



Planning and Management of Foreign Grants in Ministry of Health

June 2024

Secretary General



Golden Indonesia 2045

Sovereign,
Developed, and
Sustained Country

Health for all as the main pillar to create excellent human resources in Golden Indonesia 2045 vision



Social Transformation

Create Excellent Human Resources

Health for All

Equal Quality
Education

Adaptive Social
Protection



Economic Transformation

Bring Indonesia as an Upper Income Country



Governance Transformation

Create quality public services and participative communities



Base Transformation

Law Supremacy, stability, and Indonesia Leadership + Resiliency of Social, Culture and Ecology

Some health challenges and future problems to be addressed (e.g aging population), following other countries

Each life cycle health challenges

NON-EXHAUSTIVE

■ Basic health problem
 ■ Emerging health problem
 ■ Future health problems



Pregnant woman



Newborn and kids



adolescence



adult



old people

woman

Maternal mortality as the 2 nd highest in ASEAN; >70% preventable	Infant mortality rate as 3 rd highest in ASEAN	>1/3 girl adolescence has anemia	TB prevalence highest in the world	1/3 population predicted to be old generation in 2050
Birth assistance by health worker, 4 th lowest in ASEAN	~22% stunting, 3 times average in OECD	1 of 4 adolescence has mental health problem	Leprosy incidence world 3 rd highest	only ~13% old people live healthy and normal activities
28% pregnant woman have health complication problem	1 of 5 school children has obesity	45% smoker begin at 15 age	Productive generation with NCD high risk (e.g. stroke, diabetes, etc)	Dementia prevalence avg >25%

>30% Indonesian has limit access to health information

~23% Indonesian have low physical activities

To achieve health vision and overcome the challenges, MoH compose RIBK by 3 approaches: consistency, continuity, and relevancy



1. Future Indonesia health priorities

To ensure **consistency**:

Consider Indonesia health priorities in 5 – 10 years ahead from other health stakeholders (e.g, BPOM, BKKBN, BPJS, dll.)

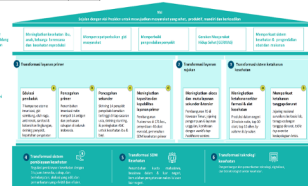


2. Current Indonesia Health Priorities

To ensure **continuity**:

Evaluate current outcome and Program priorities from other health stakeholders

Pilar	Program Prioritas	Kode
Layanan Primer	1. Integrasi Layanan Primer	LP-1
	2. Lakaotbang	LP-2
	3. Promosi Kesehatan	LP-3
	4. Stunting	LP-4
	5. Imunisasi	LP-5
	6. ISG	LP-6
	7. Penurunan AKI dan AKB	LP-7
	8. HIV	LP-8
	9. Malaria	LP-9
	10. PTBL	LP-10
	11. Penyakit	LP-11
Layanan Rujukan	12. RS Rujukan	LR-1
	13. RS Rujukan	LR-2
	14. RS Rujukan	LR-3
	15. RS Rujukan	LR-4
Sistem Ketahanan Kesehatan	16. Rantai Pasok	SK-1
	17. Rantai Pasok	SK-2
	18. Rantai Pasok	SK-3
	19. Rantai Pasok	SK-4
	20. Rantai Pasok	SK-5
	21. Rantai Pasok	SK-6
	22. Rantai Pasok	SK-7
	23. Rantai Pasok	SK-8
	24. Rantai Pasok	SK-9
	25. Rantai Pasok	SK-10
Pembayaran Kesehatan	26. Pungutan	PK-1
	27. Pungutan	PK-2
	28. Pungutan	PK-3
SDM Kesehatan	29. Pengembangan SDM Kesehatan	TK-1
	30. Rukam Medis Elektronik	TK-2
	31. Rukam Medis Elektronik	TK-3
	32. Integrasi Aplikasi	TK-4
	33. Integrasi Sistem Data	TK-5



3. Global best practice benchmarks

To ensure **relevancy**:

Examine and validate health outcome using:

- A. global healthcare guidelines
- B. Global best practice benchmarks (i.e., China, India, UK, etc.)



