INVESTMENT DESIGN DOCUMENT
AUSTRALIA INDONESIA PARTNERSHIP FOR HEALTH TRANSFORMATION / *KEMITRAAN INDONESIA AUSTRALIA UNTUK TRANSFORMASI KESEHATAN* (KITA SEHAT)

Start date: June 2025
End date: June 2033
Total proposed DFAT funding: up to AUD 130 million for 8 years implemented in 2 phases, 4 years each

A. Executive Summary

This design document sets out the parameters for an eight-year, $130 million bilateral health investment, the Australia–Indonesia Partnership for Health Transformation ('the program'). This investment represents a significant expansion of Australia's health sector engagement in Indonesia. It will provide catalytic support to help the Government of Indonesia (GoI) achieve its policy objectives in the intersecting fields of human and animal health, and work in key priority areas of primary care, nutrition, and stunting prevention.

The program will operate at the national level and in selected subnational locations—three provinces to be selected in early implementation according to agreed criteria—to advance Indonesia's human and animal health agendas in areas of high priority to GoI. It will focus on areas where Australia can make distinctive contributions, including through its specialised health agencies in the public and research sectors.

The program will support Indonesia's health system as GoI undertakes a transformational agenda to achieve health for all. The program will need to negotiate and address critical challenges including fragmentation and inefficiencies in health policies and governance, inequitable access to quality primary health services and limitations in Indonesia's capacity to anticipate, prepare for and respond to health security threats. It will incorporate lessons from previous health sector engagements, including: the importance of maintaining alignment with, and responsiveness to, government priorities; establishing strong feedback loops between national and subnational assistance; and actively promoting equitable and inclusive approaches, especially for women and people with disability, at the program outcome level.

Building on elements of the Australia–Indonesia Partnership for Health Security (AIHSP), which concludes in 2025, the program will continue to support health security and related systems strengthening in the human health and animal health sectors, while renewing Australia's support for primary health care in line with Indonesia's health transformation agenda. It will incorporate a public sector partnerships support capability, an emphasis on implementation research, and a health emergency preparedness and response support capability with the ability to manage funding of up to $30 million. It will foreground gender equality, disability and social inclusion objectives, while also seeking to contribute to climate change resilience.

The program aims to deliver four end-of-program outcomes:

- Primary health care policy and governance. By 2033, national and selected subnational health authorities have adopted improved primary health care policies, service delivery approaches and governance arrangements.
- Primary health services. By 2033, selected subnational authorities have improved the quality of and access to primary health care services with a focus on stunting prevention and nutrition and the inclusion of women, people with disability and other marginalised groups.

- Health system enablers. By 2033, national and selected subnational authorities have enhanced core workforce capabilities in critical human and animal health system enabling functions.
- Health security. By 2033, national and selected subnational authorities have increased capacity for health security and animal health policy development, strategic planning and the assessment, mitigation, and management of acute and emerging health threats.

The program's primary health care assistance will seek to address Indonesia's persistent challenges in maternal and child health through a targeted lifecycle approach, primarily in selected subnational locations. The program's strategy encompasses the critical period from early childhood through to adolescence, during which a range of interventions can have a particularly decisive impact on health outcomes. Key intervention areas will include nutrition, skilled birth attendance and childhood and adolescent immunisation. The program will complement Indonesia's planned Free Nutritious Meals initiative and directly support the national stunting prevention effort.

The program's health security support will emphasise climate-informed risk assessment, scenario planning and the strengthening of emergency operations centres at the national level and in selected subnational locations. This 'peacetime' support for health emergency preparedness will help ensure the effectiveness of any Australian surge support for Indonesia's responses to significant health emergencies. The program will also seek to address gaps in the capacity of veterinary services and veterinary public health, particularly at the subnational level. Australia's support in this area will seek to further health security objectives by bringing about broad-based improvements in the animal health system, rather than limiting support to the control of zoonoses.

Rather than conceiving primary health care and health security as separate domains, the program will connect and integrate public health interventions with health security objectives through its targeted support for key health system enablers—namely laboratories, health information and women-dominated frontline human and animal health professions. Support will also be provided at the subnational level for planning and budgeting in both the human and animal health sectors. In each of these areas, the program's entry point will be the professional development and empowerment of human resources—in terms of knowledge and skills, credentials, working conditions, and leadership opportunities.

The program will use a mixed-modality approach, combining features of a responsive policy advisory facility with a structured approach to the achievement of specific, long-term outcomes. It will largely be implemented by a managing contractor (MC) but will include funded partnerships with the country offices of key UN agencies, to be managed by the Australian Embassy. A robust monitoring, evaluation, and learning (MEL) system will track progress against outcomes and support adaptive management. Key Indonesian partners will include, but not be limited to, the Indonesian health and agriculture ministries, selected provincial and district health and agriculture offices, and civil society organisations.

B. Development Context and Situational Analysis

COUNTRY AND SECTOR ISSUES

Indonesia is the world's fourth most populous country, with over 270 million people spread across more than 17,000 islands. It is a middle-income country with the largest economy in Southeast Asia, but faces significant development challenges including regional disparities, environmental pressures, and vulnerability to natural hazards and climate change.

Indonesia has made substantial progress in improving the health of its citizens over the past two decades. Life expectancy at birth has risen from 69.8 years in 2010 to 72.1 years in 2022 while the maternal mortality

ratio has declined from 265 deaths per 100,000 live births in 2000 to 189 per 100,000 in 2020[1]. However, these national averages mask persistent regional disparities, particularly between urban centres and rural or remote areas. Indigenous people and populations living on remote islands, in border areas and in forests and highlands are especially marginalised.

The eastern province of Nusa Tenggara Timur exemplifies these disparities, with a stunting prevalence of 35.3% in 2022[2], well above the national average of 21.6%. Similarly, its maternal mortality ratio of 316 per 100,000 live births[3] was far above the national average (189 per 100,000). The availability and quality of healthcare services varies widely across the country, and out-of-pocket spending remains high—these factors create barriers for many households, especially those that are poor or marginalised.

GoI has demonstrated high levels of political commitment to addressing the 'last mile' challenges in primary health care—reducing stunting and maternal and neonatal mortality, and considerable ambition to expand the reach and breadth of vaccine coverage. These commitments are embodied in Indonesia's medium- and long-term development plans and given effect through substantial injections of energy and capital toward an ambitious, whole-of-government National Strategy to Accelerate Stunting Reduction (2019–2024), and a National Action Plan for Maternal and Neonatal Health (2015–2030).

Indonesia's health system operates within a decentralised governance framework, with significant responsibilities devolved to the provincial and district level. This creates challenges for policy coherence and service delivery, but also opportunities for locally tailored approaches. The national single-payer health insurance scheme (JKN) has expanded notional coverage to well over 90% of the country's population, of whom around 60% are poor or near-poor. However, the scheme faces financial sustainability challenges, and supply side gaps create inequitable coverage.

The COVID-19 pandemic highlighted weaknesses in Indonesia's health system, including:

- fragmented governance and coordination across levels of government
- inadequate disease surveillance and response capacities
- inequitable access to quality health services, particularly in remote areas and for poor and marginalised groups such as people with disability
- shortages of health workers, especially in underserved regions
- limited domestic manufacturing capacity for essential medical supplies
- significant gaps in health data analytics capabilities
- critical shortages in skilled laboratory personnel, particularly in animal health laboratories.[4]

These constraints have been further demonstrated in the animal health sector, with several recent incursions of major trans-boundary animal diseases rapidly becoming endemic across much of the Indonesian archipelago.

Social norms, pervasive gender and social inequalities, and the uneven distribution of resources and opportunities significantly influence the social determinants of health and the broader health sector ecosystem. Key gender equality issues in the health sector encompass several areas of concern. The high maternal mortality ratios in remote regions—particularly the eastern provinces—are exacerbated by the high incidence of unplanned adolescent pregnancies. Women and adolescent girls often face limited autonomy in making decisions about their own healthcare. Additionally, while women predominate in

[1] 2020 Population Census. Cited by UNFPA Indonesia | Strengthening Data to Reduce Maternal Deaths in Indonesia (8 May 2023).

[2] Indonesia Nutritional Status Surveillance (SSGI), 2022, cited in The Jakarta Post: Stunting in eastern Indonesia: Insights from a paediatrician Academia The Jakarta Post, published 22 June 2023.

[3] 2020 data from the Central Statistics Agency of Indonesia (BPS): Maternal Mortality Rate/MMR Long Form SP2020 Result by Province, 2020 Statistical Data BPS-Statistics Indonesia, accessed 31 July 2024.

[4] Mahendradhata Y, Andayani NLPE, Hasri ET, Arifi MD, Siahaan RGM, Solikha DA, Ali PB. The Capacity of the Indonesian Healthcare System to Respond to COVID-19. Front Public Health. 2021 Jul 7;9:649819. doi: 10.3389/fpubh.2021.649819. PMID: 34307272; PMCID: PMC8292619.

frontline health worker roles, for example as midwives and paraveterinarians, they frequently encounter obstacles to career progression and adequate remuneration.

People with disability confront substantial barriers in accessing health services. These impediments stem from physical, attitudinal, financial, bureaucratic, and communication challenges. Furthermore, there is often a scarcity of primary health services tailored to meet their specific needs, further compounding the difficulties they face in obtaining appropriate care.

Climate change poses growing health risks in Indonesia, including increases in the incidence of vector-borne diseases, heat-related illnesses and associated risks to maternal health, and impacts on food and water security. The government's climate commitments, as outlined in its Nationally Determined Contribution and National Adaptation Action Plan, recognise health as a priority sector for adaptation.

Indonesia is at high risk of humanitarian disasters that are likely to require international assistance—the 2024 INFORM Risk Index rated Indonesia's overall risk as high, in part due to high scores for epidemic hazards and exposures, and access to health care. Emerging disease and pandemic threats highlight the interdependence of the health of humans, animals and the environment, and the need for multi-sectoral and interdisciplinary action to combat these threats. Indonesia is in the process of developing a One Health Action Plan, initially focusing on strengthening One Health systems, reducing the risk of emerging zoonoses and pandemics, and controlling endemic zoonoses, neglected tropical diseases and vector-borne diseases. A new National Action Plan for Health Security is being developed, to succeed the 2020-24 plan[5], and is expected to be completed within one to two years.

The Widodo Government implemented sweeping reforms to health policy, financing and administration, enacting a new Health Omnibus Law in 2023 and incorporating a strong 'health for all' commitment into Indonesia's long-term development plan (RPJPN, 2025–2045). Indonesia's National Medium-Term Development Plan (RPJMN, 2020–2024)[6] identifies health as a key sector for human capital development. It sets targets for improving health outcomes, achieving universal health coverage, and strengthening health security.

The Widodo administration also launched, and the new administration remains committed to, a 'health transformation agenda' focused on reforming primary health care, health financing and human resources for health. The agenda aims to tackle pressing health issues like maternal and neonatal mortality, stunting, tuberculosis and NCDs. Improving these health outcomes contributes to overall human capital development and productivity. Key elements of this agenda include:

- primary care—strengthening primary health care through the standardisation and integration of services and community empowerment
- referral care—improving referral systems and hospital management
- health system resilience—enhancing health emergency preparedness and response capabilities
- health financing—reforming health financing to ensure sustainability and equity
- health 'talent'—developing health workforce capacity and distribution
- health technology—leveraging health technology and digital innovation.

A key development in the coming years will be the implementation of the 'Free Nutritious Meals' initiative—a signature election commitment of the Prabowo Government. This represents a major effort to increase the ability of Indonesia's children to learn in school through provision of free and nutritious meals. The initiative

[5] INDONESIA NAPHS.PDF (who.int)
[6] By 2045, Indonesia aims to achieve:

- A life expectancy of 80 years
- A maternal mortality rate of 16 per 100,000 live births
- A prevalence of stunting among children under five reduced to five per cent
- An incidence of tuberculosis reduced to 76 per 100,000 population
- National health insurance coverage of 99.5 per cent.

See: Rancangan Akhir Rencana Pembangunan Jangka Panjang Nasional 2025-2045 | Kementerian PPN/Bappenas.

is also likely to be expanded to pregnant mothers and will therefore play a role in mitigating or preventing stunting.

A second WHO-led Joint External Evaluation (JEE) of Indonesia's ability to prevent, detect and rapidly respond to public health threats, and a follow-up external evaluation of the performance of Indonesia's veterinary services (PVS), were completed and made recommendations in 2023.[7] A national health masterplan (RIBK) and a new cross-sector National Medium-Term Development Plan (RPJMN, 2025–29) are currently under development.

At the regional level, Indonesia plays a leadership role in ASEAN health cooperation initiatives, including the ASEAN Post-2015 Health Development Agenda and the ASEAN Health Cluster on Health Security. The country is also actively engaged in global health security efforts through the plurilateral Global Health Security Agenda (GHSA) process and other large multilateral health financing initiatives such as Gavi, and the new Pandemic Fund which was a key outcome of Indonesia's G20 Presidency.

DEVELOPMENT PROBLEM/ISSUE ANALYSIS

The program will aim to address several interconnected development challenges in Indonesia's health system, enumerated below. These challenges are already well recognised and articulated by national and regional authorities, and in most cases are well reflected in medium and long-term plans and strategies. However, in a country of such size and diversity with a multi-layered system of health governance, finding effective and sustainable ways of implementing national strategies is not straightforward.

First, there are significant **inequities in access to quality healthcare services** across Indonesia, particularly between urban and rural areas. Despite progress in expanding health insurance coverage through the National Health Insurance (JKN) scheme, stark disparities in health service utilisation persist. Enrolment in JKN remains a particular challenge for people with disability, as does uptake of services when they are covered. Gender-based barriers to access and quality care are pervasive and persistent, with significant ramifications for maternal and child health outcomes, among others. The higher-quality providers in the private healthcare sector primarily benefit wealthier urban populations, while rural and low-income communities often face barriers in accessing care due to inadequate infrastructure, transportation issues, and financial constraints. This urban–rural divide is evident in hospital utilisation patterns, with urban residents more likely to use outpatient facilities than their rural counterparts.

Second, despite experiencing rapid economic growth, **persistent health challenges** such as high maternal mortality ratios, child undernutrition and stunting and under-immunisation remain significant issues, particularly in eastern Indonesia and other underserved regions. These problems are exacerbated by geographical challenges and resource limitations in remote areas, making it difficult to deliver consistent, high-quality healthcare services.

Third, the COVID-19 pandemic exposed **critical limitations in Indonesia's health system** including insufficient healthcare infrastructure, shortages, and inequitable distribution of and health personnel, and weak emergency response capabilities. These systemic weaknesses have highlighted the need for comprehensive health sector reform to build resilience against future health crises and improve overall healthcare delivery. The pandemic also disrupted essential health services, threatening progress in achieving health targets and highlighting the need for a more robust and flexible health system.

Particularly acute are **deficiencies in Indonesia's health security capabilities**. An October 2023 WHO-led Joint External Evaluation of Indonesia's health security capabilities made a range of recommendations including

[7] The overarching recommendations from the Joint External Evaluation (JEE) focus on three main areas of improvement: the need to expand and accelerate the digital transformation of the health sector; 'universalise' the current program of accreditation for service facilities and services; and utilise risk- and evidence-based approaches for planning, prioritisation, and resource allocation in strengthening health security. This last recommendation involves reviewing and effectively using existing risk profiles at national and subnational levels to better target resources and develop capacities. It also encourages fostering a culture of joint reviews, assessments, and simulation exercises at all levels of government to learn from past emergencies and prepare for potential future ones.

that Indonesia move toward more risk- and evidence-based approaches to planning and priority-setting, develop a roadmap for reducing risks in the wildlife trade chain, and expand cadre training for critical health programs, including those relating to zoonoses. A Performance of Veterinary Services (PVS) assessment, conducted around the same time with support from the World Organization for Animal Health (WOAH), found that relatively low priority was accorded to animal health and veterinary public health within the Ministry of Agriculture, that there were gaps in surveillance, especially for priority diseases, and that there was inconsistent implementation of programs across regions owing to decentralisation.

