- **3.** The weakness of inter-sectoral coordination as well as monitoring and evaluation systems. Tackling the disease needs to involve participation by a number of sector agencies and places great demands on effective coordination of strategies and interventions.
- 4. There are some constraints due to stigma and discrimination of PLWHA in the community as well as the existence of gender inequalities and violations of human rights. While BCC and IEC programs are being pursued as part of the HIV/AIDS strategy, they may not be sufficiently effective nor well-targeted; and socio-geographically, they may not be keeping pace with the spread of the disease, nationwide.
- 5. Limited facilities and human resources both in capacity and quality as well as availability of ARV in term of quantity and quality.

POLICIES

- Improving access by strengthening public health services so that they have the necessary skills and resources to anticipate and respond to the epidemic, through: (i) improving the number and quality of health-care facilities in providing sustainable promotion, diagnosis, prevention, treatment and care; (ii) strengthening the ability to apply prevention, (iii) improving coverage of prevention, care and treatment; (iv) developing national guidelines for mainstreaming HIV/AIDS services and adapting them to specific situations; and (v) human resource planning in controlling HIV/AIDS.
- 2. Enhancing community mobilization to improve HIV/AIDS prevention, care and treatment interventions through: (i) providing of IEC services; (ii) undertaking community outreach that focuses on the most-at-risk populations; (iii) social marketing of condoms; (iv) assuaging prejudices—among health workers, in the community, and among patients; and (v) creating an enabling and conducive environment to reduce stigmatization and discrimination.
- 3. **Mobilizing additional financial resources for a successful HIV/AIDS strategy,** through: (i) integrating HIV/AIDS into development programs; (ii) mobilization of additional financial resources in controlling HIV/AIDS, and (iii) development of Public Private Partnership;
- 4. **Improving cross-sector coordination and good governance,** by: (i) establishing a concerted system within government that synergizes various levels of organization and institutions that contribute towards an integrated strategy, (ii) strengthening the role of National and Local AIDS Commissions, (iii) strengthening cross-sectoral partnerships (iv) defining the respective roles of central, provincial and district health authorities; (v) formulating national guidelines for mainstreaming HIV/AIDS; and (vi) pursuing an inclusive approach;
- 5. **Strengthening information and monitoring and evaluation systems**, through: (i) conducting health situation monitoring and analysis including, in particular, second generation surveillance; and (ii) providing information to policy makers.

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TARGET 6C:HAVE HALTED BY 2015 AND BEGUN TO REVERSE
THE INCIDENCE OF HIV/AIDS, MALARIA AND OTHER
MAJOR DISEASES

	Indicators	Baseline	Current	MDG Target 2015	Status	Source			
GOAL	GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES								
Target 6C: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases									
6.6	Incidence and death rates associated with Malaria (per 1,000)								
66.a	Incidence rate associated with Malaria (per 1,000):	4.68 (1990)	1.85 (2009) 2.4% (2010)*	Decrease		MOH 2009; MOH, <i>Riskesdas</i> 2010 (interim data)			
	- incidence of Malaria in Jawa & Bali	0.17 (1990)	0.16 (2008)	Decrease		API, MOH 2008			
	- Incidence of Malaria outside Jawa & Bali	24.10 (1990)	17.77 (2008)	Decrease		AMI, MOH 2008			
6.7	Proportion of children under 5 sleeping under insecticide-treated bednets	-	3.3% Rural: 4.5% Urban: 1.6% (2007) 7.7% (2007)* 16.0% (2010)**	Increase	▼	BPS, IDHS 2007; * MOH, Riskesdas 2007; ** MOH, Riskesdas 2010 (interim data)			
6.8	Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	-	21.9% (2010)	-		Riskesdas 2010 (interim data)			

Status: ● Already achieved ► On-track ▼ Need special attention

CURRENT SITUATION

Incidence and death rates associated with Malaria. The malaria incidence rate during the period of 2000-2009 shows that malaria cases tended to decline: in 2000, incidence was at 3.62 cases per 1,000 population; in 2009, it had declined to 1.85 cases per 1,000 population⁵ (**Figure 6.7**). While national prevalence based on clinical diagnosis (Annual Parasite Incidence - API) is 2.89 percent (*Riskesdas* 2007). This indicator decreased 2.4 percent in 2010 (interim data from *Riskesdas* 2010).

There is disparity in malaria incidence among regions. This figure varies among regions ranging between 0.3 percent in Bali and 31.4 percent in Papua. There are 20 provinces with Annual Parasite Incidence (API) above the national average rate (> 2.4 percent), as can be seen in Figure 6.8.

The vector of malaria in Jawa and Bali is dominated by plasmodium vivax malaria that in most cases is drug-resistant. In the outer islands, most malaria cases are plasmodium falciparum and plasmodium vivax that are commonly treatment-susceptible.

⁵ Since 2007 MOH has issued a policy to use a single indicator to measure incidence of malaria, i.e. API. This policy requires that all positive cases be confirmed with blood smear test and treated with combination therapy, ACT (Artemisinin-based Combination Therapies).

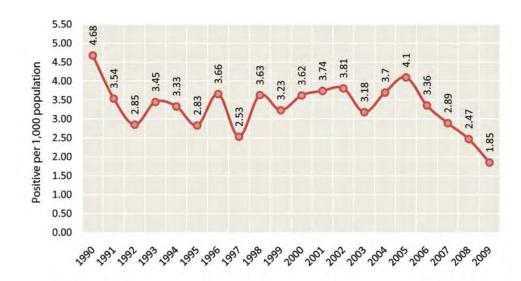


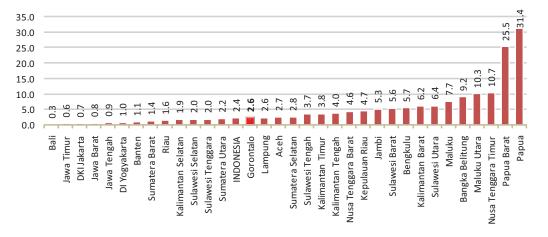
Figure 6.7. Annual Parasites Incidence of Malaria, Indonesia 1990-2009

Source: Ministry of Health, several years

Figure 6.8.

API Malaria by

Province, 2010



Source: Ministry of Health, 2010

The proportion of children under five sleeping under insecticide-treated bed nets continues to increase. The proportion of children under-five sleeping under insecticide-treated bed-nets in 2007 was 7.7 percent, and increased to about 16.0 percent in 2010 (interim data, *Riskesdas* 2007). Some 32 percent of households own some type of mosquito net; but ownership of treated nets is very low–only 4 percent of households have at least one ever-treated net (ITN)⁶. Households in rural areas are likely to have a higher incidence of insecticide treated bed nets, (IDHS 2007).

Provision of antimalarial medicines in public health services has increased over time. The use of antimalarial medicines in Indonesia covered 49.1 percent, but access to treatment, especially of ACT⁷, is still inadequate on a national scale. While interim data of *Riskesdas* 2010 reported that the proportion of children under five with fever who are treated with appropriate anti-

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An insecticide-treated net (ITN) is 1) a factory-treated net that does not require any further treatment, or 2) a pretreated net obtained within the past 12 months, or 3) a net that has been soaked with insecticide within the past 12 months.

