arrangement is not required as WHO and the MOH have an existing standalone agreement.

For the animal health component, the whole of government mechanism will continue through the Subsidiary Arrangement (SA) between GOI (Ministry of Finance) and GOA (DFAT). Within GOA, the agreement between DA and DFAT will be clarified in the Record of Understanding (ROU). The ROU used in the current AIP-EID program will be amended as the new investment does not have significant changes in the objectives or scope of the program.

4.5 Monitoring and Evaluation

The overall purpose of monitoring and evaluation (M&E) is to ensure that program inputs flow through to achieving the outputs, intermediate outcomes and end-of-program outcomes. The key audiences for the reports and findings of the M&E system are DFAT, GOI counterparts and the implementation teams. The implementing partners (WHO and DA) will have the responsibility of collecting the data where the PCC, PSC and periodic external evaluations will provide DFAT with the opportunity to scrutinize the progress of the program against expected outcomes.

On the technical level, MOH and WHO are responsible for the human health components' technical implementation and monitoring of this. For the animal health components, MOA and DA are responsible for the program's technical implementation and monitoring of this. Indicators and targets have been built into the investment design and details of these including baselines, targets and methods of verification can be found in the Results Framework in Annex 4. These build on the baselines established during the current and previous phases of AIP-EID.

In order to foster collaboration between human health and animal health components the extent of collaboration will be monitored. The first step will be to hold a meeting between WHO, MOH, DA and MOA to discuss the program's joint M&E objectives that ensure that the One Health approach is adopted by GOI's EID preparedness, surveillance and response systems. As described in the Management Arrangements, this meeting (to be funded by WHO and administered jointly by WHO and DA staff), should catalyse each agency to work together and to build commitment for achieving common objectives and some collaboration targets.

A detailed M&E framework that is in line with DFAT M&E standards and takes into account existing GOI frameworks will be developed to assess progress against outcomes. The following key evaluation questions will be addressed:

- To what extent have the end of program outcomes been achieved as a result of project activities?
- What were the helping and hindering factors to achievement of outcomes?
- To what extent did collaboration between health and animal components occur and what were the benefits or drawbacks of a combined program?
- How efficient are the program activities, and how could efficiency be improved?

- How likely is it that the outcomes will endure and be sustainable beyond the funding of this program?
- What are the expected impacts on beneficiaries (community)?

Once the joint M&E objectives/ key questions are agreed, the M&E officer will be tasked to monitor and provide calendar updates that stimulate joint activities, information-sharing and enhanced human-animal health collaboration. The joint M&E and the individual component Results Framework will be the basis for PSC and PCC discussion every six-months.

4.6 Sustainability

Sustainability is at the forefront of the design process and program implementation by ensuring strong collaboration with and ownership of the GOI at every step of the program. It will continue as a guiding principle of the AIP-EID program. Issues of sustainability will be considered in the design and implementation of activities, and relevant indicators of sustainability will be incorporated in the M&E framework.

Evaluation indicates that outcomes of the current AIP-EID program are likely to be sustained. Strong evidence includes provision of GOI funds in 2015 to replicate technical training courses and extend program outcomes such as iSIKHNAS. This has happened largely because the Government of Indonesia has been very involved in priority-setting and design (to ensure reliance and fitness-for-purpose) and Indonesian government staff have been integral to the implementation teams.

Lessons learned (many of which are positive) will inform the design and implementation of the future program. Governance mechanisms (see section 4.1) and shared decision-making will continue to ensure relevance and alignment with GOI priorities and the partnership model of implementation will continue to build capacity and maintain a strong sense of ownership by GOI. Technical assistance will continue to focus on sustainable capacity development, with program staff adopting advisory and mentoring (but not operational) roles. All areas of work proposed in the future program build on outcomes developed in the current program which are already largely embedded and supported within the GOI framework.

A communications strategy (including engagement with the respective Ministers and senior staff) will be developed and implemented to garner high-level support for program initiatives and promote their adoption.

4.7 Gender Equality, Inclusiveness and Safeguards

Accra Agenda and Paris Declaration on Aid Effectiveness: Consistent with Australia's commitments under the Paris Declaration on Aid Effectiveness, the program incorporates the key themes of: increased policy engagement and alignment with government strategies; working through government systems; donor harmonisation; mutual accountability and innovative forms of aid and funding.

Gender Equality: Gender equality is recognised as a core principle of Australia's aid program. Women play a critical role at all levels in both the human health and animal health systems. Gender equality and inclusiveness will be considered and included in all activities of this Program. Although participation in program events is largely based on position within the

Indonesia Government (and thus subject to gender biases that may exist within partner institutions), program staff will be made familiar with gender issues, and methodologies to amplify women's voices in decision-making. Differences in the roles that men and women may play in livestock production will be considered in the design of interventions for which the community is the ultimate beneficiary, to ensure that benefits are equitably distributed. The Terms of Reference for positions to be funded under this program (Annex 2) and recruitment methods will encourage gender equality and follow equal employment opportunity policy. All M&E data will be gender disaggregated and sufficient analysis and, where relevant, response to the gender-based data will be undertaken.

Disability-Inclusive Development: The EID program was developed in line with the principles espoused in "Development for All: Towards a Disability-inclusive Australian Aid Program 2009-2014", and will be guided by the principles in this document, in particular promoting active participation of people with disability, acknowledging the interaction of gender and disability, and strengthening people-to-people links and partnerships involving people with disability.

Anti-Corruption: The risk of corruption in this Program is reduced by the direction of funds through WHO and DA, including the procurement component for which WHO and DA have strict tendering processes. Further, the management of the Program by the DFAT Health Team ensures the regular close monitoring of activity and spending.

Environment: As a Commonwealth agency, all DFAT activity must comply with the Environment Protection and Biodiversity Conservation Act 1999. There is no need for a comprehensive environmental impact assessment to be undertaken in relation to this Program as it will not involve any environmentally sensitive locations, sectors or interventions.

Child Protection: DFAT has zero tolerance for child abuse, as stated in the Child Protection Policy. In the event that any activities are developed in future that involve working with children, DFAT and all relevant contractors or partners will ensure the personnel positions involved put in place risk management measures in accordance with the Child Protection Policy.

4.8 Risk Management Plan

There are a number of risks that may affect the implementation of the Program. The approaches and activities proposed in this Program build upon previous phases of AIP-EID collaboration, in which risks were identified and steps for their elimination/mitigation were taken; this approach will be continued with ongoing review of emerging issues and how best to reduce their potential impact. Key risks that will be addressed include:

- The potential impact of major natural disasters will be mitigated by staff training and awareness of Australian Government disaster management procedures.
- Concerted efforts will be made to develop strong working relationships, in part to reduce the potential impact of bilateral tensions in the political arena on program implementation.
- Poorly aligned policies and objectives will be avoided by working closely with national counterparts and within Indonesian Government systems.
- Poor and ineffective program delivery and fraud will be mitigated through clear management and review guidelines.

- Insufficient absorptive capacity will be addressed through the clear definition and agreement of work plans and the use of additional national consultants to support activities, if required.

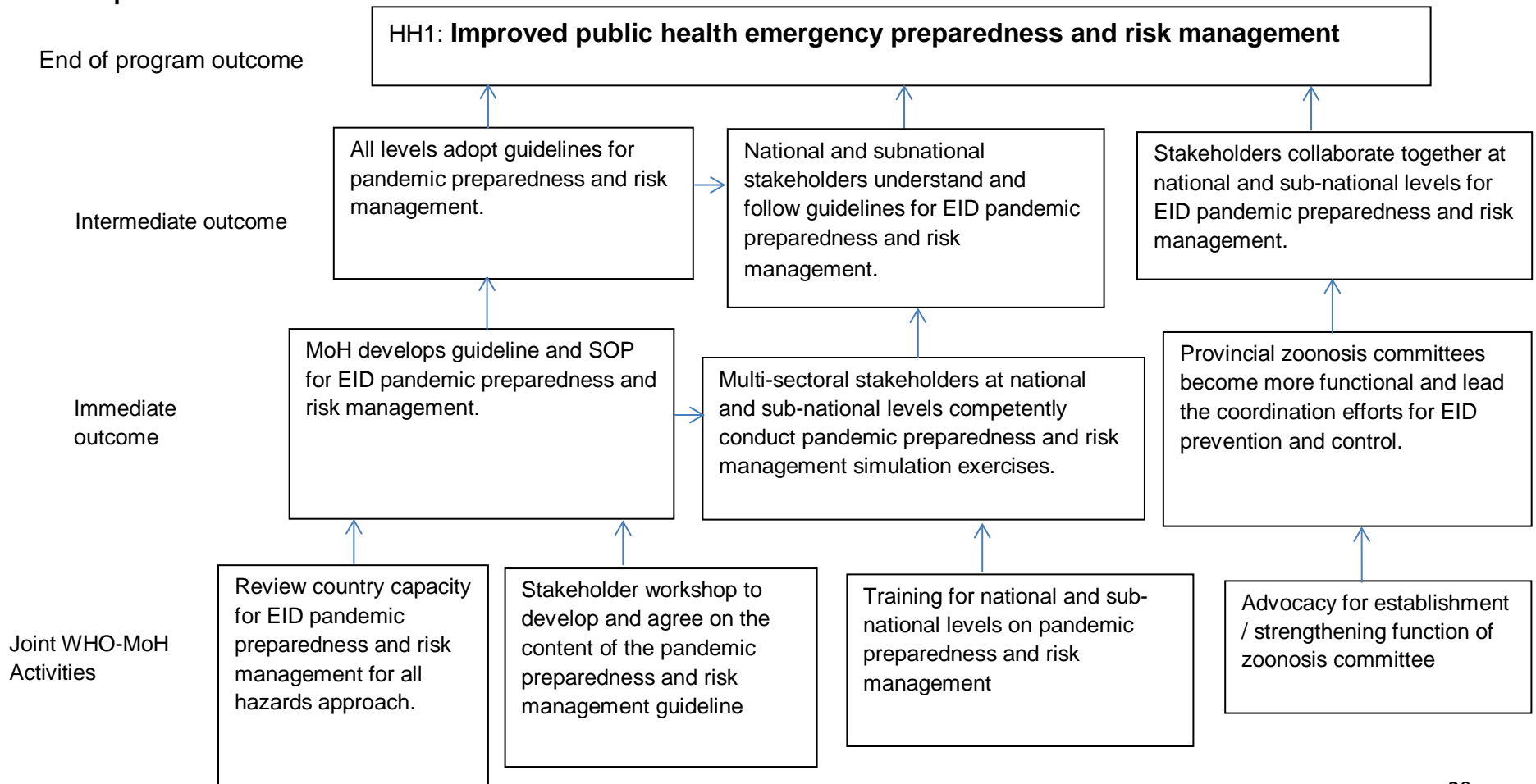
Details of the risks identified and risk treatments are provided in Annex 5