Finally, there are substantial **inefficiencies in health financing and resource allocation**. While Indonesia is expanding the JKN to achieve universal health coverage, people with low income bear a higher burden of health financing but receive fewer healthcare benefits.

GoI faces significant challenges in implementing its health reform agenda. These include geographical barriers, resource constraints and the need for substantial capacity building at local levels. There is also a need to address urban–rural disparities in healthcare utilisation and quality, while ensuring that reforms do not exacerbate existing inequalities. Achieving these goals will require sustained political commitment, innovative approaches to service delivery, and strong coordination across different levels of government and sectors.

EVIDENCE BASE/LESSONS LEARNED

This investment builds on lessons from previous Australian and other donor-supported health programs in Indonesia:

- **Aligning with government systems and priorities is crucial for the sustainability and scaling-up of interventions**. The Australia Indonesia Partnership for Health Systems Strengthening (AIPHSS) demonstrated the importance of working through government structures while providing targeted technical assistance.
- **Balancing and connecting support for national policy development with subnational implementation is key to achieving results.** The USAID-funded, cross-sector Kinerja program demonstrated how locally tailored approaches can improve local service delivery while informing national policy.
- **Promoting gender equality, disability, and social inclusion (GEDSI) through health systems strengthening requires dedicated strategies and resources.** This includes building common understanding and GEDSI analytical capacity across the program team, mainstreaming GEDSI at every stage of systems strengthening, and robust inclusion of GEDSI in the monitoring and evaluation and learning framework. The Australian-funded AIPMNH program highlighted effective approaches for mainstreaming gender equality in health initiatives.
- **Strengthening health security requires commitment to a One Health approach**. The Australia-Indonesia Health Security Partnership (AIHSP) has helped to lay the foundations for improved collaboration between the human and animal health sectors; however, it remains very difficult in most countries to garner political and financial support for One Health initiatives, mainstream One Health in regulations and policies, and operationalise One Health through coordination, collaboration, communication, and capacity building.
- **Flexible and adaptive program management enables responsiveness to changing contexts and emerging opportunities.** The use of either 'facilities' or mixed-modality approaches in several Australian-funded programs in Indonesia has proven effective in complex operating environments. However, the way technical advice is packaged and conveyed is of great importance and care must be taken to guard against fragmentation and diffusion of effort.
- **Risk and expertise are necessary ingredients for success.** The impact of previous Australian-funded programs has been attributable, in part, to a willingness to take a measured level of risk (for example, in

challenging the status quo or taking high-risk/high-reward approaches), and highly skilled program staff that can—themselves or through sub-contractors—achieve outcomes for GoI. This has included a willingness to work through management consultancies, as was trialed in the PROSPERA program.

- **Building local capacity and ownership is essential for sustainable impact.** Programs that have invested in developing Indonesian expertise and leadership have shown better long-term results.
- **Leveraging Australia's institutional strengths through institutional partnerships and exchanges can add significant value.** The Indo-Pacific Centre for Health Security has demonstrated the benefits of connecting Australian and Indonesian health institutions, and PROSPERA and other Australian-funded programs have shown the value of fostering direct connections between Indonesian and Australian public sector agencies.
- **Temporary supplementation from Australian sources in the form of commodities, personnel and funding is warranted in certain emergency scenarios.** While Indonesia has substantial resources and technical expertise, the value of Australian emergency support has been demonstrated during the COVID-19 pandemic and subsequent outbreaks of several animal diseases of economic and health significance. AIHSP was not configured to provide such supplementation efficiently.
- **A broad-based approach is required to build midwifery capacity and quality of care.** Underpinning requirements include a professional governance and legal framework, leadership, and an accreditation and licensing system to ensure midwifery education standards are met.

Based on these lessons and feedback from GoI stakeholders, program implementation will be based on the six principles below.

- Australian health assistance will aim to **balance flexibility and focus**—it will strive to be responsive to emerging needs and priorities, including but not limited to emergency needs, while maintaining a concentration on structured, long-term assistance in agreed core areas.
- Assistance will draw on **Australia's institutional strengths in health**—it will promote partnerships between Australian and Indonesian public sector and research institutions and accord priority to Indonesian institutional leadership, in keeping with Australia's commitment to locally led development assistance.
- National-level assistance will support **evidence-informed and inclusive strategic planning and policy development**, as well as related functions including regulation, standard-setting, and training curriculum development; the program will not support nation-wide implementation of policies and programs.
- Subnational assistance will be directed to several provinces (selected according to agreed principles) and will support locally led initiatives consistent with national policy priorities, with **innovation and learning feedback loops** established between national and subnational levels.
- Program implementation will involve **ongoing consultation and joint decision-making**, guided by a steering group which includes key GoI agencies, while remaining as streamlined as possible.
- **Gender equality, disability equity and social inclusion, and climate resilience** are strategic objectives for Australia's development assistance and integral for achieving national health goals and bringing Indonesia's health indicators into line with its regional economic standing.

C. Strategic Intent and Rationale

STRATEGIC SETTING AND RATIONALE FOR AUSTRALIAN/DFAT ENGAGEMENT

The program strongly aligns with and supports multiple objectives and outcomes outlined in the Australia-Indonesia Development Partnership Plan 2024–2028. Specifically, the health program contributes to Objective 1, 'Equitable and sustainable economic transformation', by strengthening human development

and service delivery. It directly supports Outcome 1.2, which aims to improve health system capacity to provide quality, accessible and affordable health services and to anticipate, prevent, detect, and control communicable disease threats. The program's focus on supporting Indonesia's health transformation agenda, strengthening primary healthcare, and improving health security capabilities aligns closely with the expected results outlined for this outcome in the Plan's Performance Assessment Framework.

Additionally, the health program supports elements of Objective 2, 'Climate resilient communities', particularly through its One Health approach and work on climate-related health risks. It contributes to Outcome 2.1 by strengthening climate adaptation and resilience in the health sector. The program's emphasis on building institutional linkages between Australian and Indonesian health agencies also supports Objective 3, 'Strong institutions', specifically Outcome 3.3 which aims to strengthen connections between public sector institutions in both countries. In addressing these multiple objectives and outcomes, the program plays a significant role in advancing the broader goals of the development partnership between Australia and Indonesia.

The program is aligned with Australia's 2023 International Development Policy, which aims to advance an Indo–Pacific that is peaceful, stable, and prosperous by building effective and accountable states, enhancing state and community resilience to external shocks, connecting partner institutions with Australian and regional counterparts and generating collective action on global challenges. It will also contribute to Australia's policy goals in relation to gender equality, disability equity and social inclusion, climate resilience and locally led development.

The program will build on the successes and lessons of AIHSP while expanding its scope to support Indonesia's health transformation agenda, particularly primary healthcare system strengthening. It will work closely with related Australian-funded programs including PROSPERA, INKLUSI, SKALA, INOVASI and SIAP-SIAGA, and will complement investments through KATALIS under the Indonesia–Australia Comprehensive Economic Partnership Agreement.

For Indonesia, the program aligns closely with national development priorities as outlined in the RPJMN 2020–2024, the RPJPN 2025–2045 and the government's health transformation agenda. It will align with the new government regulation (28/2024) that underpins the implementation of legislation to strengthen Indonesia's health system (Law No. 17 of 2023, known as the Health Omnibus Law). Specifically, the program will support Indonesia's efforts to:

- achieve universal health coverage through strengthened primary health care
- enhance health security and pandemic preparedness capabilities
- improve health outcomes for women, children, and disadvantaged groups
- develop a high-quality, and more equitably distributed health workforce.

While Indonesia's National Medium-Term Development Plan (RPJMN) 2025–2029 and the National Health Masterplan (RIBK) were still under development as this design was being finalised, the Ministry of Health undertook an analysis that indicated there is strong alignment between the program and these framework documents in their current forms.

The program supports multiple development programs outlined in the RPJMN, including the Improvement of Public Health and Nutrition, Disease Control and Promotion of Healthy Living, and Strengthening of Health Resilience Capacity. Specifically, the program's focus on primary health care policy and governance (EOPO1) supports the RPJMN's strategic programs for reducing maternal and child mortality, reducing stunting, and improving health services across various age groups. The program's efforts to improve primary health services (EOPO2) align with the RPJMN's focus on strengthening primary services and the RIBK's emphasis on improving accessibility and quality of care.

The program's focus on health system enabling components (EOPO3) supports the RPJMN's strategic programs for strengthening governance, data, information, and technology in the health sector. The

program's focus on health security (EOPO4) aligns with the RPJMN's and RIBK's priorities for strengthening health resilience, including surveillance, laboratory capacity, and outbreak control.

It should be noted that when design consultations were undertaken the Prabowo Government's new Free Nutritious Meals program for school-age children, pregnant women and children under five was still being developed, and the establishment of the new National Nutrition Agency had just been announced. The program's activities will complement Indonesia's efforts to mitigate and prevent stunting, including through improved primary care services and enhanced midwifery workforce capabilities. Opportunities may also emerge for the program to contribute to aspects of the development of the Free Nutritious Meals program.

While the new RPJMN and the RIBK do not explicitly address animal health issues, the program's inclusion of veterinary services and One Health approaches complements these national plans by addressing critical gaps in Indonesia's overall health security framework.

More broadly, the program will also support Indonesia's commitments under the Sustainable Development Goals, particularly SDG 3 on health and well-being, which Indonesia has integrated into its national development framework.

GENDER EQUALITY, CLIMATE CHANGE AND CROSS-CUTTING THEMES

From its position as a health systems strengthening program, the program will support GoI's policy commitment to gender equality and 'health for all' and the Australian Government's gender equality, disability equity and social inclusion (GEDSI) objectives. It will achieve this through promoting women's leadership, integrating intersectional GEDSI analysis in policy work; advocating for the engagement of diverse stakeholders in planning and budgeting processes; demonstrating the benefits of gender-responsive and inclusive primary health care service delivery approaches; and integrating an equity focus and attention to gender, disability and inclusion of disadvantaged groups into health security. Leveraging the political impetus behind women's economic empowerment and the care economy, the program will support improvements in regulatory, recognition and rewards frameworks for frontline women workers in the midwifery and paraveterinary professions to improve the quality of their work, their retention in these professions and their working conditions and rewards.

It is envisaged that a minimum of 10% of the program's non-emergency resources will be allocated to activities directly in support of gender equity in health, and the same minimum spending target will be applied to activities directly in support of disability equity in health.

The program's approach to promoting gender equality and intersectional inclusion is anchored in existing government systems and organisational cultures. It is designed to be responsive to issues of gender, equality, disability, and social inclusion, working within the current political and economic landscape to support areas of reform where there is interest, momentum, or readiness across the public sector. While the program's scope and influence are not sufficient directly to address the deeply entrenched social norms that disadvantage women and discriminate against people with disability and other marginalised groups in leadership and employment, it does target key institutional barriers that perpetuate these inequalities within the health sector. By addressing these specific barriers, the program aims to contribute to broader social-norm changes over time.

The program will work with local champions to identify entry points and support locally led approaches to strengthen women's agency and capacity in the leadership eco-system. It will build the capacity of existing and emerging diverse women leaders to be more effective leaders, role models and advocates for equality and more inclusive workplace practices. It will identify and enable government champions and allies to demonstrate and advocate for equity promoting change, including recognition of the leadership capacity of women in all their diversity. It will achieve this through research on gender and inclusion gaps in health institutions and organisational culture, networking and by creating space for civil society participation. In

doing so, the program will contribute to countering gender and disability stereotypes, and support locally led approaches towards more family and gender responsive and inclusive workplaces.

The program will support women, people with disability and other marginalised groups in accessing quality primary health services through the demonstration of innovative and locally led approaches. It includes a dedicated disability outcome to demonstrate scalable approaches to enhancing disability-inclusive primary health care services in partnership with Organisations of People with Disability (OPDs). Through research and stronger use of evidence, working through government systems and in partnership with communities and civil society organisations, the program will support contextualised approaches to address stigma and discrimination towards marginalised groups within health services. Areas of focus will include the responsiveness of primary health care to the needs of diverse clients; filling data gaps and strengthening the use of evidence for better analysis; and planning and budgeting to reduce bias and strengthen equity-informed decisions.

Climate change resilience will be integrated through support for assessing the impacts of climate change on health and nutrition. The program will support human and animal health authorities to develop One Health capacities; to mainstream One Health in systems, policies, and programs; and to engage with the environment sector.

The investment will contribute to locally led development by strengthening subnational institutions, supporting GoI partner agencies in their leadership of the health transformation agenda, responding to GoI demand for robust evidence and policy advice, and engaging with civil society and professional associations.

D. Proposed Outcomes and Investment Options

With a budget of $130 million over eight years, the program cannot be expected to achieve impacts across the full spectrum of health challenges or across a broad geographic canvas. In designing the program, the choice of certain priorities and locations over others (as reflected in the outcomes below) was driven by several factors:

- alignment with government priorities
- Australia’s comparative advantage
- impact potential.

Indonesia's health transformation agenda accords high priority to primary health care, maternal and child health, and health security. By focusing on priorities within these areas, the program aims to maximise its impact and support Indonesia in achieving its highest-priority health goals. The program's design reflects a strategic choice to leverage Australia's strengths and address the most critical health challenges facing Indonesia today. Australia has significant expertise and experience in primary health care system strengthening and health security, and interventions in these areas have the potential to yield disproportionate public health benefits, including reduced mortality, reduced stunting, and improved health outcomes for disadvantaged populations.

The program's design focuses on primary health care, health security, and related elements of health system strengthening. It does not seek to support advanced or specialised medical services provided in secondary or tertiary healthcare settings, or the development and adoption of medical technologies. Preventive and promotive health initiatives take precedence over curative, rehabilitative, and palliative care initiatives. Comprehensive health financing reforms are not a major focus. Dental and vision care are not program priorities. Medical product supply chain management is also beyond the scope of the program, except possibly at the subnational level. However, it is important to note that the program's public sector partnerships capability could from time to time provide support in some of these latter areas if judged to be sufficiently high impact.

The program will take as its entry point human resources development, with a focus on building knowledge and skills in relation to:

- frontline service delivery in the human and animal health sectors
- data analysis and the use of data for decision-making
- laboratory operations, with a particular but not exclusive focus on animal health laboratories.

Consistent with the priority accorded to human resources development, the program will also seek to improve the working conditions of selected frontline health workforces—namely, midwifery services and paraveterinary services.

The program's investments in the fields of animal health and veterinary public health will be focused on strategic planning, disease surveillance and diagnosis, risk assessment, emergency preparedness and response, and frontline workforce development, largely in selected subnational locations. The program will not directly support livestock production but will contribute to GoI's ambitions for food security through strengthening of core capacities of the veterinary services.

PROGRAM COHERENCE

The components of the program are designed to reinforce each other, creating a cohesive approach to health system strengthening in Indonesia. For example, the program's efforts to improve the midwifery workforce is closely linked to its focus on primary health care, particularly in maternal and child health. By enhancing the skills, recognition, and working conditions of midwives, the program aims to improve the quality of frontline maternal and child health services, directly contributing to reducing maternal mortality and stunting.

These primary health care improvements are supported by the program's investments in laboratory systems and health information systems. Enhanced laboratory capabilities will improve diagnostic services for both routine care and disease surveillance, while better health information systems will enable more effective targeting of interventions and monitoring of health outcomes. This data-driven approach connects the program's primary health care work with its health security objectives.

The health security component of the program builds on these foundational improvements in primary care and health systems. Strengthened surveillance capabilities, improved laboratory services, and a more skilled frontline workforce all contribute to better detection and response to health threats. The program's One Health approach further reinforces this connection, recognising that many health security risks originate at the human-animal interface.

