

WHO Country Cooperation Strategy 2014–2019



INDONESIA

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Preface



The collaborative activities of the World Health Organization in the South-East Asia Region aim to improve the health status of populations in Member States of the Region. The WHO Country Cooperation Strategy is WHO's medium-term strategic vision to guide its work in and with a country. It aims at harmonizing cooperation and support among WHO and other UN agencies and development partners. It also guides on how WHO can best support health development in a country taking into consideration the regional and global priorities of the Organization.

Indonesia was one of the first countries to develop a Country Cooperation Strategy (CCS). The first CCS for Indonesia covered the period 2001 to 2005. WHO prepared its Second Country Cooperation Strategy covering the period 2008 to 2013. The second CCS was implemented during a period when economic growth in Indonesia gained good momentum and during which time the country was classified as a middle-income country.

Recent analysis on the current health situation, the likely health scenarios through 2019, new priorities of the Ministry of Health, especially commitments for universal health coverage, and the World Health Organization's General Programme Work for the period 2014–2018 form the basis for this Third Country Cooperation Strategy.

We recognize the need for a strong WHO country office to work closely with key Indonesian counterparts and partners, especially in other United Nations agencies involved in the existing United Nations Development Framework (UNPDF). This cooperation should consider local conditions and emerging priorities, such as noncommunicable diseases, while continuing to assist with reducing the incidence of measles and neglected tropical diseases, as well as to help ensure that the population is protected against outbreaks and natural disasters.

I would like to thank all those who have contributed to developing this WHO Country Cooperation Strategy and to ensure that the WHO Regional Office and headquarters are fully committed to its implementation. We appreciate the inputs and suggestions received from the Ministry of Health, key health experts and our health development partners in the country, and will continue to work closely with them. This consultative process will ensure that WHO contributions will maximize support to Indonesia's health development efforts over the next five years. Our joint efforts should be aimed at achieving the maximum health benefits for people living in the world's largest archipelago.



Dr Poonam Khetrpal Singh
Regional Director
WHO South-East Asia Region

Foreword



The global WHO corporate strategy developed in 2000 emphasizes, *inter alia*, the development of WHO country cooperation strategies to foster a corporate and more strategic approach to country work. The WHO Country Cooperation Strategy for Indonesia 2002–2005 was one of the first five strategies to be implemented by Member States of WHO. The second Indonesian Country Cooperation Strategy was developed for 2007–2011 and was later updated to include 2013. As the Indonesian economy and health sector continue to develop, the roles of Indonesia's health partners should evolve to ensure that they maximize support for health in the country. Therefore, this Third Country Cooperation Strategy reflects changes in Indonesia and outlines the appropriate support of WHO for 2014–2019.

This Third Country Cooperation Strategy has been developed in close collaboration with the Ministry of Health and development partners with additional inputs and guidance from WHO headquarters and the Regional Office. Drafts of the strategy were shared and discussed with the Center for International Cooperation and Bureau of Planning, Ministry of Health, Government of Indonesia.

As a result of a thorough review, five strategic priorities for WHO country cooperation for 2014–2019 are as follows:

- (1) Address the challenges of communicable diseases and reach the 'Post-

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