⁷ ACT: Artemisinin-based combination therapy

malarial drugs (full dose ACT) is 21.9 percent, while it is 33.6 percent of the total population of all age-groups.

Box 6.2.

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Combating Malaria in Sabang Municipality, Aceh Province

Malaria remains a public health problem that influences morbidity, infant and under-5 child mortality as well as maternal mortality. Sabang is one of the malaria endemic areas that has become prominent internationally since the 1970s as a specific area for malaria research and pilot projects to eradicate malaria.

In order to reduce and eliminate malaria in Kota Sabang, comprehensive interventions have been made by combining preventive, curative and promotive efforts. These efforts include providing doctors and malaria program managers; procurement of materials and laboratory equipment/ microscopes for malaria in puskesmas and some referral hospitals (Sabang General Hospital, the local Air Force Hospital and the local Navy Hospital); and assigning an entomologist and an assistant entomologist at the District Health Office (DHO) of Kota Sabang. Training has also been given to build the capacity of officers and the community/cadres of community malaria workers. Case management training has been carried out for malaria program managers, head of puskesmas, midwives of puskesmas and village midwives. Other training has included microscopic training, case detection and focused mitigation training for puskesmas and the DHO personnel; indoor residual spraying (IRS) training; training for malaria community cadres to perform active surveillance or active case detection (ACD); training for cadres in distributing bednets; and training for village malaria posts (posmaldes) and Posmaldes cadres. Achievements of the aforementioned interventions are: (i) that the Annual Malaria Incidence (AMI) of Kota Sabang in 2009 significantly fell to 32.65 cases per 1,000 population from 269 cases per 1,000 population in 2001; (ii) the Annual Parasite Incidence (API), it was recorded at 2.7 positive cases per 1,000 population, decreasing from 100.9 positive cases per 1,000 population in 2001.

In order to achieve the malaria elimination program in 2013, the DHO has conducted free malaria blood tests for all inhabitants in that area. The effort was made in collaboration with all sectors in the Kota Sabang. Other support in the achievement of malaria control in Sabang included a free medical treatment program for the poor. In 2008, free medical treatment programs were able to reach 18,759 people and this number continued to grow until the end of 2009. In addition, the municipality has also started to develop a Malaria Database Recording and Reporting System. The database will facilitate intervention efforts for malaria-struck populations, and also enable localization of control for malaria outbreaks at the village level.



CHALLENGES

- 1. **Ineffective malaria preventive actions**. Insufficient preventive efforts in malaria infection control are due to ineffective implementation of epidemiological surveillance, vector control and limited supply of malaria-related information systems, as well as insufficient understanding of appropriate malaria preventive action at community and family levels.
- 2. Limited capabilities at local level. Health services may not be sufficiently equipped and staffed to respond promptly to needs. Case management may suffer from weak logistic planning at the facility level.
- 3. **Inadequate monitoring and evaluation system.** Oversight capabilities remain limited; monitoring and evaluation activities are insufficient to allow good planning and budgeting for the national Malaria program.
- 4. Limited financial resources to support the Roll Back Malaria (RBM). So far, domestic financing-through national and sub-national budgets-has been relatively modest. Therefore, a financial mobilization strategy for both international and domestic funding will be expanded for medium and long-term programs.

POLICIES

To accelerate efforts to achieve the MDG targets related to malaria, improving and strengthening the implementation of the universal coverage RBM strategy are crucially needed, through:

- 1. Developing strategies for social mobilization that focus on promoting community awareness about prevention interventions and malaria control, through: (i) developing IEC and BCC messages that are tailored to specific regional and community situations; (ii) developing social mobilization strategies; (iii) strengthening the malaria information system; (iv) strengthening mechanisms to monitor progress at local levels; (v) providing and promoting the use of insecticide treated bed nets (vi) improving vector control; (vii) strengthening epidemiological surveillance and outbreak control systems; (viii) developing cross-sectoral intervention models such as larvaciding and biological control; and (ix) developing a capacity to assess the efficacy of the malaria control efforts.
- 2. Strengthening health services in prevention, control and treatment, through: (i) promoting prevention and control in the community; (ii) ensuring early detection and care seeking; (iii) responding to the need for case management in a timely manner; (iv) strengthening village malaria post (*posmaldes*); (iv) integrating the malaria program with maternal and child health program interventions; (vi) strengthening accurate and prompt diagnosis; and (vii) improving effective malaria treatment.
- 3. Improving capacity of human resources in all aspects. To be able to implement the

strategies, human resources need to be equipped with the appropriate skills and improved capacity in: advocacy; malaria detection and rapid treatment; and logistics management.

- 4. Improving management structures and governance that include strategies, work programs, and information systems, through: (i) strengthening monitoring and evaluation systems; (ii) developing opportunities for collaboration between public agencies and exploring public-private synergies; (iii) ensuring better use of donor support; and (iv) controlling drug quality and use.
- 5. **Improving financial support.** Long-term and predictable funding will be needed to maintain the sustainability of the programs, through the private sector and the international community.

TARGET 6C:HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE
INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES
(TUBERCULOSIS)

	Indicators	Baseline	Current	MDG Target 2015	Status	Source			
GOAL 6	GOAL 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES								
Target (Target 6C: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases								
6.9	Incidence, prevalence and death rates associated with Tuberculosis								
6.9a	Incidence rates associated with Tuberculosis (all cases/100,000 pop/year)	343 (1990)	228 (2009)	Halted, begun to	•	TB Global WHO Report, 2009			
6.9b	Prevalence rate of Tuberculosis (per 100,000)	443 (1990)	244 (2009)	reverse	•	- -			
6.9c	Death rate of Tuberculosis (per 100,000)	92 (1990)	39 (2009)		•				
6.10	Proportion of Tuberculosis cases detected and cured under directly observed treatment short courses				•				
6.10a	Proportion of Tuberculosis cases detected under directly observed treatment short course (DOTS)	20.0% (2000)*	73.1% (2009)**	70.0%	•	* TB Global WHO Report, 2009			
6.10b	Proportion of Tuberculosis cases cured under DOTS	87.0% (2000)*	91.0% (2009)**	85.0%	•	** MOH Report- 2009			

Status: ● Already achieved ▶ On-track ▼ Need special attention

CURRENT SITUATION

The TB control program has been improved. The case detection rate (CDR) increased from 54.0 percent in 2004 to 73.1 percent in 2009. In addition, treatment outcomes show success, increasing from 89.5 percent to 91 percent in the same period. These two indicators now exceed the targets set for the MDGs, which are 70 percent and 85 percent for CDR and success rates (SR) resepectively. Indonesia was the first high TB burden country in the WHO South-East Asia Region to achieve the global targets for case detection (70 percent) and treatment success (85 percent). In 2010, cure rates within the DOTS programs reached 83.5 percent coverage (interim data of *Riskesdas* 2010).