PURPOSE STATEMENTS

- GOAL: Indonesia progresses toward 'health for all' as an integral part of achieving its long-term inclusive economic growth and human capital development goals

The overarching goal of the program is to facilitate Indonesia's progression toward achieving 'health for all', a crucial component of the nation's broader ambitions for inclusive economic growth and human capital development as articulated in the National Long-Term Development Plan (RPJMN) for the period 2025–2045.

The program will promote health system resilience and equitable access to quality and inclusive primary health care services. It will achieve this by supporting the development of health policy and service delivery approaches, strengthening selected health system enabling components, improving the quality, accessibility and affordability of frontline primary health care services in selected subnational locations, building core

capabilities required for health security, and supporting organisational reform. In all its interventions, human resource development will be the key entry point.

Recognising the interconnections between human and animal health, and the importance of livestock production to food security and rural livelihoods, the goal of 'health for all' will be viewed through a One Health lens.

- OBJECTIVE: Australia and Indonesia partner to advance Indonesia's health transformation agenda in areas of Australian comparative advantage

Australia and Indonesia are committed to advancing Indonesia's health transformation agenda through partnerships in areas where Australia demonstrably holds a comparative advantage relative to other international development partners.

The program will support partner-led enhancements in Indonesia's human and animal health systems through collaborative efforts that capitalise on Australia's strengths in health emergency preparedness and response, climate and disaster resilience, digital health, laboratory systems, key aspects of primary care and animal health, and gender equality and disability equity. Australia's approach to workforce development and management in key areas of the health sector will be drawn upon wherever relevant.

A central aim of the program is to deepen or establish productive long-term partnerships between Indonesian and Australian agencies involved in health policy, planning, midwifery and veterinary professional development, aspects of primary health care service delivery, laboratory systems, health emergency preparedness and response, monitoring and evaluation and implementation research.

END-OF-PROGRAM OUTCOMES (EOPOS)

EOPOs are detailed below, and Intermediate Outcomes in Annex A —Intermediate outcomes by EOPO.

- EOPO1: ***Primary health care policy and governance***—By 2033, national and selected subnational authorities have adopted improved primary health policies, service delivery approaches and governance arrangements.

This end-of-program outcome is focused on supporting GoI agencies to strengthen policymaking, service delivery approaches and governance in the human health sector, with a focus on primary health care policy and governance. It advances Indonesia's ambitious health transformation agenda in areas where Australia has comparative advantages relative to other international development partners.

The program will aim to support partner agencies improve the use of evidence and promote inclusivity in policy development, planning and decision-making, and foster alignment between national and selected subnational health authorities. This will involve supporting strategic planning, the development or review of policies and programs and related legislation, regulations, guidance or curricula, organisational reform and the integration of gender equality, disability, and social inclusion (GEDSI), climate resilience, and One Health principles into policy frameworks and plans.

On request, the program will provide research, analyses and advisory inputs aimed at maximising the efficiency of resource allocation arrangements relating to specific human health objectives. The program will defer to other actors in relation to overall public financial management in the health sector.

At the national and subnational level, the program will seek to respond in a flexible manner to counterpart agencies' requests for policy and technical advice on health policy, program strengthening and governance while maintaining a concentration of effort on interventions with systemic impacts and a line of sight to the outcome areas specified in the other three end-of-program outcomes.

Given the program's engagement with national and subnational authorities across human and animal health, and its support for the strengthening of selected health system components under EOPO2, for catalytic and innovative interventions at the subnational level under EOPO3, and for assistance relating to health security threats under EOPO4, there are multiple pathways along which the program will strengthen policy development and health sector governance under EOPO1.

- EOPO2: ***Primary health services***—By 2033, selected subnational authorities have improved the quality of and access to primary health services with a focus on stunting prevention and the inclusion of women, people with disability and other marginalised groups.

This end-of-program outcome is about enhancing primary health services at the subnational level in Indonesia, with particular emphasis on 'last mile' services provided by frontline workers outside institutional settings. This will support the government's efforts to implement primary health care integration based on a life-cycle approach, and to expand the reach of quality primary health services.

The program will aim to support locally led efforts to strengthen service delivery, improve access and quality for marginalised populations, and demonstrate innovative approaches to health care integration and equity.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- support for key interventions addressing the determinants of stunting and undernutrition, including routine immunisation; community-based adolescent, maternal and neonatal health services; and remedial nutrition initiatives
- support for measures to increase the accessibility, acceptability, affordability, and quality of primary health care services to people with disability and other marginalised groups.

This outcome aims to contribute selectively to the strengthening and expansion of Indonesia's primary health care system, with a particular focus on addressing inequities, improving service quality, and demonstrating innovative approaches.

- EOPO3: ***Health system enablers***—By 2033, national and selected subnational authorities have enhanced core workforce capabilities in critical human and animal health system enabling functions.

This end-of-program outcome is focused on strengthening the workforce in specific elements of Indonesia's human and animal health systems. The program will support the development of frontline workers in women-dominated professions, and workforce capabilities relating to health information (digital literacy, analysis, and use of health data) and the management and operation of diagnostic and public health laboratories. These elements are particularly suitable for support through institutional partnerships with specialised Australian institutions or networks, which will be one of the modalities for assistance.

The program will aim to enhance these critical elements of the health system through targeted interventions at the national level and in selected subnational locations, and ensure analysis and action is programmed to integrate consideration of gender equality, disability equity and social inclusion in each of the health system enabling components. The entry point for Australian support to each of these system components will be human resource development rather than investment in facilities or health information systems.

Subject to further scoping and review work during the inception phase of the program, assistance under this outcome could include:

- improving recognition, regulatory and reward frameworks for selected frontline human and animal health workers in women-dominated professions such as midwives and paraveterinarians

- enhancing the analysis, communication and use of health information to support human and animal health policies, programs and decisions
- providing technical assistance to laboratories—primarily animal health laboratories—to build core workforce capacities in areas such as laboratory management, diagnosis of priority diseases and quality assurance, according to each laboratory's role within subnational and national networks.

This outcome aims to strengthen key foundational elements of the human and animal health systems in ways that build on past support, acknowledge inputs from other sources, tailor interventions to resources available, and draw on Australia's institutional strengths.

> ➢ EOPO4: **Health security**—By 2033, national and selected subnational authorities have increased capacity for health security and animal health policy development, strategic planning and the assessment, mitigation, and management of acute and emerging health threats.

This end-of-program outcome is about enhancing Indonesia's capacity to assess, prepare for, respond to, and mitigate health security risks. It includes the strengthening of core capacities of Indonesia's veterinary services at the national and subnational level, in recognition of the critical role of veterinary services in the broader health security architecture. This outcome contributes to both public health protection and broader national and regional stability and development goals.

The program will aim to strengthen systems, strategies, and capacities for effective disease outbreak management across the human and animal health sectors in a way that is equitable, gender responsive, disability and socially inclusive, and builds on lessons from the COVID-19 pandemic response and recent incursions of transboundary animal diseases.

Investments to strengthen veterinary services will seek to address chronic underfunding and relative weaknesses in core health security capacities —including planning, policy development, program design and monitoring, and technical capacities for surveillance and disease control—such that Indonesia's veterinary services are more effective and resilient in the face of acute and emerging threats.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- advisory support for public or animal health emergency operations centers and the development and refinement of both broad-based and disease-specific emergency preparedness plans that are GEDSI-informed and integrate climate risks
- direct support for major disease outbreak responses meeting agreed threshold criteria, in the form of commodities, personnel or funding
- technical support for the development of climate-informed, analytically sound, GEDSI-sensitive multisectoral risk assessment methodologies and capacities at the national level and in selected subnational locations
- strategic advice in relation to communicable disease control strategies and the national animal health system
- broad-based support for the strengthening of subnational veterinary services, particularly at the district and sub-district levels, to improve the implementation of national animal health policies, enhance service delivery to farmers and increase disease prevention, surveillance, and containment capacity.

Where high-consequence health emergency responses are supported, the program will seek wherever possible to manage additional emergency resources in ways that contribute to longer-term system strengthening outcomes related to the program's objectives—for example by directing resources to one or more of the program's focal provinces, using resources as leverage to overcome barriers to the release of

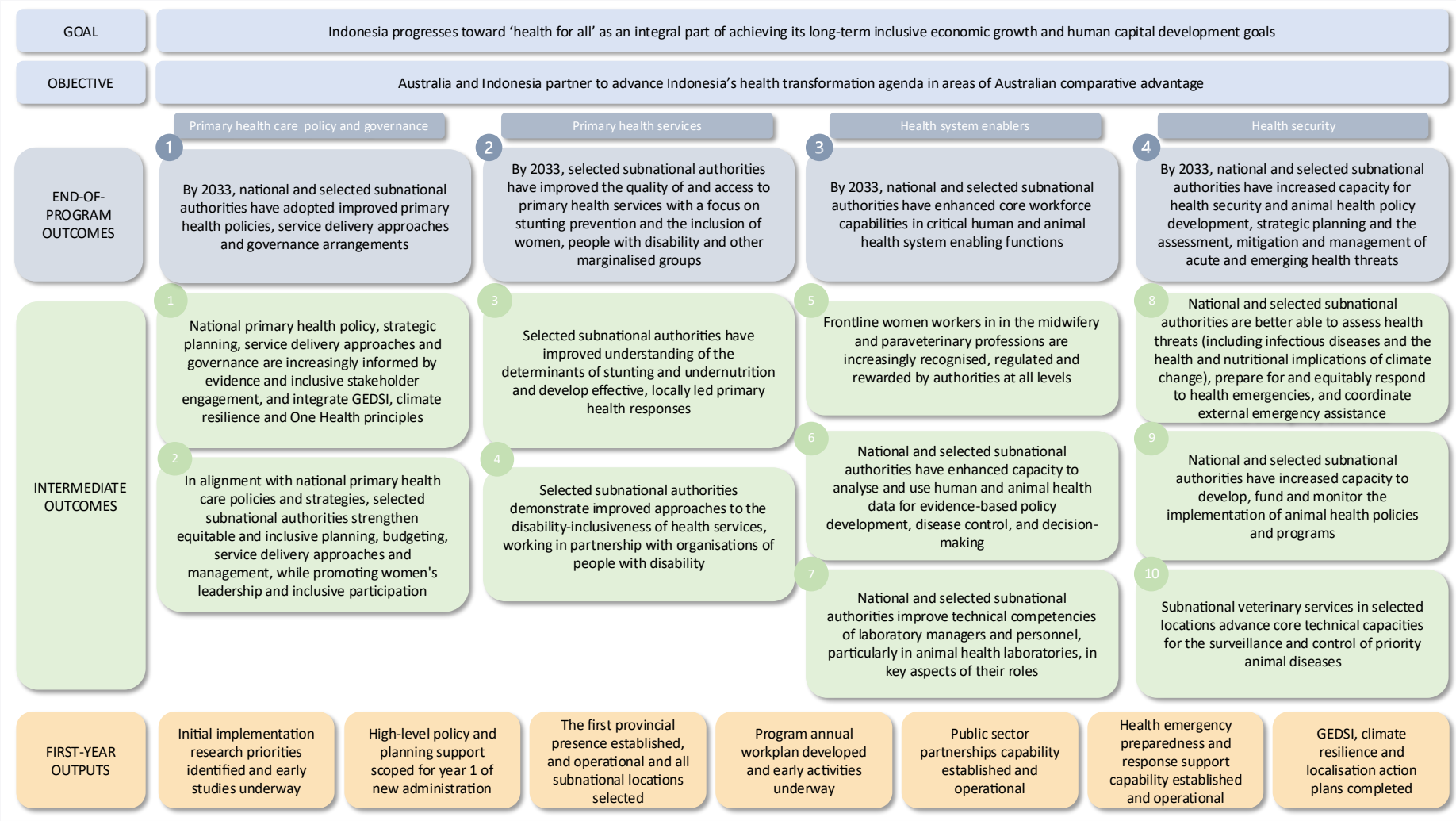
counterpart contributions from the national or local levels, and reviewing lessons learned from individual responses in annual program planning processes.

This outcome aims to enhance Indonesia's resilience to health security threats by strengthening key systems, strategies, and capacities for outbreak preparedness and response with due attention to gender equality, disability, and social inclusion at every stage. It also provides for contingency support to Indonesia if certain outbreaks are of such severity and consequence that emergency inputs are required from international sources.

PROGRAM LOGIC

Figure 1 below draws together the purpose statements and EOPOs described above, together with the Intermediate Outcomes (IOs). First-year outputs are elaborated further below:

FIGURE 1 – PROGRAM LOGIC



FIRST-YEAR OUTPUTS

- Initial implementation research priorities identified and early studies underway

The Program Management Team (PMT) will move quickly to establish an implementation research agenda, identifying key priorities that align with the program's objectives. These priorities will encompass areas such as health policy effectiveness, service delivery improvements and health security. Specific priorities for early study could include factors limiting childhood immunisation coverage, the relative impacts of nutrition interventions, and the effectiveness of various approaches to training frontline workers in human and animal health.

Studies will generate timely evidence, informing program strategies and contributing to evidence-based policymaking in Indonesia's health sector. This research will be designed to address critical knowledge gaps and provide actionable insights for both national and subnational stakeholders, ensuring that the program's interventions will be grounded in robust evidence and responsive to local contexts.

Where baseline studies are required to support monitoring, evaluation, and learning (MEL), these will also be an early focus of research activity.

- High-level policy and planning support in primary health care and health security scoped for year one of the new administration

The Program will engage with key ministries, including the Ministry of Health and Ministry of Agriculture, to identify priority areas for policy development and strategic planning assistance during the first year of the new administration. This engagement will align with the administration's health transformation agenda, ensuring that Australia's support is timely and relevant.

The scoping process will involve consultations with senior officials, assessment of existing policy frameworks, and identification of areas where Australian expertise can add the most value. This early policy and planning support will lay the groundwork for sustained collaboration throughout the program's duration.

- The first provincial presence established and operational, and all subnational locations selected

The PMT will establish an operational presence in the first province as a high priority. This presence will facilitate close collaboration with local authorities and enable the program to respond effectively to local health challenges.

Subsequently, the PMT will establish a presence in two other provinces to be selected during the inception phase of the program based on agreed indicators including health status, alignment with national government priorities, potential for impact and other factors. This early subnational presence is crucial for balancing national-level policy support with locally led implementation, ensuring that the program's interventions will be contextually appropriate and sustainable.

- Program annual workplan developed and early activities underway

The PMT will commence scoping activities under all end-of-program outcomes with the aim of commencing practical work under each outcome at the earliest opportunity. In addition to scoping policy support priorities, covered separately above, this will involve assessing local health service delivery needs, identifying opportunities to improve primary health care services with a focus on stunting prevention, identifying priorities for strengthening veterinary services, and initiating work to strengthen laboratory systems, health information systems and health emergency preparedness and response capabilities at both national and subnational levels.

Early activities will be designed to build momentum and establish key partnerships, while also generating initial learnings to inform the program's longer-term strategies in these critical areas.

- Public sector partnerships capability established and operational

The PMT, working closely with DFAT, will establish and operationalise a public sector partnerships capability, facilitating collaboration between Australian and Indonesian public sector and health research agencies. This capability will be crucial for leveraging Australia's institutional strengths in health and promoting knowledge exchange and capacity building.

The partnerships will be strategically aligned with program objectives, ensuring that Australian expertise in areas such as health policy, service delivery and research is effectively channelled to support Indonesia's health transformation agenda. The mechanism will be designed to be flexible and responsive, allowing for the development of both long-term institutional relationships and shorter-term technical collaborations.

- Health emergency preparedness and response support capability established and operational

A dedicated capability for supporting health emergency preparedness and response will be established. This will include systems for rapid deployment of resources (personnel, commodities, and funding) in response to health emergencies, as well as ongoing support to enhance Indonesia's preparedness for health security threats.