World Health Organization



RIBK has goals, programs, and strategic indicators which focus on basic and new-emerging health problems in the future

Vision

Health and Productive Communities for Indonesia Golden 2045

National Health Outcome and Strategic Goal

Health People

Healthy lifestyle Communities

Accessible, equal, quality, and affordable health services

Strong health system

Effective health governance and finance

Advance health technology

Program strategic

1 Primary Services

Health literacy and healthy lifestyle

- Community health literacy
- National fit campaign
- Healthy aging
- Clean and sanitation

Promotive services

- Enhance health maternal management
- CD Control (i.e., TB, HIV, Malaria, Leprosy)
- Mental health

Preventive prog

- Increase child welfare
- NCD control (i.e., Obesity, Diabetes)
- Immunization

Primary services access and quality

- Enhance access and quality of primary health care with standard resources i (e.g., med-dev, medicine, dan human resources)
- Enhance vulnerable community services

2 Secondary Services

Secondary services

- Increase hospital networks
- Integrated competence-based referral system
- High quality standard services
- Enhance 10 priority diseases service

3 Health Resilience

Increase domestic health resilience system

- Availability and independent of medical material (i.e., vaccine, med-devices, medicine)

Strengthened national health emergency response

- Increase lab network and surveinace
- Preparedness and emergency response
- Climate change resilience management

4 Health Finance and Governance

Governance

- Quality governance and policies
- *International and local health partnership*

Finance

- Enhance Health finance mechanism
- Increase universal health coverage progressively

5 Health Talent

Organize health workers

- Increase number of health workers
- Enhance quality of health workers
- Equal distribution of health workers

6 Health Technology

Digital health technology and data

- Developed advance health technology (i.e., AI medicine, genomics)
- Health technology ecosystem and innovative *data record*
- Increase R&D and medic innovation

RIBK strategic outcome indicators has arranged to ensure the triumph of programs and enhance **collaboration** between stakeholders

Vision

Health and Productive Communities for Indonesia Golden 2045

- 1 Life Expectancy 2 Healthy Life Expectancy (HALE) 3 UHC Service Coverage Index

Health People

Maternal

- 4 Maternal Mortality rate
- 5 Total fertility rate

Infant and children

- 6 Under 5 Mortality rate
- 7 Stunting prevalence
- 8 Immunization coverage

Adolescent

- 9 Suicide rate (Mental Health)

Seniors

- 10 HALE60

Adults (+All age groups)

- 11 Traffic accident rate
- 12 NCD free population
- 13 CD free population

Healthy lifestyle Communities

- 14 Health literacy score
- 15 Physical activity level
- 16 Community based total sanitation (STBM)
- 17 Obesity Prevalence

Accessible, equal, quality, and affordable health services

Accessibility

- 18 Ratio of Nakes dan Named (health workers) to population
- 19 Proportion of districts or cities with health facility according to standard
- 20 Proportion of health facilities with health supplies according to standard

Quality

- 21 Proportion of health facilities with accreditation of "utama" or above
- 22 Patient satisfaction level towards healthcare provision

Affordability

- 23 Percentage of out of pocket spending
- 24 The proportion of people who have active health insurance

Strong health system

Resilience

- 25 Proportion of drugs (including vaccine and biological products) that can be produced domestically
- 26 Proportion of types of medical equipment that can be produced domestically
- 27 Food and drug monitoring index
- 28 Environmental health index
- 29 Medical device that meets standards index

Preparedness

- 30 IHR in JEE

Effective health governance and finance

- 31 Proportion of health spending per capita to HALE
- 32 The proportion of national health targets is aligned at the regional level
- 33 Scale of investment in the sector

Advance health technology

- 34 Percentage of population utilizing SIKN
- 35 Percentage of health facilities integrated into SIKN
- 36 Growth in the number of clinical trials

Three main contributes to ensure the achievements of RIBK goals



1. Frequent coordination between ministries/institutions to ensure the RIBK health strategic in-line



2. Ensure the *cascading* of RIBK strategic goals, indicators and programs to subnational governments planning documents



3. Mobilize private sector supports to participate actively in RIBK program implementation

RIBK accelerates health transformation to achieve Indonesia Golden 2045 Vision, together with all important stakeholders (central govt. subnational govt, and private sectors)

Illustration only – non exhaustive

Central Governments



Subnational Governments



Private Sectors

Health industries for-profit



Health Industries non-profit



Supported private sector



Donor Institutions



Donors Office

Donor office established to strengthen coordination of Foreign Loan and Grants (PHLN) and strengthening of partnership mechanism



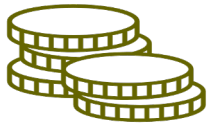
The purpose of establishing this Donors Office:

- ❖ to strengthen coordination for planning, implementation, and monitoring of Loan and Grant Projects.
- ❖ to manage a single gateway for Loan and Grant Projects.
- ❖ to enhance coordination with donors.