5 Annexes

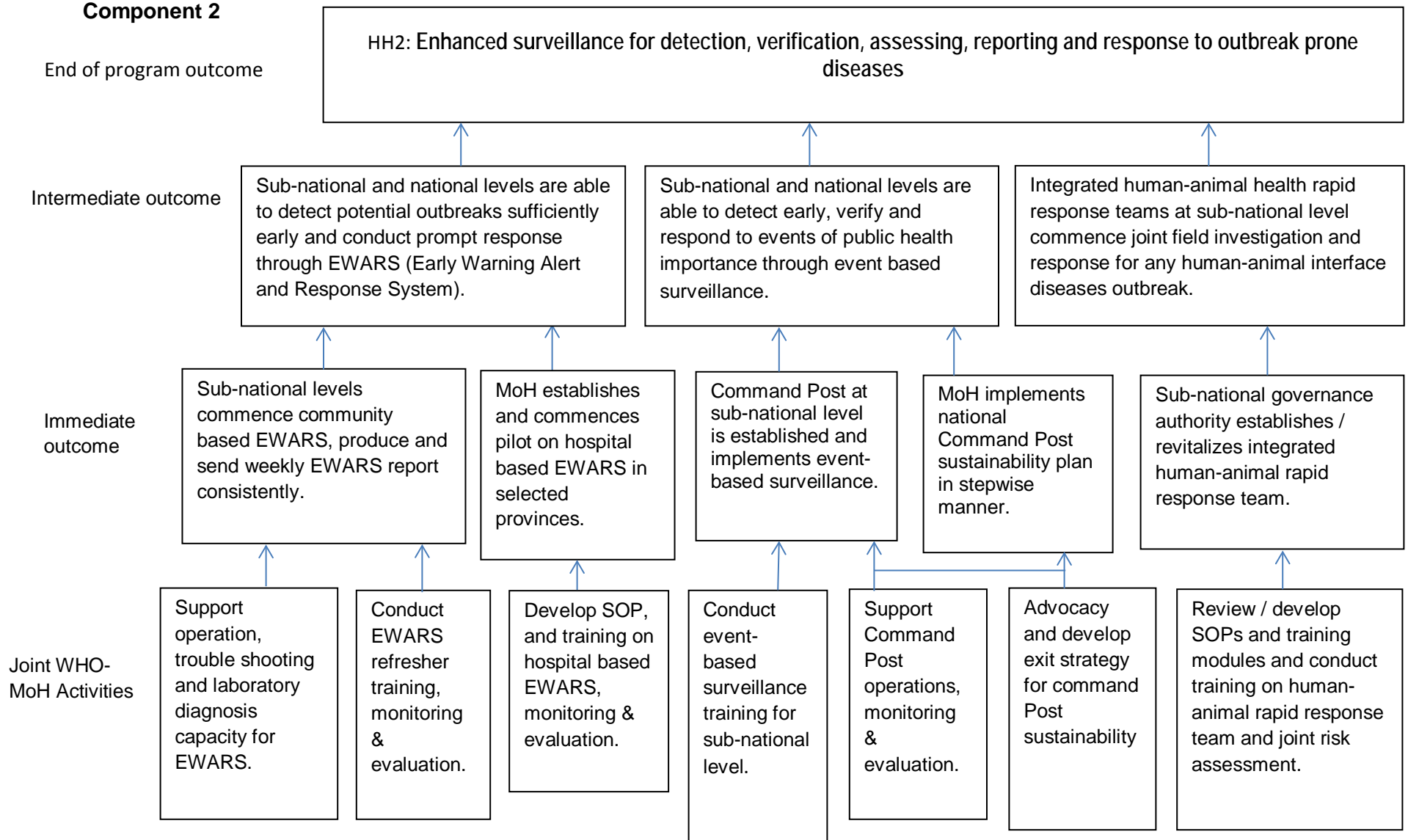
5.1 Annex Component Logic Models

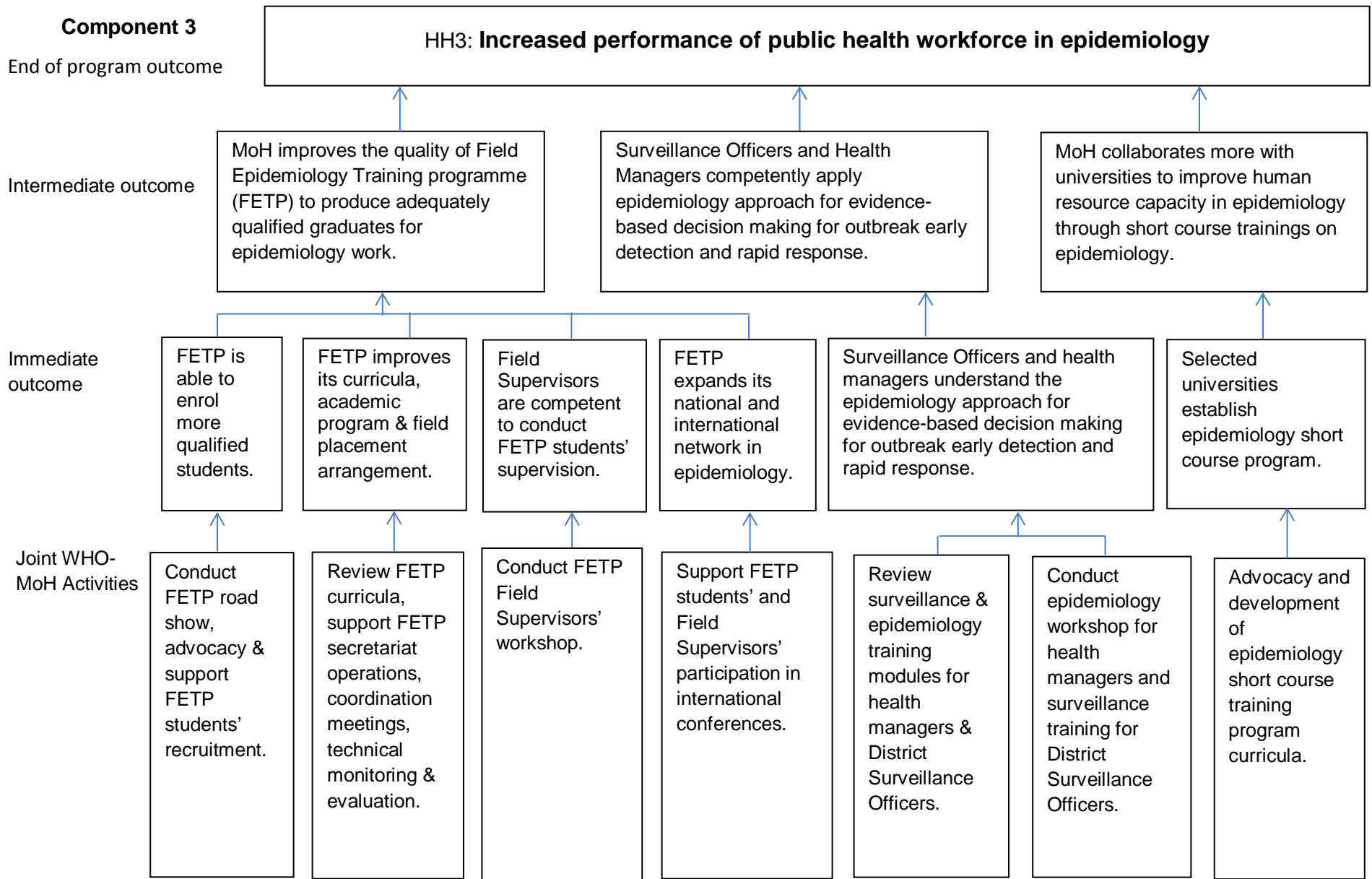
Component Logic Models - Human Health

Component 1

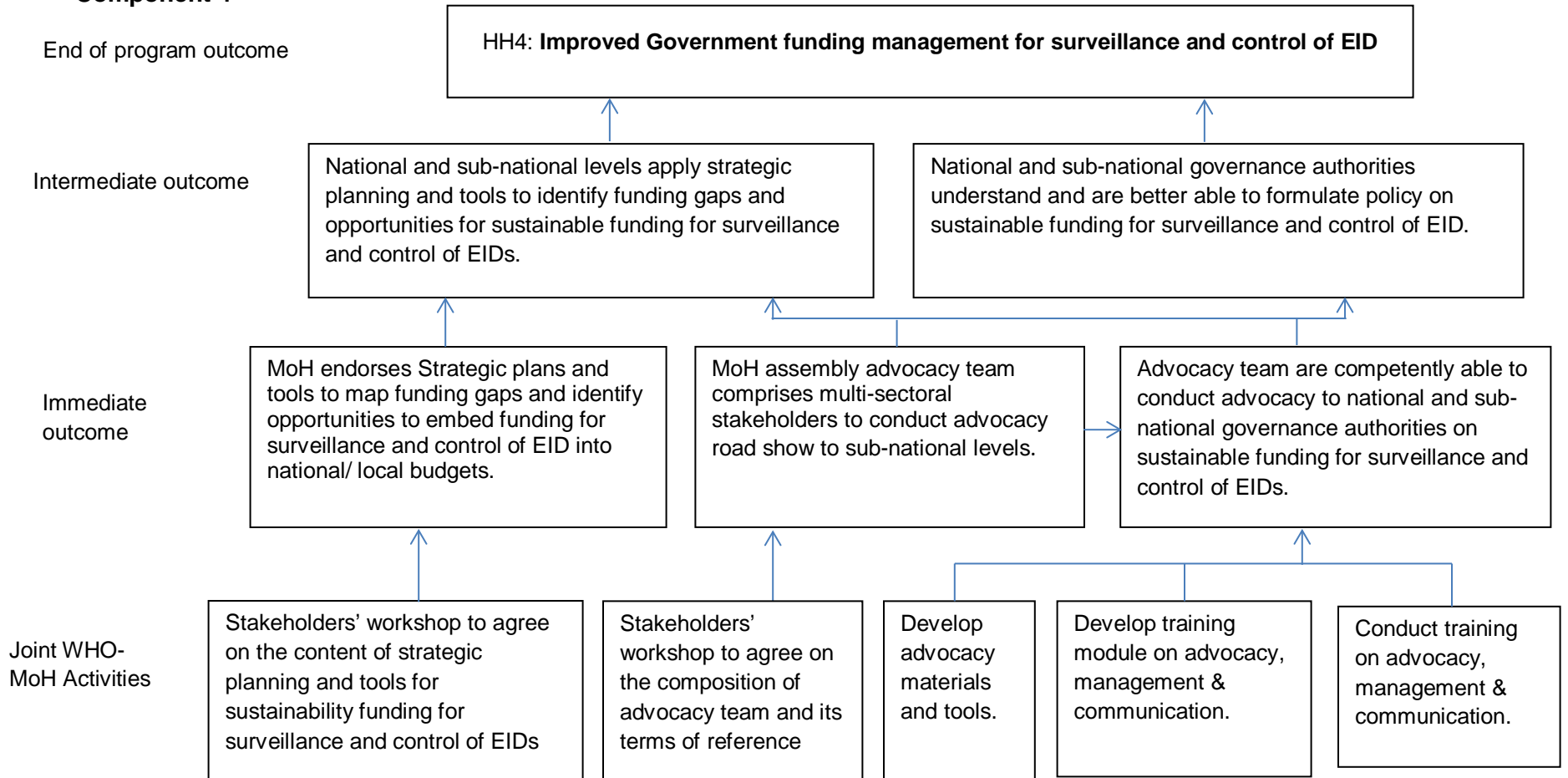


Component 2



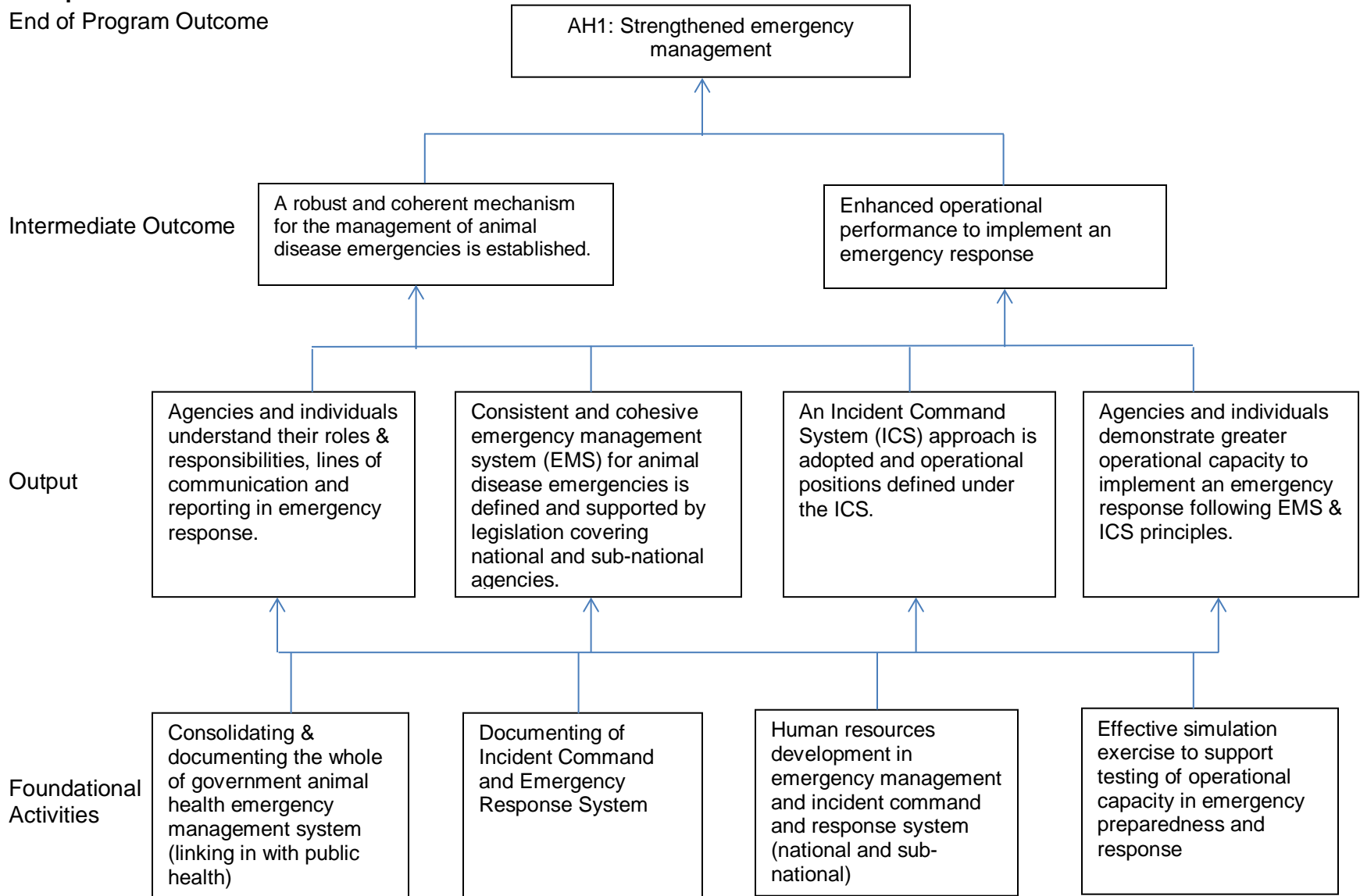


Component 4



Component Logic Models - Animal Health

Component 1
End of Program Outcome



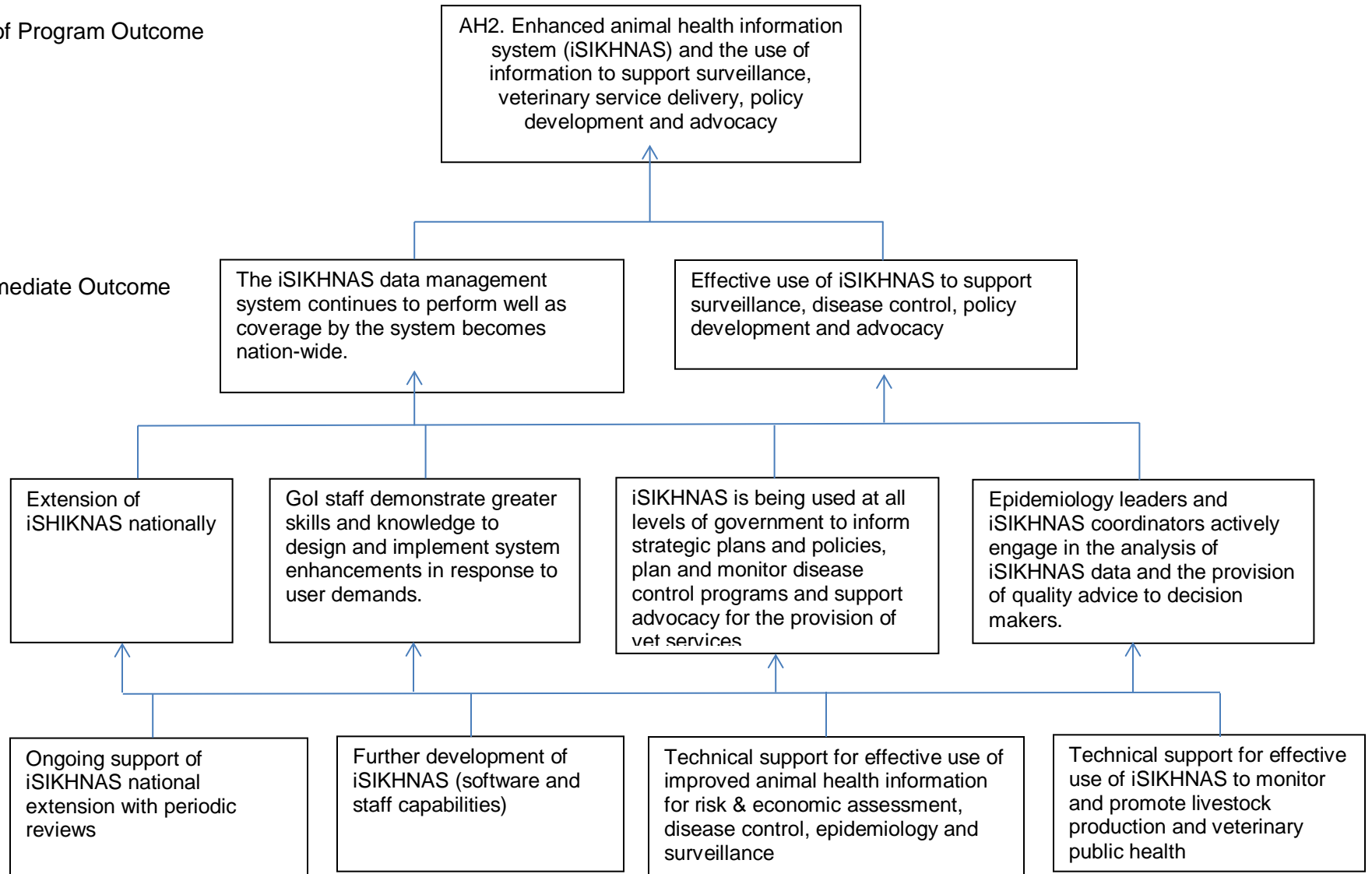
Component 2

End of Program Outcome

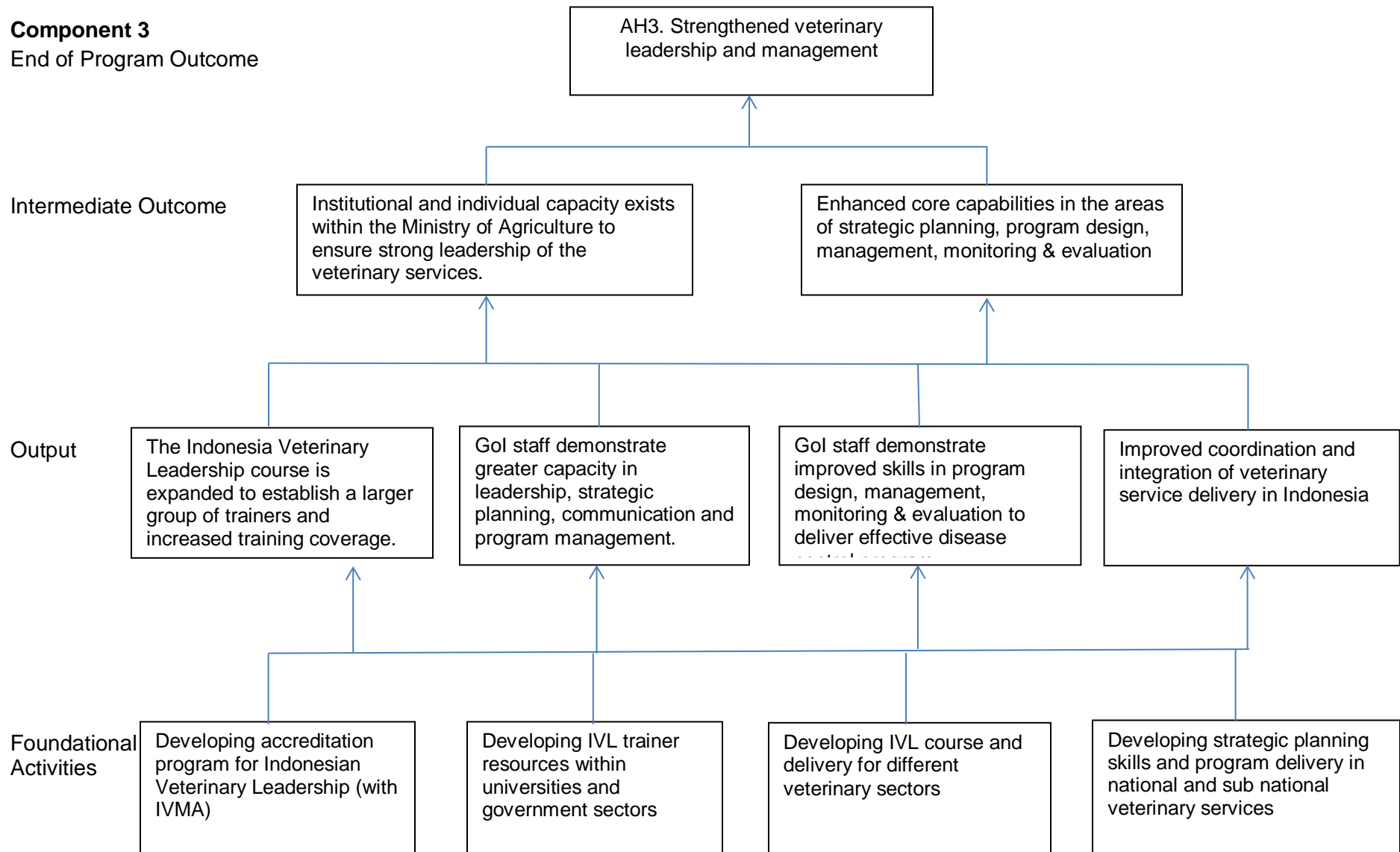
Intermediate Outcome

Output

Foundational activities



Component 3
End of Program Outcome



5.2 Annex 2 Position Terms of Reference

Position Terms of Reference - Human Health

Terms of Reference – WHO Team Leader

Position Name: WHO Team Leader and Technical Officer for IHR – International Staff

Reporting to: WHO Representative Indonesia

Location: WHO Indonesia, Communicable Disease Surveillance and Response (CSR) unit Jakarta

Key Responsibilities:

- Supervise International and national technical Officers
- Take direct responsibility for achieving overall outputs and outcomes of the Program, including objectives, milestones and the monitoring and evaluation schedule
- Support MoH on maintain and developing core capacities for IHR (2005)
- Liaise with MoH IHR national focal point for sharing information related to IHR framework and liaise with global network on EID.
- Ensure all work is carried out in a gender sensitive manner and with regard to women in decision making and training processes.
- Brief Australian Embassy and Australian Government personnel on Program activities as required;