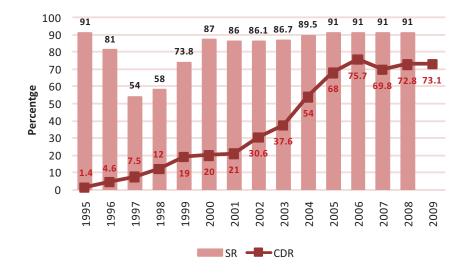


Figure 6.9. The National Case Detection Rate (CDR) and Success Rate (SR) of TB (%) 1995-2009)

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Source: MoH-RI, Directorate CDC, DG of CDC&EH, several years

In order to improve the effectiveness of the TB control program, Indonesia has applied the internationally recommended control strategy, DOTS, as the current national policy. Key interventions in the DOTS strategy are: commitment, adequate and prompt diagnosis; availability and sustainability of drug distribution;, tracking people with TB in order to ensure that treatment is not interrupted or drop-out occurs. These can be monitored by controlling by means of a cohort system that allows good recording and reporting of treatment.

Box 6.3.

TB Control in Pulomerak, Kota Serang, Banten Province

Tuberculosis has become a public health problem in Pulomerak, Banten. Initiated by the Head of *Puskesmas* Pulomerak, Serang; Paguyuban TB Pulomerak (the Pulomerak TB Association) was formed on December 30, 2004. This association holds regular meetings which aim, among others, to: (1) share personal experiences with having TB until cured; (2) provide motivation to patients under treatment to routinely taking medicines until they are cured; (3) establish a forum for new pulmonary tuberculosis patients, which consists of former patients and pulmonary tuberculosis patients seeking treatment at *Puskesmas* Pulomerak.

This association was established with self-supporting funds from its members. These funds are intended to support TB patients who have financial difficulties, for instance to provide transportation funding support to access *puskesmas*. The association also develops motivators out of former TB patients who are expected to assist in early detection of TB suspects. This association is fully supported by the District Health Office, and collaborates with the provincial health office (PHO). Based on those experiences, similar associations have been established in district Pandeglang, Lebak and Kota Cilegon.

Activities carried out by the association include: (1) sharing experiences with one another during treatment, so that patients become more motivated to recover; (2) mutually reminding other patients when they are late for or fail to get medical treatment; (3) disseminating information about the benefits of pulmonary tuberculosis treatment in *puskesmas* and bringing people suspected of suffering from TB to *puskesmas*; (4) contributing Rp1,000 every week for all members since July 2005, which is used for routine PMT meetings. If there are donors, the money is put into a cash account; (5) imposing a fine of Rp5,000 for each violation on members who do not follow the rules (e.g. spitting or littering); (6) holding revolving deposit-credit gathering (arisan) once in two weeks for members who agreed to participate, with deposit of Rp5,000; (7) giving door prizes to members who follow the counseling prior to the treatment (door prize provided by donors).

The impact of community and patient engagement in TB control through this establishment can be seen from the increasing achievement of TB programs in Banten Province, from 67 percent in 2005 to 78 percent in 2009



Documentation: MOH

CHALLENGES

1. The low community awareness and community behaviors increase the risk of infection. This is reflecting the following factors: (i) Ineffective advocacy, communication and social mobilization (ACSM)⁸; (ii) access to services is limited; and (iii) possibilities of partnership between public and private entities need to be explored.

- 2. The high case detection rate has not been followed by the availability of adequate health care services. Detection and treatment services for TB are not yet routinely delivered through all health services and there is significant variation among regions. In addition, there are high number of MDR-TB cases due to inadequate TB care and treatment.
- 3. Insufficient TB control policies with appropriate local strategies. There is a need to pay particular attention to strengthening health services, information and financing at the local level for the TB program.
- 4. Insufficient information system to improve evidence-based policy making. At present, implementation of some components of the TB Strategy, health systems strengthening, participation of care providers, ACSM, research is still inadequate.
- 5. There is a shortage of financial resources available to combat TB in Indonesia. Funding so far has mainly come from donors. Therefore, there will be a need for increased mobilization of local resources, including through initiatives that draw more attention to TB, and by means of efficiency improvements in current program spending.

POLICIES

- Expanding DOTS coverage by: (i) expanding and intensifying ACSM and facilitate access; (ii) improving political support and strengthening decentralization programs; (iii) expanding access to health care and free of charge medicines, (iv) improving logistics and effective drug management systems; (v) improving active promotion in TB control; (vi) improving effective communications with people with TB, providers and stakeholders, (vii) improving evaluation and monitoring system and measuring the impact of treatment under DOTS.
- 2. Improving capacity and quality in TB program by: (i) strengthening laboratory diagnostic capacity in all health care facilities; (ii) implementing the International Standards for TB Care (ISTC); (iii) improving partnerships involving governments, NGOs and the private sector in an integrated movement for national TB mitigation ; (iv) ensuring availability of adequate health personnel both in quantity and quality; (v) ensuring the availability and sustainability of drug supply, (vi) improving collaboration in TB/HIV programs; (vii) promoting community-based treatments;; (viii) expanding case detection rate and coverage of TB treatment and care services in all health services; (ix) improving counseling support services; and (x)

⁸ ACSM is still a new area in the TB program strategy and much more guidance and technical support is necessary. Involvement of communities in TB care is essential. A survey of Knowledge, Attitudes and Practice (KAP) conducted recently reported the following findings: (i) knowing what is TB (76 percent) and knowing that TB can be totally cured (85 percent); (ii) stigmatization according to TB (keep TB a secret if a family member had TB) is low, about 13 percent; (iii) most of the community does not know that anti-TB drugs are free and provided by local health facilities (only 19 percent knew). Only 16 percent of respondents could correctly identify the signs and symptoms of TB.

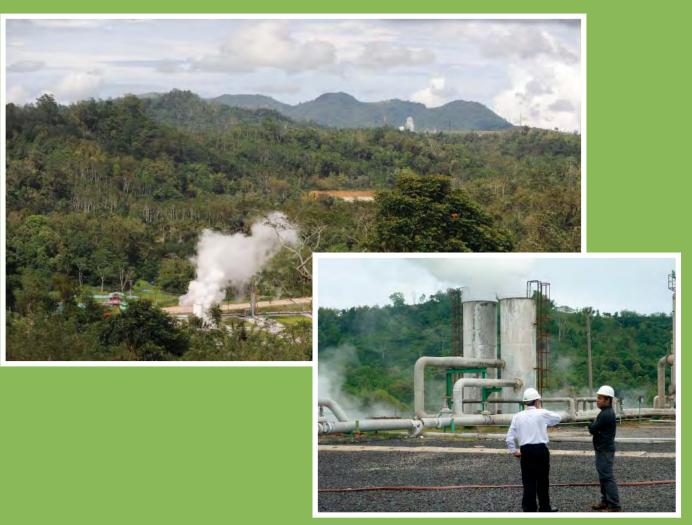
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providing standardized facilities and infrastructure for TB services.