The capability will be designed in close consultation with Indonesian counterparts to ensure alignment with national systems and priorities. It will incorporate lessons learned from previous health emergencies, including the COVID-19 pandemic and recent animal disease incursions, and will be structured to provide scalable support across various types and scales of health emergencies.

- GEDSI, climate resilience and localisation action plans completed

Comprehensive action plans for mainstreaming Gender Equality, Disability Equity, and Social Inclusion (GEDSI) and climate resilience across all program activities will be developed, along with an action plan to maximise local input and content in program development and delivery. These plans will outline specific strategies and targets for ensuring that the program's interventions are inclusive, equitable, locally led, connected in relation to the climate–GEDSI nexus and responsive to the impacts of climate change on health outcomes in Indonesia.

The GEDSI Strategy and Action Plan will include GEDSI specific and GEDSI mainstreaming interventions and activities, and the coherence and leveraging opportunities of the two-track approach. The plans will be developed through a consultative process involving key stakeholders, including relevant government agencies, civil society organisations, and representatives of marginalised groups. They will provide a roadmap for integrating GEDSI, climate change and localisation considerations into all aspects of program design, implementation, and evaluation, ensuring that these critical cross-cutting issues are addressed systematically throughout the program's lifespan.

KEY ASSUMPTIONS

Key assumptions underpinning the program's design are as follows. (Only program-specific assumptions are listed here. Additional assumptions, with corresponding risks, are listed in the indicative risk register which is provided separately.)

- The bilateral relationship between Australia and Indonesia in the human and animal health sectors remains stable enough to support the full range of planned program initiatives, particularly in animal health.
- GoI commitment to human and animal health system transformation is maintained throughout the program period.
- Program activities remain aligned with evolving government and community needs.
- Decentralised governance structures enable effective implementation of national policies at subnational levels.

- The investment makes sufficient progress in supporting key health system enabling components to deliver improvements in primary health care and animal health service delivery at national and subnational levels.
- Targeted communities, particularly marginalised groups, show interest and motivation to engage with program-supported health initiatives.
- Australian public sector and other implementing partners deliver agreed outcomes and respond flexibly to emerging needs and priorities.
- The investment capitalises on potential synergies with other health sector investments supported by international agencies and avoids duplication.
- Relevant national and subnational authorities allocate sufficient and appropriately targeted funding for human and animal health initiatives.
- GoI and other data sources provide sufficient quality data for establishing program baselines, measuring progress, and demonstrating effectiveness.
- Subnational program offices assemble the critical mass of resources and skills needed to provide effective support for program implementation and achieve policy influence.
- Inter-agency coordination and policy alignment allow for effective implementation of One Health principles.
- Counterpart human and animal health institutions possess the capacity and disposition to absorb and implement innovative and evidence-based approaches.
- The private sector, including the informal health service sector, engages constructively in program-supported initiatives.
- Human and animal health systems are resilient enough to manage potential shocks or crises without being overwhelmed.
- Social norms evolve in ways that support improvements in the inclusiveness of primary health care and animal health management and service delivery, and in related gender-responsive and equitable planning and budgeting processes.
- Organisations of Persons with Disabilities (OPDs) have the will and resources to engage in health policy reform and planning processes.
- The program is able to manage risks posed to its operations and to human and animal health service delivery by climate change.

DELIVERY APPROACH

The proposed delivery approach utilises a mixed modality model, combining elements of a facility and elements of a structured project. In this way it will seek to balance structured, long-term support in agreed priority areas—particularly through partnerships between Australian and Indonesian institutions—with flexible, responsive support in connection with emerging challenges.

The delivery approach will also involve funding agreements with UN and Australian government agencies in support of the program's objectives. Such agreements offer strong value for money as they build on the technical capabilities and existing relationships held by the agencies in question.

The program will operate nationally and in several selected subnational locations. All provinces will be identified during the inception phase of the program with reference to criteria summarised below:

- human development and health indicators
- assessed level of alignment between provincial and national priorities
- potential for impact, including potential for demonstration effects and scaling
- operational viability

- health security risk profile, including zoonoses and livestock disease risk
- climate vulnerability
- synergies and complementarities with other programs.

➢ Key in-country partnerships

Key in-country partnerships—those that could require formalisation under over-arching agreements as distinct from straightforward funding agreements or other forms of engagement—are likely to include the following, though many other secondary partnerships will be relevant:

- Ministry of Health
- Ministry of Agriculture
- BAPPENAS
- selected provincial and district health, agriculture, and planning offices.

➢ Other in-country partnerships

Participation of, and partnership with, CSOs will be fostered at the national and subnational levels. Target areas for engagement with CSOs include:

- the program's support for GEDSI-informed and responsive policy in primary health care and health security
- subnational planning and budgeting for inclusive primary care
- strengthening disability-inclusive health services
- preparing for and responding to health emergencies.

Research and educational institutions will be engaged for the purpose of implementation research and foundational or continuing education that furthers the program's objectives. Relevant institutions include:

- GoI's National Research and Innovation Agency (BRIN)
- university centres specializing in health economics, public health, health policy studies and animal health, including veterinary public health
- universities and polytechnics engaged in the education of frontline workers in both the human and animal health domains.

➢ International organisations' country offices

Subject to negotiations with the organisations concerned, the program will incorporate funded partnerships valued at approximately $8 million in total with the Indonesia country offices of three United Nations organisations:

- the World Health Organization (WHO)
- the UN Population Fund (UNFPA)
- the UN Children's Fund (UNICEF).

These proposed UN partnerships would be structured to support the objectives of the program while remaining consistent with the work programs of the organisations.

- The partnership with the World Health Organization (WHO) country office in Indonesia would focus on strengthening health policy and enhancing health security capabilities. WHO's expertise would be leveraged to support the development and implementation of evidence-based health policies and strategies, particularly in the areas of primary health care reform and health emergency preparedness. WHO's assistance to GoI on disability inclusive health is important and would be leveraged to inform the program's demonstration of scalable disability inclusive health approaches at the subnational level. The

collaboration would also aim to improve Indonesia's capacity for disease surveillance, outbreak response and implementation of the International Health Regulations.

- The partnership with the **UN Population Fund** (UNFPA) would primarily focus on strengthening the midwifery workforce in Indonesia, and supporting quality improvement, implementation research and health promotion at the subnational level. UNFPA's technical expertise would be utilised to enhance midwifery education, training, and professional development, with the aim of improving the quality and reach of maternal and newborn health and nutrition services. The collaboration would support efforts to strengthen the regulatory environment for midwives, enhance professional leadership within the midwifery profession, and develop and implement updated professional standards. This partnership would contribute to reducing maternal and neonatal mortality and preventing stunting by enabling a skilled and well-supported midwifery workforce, particularly in remote and underserved areas of Indonesia.
- The partnership with the **UN Children's Fund** (UNICEF) would centre on supporting Indonesia's Expanded Program on Immunization (EPI). UNICEF's global experience in immunisation would be leveraged to strengthen the planning, implementation, and monitoring of vaccination programs in selected subnational locations. The collaboration would focus on strengthening immunisation planning and immunisation-related health information systems and addressing barriers to vaccine uptake. UNICEF's expertise in social and behaviour change communication would be employed to counter misinformation and to increase demand for immunisation services. Additionally, the partnership would support efforts to reach underserved and marginalised communities, aiming to reduce inequities in immunisation coverage and contribute to the prevention of vaccine-preventable disease.

Funding agreements and high-level policy engagement with these organisations would be directly managed by the Australian embassy, while the PMT would be responsible for day-to-day engagement on technical matters.

The program will coordinate with and seek opportunities for synergies with several other **Australian bilateral and regional assistance programs**.

➢ Bilateral programs

- The relevant programs are as follows:
  - **PROSPERA** (Australia-Indonesia Partnership for Economic Development)—economic governance, noted above
  - **SKALA** (Australia Indonesia Partnership – Sinergi dan Kolaborasi untuk Akselerasi Layanan Dasar)—public financial management and service delivery capability at the subnational level
  - **INKLUSI** (Australia-Indonesia Partnership Towards an Inclusive Society)—gender equality and social inclusion, including access to services
  - **SIAP-SIAGA** (Australia-Indonesia Partnership in Disaster Risk Management)—disaster risk management and emergency preparedness
  - **KONEKSI** (Australia-Indonesia Knowledge Partnership Platform)—policy-relevant applied research.
- The trade-oriented program **KATALIS** includes health elements but with a focus on tertiary curative health services, which are outside the scope of the new health program.
- **PROSPERA** is of particular importance as it played a critical role in supporting Health Minister Sadikin's health reform initiatives and it operates a public sector partnerships capability with which the program's internal public sector partnerships capability will need to be coordinated.

➢ Regional programs

- A suite of complementary regional and global programs funded by DFAT's $620 million, five-year **Partnerships for a Healthy Region** (PHR) initiative (2023-28) offers the potential to achieve efficiencies by

drawing on partners already committed to working in Indonesia under existing agreements where this fits with locally led demand under the bilateral program.

- During early program implementation, consideration will be given to the extent to which planned activities under PHR investments align with proposed work areas under the bilateral design and whether the specific activities these PHR partners are delivering could be expanded upon or replicated in subnational areas that are the focus of this bilateral design.
- This does not preclude the entry of other Australian partner organisations not currently supported by PHR (i.e. via direct arrangements with the program) but could allow the rapid and efficient delivery of support in some areas.

E. Implementation Arrangements

GOVERNANCE ARRANGEMENTS AND STRUCTURE

The program's governance arrangements, as outlined below and represented diagrammatically at Annex B - Program governance structure aim to nurture strong commitment and collaboration among all stakeholders, ensure alignment with GoI policies and priorities and their ownership of the program's objectives and actions, and provide for open communication and transparency between Australian and Indonesian representatives as equal partners.

The program will operate under a Subsidiary Arrangement with Indonesia's National Development Planning Agency, BAPPENAS.

➢ Program Steering Committee

The program will be governed by a Program Steering Committee (PSC), co-chaired by DFAT and BAPPENAS, with standing representation from the Ministry of Health and the Ministry of Agriculture.

Membership will also include a high-level GoI representative for gender equality, and a representative for disability equity. Participating agencies and positions will be confirmed during the inception phase of the program.

The PSC will meet annually to provide strategic oversight, approve annual work plans and budgets, review progress against outcomes and ensure fraud and safeguard risks are being adequately managed. Other agency representatives will be invited as resource persons as appropriate, including representatives from relevant national ministries or agencies, selected provincial or district authorities, civil society organisations including OPDs and women's organisations, research agencies, professional associations, and Australian public sector agencies.

DFAT's Minister-Counsellor (Governance and Human Development), Counsellor (Human Development), First Secretary (Health) and Senior Program Manager (Health), together with the program Team Leader, and other senior team personnel as appropriate, will attend to report progress and respond to questions. The PMT will provide Secretariat functions.

Performance information and independent advice, including from the independent Strategic Advisory Team engaged by DFAT (see paragraph 6.9), will be considered by the PSC and inform ongoing program improvements and policy dialogue.

➢ Program Technical Committees

The MC will facilitate the establishment of two Program Technical Committees (PTCs) – one for primary care and nutrition sector and one for the One Health and health security sector. These committees will be responsible for overseeing the development, implementation, and review of program activities and

workplans. They will ensure coordination, alignment, and mutual reinforcement between national and subnational activities. They will establish and oversee Technical Working groups (see 5.14) as necessary, address fraud, safeguard, or risk issues, and support the program's visibility and collaboration with other relevant programs and initiatives.

The PTCs will each meet biannually and be co-chaired by a GoI representative and DFAT's Counsellor (Human Development) or First Secretary (Health). They will include senior technical personnel from national and selected subnational authorities and could invite specific inputs from civil society organisations including OPDs and women's organisations participating in the program, research institutions, professional associations and education institutions engaged in the program, as well as participating UN partner agencies.

The PTCs will facilitate alignment of work at all levels of government. Several program and GoI staff should be encouraged to be members of both sub-committees, to strengthen cross-sectoral linkages and promote cohesion among all program activities.

- Program Provincial Committees

A Program Provincial Committee (PPC) will be established in each of the selected provinces. The PPC will meet biannually and be co-chaired by the nominated representative of GoI and a representative of the Australian Embassy's Human Development team. Membership of the PPC will include relevant government agencies.

The PPC will be responsible for strategic and operational guidance, accountability, and risk management of the program in the province; planning and monitoring and evaluation of the program; and facilitating collaboration between participating districts, and between districts, the province and national levels. It will provide a forum for discussion of achievements, learning and potential scaling up, oversight and use of monitoring and evaluation data, sharing experience and coordination, and for mobilising government resources to support program implementation and scaling up within the province.

Resource persons from civil society organisations including OPDs and women's organisations, research and education institutions, professional associations, and other DFAT programs may be invited to attend PPC meetings as relevant.

- Technical Working Groups

Technical Working Groups (TWG) for thematic subject areas such as 'increasing the value and contribution of women dominated frontline health professionals' may be mobilised by the PTCs to pursue the delivery of technical outcomes, and for coordination and learning across the program for subjects where a technical group does not already exist. To the greatest extent possible, the TWGs will complement and align with the structures and functions of relevant GoI agencies and not duplicate or divert effort.

The relevant PTC will provide terms of reference and nominate a chair for each TWG, who will then be responsible, with assistance from the PMT, for convening the TWG, delivering against the terms of reference and reporting to the PTC.

It is anticipated that TWGs will include diverse membership from relevant national and subnational government agencies, research bodies, civil society organisations, DFAT and relevant development partners. TWGs may be standing for the life of the program (as per the example above) or may be time-bound to address a specific technical, policy, or operational issue.

Women's leadership and inclusivity in governance arrangements will be accorded priority. GEDSI will be a standing agenda item for each Program Steering Committee and Program Provincial Committee meeting. At least 30% of GoI members of the PSC shall be women and, if necessary, additional Echelon 1 or 2 officers will be included to meet this benchmark. The same requirement for at least 30% of GoI members to be women will be set for the Program Provincial Committees and the Technical Committees.

MANAGEMENT

The program will be primarily delivered through a managing contractor (MC) with DFAT leadership on policy engagement and dialogue with GoI partners.

The PMT will lead on program strategy, management and implementation, MEL and reporting, personnel management, administrative, operations and logistics. The PMT will provide technical expertise, coordinate work planning, support public sector institutional partnerships, lead on activity design and implementation, maintain regular communication and coordination with UN agency partners, provide secretariat services to governance committees and foster participation and partnerships with selected civil society organisations and local research agencies.

The PMT will ensure management, technical specialists and administrative and logistical staff working at national and subnational levels are gender balanced and come from diverse backgrounds. Workforce diversity performance will be reported annually with a target of at least 40% women and a target of at least 2% persons with disability in line with GoI policy for its public sector agencies (while bearing in mind that Australia's own target is higher at 7%).

The exact configuration of the PMT will be a matter for the MC. However, in addition to the operational capability required of an MC for a program of this magnitude and scope, the MC will be required to provide broadly the following technical capabilities.

- Health policy advisory capability

- to include skills related to inclusive public health policy, planning and budgeting; primary health care delivery approaches; organisational reform in the context of health administration; inclusive and women's leadership development; health data analysis and modelling; and health workforce strengthening, including through foundational education and in-service training
- to oversee a program of implementation research, focusing mainly on the agreed core intervention areas but occasionally also responding to emerging priorities
- to support both long-term and shorter term, issue-oriented partnerships between Australian and Indonesian public sector and health and medical research agencies at both the national and subnational levels, incorporating a 'help desk' function which at present is largely provided by the Australian Embassy's health team, and including a capacity to provide in-house technical and policy support or obtain it from other consulting sources where necessary to maximise Australia's responsiveness and impact[8]

- Health emergency preparedness and response capability

- to include skills in health emergency risk assessment, emergency preparedness, and responses to health emergencies meeting agreed threshold criteria to work with relevant Indonesian partner agencies at both the national and subnational levels
- to include a commodity-procurement and rapid personnel deployment capability.