Scope of work Donors Office:

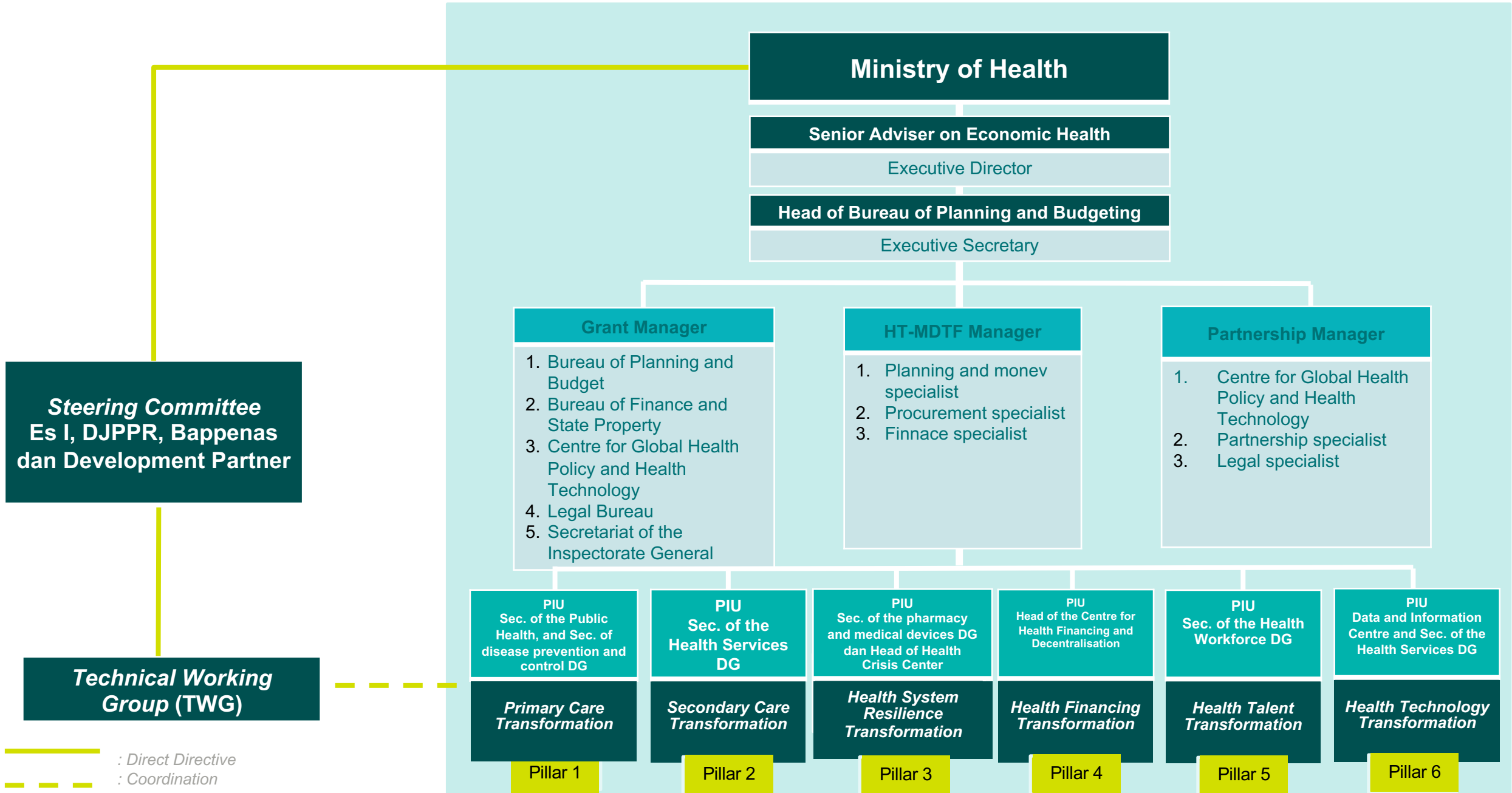
- ❖ Grant Management
- ❖ Partnership Management
- ❖ Administrative management