- 3. Enforcing policies and regulations in TB control, will require: (i) strengthening the capacity of the health system to prevent and control infectious diseases; (ii) reviewing and adjusting the design of TB control schemes to local conditions; (iii) supportive advisory services that facilitate adoption of correct practices; (iv) periodic evaluation at national and local levels to increase accountability and motivation to perform; (v) periodic surveys to identify special risks; (vi) drug quality control: (vii) public-private collaborative arrangements; and (viii) establishing TB control capacity as a district level priority.
- 4. Strengthening health information and monitoring and evaluation system, through:
 (i) expanding research related to TB; (ii) expanding network of microscopic test; and (iii) implementing surveillance.
- 5. Promoting the allocation of funds to finance the Stop TB program, both at the central level and among local authorities, through: (i) improving the government commitment in allocating funding in the national budget (*APBN*) to support the TB control program; and (ii) improving the local commitment in allocating funding in local government budgets (*APBD*) as part of MSS (Minimum Services Standards).

GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY





Geothermal in North Sulawesi



GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGET 7A:INTEGRATING THE PRINCIPLES OF SUSTAINABLE
DEVELOPMENT IN NATIONAL POLICIES AND
PROGRAMS AND REVERSING THE LOSS OF
ENVIRONMENTAL RESOURCES

	Indicators	Baseline	Current	MDG Target 2015	Status	Source				
Goal 7	Goal 7: Ensure Environmental Sustainability									
	Target 7A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources									
7.1	The ratio of actual forest cover to total land area based on the review of satellite imagery and aerial photographic surveys	59.97% (1990)	52.43% (2008)	Increase	•	Ministry of Forestry				
7.2	Carbon dioxide (CO ₂) emissions	1,416,074 Gg CO ₂ e (2000)	1,711,626 Gg CO ₂ e (2008)	Reduce at least 26% by 2020	•	Ministry of Environment				
7.2a	Primary energy consumption (per capita)	2.64 BOE (1991)	4.3 BOE (2008)	Reduce						
7.2b.	Energy Intensity	5.28 BOE/ USD1,000 (1990)	2.1 BOE/ USD1,000 (2008)	Decrease		Ministry of Energy and Mineral				
7.2c	Energy Elasticity	0.98 (1991)	1.6 (2008)	Decrease		Resources				
7.2d	Energy mix for renewable energy	3.5% (2000)	3.45% (2008)	-						
7.3	Total consumption of ozone depleting substances (ODS) in metric tons	8,332.7 metric tons (1992)	0 CFCs (2009)	0 CFCs while reducing HCFCs		Ministry of Environment				
7.4	Proportion of fish stocks within safe biological limits	66.08% (1998)	91.83% (2008)	not exceed		Ministry of Marine Affairs & Fisheries				
7.5	The ratio of terrestrial areas protected to maintain biological diversity to total terrestrial area	26.40% (1990)	26.40% (2008)	Increase		Ministry of Forestry				
7.6	The ratio of marine protected areas to total territorial marine area	0.14% (1990)*	4.35% (2009)**	Increase		*Ministry of Forestry / **Ministry of Marine Affairs & Fisheries				

Status: ● Already achieved ► On-track ▼ Need special attention

CURRENT SITUATION

Indonesia's policies on the environment have been formulated with the goal of achieving development in harmony with the natural environment to benefit present and future generations. The current Long-Term National Development Plan (2005-2025) and the National Medium-Term Development Plans (2004-2009 and 2010-2014) have mainstreamed the principles of sustainable development in national development policies and programs.

Global warming leading to climate change is having negative impacts on the environment, and Indonesia is vulnerable. The government is giving a high priority to the mitigation and adaptation to the effects of climate change. This is a mandate of the Law Number 32, 2009 concerning environmental protection and management. Furthermore, a National Council for Climate Change (NCCC) was established in 2008 to strengthen coordination of climate change policy and to strengthen the position of Indonesia in international forums on climate change. The NCCC is chaired by the President, and the membership consists of 20 members of the Cabinet.

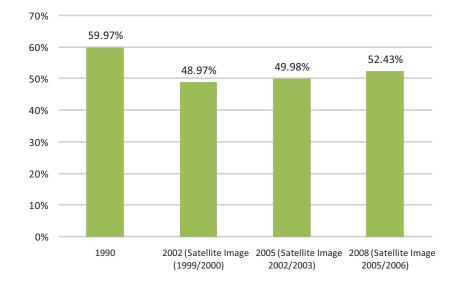
The government was a participant in the Copenhagen summit in December 2009 and is a signatory to the United Nations Framework Convention on Climate Change (UNFCCC). Indonesia was the first developing country to announce an emissions reduction target of 26 percent by 2020 from Business as Usual (BAU) levels and the target may be increased to reach 41 percent with international assistance.

In March 2010 the government launched the Indonesia Climate Change Sectoral Roadmap (ICCSR) with the aim of further mainstreaming climate change into national development planning. The ICCSR outlines the strategic vision that places special emphasis on the challenges faced by the nation in the forestry, energy, industry, transport, agriculture, coastal areas, water resources, waste and health sectors.

The ratio of actual forest cover to total land area based on a review of satellite imagery and aerial photographic surveys was 52.43 percent in 2008. This constitutes a reduction of forest cover as compared with the baseline year of 1990 when forest cover was 59.97 percent. However, since 2002 new policies and programs have begun to reverse the trend towards degradation of forest resources that started during the 1990s. Degradation of Indonesia's forests and reduction in biodiversity occurred on a large scale prior to 2002 due to unsustainable forest management practices, illegal logging, forest fires, and conversion of forest lands to other uses.

Conservation and restoration efforts have been increased since 2002. The Ministry of Forestry's National Movement for Forest and Land Rehabilitation resulted in the reforestation of over two million hectares during 2003-2007. The trend in percentages of actual forest cover of the total land area of Indonesia from 1990 to 2008 is presented in **Figure 7.1**.

The total area of lands legally designated by the government in 2010 as forest lands and subject to regulation by the Ministry of Forestry has increased in recent years to 136.88 million hectares or about 72.89 percent of the total land area of Indonesia. Two types of forest classifications are considered to provide protection to terrestrial areas and contribute to maintaining biological diversity:



Percentage of Forest Cover

Figure 7.1. The Percentage of Forest Cover of the Total Land Area of Indonesia from 1990 to 2008

Source: *Ministry of Forestry* (1990-2008).

Protection Forest Areas (Kawasan Pelestarian Alam or KPA & Kawasan Suaka Alam or KSA) include areas designated to maintain the diversity of flora and fauna and their habitats. Protection Indonesia areas in include nature reserves, forest conservation areas, game and nature wildlife reserves, reserves and national parks. In 2010 a total of 23.31 million hectares had been designated to



be classified as Protection Areas by the Ministry of Forestry and 19.88 million hectares (or 85.28 percent of this area) retained forest cover

• **Protected areas are those areas** designated to maintain natural systems, the built environment and historical or cultural assets to promote sustainable development. Protected areas include *KPA*, *KSA*, Bird Reserves (*Taman Burung*) *Taman Buru* and Protection Forests. In 2010, 55.03 million hectares were classified as protected areas in Indonesia. Forest cover in the protected areas was 51.43 million hectares or about 93.46 percent of the total area of protected areas.