- Subnational capability

- to lead on the delivery of intermediate outcomes where relevant activities are taking place primarily at the subnational level, such as outcomes relating to local health planning and budgeting; strengthening primary health care service delivery with an emphasis on the suite of lifecycle interventions related to stunting prevention; technical competencies of laboratory personnel; technical competencies and working conditions of midwives and paraveterinarians; and disability-inclusive health service delivery
- to include capability and credibility to foster trusted working relationships with subnational authorities, civil society organisations, technical and vocational education providers, and research institutions

[8] Earlier programs, including but not limited to PROSPERA, have demonstrated the value of establishing a policy advisory capacity that blends public sector, in-house and consulting expertise: the model described here is similar.

- to establish effective feedback loops between subnational and national levels to inform policy development and local adaptation
- to include the skills to triage and manage responses to emerging priorities and requests from local authorities.

➢ GEDSI capability

- to lead on the separate gender specific and disability specific outcomes
- to support the strategic and operational mainstreaming of GEDSI across the program including through quality assurance, capacity building and technical support to members of the PMT and Australian institutional partners (as they will be responsible for mainstreaming GEDSI into their technical areas of work)
- to lead engagement on GEDSI with Indonesian program partners.

➢ MEL capability

- to design, implement and update the program's MEL system and plan including the development and maintenance of program data and information management, facilitation of program learning, knowledge management and exchange, and whole of program reflection and learning events to inform and shape adaptation
- to support effective approaches to MEL within GEDSI-specific interventions and GEDSI-mainstreaming approaches.

In addition, the PMT will be required to work closely with the country offices of several UN organisations—WHO, UNICEF and the UNFPA—which will be funded directly by DFAT from the program budget to achieve specific program outcomes, integrate international policy support and facilitate rapid responses to emerging threats and issues. While the relevant funding agreements and high-level policy engagement will be directly managed by the Australian embassy, the PMT will be responsible for day-to-day engagement on technical matters and for taking all possible measures, in collaboration with the health team at the Australian embassy, to ensure coherence and reinforcement between bilateral and multilateral activities.

DFAT will allocate staff time for contract and relationship management, policy dialogue and risk oversight, considering links with other programs. Locally engaged staff will play a significant role in performing these functions. The Deputy Program Director will also be responsible for overseeing day-to-day engagement with funded UN partners on technical matters.

POLICY DIALOGUE

The program will be supported by strategic policy dialogue to advance its objectives and Indonesia's health transformation agenda. This dialogue will be led by DFAT or the PMT as appropriate and guided by DFAT's health team and the National Steering Committee, considering the roles of other stakeholders such as key international organisations in policy dialogue. The program's health policy advisory team will facilitate input from Australian experts, ensuring that dialogue is informed by relevant experience and expertise.

Policy dialogue priorities will be selected based on their potential to address challenges to effective program implementation or to capitalise on opportunities for high-impact program support. This should support feedback loops from national to subnational levels, from policy to implementation, and vice versa. Key topics may include:

- strategies to overcome barriers to accessing health services for marginalised groups, including women, people with disability, and remote communities
- enhancing recognition, regulation, and reward systems for women-dominated health professions, such as midwifery and community health workers

- addressing structural impediments to rapid and effective health emergency response, particularly in the context of Indonesia's decentralised governance system
- exploring sustainable financing models for animal health and veterinary public health services
- improving the targeting and management of nutrition initiatives, including school-based programs
- addressing barriers to the adoption of climate resilient approaches to health service delivery at the national and subnational levels
- developing effective strategies to counter misinformation and disinformation about health interventions, with a particular focus on routine immunisation.

DFAT and the PMT will adopt a flexible approach to policy dialogue, responding to emerging priorities and opportunities as they arise. They will work closely to plan, review, and agree the approach. They will seek to foster open, constructive discussions that build trust and mutual understanding between Australian and Indonesian stakeholders. They will also facilitate cross-sectoral dialogue, bringing together representatives from human health, animal health, and environmental sectors to address complex health challenges through a One Health approach.

To ensure the effectiveness of policy dialogue, the PMT will:

- conduct regular stakeholder mapping to identify key influencers and decision-makers
- leverage the use of evidence from program activities including implementation research
- develop evidence briefs to support informed discussions
- facilitate study tours and exchange visits to showcase best practices
- organise policy forums and workshops to promote knowledge sharing
- support the development of policy papers and recommendations.

PROFILE AND PUBLIC DIPLOMACY

The PMT will actively seek opportunities to showcase Australia's support, institutional strengths in health, and achievements through a comprehensive public diplomacy strategy. This approach aims to strengthen the Australia-Indonesia partnership, enhance visibility of the program's impact, and promote knowledge sharing in the health sector. A key emphasis of public diplomacy should be around the contribution of the program to primary care, stunting prevention, nutrition and key animal health enablers as these directly respond to policy priorities from the new Indonesian Government.

SUSTAINABILITY

The investment will promote sustainability by aligning with GoI plans and budgets, building individual and institutional capacity, establishing processes for evidence-based policymaking, and identifying ongoing resourcing needs. It will assess climate-related risks to sustainability and, more broadly, will contribute to health system resilience.

At the subnational level, engaging communities and stakeholders in health planning and implementation processes will further strengthen the program's sustainability by ensuring that interventions are culturally appropriate, widely accepted, and effectively address local needs.

F. Monitoring, Evaluation and Learning (MEL)

MEL principles, methods and approaches for the program are detailed below.

PURPOSE AND PRINCIPLES

The MEL system will serve multiple purposes:

- support evidence-based program management decisions by DFAT, GoI partners, the PMT and other implementing agencies
- ensure accountability to DFAT and GoI partners for program delivery, results and expenditure
- facilitate learning and continuous improvement through regular reflection on program effectiveness
- enable systematic assessment of progress towards outcomes and contribute to program reporting and communications
- generate evidence to test and refine the program's theory of change.

Key principles guiding the MEL system include:

- alignment with GoI information systems and reporting requirements
- focus on outcomes and learning rather than outputs
- mutual accountability between DFAT and Indonesian partners
- flexibility to respond to changing contexts and opportunities
- strong emphasis on communication and knowledge sharing
- practical, accessible, and user-friendly approaches
- proportionality in data collection and analysis efforts
- gender-responsive and disability-inclusive methods and data disaggregated by sex/gender, location, age, disability and other pertinent identity factors such as Indigeneity as feasible and relevant.

The MEL system, and program MEL products, will be required to align with DFAT's policies and standards including as described in the Design and Monitoring, Evaluation and Learning Standards[9] and the International Development Programming Guide[10]. This includes a budget allocation guideline of 4-7 per cent of the total investment.

The primary users of the program MEL products will be DFAT, GoI partners at the national and subnational levels, the PMT and other program implementing agencies. Secondary users will include other national and subnational government stakeholders, other relevant DFAT programs, other development partners working in the space, relevant external professionals, health professional associations and civil society organisations.

MEL METHODS AND APPROACHES

The MEL system will measure progress towards achievement of program outcomes. It will also monitor national health outcomes and their contribution to economic growth and human capital development via reliable secondary sources to track Indonesia's progress at the goal level.

The MEL system will align with DFAT's Design, Monitoring and Evaluation Standards and will clearly outline the methods and timing for capturing relevant data. It will cover the period 2025 to 2033 and will be updated annually to reflect any changes as the program adapts and learns more about how to best monitor and evaluate the performance of this investment. The MEL system will be subject to an independent evaluability assessment.

[9] https://www.dfat.gov.au/sites/default/files/dfat-design-monitoring-evaluation-learning-standards.pdf

[10] https://www.dfat.gov.au/sites/default/files/international-development-programming-guide.pdf

The MEL system will draw on Government data systems as much as possible. Mapping of government data and level of disaggregation during inception will inform the development of the MEL system. The MEL system will achieve an appropriate balance between quantitative and qualitative data that does not overly burden program personnel and advisors and use information as evidence for ongoing program improvement. The MEL system will not be all encompassing but will instead focus on defining and collecting strategically and technically important data, with an emphasis on outcome over output data, and on team and stakeholder learning.

As much as possible, the MEL system will align data collection and key reporting timelines to feed into DFAT and GoI reporting requirements, such as Investment Monitoring Reports (IMRs) and PDP reporting cycles. It will include respective reporting from UN partners and Australian institutional partners supported by the program.

Management, GEDSI, climate resilience, localisation and capacity development indicators and targets will be included in the final MEL system. The lack of disability and gender disaggregated data in government systems is a gap that will need to be factored into the MEL system and the PMT will need to define how this will be addressed to measure GEDSI performance.

DATA COLLECTION TOOLS

The collection of data and information for MEL will require a variety of tools and methods and could include:

- six-monthly program outcome and delivery monitoring, including data and evidence to substantiate claims of progress and share lessons; GoI data sources to be leveraged as much as possible
- political economy and context analysis with GEDSI analysis integrated, including tracking commitment and willingness of GoI national and subnational partners to support sustainable and inclusive change
- six-monthly reflection meetings for the PMT and implementing partners, with a focus on shared learning
- case studies, Stories of Significant Change / Significant Policy Change, and outcomes harvesting
- annual Partnership Reviews / Health checks
- external analytics, evaluations, and reviews
- Steering Committee and Technical Committee meetings and dialogues
- regular meetings with other development partners.

Priorities for evaluation (both formative and summative) will be established on an annual basis informed by the needs of the program. Through reflection and planning processes, priority will be given to evaluative activity which provides insight into how to increase program impact.

The PMT will hold an annual learning workshop to bring together partners and other stakeholders to share their work and reflect on the collective impact. It should include representation from focal provinces and target districts and civil society organisations representing the interests of women, people with disability and other marginalised groups with which the program engages.

ROLES, RESPONSIBILITY AND RESOURCES

The PMT will provide the following MEL functions:

- develop and implement a MEL Plan and System
- establish an experienced team of MEL practitioners to develop and lead implementation of the MEL Plan and System
- develop data collection tools, as part of an overall Management Information System, and performance tracking mechanism
- collate and analyse MEL data and generate related communications products

- facilitate regular learning events and reflection workshops
- provide MEL capacity building for program staff and partners at the national and subnational levels
- monitor and evaluate program outcomes against the workplan.

DFAT will review and approve the PMT's MEL Plan and MEL System. DFAT will participate in quarterly monitoring visits, review and approve the PMT's six monthly monitoring reports, lead annual investment monitoring, contribute to Tier 2 and 3 PAF reporting, review and synthesize learning from program analytics and evaluations, and lead program reviews.

INDEPENDENT EVALUATION AND REVIEW

DFAT will commission an independent mid-term evaluation in the third quarter of 2027, addressing Key Evaluation Questions and other questions to be determined, to inform decisions on program extension. A final independent review will be conducted in 2032. These evaluations will address key questions related to relevance, effectiveness, efficiency, sustainability, and cross-cutting issues including gender equality and disability equity.

A Strategic Advisory Team (SAT) will provide independent, expert advice to DFAT and oversee key evaluations and reviews. The group will not be involved in the implementation of the program, ensuring its objectivity and impartiality. The SAT's primary responsibilities will include offering strategic guidance to DFAT on complex program deliverables, ensuring that the program's design and implementation align with best practices and international standards. They will on request assess the program's progress, identify potential risks, and suggest adjustments to enhance effectiveness and sustainability. The duties and responsibilities of the Strategic Advisory Team will be detailed in terms of reference to be developed by DFAT early in the program.

G. Gender Equality, Disability Inclusiveness, Climate Change, and Other Cross-Cutting Issues

GENDER EQUALITY

Gender inequality is a root cause of high rates of unwanted adolescent pregnancy, maternal mortality, and stunting that are outliers for Indonesia's economic and regional status. Against a backdrop of increasingly conservative social norms in Indonesia and shrinking space for inclusion of stigmatised minorities, the GEDSI and health analysis identifies intersectional gender and disability gaps in health outcomes, health system pillars of policy and governance, the health workforce, health information and data use, primary health care services, inequities in social health protection coverage, and challenges in integrating GEDSI into health security.

The program meets the OECD-DAC marker threshold for a significant gender equality investment. The program will support two of the three priorities of DFAT's *Gender Equality and Women's Empowerment Strategy* by enhancing women's voice in decision-making and leadership and promoting women's economic empowerment.

- Targeting and mainstreaming

The program will adopt a twin-track approach to gender equality, disability equity and social inclusion. It will take an intersectional approach as far as possible while recognising that there are data limitations at all levels especially regarding marginalised minority groups, including people with disability. It therefore may at times be politically astute to focus on a specific dimension such as gender equality or disability equity given

the nature of the policy engagement and operating space. A pragmatic and informed approach to intersectionality will be necessary.

The program includes a dedicated intermediate outcome for gender equality (IO5) focused on improving the recognition, regulation, and rewards of midwives and paraveterinarians which are women-dominated frontline health workforces. This will contribute to improved quality of primary health care and stunting prevention services, improved animal health services, and improvements in the retention, career prospects and working conditions of women health workers. It includes a dedicated disability equity outcome (IO4) to improve disability-inclusive health services by demonstrating scalable approaches that leverage the Government's nascent roadmap for disability-inclusive health services and to overcome the barriers to primary health care faced by people with disability that put them at greater risk of not having their health needs met.

Gender equality, disability equity and social inclusion is also deliberately mainstreamed across the program and is explicit in several of the outcome statements. EOPO1 includes more gender-responsive and inclusive policies and governance at the national level, and this focus is maintained in IO1. While this area of the program will primarily respond to Government demands for evidence and advice, the program will actively integrate consideration of GEDSI and health equity as a cross-cutting subject in all thematic analysis and as a stand-alone technical subject area. The implementation research agenda to be developed in the first year of the program will include due attention to the health priorities of women, persons with disability and other marginalised groups, and GEDSI integration into health systems strengthening. Moreover, the program's support to policy development and planning will encourage the inclusion of diverse stakeholders, including women's organisations and OPDs, in the policy process to bring in grounded and user-oriented perspectives.

In IO2, strengthening women's leadership is a critical pathway to achieving more equitable and inclusive planning and budgeting at the subnational level. Further scoping and consultation with government stakeholders will be undertaken during the first year of the program to shape this outcome, but it is expected that in focal subnational locations, this will include support for leadership development of existing and emerging women leaders from diverse backgrounds through training, mentoring, network development and peer-to-peer exchange.

EOPO2's aim of improving the quality of, and equitable access to, primary health services include an explicit focus on women, people with disability and other marginalised groups. IO3, which feeds into EOPO2, includes a focus on the determinants of stunting and undernutrition which in the Indonesia context includes early age and unwanted adolescent pregnancies and intersecting sexual violence, which are priority health concerns for women in all their diversity, as well as an intention to test and demonstrate gender-responsive and inclusive approaches to primary health care services through the program's catalytic support for primary health care strengthening.

- Program governance

The governance structure of the program enables representation from government agencies responsible for gender equality and women's empowerment and disability equity in the National and Provincial Steering Committees. GEDSI will be a standing agenda item for each Steering Committee meeting. In addition, a requirement for at least 30% of GoI participants to be women in the National Steering Committee will be set and if necessary, additional Government representatives will be included to meet this benchmark from among Echelon 1 and 2 officers. A similar requirement of 30% women participants from participating government agencies will be set for the Technical Committees and the Provincial Steering Committees.

Technical Working Groups to be mobilised as necessary and relevant for the program will include specific GEDSI subjects such as 'strengthening women's leadership development', 'strengthening disability inclusive health services' and 'increasing the value and contribution of women dominated frontline health professionals' as well as diverse membership including relevant civil society organisations including women's organisations and OPDs, and GoI gender focal points in MoH and MoA's Directorate General of Livestock and Animal Health Services (DGLAHS) where available.