- Other duties as requested by WR

Required Qualifications/Experience:

The WHO TO will have the following essential qualifications/capabilities:

- Recognized university degree in health related field and post graduate degree in public health or epidemiology.
- Demonstrated skills in program management, capacity building, program planning, implementation and monitoring/evaluation and reporting.
- An ability to work harmoniously and productively with partners in project implementation in developing countries.
- Excellent oral and written communication skills.

Desirable Qualifications and skills:

- Several years of experience in epidemiological surveillance of communicable diseases;
- Tertiary qualifications in Field Epidemiology;
- Demonstrated in previous experience in working harmoniously and productively in developing countries, preferably in Southeast Asia;
- Field experience in major outbreak investigations, including coordination and reporting;
- Experience in strengthening surveillance and response of communicable disease systems;
- Having experience in IHR (2005) monitoring.
- Previous experience of working in Indonesia;
- Skills in Indonesian language.

Terms of Reference – WHO Technical Officer

Position Name: WHO Technical Officer (TO) -International Staff

Reporting to: WHO Communicable Disease Surveillance and Response Team Leader

Location: WHO Indonesia, Communicable Disease Surveillance and Response (CSR) unit
Jakarta

Key Responsibilities:

- Take direct responsibility for achieving the outputs and outcomes of the Program, including objectives, milestones and the monitoring and evaluation schedule; especially
 - Provide technical support to the MOH in expanding EWARS to up to 6 new provinces and reviewing its progress;
 - Provide technical support and training activities to the Field Epidemiology Training Program to strengthen the quality of technical outputs and ensure sustainability.
 - Support the MOH in strengthening the coordination and response capacity of the Outbreak Command Post at the Directorate-General of Disease Control & Environmental Health.
- Support Ministry of Health to implement, monitor and evaluate activities that strengthen EID detection and response;
- Engage effectively with Indonesian MOA personnel related to the Program;
- Supervise monitoring Program progress and liaise closely with Indonesian counterparts and the DFAT Program Manager in Jakarta to identify and rectify implementation constraints or negotiate changes to work plans as required;
- Undertake technical and reporting activities related to WHO's response to EID outbreaks, including those mandated under the International Health Regulations.
- Liaise with donors and other implementing partners engaged in related projects to ensure complementarity and coordination of activities;
- Supervise the activities of the Data Manager;
- Ensure all work is carried out in a gender sensitive manner and with regard to women in decision making and training processes.
- Brief Australian Embassy and Australian Government personnel on Program activities as required;
- Other duties as requested by WHO team Leader.