The area of marine conservation areas has been increased by the government in recent years and the total area allocated for this use reached 13.53 million hectares in 2009 or 4.35 percent of the national territorial waters of 3.1 million square kilometers (Figure 7.2). The

8

0

2005

to 15.5 million hectares by the end of 2014 or approximately 5 percent of Indonesian territorial waters, and to 20 million hectares by 2020. Figure 7.2. 16 Areas of 13.53 Indonesian Marine 14 Conservation Areas, 2005-2009 12 9.29 10 Million Ha. 8.64

6.97

2006

Ministry of Marine Affairs and Fisheries plans to expand the area of marine conservation areas



Source: Ministry of Marine Affairs and Fisheries

> Various types of marine conservation areas have been established to maintain biodiversity or to represent a special ecological function such as spawning grounds or feeding areas for marine species (Table 7.1). Marine areas, including mangroves, sea grass beds and other vegetative areas also play an important role in absorbing CO₂ from the atmosphere.

2007

2008

2009

Table 7.1. Indonesian Marine Conservation Areas	No	Types of marine conservation areas	Number of areas	Total area (million hectares)
(2009)	1	Marine national parks	7	4.043
2 Marine natural tourism		Marine natural tourism parks	18	0.767
	3	Marine reserves	7	0.337
	4	Marine natural reserves	8	0.271
	5	National water conservation areas	1	3.521
Source: Ministry of Marine	6	Regional marine conservation areas	35	4.589
Affairs and Fisheries		Total	76	13.529

Green House Gases (GHG), including among others carbon dioxide, methane, and hydrofluorocarbons (HFCs), are produced by human activities. Excessive concentrations of these chemicals in the biosphere are triggering global warming and climate change. Green house gas emissions are measured in terms of CO₂ or CO₂ gas equivalent concentration levels. Efforts to reduce greenhouse gas emissions have been agreed internationally through the Kyoto Protocol which Indonesia ratified through Indonesian Law No. 17/2004 on the Ratification of the Kyoto Protocol.

The consumption of ozone depleting substances (ODS) has been significantly reduced in accordance with the Montreal Protocol. The Indonesian government ratified the Montreal Protocol and has banned import of five ODS types that are CFCs, Halon, CTCs, TCA and Methyl Bromide for non quarantine and pre-shipment (QPS). Efforts have also been undertaken to prevent the emission of ozone depleting substances - particularly CFCs - into the atmosphere. Efforts to raise the awareness of the public on the issue of protecting the ozone have contributed to the success of this initiative.

By 2007 the consumption of chlorofluorocarbons (CFCs) in Indonesia had been reduced to a minimal level (see Figure 7.3). There has been a gradual replacement of ozone depleting substances that have a high ozone depleting potential such as CFCs and other ODS types including Halon, CTC, TCA with the temporary use of substitutes with a smaller ozone depleting potential, such as hydrochlorofluorocarbon (HCFC) compounds and/or substances that are non-ozone depleting. Although the import and use of ozone depleting substances has been significantly restricted, Indonesia is also facing challenges to combat illegal importation of ozone depleting substances.

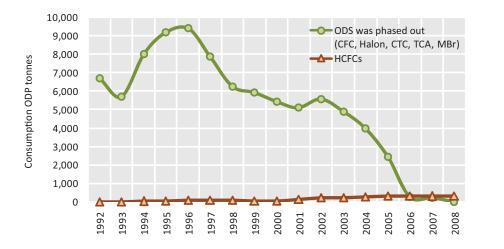


Figure 7.3. Ozone Depleting Substance Consumption in Indonesia from 1992 to 2008

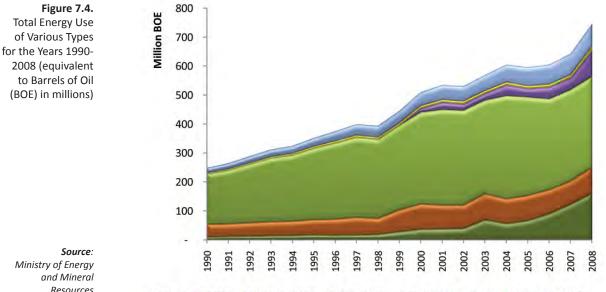
Source: Ministry of Environment

Total energy use tripled in Indonesia between 1990 and 2008. Total energy usage in 1990 reached 247.975 million BOE, and by 2008 total energy use had increased to 744.847 million BOE as shown in **Figure 7.4.** Oil-based fuels represent the most commonly used fossil fuel energy group.

The ratio of energy usage to GDP growth is expected to continue to decline. At the same time the use of non-renewable energy in Indonesia doubled between 1990 and 2008. In addition to emissions that affect climate change, the availability of non-renewable energy is limited. To maintain national energy security in the future and reduce dependency on petroleum, the Ministry of Energy and Mineral Resources will strive to develop renewable energy resources.

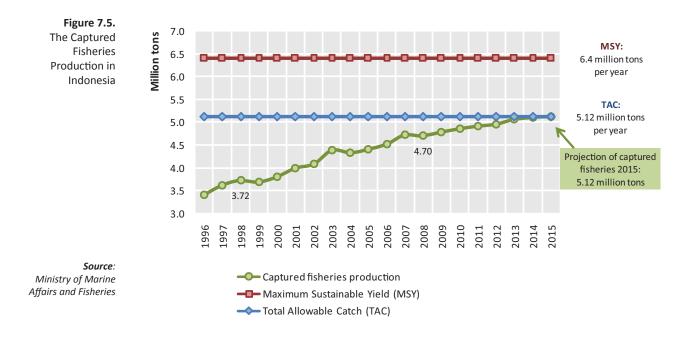
For fish stocks within safe biological limits, the maximum sustainable yield (MSY) for capture fisheries is estimated to be around 6.4 million tons per year, while the total allowable catch (TAC) is 80 percent of MSY or 5.12 million tons per year. The total production of captured fisheries in Indonesia increased from 3.72 million tons or 66.08 percent of TAC in 1998 to 4.70

million tons or 91.8 percent of TAC in 2008. The captured fisheries production is projected to be 5.12 million tons or equal to TAC in 2015. The utilization of fisheries resources, especially resources from the sea, is based on precautionary and sustainable principles so that the production will not exceed safe biological limits.



Ministry of Energy and Mineral Resources

🖬 Coal 📓 Natural Gas 📓 Oil-based Fuels 📓 Other petroleum product 📓 Briquette 斗 LPG 📓 Electricitiy



CHALLENGES

Various factors have resulted in the reduction of forest cover in Indonesia since 1990, including: forest fires, illegal logging, forest conversion, and unsustainable forest management practices. Forest fires and the clearing of forests by burning not only result in the depletion of forest resources, but also generate large amounts of CO₂. Illegal logging is one of the major causes of depletion of forest resources in Indonesia. Forest conversion to meet the demands of the community for cultivation represents one of the causes for the decline in forest resources that is difficult to control.

Climate change creates tremendous challenges for sustainable development in Indonesia. Actions are needed, both to mitigate global climate change and to implement measures to enable Indonesians to adapt to the adverse impacts of climate change.

In marine and coastal management, in order to reduce the effects of climate change, it is important to achieve long-term conservation, management and sustainable use of marine living resources and coastal habitats through appropriate application of precautionary and ecosystem approaches.