➢ GEDSI resources

Building on DFAT's experience and evidence of the opportunities and challenges to GEDSI mainstreaming in the public sector in Indonesia and specifically in health, GEDSI specific and mainstreaming activities including for accommodating disability equity in program management, have an earmarked budget allocation of a minimum of 20% of the non-emergency response budget (that is, 10% towards gender equity and 10% towards disability equity)[11]. Secondly, the PMT will include dedicated specialist expertise for (a) strengthening the regulation, recognition, and rewards of women frontline health workers (IO5), (b) disability inclusive health services (IO4) and (c) expertise in the mainstreaming of GEDSI across a health system strengthening program in the areas of health policy, governance, planning and budgeting, and strengthening primary health care.

➢ GEDSI strategy and action plan

To safeguard against the 'evaporation' of GEDSI in implementation, a GEDSI strategy and action plan will be developed in the program's inception phase by the PMT in consultation with government partner agencies, DFAT and civil society organisations representing the interests and perspectives of women, people with disability and other marginalised groups that the program will target. This will set out:

- the approach and mechanisms for GEDSI mainstreaming across the program including: core principles aligned to DFAT policies; inclusion of GEDSI criteria in selection of activity proposals; mandatory GEDSI analysis of all activities documenting evidence available and stakeholder engagement; scoring of all activities as either GEDSI sensitive, responsive or transformative with an 80% target for GEDSI responsive or transformative activities
- guidance for mainstreaming GEDSI and equity at each stage of system strengthening including in political economy analysis, relationship-building with government stakeholders, in defining what gender and intersectional inequality means and how it affects the specific area of health system strengthening supported, the scope of technical assistance to be provided and how GEDSI is integral to this, and selection of implementation research and analytics
- the process for integration of GEDSI into technical assistance and partnerships, analytics, and the translation of evidence
- GEDSI responsibilities of the implementing partners
- whole-of-team responsibility for GEDSI mainstreaming with roles and responsibilities for GEDSI mainstreaming across each of the thematic areas of work defined, noting that GEDSI mainstreaming will be led by respective thematic technical leads (e.g. animal health, health security, primary health care system strengthening, laboratory workforce strengthening) with technical assistance support from the GEDSI mainstreaming expert
- how common understanding and capacity on GEDSI across the delivery team will be built
- focus of GEDSI-specific outcomes, coherence and leveraging opportunities of GEDSI-specific and mainstreaming interventions and activities
- budget allocations for GEDSI-specific activities/personnel, GEDSI mainstreaming, and reasonable accommodations
- GEDSI MEL, reporting and accountability for performance.

➢ GEDSI MEL

The lack of reliable disability data and gaps in gender and other identity disaggregated health data are systemic constraints. The large-scale GoI investment in digital transformation including in the human health sector has the potential to reduce this gap, as does better use of iSIKHNAS in the animal health space. However, even when disaggregated data is available this is often not used for analysis and planning. Further

[11] See Paragraph 3.13.

assessment and consultations will need to be undertaken by the PMT during Inception to assess the implications for the program's MEL and to determine if this gap is an area for a programmatic response.

DISABILITY EQUITY

The program design was informed by consultations with eight Organisations of People with Disabilities (OPDs) in Jakarta and NTT, including OPDs representing people with leprosy, hearing, sight, physical, and psycho-social disabilities, as well as representatives of women with disability and broader disability transformation. Consultations were held with DFAT's Disability Section and disability focal point at Post.

The barriers to disability equity in the health sector and inclusive health services in Indonesia are linked to social norms and discrimination against people with disability; slow implementation of the Persons with Disabilities Law (8/2016); gaps in disability data and the poor quality and use of disability data that is collected; health sector policy and health system gaps that fail to recognise and address the rights, inequalities, specific needs and barriers to access of people with disability; uneven opportunities for people with disability to inform planning and decision-making; and the lack of political will and prioritisation to address these gaps.

Gender and other dimensions of inequality intersect with disability exclusion, making women with disability especially disadvantaged.

The program will address the policy and service delivery gap in disability-inclusive primary health services by supporting selected subnational authorities to demonstrate locally led approaches to improved disability-inclusive health services in partnership with OPDs (IO4), and by feeding evidence and learning into policy at the subnational and national levels. Evidence generation of barriers to access to health care for people with disability in the selected sites, including out-of-pocket spending and failures of JKN, will be important for advocacy, to inform planning and decision-making as well as evaluation of local disability-inclusive initiatives. OPDs will participate in each stage of the design, implementation and monitoring and evaluation and learning of disability-inclusive health service models that will be tested and scaled. The potential of the program to support the deinstitutionalisation agenda, which is a DFAT policy priority, and policy and evidence related to community-based models of health care and support for people with psychosocial disabilities will be assessed during the early year(s) of implementation.

Disability equity will also be integrated into the program's support to health policy development and governance at the national level (IO1), and into equitable and inclusive planning and budgeting at the subnational level (IO2). In both cases, the PMT will encourage the participation of OPDs in the policy and planning processes. Similarly, strengthening GoI's assessment, planning and response to health security threats will integrate analysis of disability inclusion and health security, building on Indonesia's learning and gaps in the response to COVID-19. Further scoping and analysis are required to determine the scope of program support to strengthening health information systems; if this is a priority request from GoI and Australia has proven comparative advantage, this will be an entry point for the program to work with GoI partners on strengthening disability-disaggregated health data collection and use. Similarly, further assessment and identification of entry points for strengthening the frontline health workforce will include attention to disability equity and advancing GoI partners towards meeting Indonesia's 2% public sector employment target for people with disability.

The program's approach to disability equity mainstreaming is covered in the section above.

CLIMATE CHANGE

Climate change exacerbates existing vulnerabilities—the potential health impacts of climate change are especially acute for women, children, the elderly, socioeconomically marginalised populations, people with disabilities, refugees and other involuntary migrants. These groups will be hardest hit by anticipated increases in the prevalence and geographic spread of important vector- and water-borne diseases. In

particular, the incidence of dengue fever is predicted to rise significantly by 2050, while important gains against malaria, Zika and chikungunya are also at risk. Furthermore, natural hazards, including flooding, frequently prevent or significantly disrupt access to healthcare facilities, with particularly concerning impacts for expectant mothers.

Climate change also poses risks to food security in Indonesia, particularly affecting domestic agricultural production capacity due to droughts and other extreme weather events. This has significant implications for Indonesia's efforts to improve nutrition and address stunting.

In developing the program's implementation research agenda, the PMT will accord priority to addressing gaps in climate impact mapping and climate risk assessment, with a particular focus on the above threats and their impacts on disadvantaged populations.

The program will provide technical support for developing risk assessment methodologies and capacities at the national level and in subnational locations where a demonstration effect will be valuable. In doing so, it will incorporate a focus on building the capacity required to ensure these are heavily climate informed. This will be among the highest priorities of the health emergency preparedness and response capability.

A draft Health National Adaptation Plan (HNAP) developed in 2019 outlines five strategies to combat the impacts of climate change: prevention and mitigation, capacity development for health workers and systems, public health accessibility, information, knowledge, and communication, and health case management. The HNAP aims to coordinate adaptation actions in the health sector at both national and subnational levels. While a technical team for the Adaptation of Climate Change Impacts in the Health Sector has been formed, the HNAP is not yet operational.

Under EOPO1 and EOPO4, the program could provide support for the finalisation and operationalisation of the HNAP if this is accorded priority by GoI.

The climate risk assessment identifies specific opportunities to integrate climate change and risk adaptation into the program's interventions. Developing a costed climate change strategy for the program will be an important priority activity for the PMT during its inception year. This will cover both how the program will advance the priorities above and provide a robust assessment of the climate risks to the program and its workstreams. The climate change strategy will also include a description of how the program will minimise its carbon footprint across different engagement and programming modalities.

PRIVATE SECTOR ENGAGEMENT

Opportunities will be explored to engage the private sector where relevant, particularly in relation to elements of the health system where the private sector has reporting obligations to government or where it receives subsidies from or shares workforce with government agencies. In addition, the PMT will look for opportunities—under IO5—to improve services provided through the informal private sector where these are consequential, such as midwifery services provided in the community by traditional birth attendants ('dukun bayi').

The PMT will explore ways to integrate these informal providers into the formal health system, improving their skills and knowledge and supporting efforts to standardise and improve the quality of care they provide, while respecting their cultural significance. This may involve developing training programmes for traditional birth attendants to enhance their ability to recognise high-risk pregnancies and facilitate timely referrals to formal health facilities. These initiatives aim to leverage the trust and accessibility of informal providers while progressively improving maternal and child health outcomes in line with national health objectives.

INNOVATION

The PMT will seek opportunities to trial jointly selected innovative approaches—whether novel in the wider Indonesian context or novel in given subnational locations—to rigorously test their effectiveness in each context and assess their feasibility for replication or scaling up. This reflects the underlying principle that the program should maintain strong feedback loops between national and subnational interventions, and its strong emphasis on implementation research and evidence-based policymaking.

The PMT will cultivate a culture of innovation throughout the program's implementation, seeking novel approaches to address persistent and emerging health challenges in Indonesia. The PMT will create space for experimentation and learning, encouraging the development and testing of innovative solutions tailored to local contexts.

Innovation will be pursued across multiple dimensions, including technological advancements, service delivery models, and governance approaches. The PMT will establish processes to identify promising innovations, whether they originate from within Indonesia or internationally, and adapt them to the Indonesian context. The program will support pilot projects to test these innovations in real-world settings, with a focus on scalability and sustainability.

Key to this approach will be fostering collaboration between diverse stakeholders, including government agencies, academic institutions, civil society organisations, and the private sector. The program will facilitate knowledge sharing and cross-pollination of ideas, creating an ecosystem that nurtures innovation.

Importantly, the program's approach to innovation will be guided by the principle of 'appropriate technology', ensuring that innovations are accessible, affordable, and sustainable within the Indonesian health system. The program will also accord priority to innovations that have the potential to address health inequities and improve access to quality health services for marginalised populations.

LOCALLY LED DEVELOPMENT AND LOCALISATION

Several features of the program will give effect to the Australian Government's development assistance localisation commitments:

- the subnational delivery model, including co-location of subnational implementation teams with local authorities, partnerships with local Indonesian civil society organisations, and locally led priority selection within program parameters
- the central role envisaged for Indonesian research institutions in implementation research
- the strong emphasis that will be placed on cross-fertilisation of ideas and approaches across selected subnational locations.

The program will embrace locally led development as a core principle, recognising that sustainable health improvements must be driven by Indonesian stakeholders, and will prioritise local ownership, decision-making and leadership throughout its implementation. Indonesian stakeholders, including government agencies at national and subnational levels, civil society organisations, community leaders and local health professionals, will play a central role in shaping program priorities, designing interventions and guiding implementation.

The program will invest in building the capacity of local institutions and individuals. This includes supporting the development of local expertise, strengthening management capabilities, and fostering leadership skills within Indonesian partner organisations. The program will also accord priority to the use of local systems and processes wherever possible, rather than creating parallel structures. This approach aims to strengthen existing health systems and ensure that improvements are sustainable beyond the life of the program.

Furthermore, the program will promote knowledge sharing and learning between different regions of Indonesia, facilitating the exchange of best practices and innovative approaches that have proven effective

in specific local contexts. This 'horizontal' learning approach recognises the wealth of expertise and experience that exists within Indonesia.

A localisation action plan will be developed in the inception phase of the program in consultation with key counterpart agencies at the national level and in the focal provinces.

H. Budget and Resources

BUDGET

The budget for the eight-year program is AUD130 million. Annual budgets will be developed by the implementation team as part of the annual planning process, in consultation with DFAT and key stakeholders, and will be endorsed by the PSC. The program budget cycle will match the Australian financial year, from July to June each year.

RESOURCES

The program will be managed by the Australian embassy's health unit.

It is estimated that effective management of the program by the embassy's health unit would require the allocation of a First and a Second Secretary, and six locally engaged personnel, as well as a proportion of the time of more senior diplomatic personnel. The locally engaged personnel would comprise three senior level Program Managers, a Program Officer with responsibility for MEL and a Program Officer with responsibility for partnerships and coordination, and a finance/administration officer.

The PMT is estimated at up to 15 long-term advisers and up to 30 support staff across national and subnational locations, supplemented by short-term advisers.

The PMT will be configured to ensure effective oversight, coordination, and implementation of the program's activities, while maintaining a streamlined and responsive structure. In addition to the indicative implementation units described above, under 'Management', the configuration would likely include the following key elements:

- Program Director

The Program Director would be responsible for overall leadership and management of the program. This role includes ensuring the program's strategic objectives are met, maintaining high-level stakeholder engagement, and representing the program in national and international forums.

- Deputy Program Director

The Deputy Program Director would backstop the Director, lead on day-to-day engagement with funded UN agencies and Australian public sector partner organisations, closely oversee the GEDSI and MEL functions.

- Program Management Team (PMT)

The PMT will handle the day-to-day administration of the program, including planning, coordination, monitoring, and reporting. Key roles within the PMT will include:

- Finance and administration —managing the program's budget, financial reporting, procurement, and administrative tasks.
- Communications —handling internal and external communications, public relations, and dissemination of knowledge products.

- Strategic Advisory Team

Separately, the Australian Embassy health unit will engage and be supported by an independent **Strategic Advisory Team (SAT)** to provide expert advice to DFAT on the program's complex program deliverables, risks, and strategic adjustments. The SAT will not be part of the program implementation team, ensuring its objectivity and impartiality in offering evidence-based recommendations.

I. Procurement and Partnering

An MC will be procured by DFAT to provide the PMT which will contain the core delivery functions, oversee program partnerships with relevant Indonesian institutions (both government and non-government) and work closely with the health unit in the Australian Embassy.

Partnerships with a total value of up to $8 million will be established between DFAT and UN agencies to contribute to the achievement of program objectives relating to health policy and systems (WHO); children's health and nutrition (UNICEF); and maternal and adolescent health (UNFPA). These will take the form of multi-year grant agreements to be managed directly by DFAT. Each agency will be invited to submit a partner-led design.

Under the Public Sector Partnerships component of the program, the PMT may provide direct funding to eligible institutions (such as universities and research institutions). In other cases, the PMT may provide logistical operational support. If necessary, funding may instead be directly managed by DFAT – for example to provide funds directly to Australian Government agencies.

As DFAT will in the first instance retain funding of $8 million for UN partnerships, the value of the contract with the MC will not exceed $122 million. Of this amount, up to $92 million will flow to programs via the MC over the life of the program. The remaining $30 million represents an estimate of the upper limit of funding that might be provided in response to high-consequence health emergencies over the life of the program; there is no guarantee that all this emergency funding will be disbursed. Alternatively, if this funding is not required for emergency response, DFAT may reallocate it (in whole or in part) to program activities.

The PMT may manage grants in support of the program's objectives to Indonesian non-government institutions, including universities and research institutions, either at the national or provincial levels. Grants will not be provided to Indonesian government institutions, but logistical support may be provided where appropriate.

The program's independent SAT will be separately engaged by DFAT.

J. Risk Management and Safeguards

The PMT, working closely with DFAT, will implement a comprehensive risk management approach that aims to identify, assess, monitor, mitigate and respond to risks throughout the program lifecycle.

RISK MANAGEMENT

The Senior Program Manager at DFAT's Jakarta Post, as risk management focal point for DFAT, will have overall responsibility for risk management on a day-to-day basis, supported by the First Secretary (Health), Counsellor (Human Development) and other relevant staff. Key responsibilities include:

- monitoring PMT maintenance and updating of the risk register
- convening quarterly risk review meetings with the implementing team

- collaborate with the PMT on six-monthly formal reviews of the risk register
- maintaining and reviewing (at least every 3 months) DFAT's internal risk register
- reporting on high risks to post management and Canberra
- ensuring appropriate risk mitigation measures are in place.