State Budget (APBN) and other legal Source*

* Now will be funded by I-SEHAT MDTF (Indonesia - Supporting Health Transformation Multi Donors Trust Fund)

DONORS OFFICE EXECUTIVE ORGANISATIONAL STRUCTURE



Recap of Grant Proposal 2025

Pillar I: Primary Care Transformation

No	Programs	Target	Budget (IDR)
1.	Human Papilloma Virus (HPV): DNA Screening	20.426.950 Individuals	3.660.390.000.000
2.	Neonatal: Congenital Hypothyroid Screening	9.857.533 Examinations	918.390.000.000
3.	Stunting: Food for Special Medical Purpose (FSMP)	232.540 Babies with Stunting	700.000.000.000
4.	Dental and Oral Health: Early Detection & Communication	500 Examinations	4.878.751.000
5.	Mental Health: Capacity Building for Health Workers	390 Health Workers	4.216.178.000
6.	Narcotics and Addictive Substance Abuse: Capacity Building	120 Health Workers	3.650.000.000
7.	Elderly and Geriatric Health: Piloting	8 Provinces	1.641.506.500
8.	Inclusive Health Services for People with Disabilities: Piloting	6 Provinces	1.481.506.500

Pillar II: Secondary Care Transformation

9.	Hospital-based Residency: Medical Technology Improvement	6 Vertical Hospitals	400.669.198.568
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Pillar III: Health System Resilience Transformation

10.	Supply Chain Management: Capacity Building	225 Health Officers	1.790.989.000
11.	Innovative Medicine Access: Policy Recommendation	1 Policy Recommendation	1.561.850.000

Pillar VII: Internal MoH Transformation

12.	Health Talents: Kemenkes Corporate University	150 MoH Talents	41.670.000.000
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Other programs

13.	a. Maternal Health: Provision of RDT HBSAg for Early Detection of Hepatitis B	508 Districts	42.620.000.000
	b. HIV: Provision of Consumable Medical Materials for Early Detection	508 Districts	192.790.000.000
	c. Health Workers: Competencies Development	3.264 Health Workers	31.060.000.000
	d. Non-Communicable Diseases: Geriatric Screening, Occupational Health, Physical	508 Districts	27.410.000.000

Total

6.034.219.979.568



01

Human Papiloma Virus (HPV): DNA Screening



Background & Urgency

Untreated persistent HPV infection of the cervix causes 95% of cervical cancers. This is what makes HPV DNA Screening part of the National Action Plan for the Elimination of Cervical Cancer until 2030. Globally, cervical cancer is the fourth most common cancer in women, with around 660 000 new cases in 2022. **In Indonesia, it is estimated that over 36,000 women are diagnosed with cervical cancer every year, and more than 21,000 women die annually due to the disease.** The global strategy encourages a minimum of two lifetime screens with a high-performance HPV test by age 35 and again by age 45 years.



Strategy

- By 2030, Indonesia aims to screen **75% of individuals between the ages of 30 and 69 once every 10 years using HPV DNA testing as the primary screening method.**
- Total target Total Aged Group 30 -69 Year: **76.931.786 women.**
Target 2024 : 9.135.000 women (12%)
- **Screening Operational Strategy** includes 1) engaging health service facilities 2) collaborating with a third party for community outreach 3) sending invitation to every woman aged 30-69 4) recording and reporting support system 5) improving health workers capacities.



Target

20.426.950 Individuals



Budget

IDR 3.660,39 Billion



Technical Units

Dir. General of
Disease Prevention and Control



Neonatal: Congenital Hypothyroid Screening



Background & Urgency

Indonesia's neonatal mortality rate has decreased from 26 per 1000 live births in 1999 to 9.3 per 1000 live births in 2020. The newborn screening program in Indonesia began with Congenital Hypothyroid Screening as a pilot project in 1999, and it has been implemented nationally since 2014. **By 2023, Congenital Hypothyroid Screening had been well established, with coverage increasing 11x from 2022, reaching more than 1.2 million neonatal babies.** To ensure Indonesia reaches the 2030 neonatal SDGs target, it is imperative that this positive trend continues to be upheld and reinforced.