One of the causes of climate change is the high-level of carbon dioxide released into the atmosphere in consuming energy. The use of alternative energy sources that produce lower levels of carbon dioxide or that do not give rise to carbon dioxide emissions is one of the ways to mitigate climate change.

While Indonesia has been successful in the elimination of CFCs, the use of HCFCs as a temporary substitute for CFCs also has a negative impact on the ozone layer, even though its ozone depleting potential is far smaller. The use of HCFCs as a refrigerant is a temporary measure and is a controlled substance under the Montreal Protocol. Under the accelerated phase-out of HCFCs adopted at MOP-19, HCFC production and consumption is to be frozen by 2013 and phased out by 2030 for manufacturing industries.

Box 7.1. Wakatobi District and its "Environment Warrior"

"We, the people of Wakatobi, did not work in vain.", the words were the spontaneous response from Ir. Hugua, the Head of the District of Wakatobi, after receiving the MDG Leadership Award in Jakarta last year, granted by the Coordinating Ministry for People's Welfare in cooperation with the Leadership Park Institute. It was a proper reaction and reflected a sense of pride considering that Hugua had only taken over as the leader of Wakatobi just four years ago. Wakatobi itself is also quite a new district, having split from the district of Buton in the province of Sulawesi Tenggara, seven years ago.

Hugua has used his personal capacity, also the natural resources of the small islands of Wakatobi and the willingness of all elements of the society to 'solve' the challenges of MDGs. One of his success stories is in changing people's behavior. Initially, it was of course not easy, especially if that behavior was directly related to the necessities of their lives and had become a traditional practice. Long before he became the Head of the district of Wakatobi, this father of two sons was known as an 'Environmental Warrior' who never gave up. In the midst of people relying on coral reefs as home building materials, he was never detered. His ability to approach residents in coastal areas in their homes, by offering solutions to build houses using wood material, finally obtained results.

The United Nations has also given awards to the district of Wakatobi for its success in lowering the poverty rate to 7 percent in a short period, as well as its success in the 12-year compulsory education program and improving the health of the community.

During the World Ocean Conference held in mid-May 2009 in Manado (North Sulawesi), Hugua was one of the local leaders who was recognized by the World Wildlife Fund (WWF) for his commitment to preserve the population of sea turtles and the diversity of coral reefs along the coasts of Wakatobi. This was revealed by survey data that within a period of one year the sea turtle nesting populations in the area of the islands of the district have been increased.

Challenges

Only seven of 142 islands in the district of Wakatobi are inhabited. The coral reefs in Wakatobi are structures as steep walls - 60 percent are in very good condition. It is estimated that there are about 750 coral reef species together with 942 species of fish on the reefs. The cultivation and exploitation of coral reefs or selling of ornamental fish are not allowed in Wakatobi.

Currently, the coral reefs in this district are considered to be among the best preserved in the triangle area of coral reefs worldwide. However, increasing of sea temperatures has caused coral bleaching in Wakatobi. Bleaching of coral reefs is caused by an increase in the illegal use of anesthesia in the capture of ornamental fish and sunlight. In collaboration with the Ministry of Research and Technology, the district Wakatobi is conducting research on biodiversity in these islands where land comprises only 3 percent of the total area of the district. The rest is sea. Hopefully the challenges mentioned will be overcome with support from all concerned parties.

Sources: Kompas (05/23/2010); Antara (01/04/2007); Beritabaru.com (12/23/2009)

POLICIES

The policies and initiatives to be taken by the government are as follows:

- 1. Increase the area of protected forests and marine conservation areas while significantly reducing the rate of deforestation;
- 2. Combat illegal logging in all regions to maintain forest and conservation areas;
- 3. Launch a national movement to rehabilitate forests and critical lands (*Gerhan*) and establish a Forest Planning Unit in every province.
- 4. Establish Forest Management Units (FMU) and funding mechanisms to strengthen forest management;
- 5. Socialize and provide fiscal and non-fiscal incentives to encourage energy saving and the use of more efficient and environmentally friendly alternative sources of energy, includingutilization of renewable energy sources;
- 6. Implement programs to protect the ozone layer through enforcement of the legal ban on the use of ozone destroying substances;
- 7. Mitigate global warming while adapting to the negative impacts of climate change through mainstreaming climate change issues into key sectors of development; and
- 8. Expand Marine Conservation Areas, rehabilitate mangroves and coral reefs in coastal areas and increase absorption of carbon in the marine and fisheries sectors.

TARGET 7B:REDUCE BIODIVERSITY LOSS, ACHIEVING, BY 2010, A
SIGNIFICANT REDUCTION IN THE RATE OF LOSS

CURRENT SITUATION

Indonesia is endowed with rich biodiversity in the level of ecosystems, species and genetic diversity. In terms of ecosystem biodiversity, Indonesia is estimated to have 90 ecosystem types, from snow peaks at Jayawijaya, alpine, sub-alpine mountains to lowland tropical rainforests (Sumatera, Kalimantan), coastal forest, grasslands, savannah (Nusa Tenggara), wetlands, estuaries, mangrove and marine and coastal ecosystems, including sea grass beds (Sunda Strait) and coral reefs (Bunaken) to deep sea ecosystems. These ecosystems provide the habitats for very diverse fauna and flora, some of which are endemic species (found only in a certain area). About 515 mammal species, 511 reptile species, 1,531 bird species, 270 amphibians and 2,827 invertebrate species are found in Indonesia. In addition, Indonesia has

more than 38,000 species of plants, which include about 477 palm species and 350 timber producing tree species.

In 1993 the Government of Indonesia launched the Biodiversity Action Plan for Indonesia (BAPI) as a document to set the priorities and investment in biodiversity conservation. Ten years later, BAPI was updated into a new national biodiversity strategy and action plan entitled *"The Indonesian Biodiversity Strategy and Action Plan* (IBSAP)" in order to address issues raised in the United Nations Convention on Biological Diversity (UNCBD). Learning from the experience of BAPI 1993, IBSAP was built up through a participatory process and addressed more current environment issues. IBSAP identified new needs, actions, opportunities, challenges as well as constraints in implementing biodiversity conservation.

Steps will be taken to significantly reduce the rate of loss of biodiversity. Recovery efforts will continue while improving security and law enforcement, development of populations, and increasing awareness on biodiversity among the general public. Monitoring will be improved, including mapping the distribution of several umbrella and flagship species (**Figures 7.6, 7.7, 7.8, 7.9**).



Figure 7.6. Distribution of the Sumatran Tiger (Panthera tigris sumatrae)



Figure 7.8. Distribution of the Javan Rhino (Rhinoceros sondaicus sondaicus)

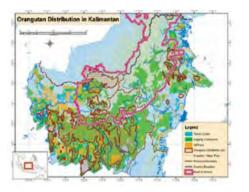
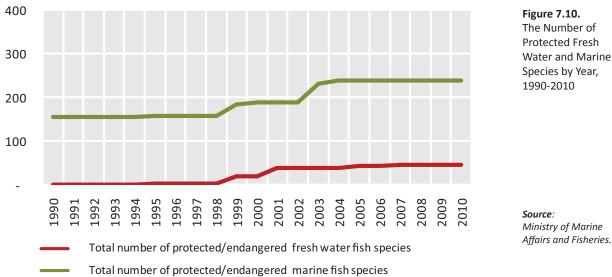


Figure 7.7. Distribution of the Kalimantan Orangutan (Pongo pymaeus sp)



Figure 7.9. Distribution of the Sumatran Rhino in Leuser (Dicerorhinus sumatrensis sp)

There has been a positive trend towards increased protection of endangered aquatic species. A significant increase in the number of protected marine fish species occurred during the years 1998 -2004. The number of protected freshwater fish species also increased during 1998-2001, reaching 35 species and continued to increase until 2009 (Figure 7.10). It should be noted that the ratios of the numbers of protected and endangered freshwater and marine fish species to the total number of fish species in Indonesia (6,000 fish species) are small.