Required Qualifications/Experience:

The WHO TO will have the following essential qualifications/capabilities:

- Recognized university degree in health related field and post graduate degree in public health or epidemiology.
- Demonstrated skills in program management, capacity building, program planning, implementation and monitoring/evaluation and reporting.
- An ability to work harmoniously and productively with partners in project implementation in developing countries.
- Excellent oral and written communication skills.

Desirable Qualifications and skills:

- Several years of experience in epidemiological surveillance of communicable diseases;
- Tertiary qualifications in Field Epidemiology;
- Demonstrated in previous experience in working harmoniously and productively in developing countries, preferably in Southeast Asia;
- Field experience in major outbreak investigations, including coordination and reporting;
- Experience in strengthening surveillance and response of communicable disease systems;
- Previous experience of working in Indonesia;
- Skills in Indonesian language.

Terms of Reference – WHO Data Information Officer

Position Name: WHO Data Information Officer (DIO) -National staff

Reporting to: WHO Communicable Disease Surveillance and Response Team Leader

Location: WHO Indonesia, Communicable Disease Surveillance and Response (CSR) unit
Jakarta

Key Accountabilities:

1. Training of staff from up to six provinces (and their districts) in the IT enhancements to the Early Warning Alert and Response System
2. Updating of Early Warning Alert and Response System manuals and guidelines based on changes implemented from evaluations or routine system enhancements
3. Updating WHO CSR website with information about any EID of international public health concern.

Key Responsibilities:

- Assist in the timely preparation, maintenance and provision of geographic information, maps, presentations, situation updates and websites in support of EID outbreak response;
- Assist in sharing updated information with the Indonesian Ministry of Health, other UN agencies, Non-Governmental Organizations (NGOs) and donor agencies about outbreaks of EIDs;
- Assist in preparation and implementation of field investigations of EIDs;
- Provide training, management and user support for Ministry of Health staff trained in newly implemented systems, including the enhancements to the Early Warning Alert and Response System;
- Participate in development and implementation of guidelines, SOPs, training materials and user manuals for newly implemented systems;
- Assist Ministry of Health in establishing and maintaining the information management system, including the Early Warning Alert and Response System;
- The Data Information Officer will ensure all work is carried out in a gender sensitive manner and with regard to women in decision making and training processes.

Essential Qualifications and Experience:

- Complete high school education;
- Supplemental post-secondary courses/training in data information system and/or ARC GIS applications.
- Very good knowledge of spoken and written English and Indonesian.

Desirable Qualifications and skills:

- Bachelor degree in related field.
- Knowledge of data base system, image processing, mapping, web technology, geographic information and related matters;
- Knowledge and practical experience of the following GIS software is required: ArcGIS
- Computer data management systems; knowledge of the latest technological developments in related field and in web applications

Terms of Reference – WHO Surveillance Officer

Position Name: WHO Surveillance Officer (National Staff)

Reporting to: WHO Communicable Disease Surveillance and Response Team Leader

Location: WHO Indonesia, Communicable Disease Surveillance and Response (CSR) unit
Jakarta

Key Responsibilities:

1. Provide technical assistance to the MOH on strengthening surveillance and in particular EWARS. This may include reviewing EWARS data quality, bulletins and providing MOH with feedback, ensuring technical materials are operational and up-to-date, and advising on mechanisms to enhance surveillance timeliness and completeness. ,
2. Assist MOH in preparation of proposals for the DFAT Program (Surveillance) activities including preparation of budgets, monitoring expenditure, and supporting the operational aspects of the project by providing expert knowledge and troubleshooting to address practical and logistic issues in EWARS and outbreak responses.
3. Assist MOH in identifying training needs for strengthening surveillance and outbreak response capacity for district and provincial health offices, and assist in the organization and delivery of the training.
4. Assist and coordinate with the Surveillance sub-directorate and FETP Secretariat in the mobilization of FETP students on event detection and investigation.
5. Support the EWARS and FETP monitoring missions to ensure appropriate feedback and improve the quality of implementation, and assist the MOH in ensuring indicators under the monitoring and evaluation of the Emerging Infectious Diseases project are collected and reported.
6. Assist and participate in outbreak response when required.
7. Perform other duties assigned by the WHO Representative

Required Qualifications/Experience:

- The WHO Surveillance Officer will have the following essential qualifications/capabilities:
- Recognized university degree in health related field (preferably medicine) and post graduate degree in public health or epidemiology.
- Demonstrated skills in disease surveillance especially on EWARS.
- An ability to work harmoniously and productively with counterparts in project implementation in districts and provinces.
- Excellent oral and written communication skills.

Desirable Qualifications and skills:

- Several years of experience in communicable diseases surveillance;
- Demonstrated in previous experience in working harmoniously and productively in provinces and districts;
- Experience in strengthening surveillance and response of communicable disease systems in the provinces and districts;
- Previous experience of working in WHO–Indonesia.

Terms of Reference – WHO Programme Officer

Position Name: National Program Officer (NPO)

Reporting to: WHO Communicable Disease Surveillance and Response Team Leader

Location: WHO Indonesia, Communicable Disease Surveillance and Response (CSR) unit
Jakarta

Key Responsibilities:

- Develop project documents, work plan and reports as required.
- Liaise and engage with key stakeholders to design, implementing, monitoring and evaluation of the program.
- Provide technical support to Program Steering Committee (PSC) to monitor and oversee implementation of the programme and facilitate PSC meeting to discuss progress, strength and weakness of the program implementation for work plan modification (if required).
- Harmonize and streamline DFAT programme with government priority and other donor funding.
- Facilitate project evaluation and monitoring mission including coordinate with related stakeholders within MoH at national and sub national level to facilitate the mission form DFAT, WHO and others.
- Provide technical assistance on pandemic risk management and strengthening laboratory network for EID laboratory diagnosis and Biorisk.
- Assist MOH in preparation of proposals for the DFAT Program (pandemic / epidemic preparedness and strengthening laboratory capacities) activities including preparation of budgets, monitoring expenditure, and supporting the operational aspects of the project implementation by providing expert knowledge responses.

Required Qualifications/Experience:

The WHO NPO will have the following essential qualifications/capabilities:

- Recognized university degree in health related field (preferably medicine)
- Demonstrated skills in programme management.
- Having experience in development of project documents, and reports
- An ability to work harmoniously and productively with counterparts in project implementation in national, districts and provinces.
- Excellent oral and written communication skills.

Desirable Qualifications and skills:

- Several years of experience in communicable diseases surveillance;
- Having experience in public health emergency and pandemic preparedness activities.
- Demonstrated in previous experience in working harmoniously and productively in on EIDs with various stakeholders in national level, provinces and districts, involving government and donor agencies.
- Previous experience of working in WHO Indonesia

Position Terms of Reference - Animal Health

Position: **Principal Veterinary Adviser (international)**

Reports to: Program Director

FTE: 1

The Principal Veterinary Adviser (international) will provide day-to-day program leadership and management, managing financial and human resources and overseeing the design and delivery of program activities and their monitoring and evaluation

Responsibilities

- Scope, design and deliver activities to deliver Component outcomes
- Ensure Animal Health Component activities are well coordinated within the AIPEID2 program and with the Human Health Component, and with GoI, development partners and other stakeholders
- Develop and maintain networks with international agencies and partners to ensure synergy and efficiency of program delivery
- Build and maintain effective working relationships with GoI counterparts, including the maintenance of clear, ongoing communications; develop, gain GoI endorsement and implement operational plans
- Establish a risk management team to identify hazards and to communicate and mitigate risks
- Manage and monitor budgets and work plans with the Program Director, Chief Technical Adviser, Program Manager and other staff
- Develop and implement Component monitoring and evaluation

Required Qualifications/Experience

- Experience in delivering Government to Government programs
- Experience in program management with high-level leadership, general and financial management skills, sound communication (written and oral), negotiation and representation skills
- Experience in preparing analytical reports and briefings
- Demonstrated ability to lead and manage a team and to engage effectively with stakeholders in various context

Desired knowledge and skills:

- Experience of Australian government processes and procedures
- Experience working with national and local government agencies in Indonesia

Position: Chief Technical Adviser (international)

Reports to: Principal Veterinary Adviser

FTE: 1

The Chief Technical Adviser (international) will provide technical leadership for the program providing policy advice, technical guidance for the development and definition of systems for emergency preparedness and response, the effective use of animal health information for program development, and oversight of the design and delivery of leadership and other training programs

Responsibilities

- Provide technical leadership in the development of national and sub-national animal health policies for
 - emergency preparedness and response
 - the capture, interpretation and use of animal health data
 - the development and/or revision of policies using animal health information
 - the design and development of strategic plans for animal health
 - the management, implementation and monitoring of animal health programs
 - the need for adaptive planning with regular reviews of animal health programs
- Develop human resource capabilities by consolidating and extending veterinary leadership, communications and other required trainings
- Provide technical advice and support to GoI animal health and veterinary public health staff on incident animal health events as they arise
- Support the review of priority animal health programs including rabies, avian influenza and brucellosis
- Provide ongoing support to the national and sub-national disease control programs developed under AIPEID – brucellosis, rabies, anthrax and avian influenza
- Prepare briefings as required on the progress and development of animal health policies and programs
- Provide technical supervision to national technical staff