Strategy

- **Congenital Adrenal Hyperplasia Screening (SHK) and Glucose 6 Phosphate Efficiency Screening (CAH G6PD)** are conducted in four provinces in 2024.
- **Congenital Heart Disease Screening** commences in 2024 at Community Health Centers (Puskesmas), utilizing infant pulse oximeters.
- **Newborn hearing screening will be initiated in 2025**, following WHO standards, which include screening for hearing loss, vision loss, and hyperbilirubinemia.



Target

SHK Screening
5.378.400 examination

CAH G6PD Screening
4.489.153 examination



Budget

SHK Screening
IDR 307,54 Billion

CAH G6PD Screening
IDR 610,85 Billion



Technical Units

- **Dir. General of Public Health**
- **Dir. General of Disease Prevention and Control**



Stunting: Food for Special Medical Purpose (FSMP)



Background & Urgency

According to the Basic Health Research (Riskesdas) in 2018, the prevalence of stunting was 30.8%, but it succeeded in decreasing to 21.5% by 2023 (Indonesian Health Survey - SKI, 2023). The target of the National Medium-Term Development Plan for 2020-2024 is to reduce the prevalence of stunting to 14% and wasting to 7%. In accordance with Minister of Health Regulation No. 29 of 2019 concerning Overcoming Nutrition Problems for Children Due to Illness, one of the treatments for stunting in hospitals is providing Food for Special Medical Purpose (FSMP).



Strategy

- FSMP will be designated as a government program, targeting four conditions: **1) stunting accompanied by poor nutrition** **2) stunting accompanied by malnutrition** **3) stunting accompanied by low weight** and **4) stunting with normal weight/height**.
- FSMP will be conducted in **38 provinces** across four stages: **1) Preparation**, **2) Implementation**, **3) Monitoring and Evaluation**, and **4) Recording and Reporting**.



Target

232.540
Babies with Stunting



Budget

IDR 700,00 Billion



Technical Units

Dir. General of Public Health



Dental and Oral Health: Early Detection & Communication



Background & Urgency

Based on the results of the Basic Health Research in 2018, the Dental Caries Index DMF-T (Decay, Missing, Filling) indicates that, on average, **the Indonesian population has 4 to 5 problematic teeth, making dental caries one of the 10 major diseases in primary care. The prevalence of cavities in early childhood remains very high, at 93%, meaning that only 7% of children are unaffected.** Regarding the distribution of dentists in community health centers (Puskesmas), there is still an uneven distribution nationally, with three areas experiencing maldistribution.



Strategy

- Public service to the community through **dental and oral health screening, targeting 50,000 individuals in three provinces and 15 districts.**
- **Media communication for information and education on dental and oral health, targeting 3 packages of communication tools.**
- **Training for early screening and detection of dental and oral health issues, targeting 120 personnels** of non-communicable disease program coordinators, dentists, and dental therapists.



Target

50.000 Individuals
120 Health Workers



Budget

IDR 4,88 Billion



Technical Units

Dir. General of
Disease Prevention and Control



Mental Health: Capacity Building for Health Workers



Background & Urgency

According to the Indonesian Ministry of Health, **the prevalence rate of depression among the population is 1.4%, as reported in the 2023 Indonesian Health Survey.** This condition is increasingly worrying, given that **Indonesia has only around 0.2 psychiatrists and 0.18 psychologists per 100,000 people,** which is insufficient to meet the population's needs. This underscores the urgency of implementing comprehensive mental health training for both health service providers and the community to effectively address this problem, including tackling public stigma, which is one of the fundamental challenges.



Strategy

- **The beneficiaries of this activity are district/city health workers who have not received integrated mental health training in 13 selected provinces,** namely: West Java, Central Java, East Java, North Sumatra, South Sulawesi, East Nusa Tenggara, Aceh, South Sumatra, Lampung, DKI Jakarta, Southeast Sulawesi, West Sumatra, and Banten.
- The health workers who are trained are **doctors, nurses and psychologists** at the Community Health Center (Puskesmas).



Target

720 Health Workers



Budget

IDR 4,13 Billion



Technical Units

Dir. General of Public Health



Narcotics and Addictive Substance Abuse: Capacity Building



Background & Urgency

Based on data from the National Narcotics Agency of the Republic of Indonesia, **the prevalence rate of drug abuse during the last year in 2023 was 1.73%**. This means that out of every 10,000 Indonesian residents aged 15-64 years, 173 people were exposed to drugs during the last year. **This is equivalent to 3.33 million people aged 15-64 years**. Ministry of Health must ensure the preparation of all necessary resources, including health workers at Community Health Centers (Puskesmas) who will be responsible for conducting promotive, preventive, curative, and rehabilitative activities to drug addiction.