CHALLENGES

Despite the richness, the biodiversity of Indonesia has been threatened due to the extraction of natural resources in unsustainable ways. Conversions of ecosystems for industrial development, settlements, transportation, and other purposes has reduced biodiversity. This has resulted not only in the degradation of biodiversity in the level of ecosystems, but also in the level of species and genetic. However, data on the status of species and genetic biodiversity is limited. The reports from international agencies such as IUCN have been used as indicators on threats to species. For example, in 1988 126 bird species, 63 mammal species, 21 reptile species and 65 other animal species were declared to be on the brink of extinction. Four years later, the Red List of IUCN indicated that 772 flora and fauna species were threatened with extinction, consisting of 147 mammal species, 114 birds, 28 reptiles, 68 fishes, 3 molluscs, 28 other fauna species, and 384 flora species.

The range of distribution of ebony (Diospyros celebica), ulin (Eusideroxylon zwageri), sandalwood (Santalum album) is also narrowing. This is the case with many Dipterocarps species. About 240 plant species have been declared rare, many of which are relatives of cultivated plants. At least 52 orchid species (Orchidaceae) are declared rare, as well as 11 rattan species, nine bamboo species, nine betel palm species, six durian species, four nutmeg species, and three mango species (Mogea et al. 2001).

Several fish species are also threatened with extinction. For instance, chinese herrings (Clupea

toli) which dominated the eastern coast of Sumatra and flying fish (*Cypselurus* spp.) in the southern coast of Sulawesi. Other threatened fish species are batak (*Neolissochilus* sp.) the pride of Toba lake often used in indigenous ceremonies, bilih (*Mystacoleucus padangensis*) which is endemic in Singkarak Lake, botia (*Botia macraranthus*), the ornamental fish unique to Batanghari river, which used to be consumed by local communities but have now become rare.

Unfortunately, the erosion of genetic diversity, particularly in wild species, is not well documented.

POLICIES

- 1. **Improved conservation of biodiversity**, through monitoring and facilitating the development of Biodiversity Parks.
- 2. **Development of essential ecosystem conservation areas**, through steps to reduce conflicts and pressure on national parks and other conservation areas, improvements in the management of essential ecosystems, improved management of those who enter conservation areas without permission and initiatives to promote the recovery of conservation areas.
- 3. **Protection of forests**, through efforts to reduce forest crimes and prosecution of criminal cases related to conservation areas.
- 4. **Development of conservation of species and genetic biodiversity**, by working to increase populations of endangered species, including with international and regional cooperation.
- 5. **Control of forest fires**, through efforts to reduce hot spots, reduce burning areas and improve human resource capacity to control forest fires.
- 6. **Development of environmental services and ecotourism** through the management and development of ecosystems and species conservation in coastal zones and marine ecosystems including improved management of coral reefs, mangroves, seagrass areas, as well as the identification and mapping of marine conservation areas and protected species.

TARGET 7C:HALVE, BY 2015, THE PROPORTION OF PEOPLE
WITHOUT SUSTAINABLE ACCESS TO SAFE DRINKING
WATER AND BASIC SANITATION

	Indicators	Baseline	Current	MDG Target 2015	Status	Source		
Goal 7	Goal 7: Ensure Environmental Sustainability							
Targe	t 7C: Halve, by 2015, the proportion of households	without sustainal	ole access to safe	drinking wate	r and basic	sanitation		
7.8	Proportion of households with sustainable access to an improved water source, urban and rural	37.73% (1993)	47.71% (2009)	68.87%	•			
7.8a	Urban	50.58% (1993)	49.82% (2009)	75.29%	—			
7.8b	Rural	31.61% (1993)	45.72% (2009)	65.81%	—	BPS, Susenas		
7.9	Proportion of households with sustainable access to basic sanitation, urban and rural	24.81% (1993)	51. 19% (2009)	62.41%	▼	brə, susenus		
7.9a	Urban	53.64% (1993)	69.51% (2009)	76.82%	—			
7.9b	Rural	11.10% (1993)	33.96% (2009)	55.55%	V			

Status: ● Already achieved ▶ On-track ▼ Need special attention

CURRENT SITUATION



DRINKING WATER

Household access to improved sources of drinking water has continued to rise. *SUSENAS* data shows that access to improved drinking water increased from 37.73 percent in 1993 to 47.71 percent in 2009 (Figure 7.11). Access to improved drinking water sources tends to be higher for households in urban areas than in rural areas. The relatively low access to improved drinking water sources reflects the rate of development of drinking water infrastructure, particularly in urban areas, which has not been able to match population growth. At the same time, drinking water facilities are often not well maintained and managed on a sustainable basis.

Regional disparities in access to improved drinking water are significant in Indonesia. As shown in Figure

7.12, the provinces where the highest percentages of the population have access to improved drinking water sources are: DI Yogyakarta, Bali and Sulawesi Tenggara. Banten, Aceh and Bengkulu are the three provinces with the lowest proportion of households with access to improved drinking water sources.





Data does not include Timor Timur.

Source: BPS, Susenas, several years

> Figure 7.12. Percentages of Households

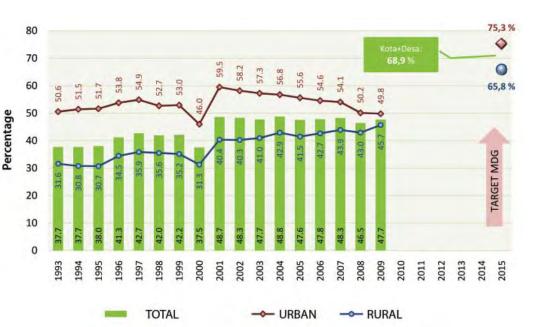
with Access to Improved Drinking Water Sources by Urban and Rural Populations by Province (2009)

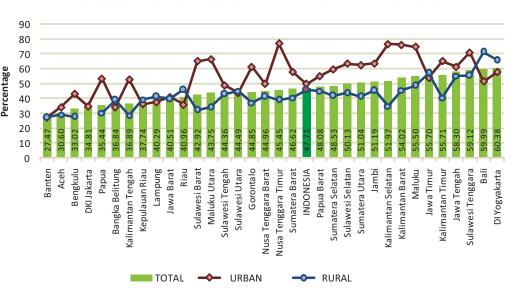
> Source: BPS, Susenas 2009



Household access to basic sanitation facilities continues to increase. *SUSENAS* data shows reasonable improvement of access to sanitation from 24.81 percent of households in 1993 to 51.19 percent in 2009 (**Figure 7.13**). Population growth is the main challenge faced in improving sanitation coverage. To continue to increase access to basic sanitation, Indonesia must give special attention to achievement of this MDG by 2015, including improving the quality of sanitation infrastructure.