Required Qualifications/Experience

- International veterinarian with at least ten years' experience working in developing countries, with postgraduate qualifications in a relevant area such as epidemiology, veterinary public health or emergency management
- International experience in reviewing and strengthening veterinary services and the design and delivery of national animal health programs
- International experience in developing and implementing emergency animal health/veterinary public health preparedness and response
- Experience working in Indonesia on the design and delivery of animal health programs
- Experience working with national and sub-national government agencies in Indonesia
- Experience in the design and use of animal health information systems for the development of policy and strategic planning
- Experience in designing and running simulation exercises

Desired knowledge and skills:

- Knowledge of international best-practice delivery of veterinary services
- Knowledge of OIE standards for veterinary service delivery

Position: Technical Program Officer(s)

Reports to: CTA

FTE: 2

The Technical Program Officers provide input into the design, implementation and reporting of program activities, liaise with national counterparts and coordinate with other AIPEID2 activities

Responsibilities

- Support the delivery of program technical activities in (1) emergency preparedness and response and veterinary leadership (1) and animal health information systems and management (2)
- Undertake preliminary assessments and collaborate with Government counterparts to develop sound activity proposals; assist with the preparation and editing of discussion documents and proposals
- Assist with planning and implementation of workshops, trainings and seminars; capture and synthesize findings and develop well written reports on completed activities
- Coordinate the development of curriculum and training materials
- Support and undertake stakeholder engagement, including liaison with Government partners and other national and international organizations
- Collect and analyse data to support the development of policies and strategic plans
- Provide technical input and secretariat support to technical working groups
- Liaise and collaborate with other DFAT-AIPEID2 program team members in Indonesia and Australia on program implementation
- Provide input into reporting in line with DA requirements
- Provide basic interpretation and translation as required
- Support program monitoring & evaluation
- Maintain and manage program records

Required Qualifications/Experience

- Veterinarian with more than five years' experience of delivering animal and veterinary public health programs
- Demonstrated ability to undertake literature reviews, research and analysis and to write sound, analytical technical reports
- Understanding of Indonesian animal health policies, laws and regulations
- Ability to plan and facilitate technical meetings, seminars and workshops
- Well-developed written and oral communication skills in both Bahasa Indonesia and English, experience in interpretation/translation preferred
- Proficiency in MS Office, particularly Word, Excel, and PowerPoint;

Desired knowledge and skills:

- Experience working with Indonesian government staff and systems, particularly at the national level
- Experience working within a development program with an understanding of cross-cutting issues such as gender and disability

Position: Program Manager (Finance and Administration)

Reports to: Chief Technical Adviser

FTE: 1

The Program Manager will lead the program management, finance and HR support in Indonesia to ensure compliance and consistency with Australian Government processes and policies as well as to identify gaps and opportunities for improved effectiveness and efficiency.

Responsibilities

- Provide program management and HR support in-country (including program planning, governance, budgets, reporting, staffing matters)
- Lead on financial management of the program in-country (including financial and administrative reporting, records management)
- Liaison with internal and external stakeholders (e.g. DFAT, DA, MoA) on program management and governance matters
- Oversee logistical support for program activities
- Ensure that program activities are conducted in compliance with DFAT guidelines (e.g. development and dissemination of tools and procedures to support business processes)
- Supervise Program Support Officer(s)

Required Qualifications/Experience

- University graduate with at least eight years work experience in related field;
- Experienced manager with high-level program management and financial management skills; sound communication, negotiation and representation skills, preferably in a technical, agriculture, health or development area
- Experience in developing analytical reports and briefs including financial reporting.
- Experience working with international programs, particularly in a capacity-building context
- Demonstrated knowledge of Indonesian and/or Australian government processes and procedures
- Experience working with national and local government agencies in Indonesia;
- Demonstrated ability to lead and manage a small team; ability to effectively engage with stakeholders
- Proficiency in MS Office, particularly Word, Excel, PowerPoint, and Project.

Desired knowledge and skills:

- Technical knowledge in the area of agriculture or animal health is an advantage.

Position: Monitoring, Evaluation and Communications Manager

Reports to: CTA

FTE: 1

The Monitoring, Evaluation and Communications Manager will coordinate and implement M&E and communications for the DA and WHO program. The Monitoring, Evaluation and Communications Manager will evaluate and provide advice on the effectiveness of program delivery, ensure that the program meets DFAT M&E standards and the dissemination of program information. Funding for the position will be from DA but additional resources to enable the M&E officer activities will be available from WHO's DFAT funds.

Responsibilities

- Develop, implement and coordinate an M&E program for AIPEID2
- Design tools and methodology to support the implementation of the M&E program
- Coordinate and conduct ongoing data collection for reporting purposes in accordance with DFAT M&E standards
- Provide analysis to assess program performance against reporting requirements, including the preparation of DFAT progress reports and in the lead up to the Program Steering Committees and Program Coordination Committee meetings
- Provide mentoring to program staff on M&E, where required
- Liaise with Government counterparts and M&E focal points on M&E implementation and reporting
- Identify and develop materials for program publications including newsletter and online publications; liaise with related suppliers for additional communication printed materials
- Work closely with CTA in providing insight and advise on the implementation of the program communication strategy

Required Qualifications/Experience

- University graduate with five years work experience in project Monitoring & Evaluation
- Demonstrated knowledge and skills in Monitoring & Evaluation including data collection, data analysis, report writing and information dissemination
- Experience working with international programs, national & local government agencies in Indonesia.
- Highly developed communication skills, both written and oral, in English and Bahasa Indonesia
- Demonstrated ability to multi-task and work with limited supervision
- Proficiency in MS Office, particularly Word, Excel, PowerPoint, and Project.

Desired knowledge and skills:

- Knowledge of program management (project cycle and processes)
- Knowledge of Indonesian and/or Australian government processes and procedures
- Experience working in a multi-cultural setting

Position: Program Support Officer (Administration)

Reports to: Program Manager (Finance and Administration)

FTE: 1

The Program Support Officer will manage the administration for Component 1, 2 and 3 events, including liaison with stakeholders on logistics and finances. The PSO will work closely with the Program Manager to ensure that program activities (administration) are conducted in accordance with Australian Government policies and procedures.

Responsibilities

- Manage the administration of program events (e.g. timelines, agenda, ToR, invitations), logistics (e.g. travel arrangements, visa, translation/interpretation services, venue arrangements) and finances (e.g. budget development, approvals, reimbursements and acquittal reporting)
- Liaison with MoA, DFAT and other stakeholders on program administration matters
- Support the Program Manager in managing program finances, as required.

Required Qualifications/Experience

- University graduate with five years work experience in related field;
- Demonstrated program administration skills and financial administration.
- Ability to effectively plan and organise meetings, seminars, workshops and training activities
- Experience working with international programs, particularly in a capacity-building context
- Experience working with national and local government agencies in Indonesia;
- Highly developed communication skills, both written and oral, in Indonesian and English
- Demonstrated ability to multi-task and work with limited supervision
- Proficiency in MS Office, particularly Word, Excel, PowerPoint, and Project.

Desired knowledge and skills:

- Knowledge of program management (project cycle and processes)
- Knowledge of Indonesian or Australian government processes and procedures
- Experience working in a multi-cultural setting

Position: Program Translator

Reports to: Program Manager (Finance and Administration)

FTE: 1

The Program Translator will provide translation and interpretation services for the program and coordinate translation requirements as required

Responsibilities

- Provide detailed and high-quality translation and interpretation work for the program
- Editing of program documents as required
- Manage and coordinate the scheduling and sourcing of external (contract) translators as required
- Liaison with stakeholders as required

Required Qualifications/Experience

- TOEFL or IELTS accreditation;
- Fluency in Bahasa Indonesia and an excellent command of written and spoken English,
- Proven experience in the area of written translation, especially in technical subject matters
- Experience in oral interpretation (simultaneous and consecutive) desirable, and a willingness to undertake training to be more proficient at interpretation
- University graduate in language or a relevant subject;
- Experience working within a team environment
- Solid knowledge in MS office, particularly Word, Excel and Power Point

Desired knowledge and skills:

- Technical knowledge in the area of agriculture or animal health is an advantage.
- Experience working within a capacity development setting.