The MC will be required to:

- appoint a risk management focal point within the PMT
- develop and maintain a detailed operational risk register
- provide monthly risk reports to DFAT
- participate in quarterly risk review meetings
- conduct six-monthly formal reviews of the risk register in collaboration with DFAT
- allocate dedicated risk management resources.

Risk information will be shared through:

- standing agenda items on risk at all program management meetings, including Program Steering Committee (PSC), Program Technical Committee (PTC), and Program Provincial Committee (PPC) meetings
- regular risk briefings to risk owners including the Deputy Head of Mission and the Minister-Counsellor (Governance and human Development)
- inclusion of key risks in 6-monthly progress reports and annual reports.

The risk register will be formally reviewed every six months, mid-year and at the end of each year, by the PMT in collaboration with DFAT. This formal review will involve a comprehensive assessment of all identified risks, their likelihood and impact, and the effectiveness of current mitigation strategies. It will be distinct from, but informed by, the quarterly risk review meetings specified in 10.3, which focus on more immediate risk management issues. Each end-of-year review will be conducted in conjunction with annual work planning for the following year, led by the PMT with input and final approval from DFAT.

Risk information will be exchanged through the following processes:

- monthly risk reports from the PMT to DFAT
- quarterly risk review meetings between DFAT and the PMT
- bi-annual risk presentations to the National Steering Committee
- ad-hoc risk notifications for emerging high-impact risks.

A preliminary risk register is provided separately.

➢ Key Risks

The program faces a few key risks that could potentially impede implementation of its activities and achievement of its outcomes, as follows. (Only program-specific risks are listed. Additional risks common to all or most Australian development programs in Indonesia are included in the indicative risk register, provided separately.)

- *GoI commitment to human and animal health system transformation evolves*. This could manifest as a failure on the part of relevant national or subnational authorities to allocate sufficient or appropriately targeted funding for human or animal health initiatives. The PMT will support development of evidence-based cases for funding, demonstrate effectiveness of exemplary approaches at the subnational level, and engage with a broad range of stakeholders to build support for ongoing or increased health investments.

- *Coordination challenges in Indonesia's decentralised health system impede implementation of national policies at the subnational level*. The PMT will invest heavily in relationship-building with provincial and district authorities, support locally led adaptation of national policies, and facilitate knowledge sharing among subnational authorities. Additionally, the PMT will actively work to improve coordination between district/provincial and national authorities through regular multi-level stakeholder meetings and the establishment of clear communication channels.
- *Insufficient progress with the investment's support for key health system enabling components limits its capacity to deliver primary health care and animal health service delivery improvements at the national or subnational levels*. The PMT will implement a robust monitoring and evaluation system to track progress across all components. Regular reviews will be conducted to identify bottlenecks and adjust strategies as needed. The PMT will also ensure that activities across different components are well-integrated and mutually reinforcing, maximizing the potential for synergies and accelerated progress.
- *Misalignments emerge between program activities and evolving government priorities*. This will be managed through regular policy dialogue and stakeholder consultations, annual work planning processes that allow for adjustments based on emerging priorities, the allocation of a portion of the budget to responsive activities, and clear criteria and processes for assessing and incorporating new priorities into the program jointly with Indonesian partner agencies.
- *Inadequate attention is accorded to gender equality and social inclusion in health system reforms*. This risk will be mitigated through the inclusion of dedicated GEDSI expertise within the program team, the integration of GEDSI analysis into all program components and activities, the incorporation of specific GEDSI targets and indicators into the monitoring and evaluation framework, regular engagement with women's organisations, Organisations of People with a Disability, and other relevant civil society groups, capacity building on GEDSI for program staff and government partners, and advocacy for GEDSI considerations in policy dialogue and decision-making processes.

SAFEGUARDS

The PMT will implement comprehensive safeguarding measures, including:

- child protection: all personnel will be required to comply with DFAT's Child Protection Policy. Child protection risk assessments will be conducted for relevant activities
- prevention of sexual exploitation, abuse and harassment (PSEAH): the program will adhere to DFAT's PSEAH Policy, including mandatory training, risk assessments, and incident reporting protocols
- gender equality: a gender strategy will be developed to ensure gender considerations are integrated across all program components. Gender-disaggregated data will be collected and analysed
- disability equity: the program will promote disability-inclusive approaches in health service delivery and policy development, guided by DFAT's upcoming disability equity strategy
- environmental and social safeguards: an initial environmental and social impact screening will be conducted. Where risks are identified, appropriate management plans will be developed
- climate change: climate risk assessments will be integrated into program planning. Adaptation and resilience measures will be incorporated into relevant activities.

The MC will be required to demonstrate robust safeguards systems and expertise as part of the tender process. Compliance with safeguards will be monitored through regular reporting and independent reviews.

The initial safeguards risk is assessed as moderate. Safeguards implementation will be monitored regularly, and approaches adapted as needed.

COUNTER-TERRORISM RESOURCING

In line with DFAT global program requirements, this program is required to specifically consider this issue. The program will implement the following measures to mitigate terrorism-related risks:

- the PMT will conduct thorough due diligence on all downstream partners, including checks against sanctions lists and assessments of financial systems.
- funding flows will be closely monitored, with particular scrutiny of any cash transfers or payments to individuals.
- anti-terrorism provisions will be included in all agreements with implementing partners and subcontractors.
- regular spot checks and audits will be conducted on financial transactions and program activities.
- staff will receive training in identifying and reporting any suspicious activities or transactions.
- a response protocol will be developed to guide actions if any terrorism links are suspected, including immediate reporting to DFAT and suspension of activities if required.

BARRIERS TO ACCESSING COMPLAINTS AND FEEDBACK MECHANISMS

To ensure inclusive access to complaints and feedback mechanisms, the PMT will:

- establish multiple channels for providing feedback, including phone, SMS, email, social media, and in-person options
- clearly communicate about available feedback mechanisms through community outreach, program materials and partner networks
- provide information in Bahasa Indonesia and relevant local languages
- ensure mechanisms are accessible for people with disability, e.g. accepting verbal complaints
- train all program staff in handling complaints sensitively and effectively
- guarantee confidentiality and protection from retaliation for all complainants
- regularly review the accessibility and effectiveness of mechanisms, adapting approaches based on stakeholder feedback.

FRAUD CONTROL

Key fraud risks for the program include misuse of funds, nepotism in recruitment, per diem fraud and undisclosed conflicts of interest, particularly in subnational locations. These will be mitigated through a comprehensive fraud control plan, prepared by the PMT, encompassing:

- Prevention
  - due diligence on all partners and key personnel
  - fraud awareness training for all staff and partners
  - clear policies and procedures, especially for procurement and recruitment
  - separation of duties for financial transactions.
- Detection
  - regular financial spot checks and audits
  - whistleblower hotline and reporting mechanisms
  - data analytics to identify suspicious patterns.
- Response

- investigation protocols and procedures
- sanctions for fraudulent behaviour, including termination of contracts
- mechanisms to recover misused funds where possible.

ANNEX A—INTERMEDIATE OUTCOMES (IOS) BY EOPO

> ➢ EOPO1: ***Primary health care policy and governance***—By 2033, national and selected subnational authorities have adopted improved primary health policies, service delivery approaches and governance arrangements.

This end-of-program outcome is focused on supporting GoI agencies to strengthen policymaking, service delivery approaches and governance in the human health sector, with a focus on primary health care policy and governance. It advances Indonesia's ambitious health transformation agenda in areas where Australia has comparative advantages relative to other international development partners.

The program will aim to support partner agencies improve the use of evidence and promote inclusivity in policy development, planning and decision-making, and foster alignment between national and selected subnational health authorities. This will involve supporting strategic planning, the development or review of policies and programs and related legislation, regulations, guidance or curricula, organisational reform and the integration of gender equality, disability, and social inclusion (GEDSI), climate resilience, and One Health principles into policy frameworks and plans.

On request, the program will provide research, analyses and advisory inputs aimed at maximising the efficiency of resource allocation arrangements relating to specific human health objectives. The program will defer to other actors in relation to overall public financial management in the health sector.

At the national and subnational level, the program will seek to respond in a flexible manner to counterpart agencies' requests for policy and technical advice on health policy, program strengthening and governance while maintaining a concentration of effort on interventions with systemic impacts and a line of sight to the outcome areas specified in the other three end-of-program outcomes.

Given the program's engagement with national and subnational authorities across human and animal health, and its support for the strengthening of selected health system components under EOPO2, for catalytic and innovative interventions at the subnational level under EOPO3, and for assistance relating to health security threats under EOPO4, there are multiple pathways along which the program will strengthen policy development and health sector governance under EOPO1.

> ➢ IO1: National primary health policy, strategic planning, service delivery approaches and governance are increasingly informed by evidence and inclusive stakeholder engagement, and integrate GEDSI, climate resilience and One Health principles.

This intermediate outcome is focused on strengthening Indonesia's capacity for evidence-based decision-making and inclusive policy and program development in the human health sector, specifically at the national level in the field of primary health care. It recognises the depth of expertise in Indonesia's public service, research institutes and civil society organisations while acknowledging the value GoI places on international perspectives in addressing persistent and emerging policy and program design challenges.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- support for national primary health care planning, building on previous Australian support through the PROSPERA program for the development of a national health masterplan (RIBK)
- responsive technical assistance in high-impact areas of primary health care, including the provision of robust evidence and the sharing of international experiences with the Ministry of Health and other key agencies

- institutional partnerships between Indonesian and Australian agencies in areas where Australia can bring comparative value
- support for engagement with women's organisations, OPDs and organisations representing other marginalised groups, to ground policy processes in the lived realities and priorities of these stakeholders
- the integration of gender equality, disability and social inclusion, climate resilience, and One Health approaches into national policy, strategic planning, and governance.

This outcome aims to enhance Indonesia's ability at the national level to address complex human health challenges through improved priority-setting, policy development and service delivery approaches based on principles of equity and inclusion.

> ➢ IO2: In alignment with national primary health care policies and strategies, selected subnational authorities strengthen equitable and inclusive planning, budgeting, service delivery approaches and management, while promoting women's leadership and inclusive participation.

This intermediate outcome is about strengthening subnational governance with particular emphasis on the role of subnational authorities under a highly decentralised health system in adapting and implementing national primary health care policies and service delivery approaches in ways that best meet diverse local needs. It is the subnational correlate of IO1.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- the development of models and approaches to strengthen subnational equitable and inclusive primary health care planning, budgeting and management that can be replicated or scaled in other subnational locations, with feedback from implementation experience provided to relevant national agencies
- support for the enhancement of women's leadership and participation (including women with disability) in local health sector governance as a pathway to more equitable and inclusive primary health care planning and budgeting decisions, and in support of women's empowerment and gender equality more broadly as a vehicle for health resilience
- support for participatory approaches that involve diverse stakeholders, including women's organisations and OPDs, in local primary health care planning and governance.

This outcome aims to create more resilient, responsive, and equitable local health systems by enhancing the capacity of subnational authorities, promoting inclusive sector governance, and creating positive feedback loops between subnational and national health agencies.

> ➢ EOPO2: ***Primary health services***—By 2033, selected subnational authorities have improved the quality of and access to primary health services with a focus on stunting prevention and the inclusion of women, people with disability and other marginalised groups.

This end-of-program outcome is about enhancing primary health services at the subnational level in Indonesia, with particular emphasis on 'last mile' services provided by frontline workers outside institutional settings. This will support the government's efforts to implement primary health care integration based on a life-cycle approach, and to expand the reach of quality primary health services.

The program will aim to support locally led efforts to strengthen service delivery, improve access and quality for marginalised populations, and demonstrate innovative approaches to health care integration and equity.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- support for key interventions addressing the determinants of stunting and undernutrition, including routine immunisation; community-based adolescent, maternal and neonatal health services; and remedial nutrition initiatives

- support for measures to increase the accessibility, acceptability, affordability, and quality of primary health care services to people with disability and other marginalised groups.

This outcome aims to contribute selectively to the strengthening and expansion of Indonesia's primary health care system, with a particular focus on addressing inequities, improving service quality, and demonstrating innovative approaches.

> ➢ IO3: Selected subnational authorities have improved understanding of the determinants of stunting and undernutrition and develop effective, locally led primary health responses.

This intermediate outcome is about supporting locally led strategies to address high-priority public health needs effectively, with a central emphasis on stunting prevention and undernutrition, along with their determinants and upstream interventions.

The program will aim to enhance core health system capacities in selected subnational locations relating to (a) immunisation, (b) maternal and neonatal health, and (c) other factors affecting undernutrition and stunting prevention, as well as expanding the reach of services and promoting health-seeking behaviours.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- support for stunting and undernutrition prevention initiatives in areas such as intervention targeting and monitoring, the setting of nutrition standards, food safety and nutrition research.
- implementation research aimed at clarifying the drivers of, and the most effective responses to, limited or uneven immunisation coverage, poor reproductive health, maternal and neonatal mortality, and other factors affecting stunting and undernutrition in selected locations
- support for improvements in the quality of frontline midwifery and maternal health services in both the public and informal private sectors through support (complementing profession-oriented assistance provided under IO5) for polytechnic-based service provider training and demand-side measures targeting women and girls of childbearing age with due attention to intersectional disadvantage
- support for immunisation programs aimed at countering misinformation, increasing coverage and improving data collection and post-immunisation surveillance, including a focus on HPV vaccination for cervical cancer prevention.

Noting that early-age pregnancy (often unwanted and/or the result of sexual violence) and the nutritional and disease status of adolescent girls are strongly correlated with high rates of maternal mortality and child stunting, this outcome is linked to but distinct from IO5 which aims to improve the recognition, regulatory and reward frameworks that apply to midwives with co-benefits for quality of care.

By trialling innovative approaches, influencing health-seeking behaviours, and increasing the quality and reach of services, the program will aim to improve subnational health outcomes in the selected preventive health domains relating to stunting and undernutrition, and improve subnational capacities in behaviour change communication, countering misinformation and/or demand generation, and strengthening the prevention and primary health response to early-age pregnancy and intersecting gender based violence. Responding to intersectional inequality including women and girls with disability through the design of inclusive and equity-promoting approaches will be a priority.

> ➢ IO4: Selected subnational authorities demonstrate improved approaches to the disability-inclusiveness of health services, working in partnership with organisations of people with disability.

This intermediate outcome is about enhancing the accessibility, acceptability, affordability, and quality of primary health care services for people with disability in selected subnational locations and using subnational evidence to inform national disability-inclusive health policy and the scaling of good practices in the context of Indonesia’s National Disability Inclusive Health Services Roadmap.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- implementation research on the specific barriers that contribute to worse health outcomes among people with disability, and disability audits undertaken by OPDs, to inform local policy and planning in selected subnational locations
- support for local health planning processes to include participation of OPDs,
- development of locally led strategies to improve the accessibility, acceptability, affordability and quality of primary health services for people with disability, including community based mental health care models, through the local adaptation of national standards and guidance for disability-inclusive primary health care
- training and resources for health sector managers and health care providers to raise awareness of the rights and needs of people with disability and demonstrate disability-inclusive health care and communication practices
- the demonstration and identification of effective approaches to disability inclusive primary health care services to generate evidence for national and subnational policy and learning, for potential replication and scaling in other locations
- evidence and sharing of regional learning to support piloting and policy efforts towards community based mental health care and wrapping of prevention and response to gender based violence into inclusive primary health care services.

This outcome aims to improve the inclusivity of Indonesia's primary health services for people with disability in particular locations and at the national level. By supporting policy implementation, generating evidence on effective approaches, and enabling diverse OPD voices and participation, the program will contribute to better health outcomes for people with disability.

> ➢ EOPO3: ***Health system enablers***—By 2033, national and selected subnational authorities have enhanced core workforce capabilities in critical human and animal health system enabling functions.