Strategy

- **The intervention to children and adolescents** involves three activities: 1) conducting educational webinars, 2) developing guidelines for medical rehabilitation, and 3) validating the ASSIST-Y and ASI Teenager Instruments.
- **The intervention to health workers** includes 1) developing a training module 2) conducting a Training of Trainers (TOT), and 3) creating Knowledge, Information, and Education (KIE) media.
- **The strategy for post-rehabilitation services for drug abuse** includes creating Knowledge, Information, and Education (KIE) Lifeskill Media aimed at maintaining abstinence conditions.



Target

120 Health Workers



Budget

IDR 3,65 Billion



Technical Units

Dir. General of Public Health

Elderly and Geriatric Health: Piloting



Background & Urgency

Indonesia has currently transitioned into an aging population, with residents aged 60 years and above comprising as much as **11.75% of the population**. The number of elderly people continues to rise, with projections suggesting it will reach 20% by 2045. **The integration of human life cycle-based services is at the forefront of primary service transformation.** This entails expanding the scope of services offered at primary health centers, including posyandu, to cater not only to the health needs of mothers and children but also to those of teenagers, adults, and **the elderly**.



Strategy

- **Enhance the capacity of health workers at the provincial level to serve as facilitators in training for elderly and geriatric health services**, benefiting health workers in both district and community health centers. The beneficiaries of the upcoming activities are two groups of **60 participants each from 20 provinces who have not received prior training**. These provinces include Lampung, South Sumatra, Bengkulu, Jambi, Riau, Babel, Maluku, Bali, NTT, NTB, Central Sulawesi, Southeast Sulawesi, South Sulawesi, West Kalimantan, Central Kalimantan, North Kalimantan, South Kalimantan, Gorontalo, Bali, Papua, and West Papua.
- Pilot activities will be conducted in **eight selected provinces**, each representing four regional criteria: **urban, rural, remote, and very remote areas**.



Target

**60 Health Workers
8 Locus of Piloting**



Budget

IDR 1,64 Billion



Technical Units

Dir. General of Public Health



Inclusive Health Services for People with Disabilities: Piloting



Background & Urgency

According to the Central Statistics Agency (BPS), Indonesia had 22.5 million people with disabilities in 2020. However, the 2020 National Economic Survey (Susenas) reported a higher figure of 28.05 million individuals with disabilities. The World Health Organization (WHO) indicates that the percentage of people with disabilities in Indonesia amounts to 10% of the total population, approximately 27.3 million people. **In 2017, the Ministry of Health prepared guidelines for the Implementation of Reproductive Health Services for Adults with Disabilities.** These guidelines serve as a reference for activities in the field, requiring dissemination and strengthened implementation.



Strategy

The series of activities that will be held to strengthen inclusive health for people with disabilities include;

- **The Preparation and Arrangement of Instruments** for inclusive health services for persons with disabilities in Primary Health Care (PHC) Integration.
- **Health Workers' Orientation in Inclusive Health Services for Persons with Disabilities** in the pilot region.
- **Monitoring and Evaluation of Pilot Implementation**
- **Inclusive Health Service Orientation for Persons with Disabilities** in provincial units.



Target

1.900 Health Workers
6 Locus of Piloting



Budget

IDR 1,48 Billion



Technical Units

Dir. General of Public Health



Hospital based Residency: Medical Technology Improvement



Background & Urgency

There exists a **significant disparity between the demand for healthcare services and the availability of qualified health workers in Indonesia, particularly in the realm of secondary and tertiary medical care.** Consequently, the Ministry of Health has launched a **Hospital-Based Residency Program**, which recently received its inauguration from the President of the Republic of Indonesia. In order to ensure that this residency program delivers high-quality education and hands-on training, **it is imperative to equip the medical facilities, particularly the primary teaching hospitals, with cutting-edge medical and educational resources.**



Strategy

This program will firstly be implemented by six pilot hospitals designated by the Ministry of Health as primary teaching hospitals (RSP-PU), namely:

1. **National Mother and Child Center Harapan Kita Hospital - Pediatrics**
2. **National Cardiovascular Center Harapan Kita Hospital - Cardiology**
3. **Prof. Dr. Dr. Mahar Mardjono National Brain Center Hospital - Neurology**
4. **Cicendo National Eye Center Hospital - Ophthalmology**
5. **Prof. Dr. R. Soeharso, Orthopedic Hospital - Orthopedics**
6. **Dharmais Cancer Hospital - Radiation Oncology**



Target

6 Vertical Hospitals



Budget

IDR 400,67 Billion



Technical Units

Dir. General of Health Services



Supply Chain Management: Capacity Building



Background & Urgency

The unequal availability of medicines remains a problem in meeting the needs of providing health services. One issue is the numerous complaints of medicine shortages in some areas, while in others, excess medicines have reached their expiry date. **This imbalance is influenced by the drug management system**, which encompasses a series of activities ranging from selection, planning, procurement, storage, distribution, pharmaceutical services, to monitoring availability. This problem is caused by various interrelated factors, one of which is human resources. **Low frequency of training, lack of standardized training, and high turnover among officers are some of the root causes leading to untrained personnel.**



Strategy

The capacity-building will be conducted for **health district officers from 38 provinces and 514 districts in hybrid sessions**. The training materials include:

- Integrated Drug and Vaccine Supply Chain Management
- Drug Selection as the Initial Step in Supply Chain Management
- Implementation of Logistics Information Systems in Controlling Drugs and Health Supplies
- Rational Drug Use in Relation to Supply Chain Management.



Target

225 Health Officers



Budget

IDR 1,79 Billion



Technical Units

Dir. General of
Pharmaceutical and Medical Devices



Innovative Medicine Access: Policy Recommendation



Background & Urgency

Public access to new, innovative medicines available in Indonesia is very limited. The study by the Pharmaceutical Research and Manufacturers of America (PhRMA) in 2022 showed that **only 9 percent of the 460 new medicines produced globally between 2012 and 2021 were accessible in Indonesia. This figure is notably lower compared to the number in the Asia Pacific region, which stands at 20 percent.** The limited access to innovative medicines in Indonesia is attributed to various factors, including **low market demand, restricted market access, and uncertainty surrounding regulatory reviews.** It is necessary to formulate policy recommendations which should be prepared with various stakeholders.



Strategy

The process of preparing policy recommendations related to access to innovative medicines consists of several activities, including:

- Holding a forum for discussing proposed policy recommendations
- Preparing and finalizing the policy recommendations
- Coordinating across sectors to enhance access to innovative medicines
- Benchmarking access to innovative medicines.



Target

1 Document of
Policy Recommendation



Budget

IDR 1,56 Billion



Technical Units

Dir. General of
Pharmaceutical and Medical Devices



Health Talents: Kemenkes Corporate University



Background & Urgency

To be able to implement the 6 pillars of Health Transformation, the Ministry of Health (MoH) realizes the importance of the presence of **the 7th pillar**, namely the **Internal Transformation of the Ministry of Health**. Based on the 2022 Organizational Health Index (OHI), challenges were identified related to the lack of capability of MoH talents to achieve the organization's vision. It is due to the lack in talent acquisition and talent development strategy and programs. **Kemenkes Corporate University was formed in October 2023 to support the achievement of strategic health transformation goals, increase the capacity and competence of MoH talents, and foster a learning culture within MoH organization.**



Strategy

Kemenkes Corporate University develops the **Managerial Leader Program from level 1 Self Leadership to level 5 Transformational Leader**. Some of the superior programs are as follows:

- Global Experiential Learning Program
- Advance Coaching and Mentoring Program
- Community of Practice (COP)
- Benchmarking Program



Target

150 MoH Talents



Budget

IDR 41,67 Billion



Technical Units

Secretariat General



13

Other Programs

a **Maternal Health: Provision of RDT HBSAg for Early Detection of Hepatitis B**

Target: **508 Districts**

Budget: **IDR 42.620.000.000**

b **HIV: Provision of Consumable Medical Materials for Early Detection**

Target: **508 Districts**

Budget: **IDR 192.790.000.000**

c **Non Communicable Diseases:
Geriatric Screening, Occupational Health, Physical Health**

Target: **508 Districts**

Budget: **IDR 27.410.000.000**

d **Health Workers: Competencies Development**

Target: **3.264 Health Workers**

Budget: **IDR 31.060.000.000**