5.3 Annex 3: Implementation Schedule

Implementation Schedule - Human Health

Implementation Schedule													
Code	Narrative Summary	2015				2016				2017			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Component 1 :1. Improved public health emergency preparedness and risk management													
Indicative activities													
1.1	Review EID pandemic preparedness plan, guideline and their dissemination			■	■								
1.2	Simulation Exercise on EID pandemic risk management					■	■			■	■		
1.3	Supporting establishment/ strengthening provincial zoonosis committee			■	■								
1.4	Field investigation for priority zoonosis diseases			■	■	■	■	■					
1.5	Trainings for priority zoonosis control			■	■								
Milestone													
M1.1	Revised national EID pandemic risk management guideline is available				X				X				
M1.2	EID risk management contingency plan is available in the priority provinces and tested												X
M1.3	Provincial zoonosis committee established and functional in priority provinces					X							
M1.4	Report of zoonosis field investigation is available				X				X				
Component 2 : 2. Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases													
Indicative activities													
2.1	Supporting operational of Early Warning Alert and Response System			■	■	■	■	■	■	■	■	■	■
2.2	Strengthen laboratory diagnosis to support EWARS			■	■	■	■						
2.3	Hospital based EWARS							■	■	■	■	■	■
2.4	Strengthen Event based surveillance			■	■	■	■	■	■	■	■	■	■
2.5	Strengthen integrated human-animal health sector risk assesment and rapid response			■	■	■	■	■	■	■	■	■	■
Milestone													
M2.1	Provinces with EWARS produce weekly bulletin for outbreak detection and response												
M2.2	Evaluation of EWARS laboratory pilot site is available as input for further scale up								X				
M2.3	A hospital based EWARS pilot site is established											X	
M2.4	Command post produce timely weekly buletin for event based surveillance								X				
M2.5	Exit strategy for sustainability of Command Post operation is available					X							
M2.6	Revised rapid response team training module is available				X								
M2.7	Rapid Response Team is established and functional in priority provinces												X

Implementation Schedule - Animal Health

Animal Health Implementation Schedule		Year 1				Year 2				Year 3			
No.		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
1	Component AH1: Strengthened Emergency Management												
1.1	Documented, consolidated national animal health emergency management system			1									
1.2	Documented Incident Command and Response System				1								
1.3	Human resources developed in emergency management and incident command and response systems - national and regional					1			2			3	
2	Component AH2: Enhanced Indonesia's animal health information system (iSIKHNAS) and the effective use of information to support surveillance, veterinary service delivery, policy development and advocacy.												
2.1	Ongoing support of iSIKHNAS national extension - with periodic reviews		1				2				3		
2.2	Further development of iSIKHNAS - software and staff capabilities			1			2			3			
2.3	Technical support for the effective use of improved animal health information for risk & economic assessment, epidemiology and surveillance		1			2			3			4	
3	Component AH3: Strengthened veterinary leadership and management												
3.1	Develop accreditation program for Indonesia Veterinary Leadership - with IVMA		1										
3.2	IVL trainer resources developed within universities and government sectors			1				2				3	
3.3	IVL course developed and defined for different veterinary sectors		1		2								
3.4	Strategic planning skills developed in central and regional veterinary services		1				2				3		

5.4 Annex : Result Framework

Result Framework - Human Health

Components:

- 1) **Improved public health emergency preparedness and risk management**
- 2) **Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases**
- 3) **Increased performance of public health workforce in epidemiology**
- 4) **Improved Government funding management for surveillance and control of EID**

Outcome	Indicator	Methods/Verification	Baseline	Target
Component 1: Improved public health emergency preparedness and risk management				
MoH develops guidelines and SOP for EID pandemic preparedness and risk management.	# EID pandemic emergency preparedness and risk management guidelines	EID pandemic emergency preparedness and risk management guideline document	None	EID pandemic risk management guideline is available and tested
Multi sectoral stakeholders at national and sub national level competently conduct pandemic preparedness and risk management simulation exercises.	# provinces develop and competently test contingency plan for EID pandemic preparedness and risk management	EID pandemic preparedness and risk management contingency plan document Evaluation report Activity report of simulation exercise	None	2 (Two) provinces
Provincial zoonosis committees become more	# of provinces with established /	Local Government Decree on establishment of	24 Provincial Zoonosis Committee	26 Provincial Zoonosis Committees

functional and are able to lead the coordination efforts for EID prevention and control	revitalized Provincial Zoonosis Committee	Provincial Zoonosis Committee	(Not all functional) ⁴⁾	
Outcome	Indicator	Methods/Verification	Baseline	Target
Component 2: Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases				
Sub national levels commence community based EWARS, produce and send weekly EWARS report in a more timely and complete manner	# of EWARS provinces with timeliness and completeness above 80%	Weekly EWARS bulletin EWARS performance evaluation report	8 provinces ⁴⁾	14 provinces
MoH establishes and commences pilot on hospital based EWARS in selected a province	# of hospital pilot site Hospital based EWARS data in targeted provinces	Weekly hospital based EWARS bulletin	None	1 (one) hospital based EWARS pilot site is set up and operational Hospital based EWARS data in targeted province is available
Command Post at national and sub national levels are established and operational and able to conduct event based surveillance	Percentage of events verified within 24 hours	Event based surveillance weekly report	86% ⁴⁾	90%
	# of Command Posts established and functional at targeted provinces	Provincial event based surveillance weekly report	None	2 (Two) provinces
	Percentage of rumours verified	Provincial event based surveillance weekly report	None	80%

	within 24 hours at targeted provinces			
	# of people trained	Activity report	None	40 people
Sub national governance authority establishes / revitalizes integrated human-animal rapid response team	# of provinces with established Rapid Response Team (Team)	Evaluation report	RRT established in 29 provinces ¹⁾ Currently, not all RRTs are functional	RRT established in 34 provinces
	# of updated RRT training module	Updated RRT training module for EID early detection and response	None	Updated RRT training module for EID early detection and response is available
	# of RRT training	Activity report	None	5 batches (2015-17)
Outcome	Indicator	Methods/Verification	Baseline	Target
Component 3: Increased performance of public health workforce in epidemiology				
FETP recruits more qualified students	# of applicants recruited during 2015-17 FETP recruitment period	FETP progress report List of FETP students application during period 2015-17	18 students/year ³⁾ Note : Total FETPs supported by MoH funding 2008-2014 : UI : 50 students UGM 75 students	30 students /year
FETP improves its curricula, academic programme & field placement arrangement	# of FETP field placements facilitated for period FETP student are recruited 2015-2017	List of FETP field placement Database of Students' field placement project	None	30 field placements/year (Note : This will be adjusted based on the students' uptake)
Field Supervisors can competently supervise FETP students	# of field supervisor workshop conducted	Activity report, Programme, Term of Reference of the workshop	Annually 2008-2014 : 7 workshops	2015 : 1 (One) workshop

	Improvement of field supervisory skill and knowledge	Pre-test and post-test of the workshop. Evaluation report	2015 : 0	
FETP expands its national and international network in epidemiology	# of FETP students' abstracts accepted and presented in international conferences 2015-17	Indonesia's participant report from TEPHINET meeting and action items for FETP Indonesia Abstract	9 abstract/year ³⁾ Note : 96 abstract were accepted in international conference during 2009-2014	12 abstracts/year
Surveillance Officers and Health Managers competently apply epidemiology approach for evidence based decision making for outbreak early detection and rapid response	Evidence of policy/program changes based on epidemiological findings	Annual planning document of district/provinces	Reviewed EWARS priority disease list (Leptospirosis and Chikungunya added)	Periodic review of EWARS disease list at national level and provincial level (disease of importance for province)
Selected universities establish epidemiology short course programme	# of universities with established field epidemiology assistant short course	Field epidemiology assistant short course curricula Field epidemiology assistant short course programme announcement	None	One university
	# of short course for Field assistant Epidemiology	Short course report	6 batches (180 trainees) ¹⁾	Additional 2 batches
Component 4: Improved Government funding management for surveillance and control of EID				
Outcome	Indicator	Methods/Verification	Baseline	Target

MoH endorses strategic plans and tools to map funding gaps and identify opportunities to embed funding for surveillance and control of EID into national/ local budgets	# of updated strategic plans developed and endorsed	Updated Strategic planning document	None	Updated strategic planning for sustainability funding for essential surveillance and control of EIDs is available
	# of updated advocacy material developed and disseminated	Updated advocacy material document	None	Updated advocacy materials and tools for sustainability funding for essential surveillance and control of EIDs is available
National and sub national governance authorities understand and are better able to formulate policy on sustainable funding for surveillance and control for EID	# of provinces allocated funding for EID surveillance and control	National/ local budget planning document	1 province (DKI Jakarta)	Additional 3 (Three) provinces

- 1) INSPAI : Implementing National strategic Plan for Avian influenza project report (2007-2012)
- 2) EWARS bulletin data as of January 2015
- 3) FETP report
- 4) DFAT AIP-EID project annual report 2014

Result Framework - Animal Health

Components:

- 1) **Strengthened emergency management**
- 2) **Enhanced animal health information system (iSIKHNAS) and the effective use of information to support surveillance, veterinary service delivery, policy development and advocacy**
- 3) **Strengthened veterinary leadership and management**

Outcome	Outcome Indicators	Methods/Verification	Baseline	Target
Component 1: Strengthened emergency management				
<p>A robust and coherent mechanism for the management of animal disease emergencies is established</p> <p>Enhanced operational capacity to implement an emergency response</p>	<ul style="list-style-type: none"> • Quality of org charts documents (roles & responsibilities, line of communications, reporting emergency response) • Evidence of ICS approach being adopted • Evidence of effective simulation exercise is supporting operational capacity for emergency response • Evidence of improvement in the area of operational capacity to implement an emergency response 	<ul style="list-style-type: none"> • Data collection through individual/group interviews, observations, document reviews 	<ul style="list-style-type: none"> • Limited policies, regulations, systems and resources available to mount an effective emergency response 	<ul style="list-style-type: none"> • Effective policies, regulations, systems and resources available and being implemented by the end of program
Component 2: Enhanced animal health information system (iSIKHNAS) and the effective use of information to support surveillance, veterinary service delivery, policy development and advocacy.				
<p>The iSIKHNAS data management system continues to perform well as coverage by the system becomes nation-wide.</p>	<ul style="list-style-type: none"> • Number of new districts as part of national extensions of iSIKHNAS • Evidence of improvement in the area of designing and implementing system 	<ul style="list-style-type: none"> • Data collections through individual/group interviews, observations, 	<ul style="list-style-type: none"> • 48 districts • Little use of iSIKHNAS to inform strategic plan and policies 	<ul style="list-style-type: none"> • At least 50% districts implement iSIKHNAS • Routine use

