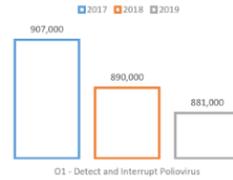


Indonesia Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on Indonesia intends to provide an overview of the status of planning for this transition of assets and infrastructure by the country. More information about polio transition planning is available on the [GPEI web site](#).



GPEI Funding Ramp Down 2017-2019 (USD)



Background:

Indonesia successfully stopped transmission of indigenous WPV in 1995. In 2005-2006, the country ended two serious outbreaks (one from an importation of WPV and one caused by circulating vaccine derived poliovirus (cVDPV) and has remained polio-free since 2006. Indonesia was certified as polio free in March 2014 as with the rest of the countries in the South-East Asia Region.

Since the start of polio eradication efforts in Indonesia in 1995, the Government of the Republic of Indonesia (GRI) has taken full ownership of the program, prioritizing polio eradication and providing the vast majority of funding for all activities. In 2016, Indonesia received US \$17,683,000 of GPEI funding, approximately US \$14M of which was for campaigns. From 2017 to 2019, Indonesia is expected to face a gradual ramp down in Polio funding for which the projected budget is only US \$881,000 for surveillance and other polio core functions excluding campaigns. By the end of 2019, there will be no further GPEI funding support for surveillance activities (i.e. travel for AFP case investigations and transport for stool specimens and environmental sewage samples to the laboratory for testing), purchase reagents of laboratory testing, or national and provincial surveillance review meetings.

General Information

Demographics

Total Population: **263,509,438**
 Birth Cohort: **4,946,500**
 Surviving Infant: **4,834,892**
 Infant Mortality Rate (per 1000 live births): **23**
 Child Mortality Rate (per 1000 live births): **27**

Financials

GDP, 2017 (USD): **\$861,934,000**
 GDP per capita, 2015: **\$3,346.5**
 Total Health Expenditures (THE) as % of GDP, 2014: **2.8**
 External Resources on Health as % of THE, 2014: **1.1**
 Government Expenditure on Health per capita, 2012: **107.8**

Human Resources

MOH:
 WHO: **3**
 UNICEF: **0**
 Core Group:
 Rotary:

Polio Funders to-date

GPEI Donors

References

[For references, please click here](#)

GPEI Funding: Detect and Interrupt Poliovirus	2017	2018	2019
Campaigns- SIAs	\$0	\$0	\$0
Core functions & infrastructure (mainly Technical Assistance)	\$235,000	\$195,000	\$162,000
Surveillance & running costs (excluding Lab)	\$672,000	\$695,000	\$719,000
Grand Total	\$907,000	\$890,000	\$881,000

Health Priorities

Maternal and Child Health (MCH), Communicable diseases, and Noncommunicable diseases (NCDs)

Transition Planning

Country Planning Dashboard: Indonesia

Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Transition strategy agreed
Complete	N/A	Complete	Complete	Complete	Not yet started	Complete

Milestones_IDN

Milestone	Update
Awareness raising	Advocacy with the Government, GPEI partners and other stakeholders on the urgency of transition planning and the steps necessary to finalize the transition plan has been done.
Coordination	Work plan defining the planning scope and timeline for the country program, endorsed by the governing body designated by the government to oversee the planning process
Evidence	Mapping of polio program resources (all assets, functions, etc.) across the GPEI has been conducted; country health needs and priorities identified and documented
Strategic Options	National-level Transition Planning discussions convened and facilitated, under the leadership of the Government and in coordination with the GPEI partner agencies, donors and other key stakeholders. Discussions centered on matching country needs with polio assets to determine transition options
Vision for the future	Mainstreaming options identified for essential functions; transition options identified for other polio program assets; priority transition options identified; outline of business case for priority transition options available
Transition Plan	The National Transition Plan is being reviewed by the MoH.

Transition Strategy

In Indonesia, polio-related functions and assets have already been mainstreamed into the government and capacities developed in support of polio eradication are already being used in other MoH priorities. The Government of Indonesia provides the majority of funding, and WHO provides some support and procurement activities for surveillance. The following is a summary of how polio essential functions will be implemented post-transition:

- Containment – complete the validation exercise for tOPV to bOPV switch in the remaining 16 provinces; The head of National Authority on Containment will be responsible for assessing and verifying compliance with GAP III standards
- Immunization – identify and vaccinate children who missed doses of bOPV and/or IPV between April 2016 to present
- Surveillance – utilize Early Warning and Response System to complement standard AFP surveillance, expand environmental surveillance, and considering hiring surveillance officers and health centres with government funds

As the GPEI funding goes away, the government will take on additional costs of the program. The budget allocation process is underway to determine the costs to be absorbed by government.

Risks

Risk of importation of WPV:

- Even with these precautions, there remains a risk of WPV importation into Indonesia via Indonesians traveling for the hajj or umrah
- Additional risk for importation comes from the increasing amount of travel for business/pleasure undertaken by Indonesians in Asia and beyond as the economy grows and travel becomes affordable

Emergence of cVDPVs:

- Low immunization coverage rates in areas known anecdotally for community resistance to vaccination
- There is also a risk for the potential increase in under or unprotected children due to stock-outs of bOPV and the delayed roll-out of IPV due to the global shortage of the vaccine

Challenges

- Greater advocacy is needed at sub national level as Operational cost for AFP surveillance needs to be taken over by local governments
- WHO HR staff cost is still at risk post 2018-2019
- MOH has not yet prepared a final plan how it will cover the polio cost (which are supported by WHO)

Next steps

- Starting in 2018, some of the Polio operational cost will be taken over by MOH, e.g. specimen handlers cost in Lab, also some test kits will be covered by MOH.