This end-of-program outcome is focused on strengthening the workforce in specific elements of Indonesia's human and animal health systems. The program will support the development of frontline workers in women-dominated professions, and workforce capabilities relating to health information (digital literacy, analysis, and use of health data) and the management and operation of diagnostic and public health laboratories. These elements are particularly suitable for support through institutional partnerships with specialised Australian institutions or networks, which will be one of the modalities for assistance.

The program will aim to enhance these critical elements of the health system through targeted interventions at the national level and in selected subnational locations, and ensure analysis and action is programmed to integrate consideration of gender equality, disability equity and social inclusion in each of the health system enabling components. The entry point for Australian support to each of these system components will be human resource development rather than investment in facilities or health information systems.

Subject to further scoping and review work during the inception phase of the program, assistance under this outcome could include:

- improving recognition, regulatory and reward frameworks for selected frontline human and animal health workers in women-dominated professions such as midwives and paraveterinarians
- enhancing the analysis, communication and use of health information to support human and animal health policies, programs and decisions
- providing technical assistance to laboratories—primarily animal health laboratories—to build core workforce capacities in areas such as laboratory management, diagnosis of priority diseases and quality assurance, according to each laboratory’s role within subnational and national networks.

This outcome aims to strengthen key foundational elements of the human and animal health systems in ways that build on past support, acknowledge inputs from other sources, tailor interventions to resources available, and draw on Australia's institutional strengths.

- IO5: Frontline women workers in in the midwifery and paraveterinary professions are increasingly recognised, regulated and rewarded by authorities at all levels.

This intermediate outcome is about strengthening women-dominated professions in primary health care and animal health, specifically midwifery and paraveterinary services. The program will seek to improve recognition, regulatory and reward frameworks for these professions, including career advancement pathways, compensation, and equivalence with civil service positions of a similar level of education and qualification. The program will draw, in part, on expertise within relevant Australian professional associations and educational institutions. It will seek to address the historically low value assigned to these professions and improve the quality of services provided. This is a key intervention given the important frontline role that midwives provide in maternal and infant health; and paraveterinarians in frontline animal health.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- supporting, in partnership with UNFPA and relevant GoI agencies and professional associations, the regulatory environment for midwives, professional leadership of the midwifery profession, and the development and implementation of professional standards for midwives
- generating evidence and supporting advocacy for strengthening professional standards, recognition, and rewards in the paraveterinary profession
- improving inclusive and family-friendly workplaces for paraveterinarians within the public sector through locally led approaches tested in selected locations.

This outcome aims to create lasting improvements in the status and working conditions of women in key human and animal health professions. This will contribute to a stronger, fairer, and more equitable health system and improve community health outcomes. By addressing the undervaluing of women-dominated professions, the program will seek to enhance both the quality of care and the dignity and retention of frontline workers.

- IO6: National and selected subnational authorities have enhanced capacity to analyse and use human and animal health data for evidence-based policy development, disease control, and decision-making.

This intermediate outcome is about strengthening the analysis of health data, science communication and the use of health information across both the human and animal health sectors in Indonesia; it recognises the critical role of using timely and accurate health information to inform policies, programs and decisions at all levels of government.

The program's investment in this area will complement previous, current, and anticipated future investments that strengthen the collection, management and integration of health data. It will support the strengthening of workforce capabilities in areas such as digital literacy, epidemiological analysis of health data, science communication and the practical use of health data. In doing so, it aims to support communities of practice across health sectors and increase the demand for quality health information.

Subject to further scoping and review work during the inception phase of the program, assistance under this outcome could include:

- undertaking baseline research better to understand opportunities and constraints to the analysis, communication, and use of health data in national and subnational settings

- developing in partnership with Indonesian institutions foundational education curricula and in-service training materials to build health data analysis capacity at the national and subnational levels, with a focus on translating complex health data into actionable insights
- enhancing skills at all levels in surveillance data analysis and effective communication of results, including risk communication and community engagement techniques
- building capacity to design and use data modelling techniques
- addressing regional disparities in data analysis capabilities through targeted interventions
- facilitation of cross-sectoral communities of practice for data analysis and science communication, particularly in less well-resourced areas where the pool of public health and veterinary service professionals is relatively small
- assisting in the implementation of the Ministry of Health and WHO's 2023 transition plan for reinforcing and improving Indonesia's surveillance capabilities.

This outcome supports Indonesia's broader ambitions for digital literacy and progress towards an inclusive and knowledge-based economy, and contributes to a more robust, resilient, and user-centric health information ecosystem in Indonesia.

➢ IO7: National and selected subnational authorities improve technical competencies of laboratory managers and personnel, particularly in animal health laboratories, in key aspects of their roles.

This intermediate outcome is about strengthening Indonesia's public health and animal health laboratories. It will focus on workforce capabilities in animal health laboratories—including selected Disease Investigation Centres and subnational laboratories—and build on a long history of collaboration between Australia and Indonesia in this area.

The program will extend support to selected public health laboratories where workforce capacity-building needs and competencies overlap with priorities in the animal health sector, and where opportunities exist to create synergies and efficiencies in program implementation. Program activities to support the public health laboratory workforce will be designed to complement infrastructure investments under Indonesia's Primary Healthcare and Public Health Laboratories Upgrading and Strengthening Project (PLUS).[12]

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- supporting the development and implementation of comprehensive training programs delivered by Indonesia institutions and tailored to the needs of laboratory staff, including both foundational and continuing education
- supporting the implementation of standardised competency monitoring tools and processes as part of routine laboratory quality assurance
- enhancing skills in complex diagnostic techniques
- strengthening biosafety and biosecurity practices
- improving laboratory management skills to enhance overall efficiency and effectiveness
- facilitating cross-sectoral collaboration to address workforce quantity and quality gaps, including engagement with polytechnics and universities
- enhancing skills in laboratory information management to improve data accuracy and timeliness
- supporting the development of educational materials and procedural guidance on proper specimen collection and handling procedures.

[12] The USD4 billion Primary Healthcare and Public Health Laboratories Upgrading and Strengthening Project (PLUS) is financed jointly by the Asian Development Bank (ADB), the Asian Infrastructure Investment Bank, the Islamic Development Bank and the World Bank, with the laboratory-specific element—called InPULS and funded at USD590 million—co-financed equally by the ADB and the World Bank. There is a related World Bank Multi-Donor Trust Fund for allied grant financing, to which Australia has contributed.

This outcome aims to create proficient and confident professionals in Indonesia's laboratory systems that are capable of managing and delivering timely and accurate diagnostic services for both human and animal health at the population level.

- EOPO4: **Health security**—By 2033, national and selected subnational authorities have increased capacity for health security and animal health policy development, strategic planning and the assessment, mitigation, and management of acute and emerging health threats.

This end-of-program outcome is about enhancing Indonesia's capacity to assess, prepare for, respond to, and mitigate health security risks. It includes the strengthening of core capacities of Indonesia's veterinary services at the national and subnational level, in recognition of the critical role of veterinary services in the broader health security architecture. This outcome contributes to both public health protection and broader national and regional stability and development goals.

The program will aim to strengthen systems, strategies, and capacities for effective disease outbreak management across the human and animal health sectors in a way that is equitable, gender responsive, disability and socially inclusive, and builds on lessons from the COVID-19 pandemic response and recent incursions of transboundary animal diseases.

Investments to strengthen veterinary services will seek to address chronic underfunding and relative weaknesses in core health security capacities —including planning, policy development, program design and monitoring, and technical capacities for surveillance and disease control—such that Indonesia's veterinary services are more effective and resilient in the face of acute and emerging threats.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- advisory support for public or animal health emergency operations centres and the development and refinement of both broad-based and disease-specific emergency preparedness plans that are GEDSI-informed and integrate climate risks
- direct support for major disease outbreak responses meeting agreed threshold criteria, in the form of commodities, personnel or funding
- technical support for the development of climate-informed, analytically sound, GEDSI-sensitive multisectoral risk assessment methodologies and capacities at the national level and in selected subnational locations
- strategic advice in relation to communicable disease control strategies and the national animal health system
- broad-based support for the strengthening of subnational veterinary services, particularly at the district and sub-district levels, to improve the implementation of national animal health policies, enhance service delivery to farmers and increase disease prevention, surveillance, and containment capacity.

This outcome aims to enhance Indonesia's resilience to health security threats by strengthening key systems, strategies, and capacities for outbreak preparedness and response with due attention to gender equality, disability, and social inclusion at every stage. It also provides for contingency support to Indonesia if certain outbreaks are of such severity and consequence that emergency inputs are required from international sources.

- IO8: National and selected subnational authorities are better able to assess health threats (including infectious diseases and the health and nutritional implications of climate change), prepare for and equitably respond to health emergencies, and coordinate external emergency assistance.

This intermediate outcome is about enhancing the capabilities of Indonesia's health authorities at the national level and in selected subnational locations to assess, prepare for and manage acute and emerging health threats in humans and animals.

The program will enhance the technical and operational capabilities required to identify, evaluate, and determine the relative importance of existing and emerging health security threats in both the human and animal health sectors, including the impacts of climate change on health and nutrition.

At the national level and in selected subnational locations, the program will aim to improve the collection and analysis of data from multiple sources and sectors and foster a more integrated approach to health security risk assessment. It will build on lessons learned from the COVID-19 pandemic and other health crises and mainstream the integration of GEDSI considerations.

The program will aim to strengthen systems, strategies, and coordination mechanisms for improved outbreak preparedness and response in a way that is equitable, gender responsive, and inclusive of people with disability and other marginalised groups.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- supporting authorities with context-appropriate tools, methodologies, and partnerships to conduct comprehensive risk assessments that use data from all relevant sectors, including human health, animal health, and environmental health and are GEDSI informed
- enhancing capabilities among decision-makers to base planning, policy development and resource allocation on the results of integrated risk assessments that are informed by GEDSI analysis
- ensuring that risk assessment processes and methodologies supported by the program are informed by evidence on the likely impacts of climate change
- incorporating considerations such as changes in the burden of vector-borne diseases, decreasing food security, and the increasing incidence of extreme weather events
- specialised advisory support for public or animal health emergency operations centres, including for the development of systems and protocols for effective operations during health emergencies and the training and management of rapid response teams
- technical inputs for the development and refinement of both broad-based (all-hazards) and disease-specific emergency preparedness plans incorporating inter-agency coordination arrangements and protocols for managing international inputs
- direct support for major disease outbreak responses meeting agreed threshold criteria, in the form of commodities, financing and/or specialised personnel deployments.

This outcome aims to enhance Indonesia's ability to anticipate, assess, and prepare for potential health threats across both the human and animal health sectors, while also integrating climate change considerations and mainstreaming attention to gender equality, disability, and social inclusion, recognising the greater impact of threats on those with the least agency and influence.

The program will work towards practical and achievable improvements, recognising that the program cannot be expected to overcome the challenges of inter-agency coordination in health emergencies, nor work in depth with all the agencies who might be engaged in health emergency preparedness and response.

> ➢ IO9: National and selected subnational authorities have increased capacity to develop, fund and monitor the implementation of animal health policies and programs.

This outcome supports the strengthening of strategic planning, and the development, funding and monitoring of animal health policies and programs at the national and subnational level. It will strengthen capacity for evidence-based decision-making and inclusive policy and program development. As with the program's support for public health policy (IO1), it recognises the depth of expertise in Indonesia's public

service and research institutes, while acknowledging that GoI values international perspectives in addressing persistent and emerging policy and program design challenges.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- support for the Ministry of Agriculture to progress an overarching 'blueprint' for Indonesia's national animal health system (SISKESWANAS), strengthen the legislative foundations of the veterinary services, and advocate for adequate government funding in alignment with the health transformation agenda
- support for the development, refinement and monitoring of animal health policies and programs, particularly those relating to biosecurity, surveillance and disease control
- the development of models and approaches to the planning, funding, and delivery of veterinary services at the subnational level that can be replicated or scaled in other subnational locations, with feedback from implementation experience provided to relevant national agencies.

    - IO10: Subnational veterinary services in selected locations advance core technical capacities for the surveillance and control of priority animal diseases.

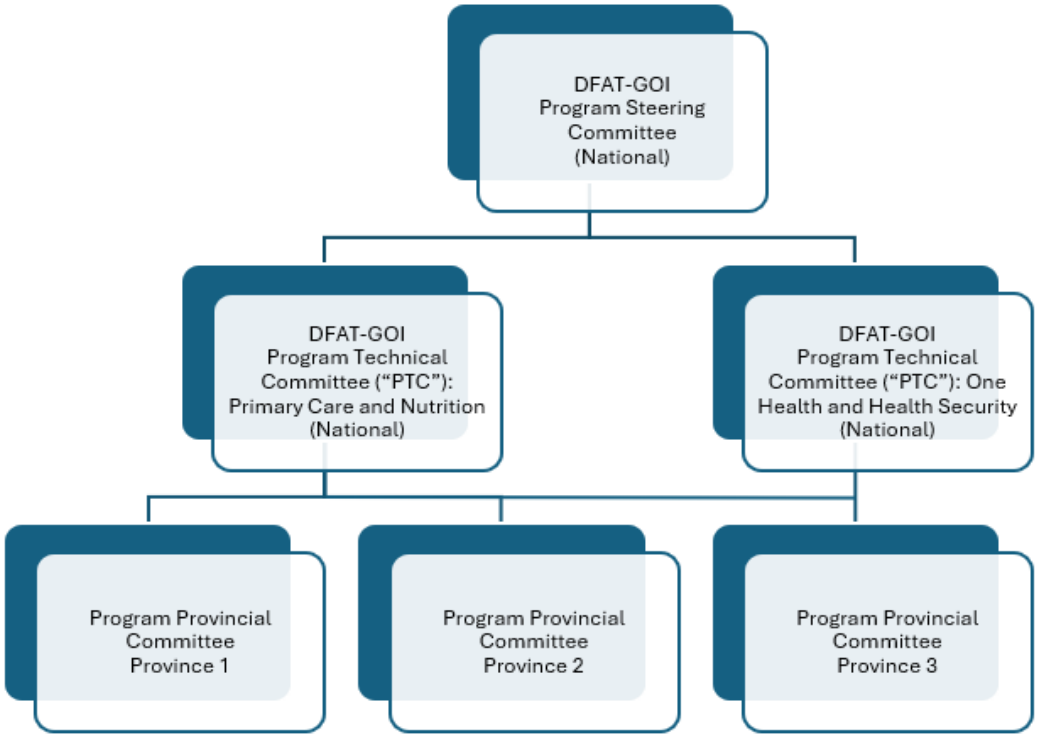
This intermediate outcome is about strengthening subnational veterinary services, particularly at the district and sub-district levels, to improve the implementation of national animal health policies and enhance service delivery to farmers including the most marginalised—thereby increasing disease prevention, surveillance, and containment capacity.

During the inception phase, the program will conduct implementation studies and trials in selected subnational locations to identify effective approaches to improving veterinary service delivery and veterinary public health capacity. The results will inform national policies and demonstrate scalable approaches to veterinary service delivery for possible adoption by other subnational authorities.

Subject to further scoping work during the inception phase of the program, assistance under this outcome will include:

- targeted training and support to enhance the technical and managerial competencies of subnational veterinary service personnel, including support for pre-service training provided to paraveterinarians at local polytechnics, and in-service training
- support to strengthen capacities for the surveillance of priority livestock diseases and zoonoses at the subnational level, linked to the program's assistance for health information systems and laboratory strengthening
- support for innovative measures to improve the accessibility, quality, and relevance of veterinary services for farmers, including potential support for services related to animal production where aligned with program outcomes on nutrition and health system resilience in the face of climate change.

This outcome is linked to but distinct from IO5, which includes support for the development of the paraveterinary profession in selected subnational locations.

This outcome aims to enhance the effectiveness and reach of veterinary services at the subnational level, contributing to improved animal health, food security and nutrition, and public health outcomes.

ANNEX B—PROGRAM GOVERNANCE STRUCTURE