<p>Effective use of iSIKHNAS to support surveillance, disease control, policy development and advocacy.</p>	<p>enhancement in response to user demands</p> <ul style="list-style-type: none"> • Evidence of functionality and uptake of iSIKHNAS to inform strategic plans and policies and monitor disease control programs • Evidence of iSIKHNAS being used at all levels to support advocacy for provision of vet services • Evidence of iSHIKNAS being used by the epidemiology leaders and iSIKHNAS coordinators in analyzing data for quality advice to decision makers 	<p>document reviews</p>	<p>and to monitor disease control program</p>	<p>of iSIKHNAS to inform strategic and policies and to monitor disease control program</p>
<p>Component 3: Strengthened veterinary leadership and management</p>				
<p>Institutional and individual capacity exists within the Ministry of Agriculture to ensure strong leadership of the veterinary services.</p> <p>Enhanced core capabilities in the areas of strategic planning, program design, management, monitoring & evaluation.</p>	<ul style="list-style-type: none"> • Number of IVL course developed for different vet sectors • Quality of IVL courses developed • Evidence of improvement in the area of strategic planning, leaderships and communications skills • Evidence of improvement in the area of program design, management, monitoring & evaluation to support active disease control program 	<ul style="list-style-type: none"> • Data collections through individual/group interviews, observations, document reviews 	<ul style="list-style-type: none"> • Some courses are available but lack of definition between the different IVL courses • No formal accreditation • Weak coordination of veterinary service delivery 	<ul style="list-style-type: none"> • Defined and accredited courses being delivered across different sectors in at least two universities • Effective coordination of veterinary service delivery

5.5 Annex 5: Risk Matrix

Risk Matrix - Human Health

Program/ Initiative	Objective/s	Risk No.	Risk (what will prevent you achieving the objective/s?)	Existing Controls (what's currently in place?)	Risk rating with existing controls in place			Is risk rating acceptable? Y/N (if no, please propose treatments)	Proposed Treatments (if no further treatment required or available, please explain why)	Person Responsible for Implementing Treatment/s	Implementation Date for Proposed Treatment/s	Target rating when Proposed Treatments are in place		
					Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)					Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)
Australia- Indonesia Emerging Infectious diseases program	1. Improved public health emergency preparedness and risk management	1	Lack of multi sectoral stakeholders coordination at national and sub national level for implementing all hazard approach public health emergency preparedness and risk management for EID control.	National Committee for Zoonosis (KOMNAS ZOONOSIS) is mandated to coordinate multi stakeholders; efforts in (EID) zoonosis control (Presidential Decree). Provincial Committee for Zoonosis has been established in 24 provinces (Established by Local Government Decree), but not all functional. National Disaster Board categorizes Epidemic/ pandemic of EID as non natural disaster. AIP EID programme design has covered strengthening multi sectoral stakeholder coordination at sub national level.	Major	Likely	High	N	Advocacy to strengthen coordination function of KOMNAS Zoonosis on EID zoonosis control. Involving KOMNAS Zoonosis in the implementation of AIP-EID programme Advocacy to GoI to integrate public health emergency preparedness into existing country emergency preparedness, involving National Disaster Board Advocacy to local government for all hazard preparedness conducted during programme implementation at sub national level (Development provincial contingency plan)	WHO, MoH	Q3 2015 Q3 2015 Q4 2015 Q1 2016	Moderate	Unlikely	Moderate
	2. Enhanced surveillance for detection, verification, assessing, reporting and response to outbreak prone diseases	2	High turn over of healthcare workers at national and sub national level and not proper personnel attended the training	-	Moderate	Almost certain	Major	N	Set the clear criteria of the trainees in the training invitation (based on the functional and the trainees should work in the same function for at least 2 years ahead. The trainees should be encouraged to share knowledge and skills gained from the training to other colleagues within their work place and develop SOP. Conduct refresher trainings	WHO and MoH	Q4 2015	Moderate	Possible	High
	3. Increased performance of public health workforce in epidemiology	3	Lack of participants in the health managers' workshop, District surveillance trainings and Field Epidemiology Assistant short course	-	Moderate	Possible	High	N	Establish accreditation for trainings in collaboration with human resource board MoH Early notification for the training to sub national level	WHO and MoH	Q1 2016	Moderate	Unlikely	Moderate
	4. Improve Government funding management for surveillance and control of EID	4	Decreasing Government priority in controlling emerging diseases and lack of commitment from national and sub national stakeholders for EID control.	Ministry of Internal Affairs has allocated budget for local Government that can be accessed for control of outbreak prone diseases. National/ sub National Disaster Board has allocated budget for disaster that can be accessed for non natural disaster (EID epidemic/ pandemic)	Major	Possible	High	No	Develop strategy and tools for advocacy on the important of sustainable funding for EID control. Advocacy to national and sub national level to develop strategy to access national/ local government funding for EID control.	WHO, MoH	Q4 2015 Q2 2016	Major	Unlikely	Moderate
	5	Decreasing Government priority in controlling emerging diseases due to restructurization of MoH structure. In the new Indonesia government cabinet that will affect the changing of key implementer of activities and lack of commitment from national and sub national stakeholders for EID control.	GoI committed to EID detection and control as one of IHR core capacities. Ministry Decrees' on outbreak prone diseases prevention and control is exists WHO set up Project Steering Committees involving various stakeholders to deliver strategic direction, planning, monitor and oversee project implementation	Major	Possible	High	N	Advocacy to GoI on the importance of EID control Set the strategy for socialization of the program to the new structure stakeholders within MoH. Optimize Project Steering Committee function to continue implementing the programme	WHO	Q3 2015	Major	Unlikely	Moderate	

Risk Matrix - Animal Health

Program/ Initiative	Objective/s	Risk No.	Risk (what will prevent you achieving the objective/s?)	Existing Controls (what's currently in place?)	Risk rating with existing controls in place			Is risk rating acceptable? Y/N (if no, please propose treatments)	Proposed Treatments (If no further treatment required or available, please explain why)	Person Responsible for Implementing Treatment/s	Implementation Date for Proposed Treatment/s	Target rating when Proposed Treatments are in place			
					Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)					Consequence (refer to matrix)	Likelihood (refer to matrix)	Risk Rating (refer to matrix)	
			CONTEXTUAL RISK												
Australia- Indonesia Emerging Infectious diseases program	Components AH1, AH2, AH3	1	POLITICAL Tensions in bilateral relationship between Australia and Indonesia may result in suspension of the program	Maintenance of the strong working relationships established under AIPEID1. Involvement of stakeholders in designing, implementing and evaluating program activities. Governance committees and formal decision-making mechanisms in place.	moderate	unlikely	moderate	Y							
		2	POLITICAL Changes in Australian or Indonesian Government policies (due to elections, etc) which may reduce the relevance of the program and stakeholder demand for the interventions proposed	Maintain the strong working relationships established under AIPEID1. Involvement of stakeholders in designing, implementing and evaluating program activities. Governance committees and formal decision-making mechanisms in place.	minor	possible	moderate	N	Develop and implement engagement and communications strategy early on to raise profile of program	Chief Technical Adviser	Dec-15	minor	unlikely	low	
		3	ENVIRONMENTAL Disruption associated with natural disasters or major public health disease outbreaks may cause work disruptions, personal injury, restriction or cessation of program activities in Indonesia	Contingency plans and training of staff; staff awareness on DFAT/ Program emergency tree procedure.	minor	possible	moderate	N	Participation of staff in relevant workshops at least once a year (as refresher)	Program Manager	Dec-15	minor	unlikely	low	
		4	ENVIRONMENTAL Major outbreak of an exotic animal disease in Indonesia would divert program and counterpart resources	Existing Gol animal health and quarantine policies and programs	major	unlikely	moderate	N	It is being addressed by the program and government	Program Manager	Dec-15	minor	unlikely	low	
				PROGRAMMATIC AND INSTITUTIONAL RISK											
			5	DEVELOPMENTAL AND PROGRAM MANAGEMENT Technical failure of the ISIKHNAS data system: performance could be seriously reduced if technical problems are not anticipated, identified and addressed rapidly. This could erode stakeholder confidence in the system. While much capacity has been developed within the Indonesian Government to monitor and maintain ISIKHNAS, there is a strong case for continued support to be provided by Australian experts.	Close monitoring of ISIKHNAS data system by staff and contractors. Automatic and period data back-up into cloud server	moderate	possible	high	N	Support development of contingency plans, operationalise ISIKHNAS management committee (planning and decision-making body for ISIKHNAS), advocate for more human resources (quality and quantity)	Chief Technical Adviser	Dec-15	minor	possible	moderate
		6	PARTNER RECIPIENT CAPACITY AND CAPABILITY Limited absorptive capacity of Gol partners, poor alignment with Gol priorities or excessive demands on counterpart time; insufficient human resources (quality and quantity), staff rotation	Joint development of realistic and SMART workplans, efficient work practices and modes of delivery (e.g. consultants/contractors)	moderate	possible	high	N	Regular review of workplan and communications to assess progress; identification of constraints and early mitigative actions.	Chief Technical Adviser	Dec-15	minor	possible	moderate	