There is a wide gap in terms of sustainable access to basic sanitation among provinces and between urban and rural areas. The highest level of access to basic sanitation is 80.37 percent





in DKI Jakarta while the lowest level, amounting to 14.98 percent, is found in the province of Nusa Tenggara Timur (**Figure 7.14**). There are 21 provinces with a larger gap than the national average in terms of access to basic sanitation in rural and urban areas, with the largest gaps occurring in the provinces of Kepulauan Riau, Maluku Utara and Kalimantan Barat. Nationally, some 69.51 per cent of urban populations have access to adequate sanitation facilities compared to only 33.96 percent in rural areas.

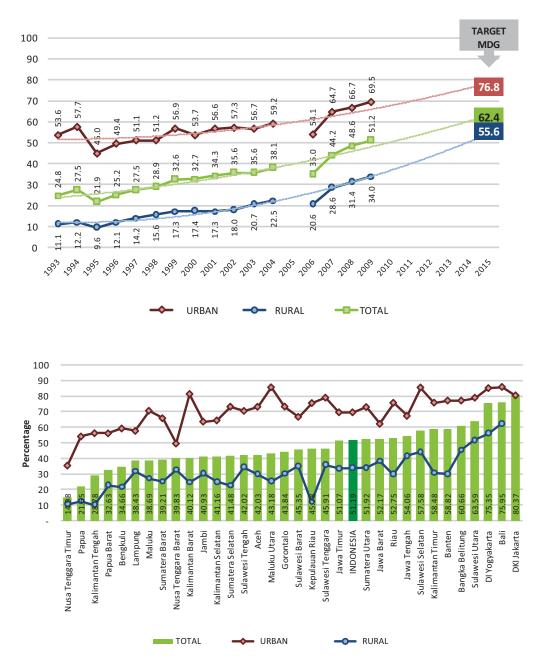


Figure 7.13.

Proportions af Rural, Urban and All Households with Access to Improved Basic Sanitation (1993-2009) and the MDG Targets for These Indicators in 2015

Note: Data does not include Timor Timur

Source: BPS, Susenas 1993 – 2009.

Figure 7.14. Proportions of Households with Access to Improved Sanitation Facilities in Rural/Urban Areas, by Province (2009)

Note: Data does not include Timor Timur

Source: BPS, Susenas 2009.

Box 7.2.

The success story of Lumajang District, Jawa Timur Province in achieving target 7c of the MDGs: drinking water and sanitation

Lumajang District in East Java Province has an area of 1,790.9 km² and about one million people living in a region dominated by plains and mountains. Efforts to improve access to safe drinking water and basic sanitation in Lumajang were initiated in 2003 through the **Community-Based Drinking Water and Sanitation Program**. Later in 2007, the **Community-Based Total Sanitation (STBM)** was introduced, using the **Community Led Total Sanitation (CLTS)** approach. With these programs, Lumajang has achieved significant progress in meeting the needs of drinking water and sanitation through community empowerment activities, institutional strengthening at all levels and the campaign for improving community hygiene behavior.

After three years of STBM implementation, four of the ten sub-districts in Lumajang reached the status of Open Defecation Free (ODF) in 2009. They were Gucialit, Senduro, Padang and Kedungjajang Sub-districts. In general, access to latrines in the district has reached 74 percent and the Head of Lumajang Local Government has committed to make Lumajang an ODF District by 2013.

Infrastructure provision is not only limited to latrine supply, but also includes the manufacturing of healthy latrines with different choices, ranging from the cheapest to the most expensive depending on the ability of the customer. This has changed the public's perception that making a toilet is difficult, requiring a large area and high costs.

Currently, there are four centers of the latrine industry in the district, namely Gucialit, Pasrujambe, Pasirian and Yosowilangun, that have successfully built more than 400 healthy latrines based upon requests from the community since March 2010. A network has been developed by the management in cooperation with the suppliers of building materials. On the other hand, collaboration with local leaders of the community to provide information to the public has also increased demand. As for the builders, both the management's builders and local builders have been employed. The success story of Lumajang District as a district with an innovative breakthrough in promoting community-based total sanitation was awarded the Jawa Post Autonomy Award in 2009.

In order to satisfy the needs of drinking water, development of facilities continues to take place. Tirto Lestari is one of the district-level community forums which consists of several Facility Management Unit (UPS) for drinking water. This association functions as a forum for sharing experiences and solving problems related to the actual implementation in the field, including the facilitation of village level meetings. One of the guided units, Tirta Mandiri, has succeeded in fully meeting the needs of drinking water for the community.



During Phase I (2009), a drinking water piped system of 17 kilometers from the water sources near the border of Probolinggo District has been successfully built to meet the needs of water for several community groups in three sub-districts, with a total cost of about Rp600 million. In the second phase (2010), a self-supporting drinking water network of approximately 15 kilometers which involves three sub-districts is taking place, targeted to benefit 33 groups from five villages (Gucialit, Dadapan, Kalisemut, Meraan and Krasak).

CHALLENGES

- 1. The regulatory framework for water supply and sanitation is still less than adequate.
- 2. Cross sectoral policy coordination on provision of improved facilities for water supply and sanitation is less than adequate. Many institutions and organizations are involved in development of water supply and sanitation and more intensive coordination is required.
- 3. The quality and quantity of drinking water in urban areas has declined. There are still many households in urban areas that rely on non-piped drinking water sources of poor quality.
- 4. The growth of urban populations has been greater than the development of improved water and sanitation infrastructure. Investments in connections of urban water supply have failed to keep pace with the growth in urban populations.
- 5. Community awareness of the importance of clean water use and sanitation practices remains low.
- 6. **The provision of improved drinking water by urban water utilities** owned by the local governments (*PDAM*) and non-publically owned water supply companies (non-*PDAM*) is limited, especially in urban areas.
- 7. The capacity of local governments to ensure that improved drinking water and sanitation systems are in place or operating correctly is limited, while the supply and management of improved drinking water and sanitation has become a responsibility of regional governments.
- 8. **Investment in improved drinking water supply and sanitations systems has been less than adequate**, both from public and private sources. This results from a dependency on central government budget allocations to support initiatives related to drinking water and sanitation facilities. The weak financial performance of the *PDAM* is the reason why they are unable to obtain alternative financing.

POLICIES

- 1. Increasing coverage of improved drinking water, through: (i) the development and improvement of water systems; (ii) development and improvement of installations; (iii) development and improvement of transmission and distribution networks, especially in urban areas; and (iv) In the rural areas, the development of drinking water supply systems will be community-based with cross-sectoral support.
- 2. Increasing access of the community to basic sanitation, through: (i) increasing investment in the management of central wastewater systems; and (ii) provision of community based sanitation systems with special attention to provision of support to poverty households.

- 3. **Improving the regulatory frameworks at the central and regional levels** to support provision of drinking water and basic sanitation, through addition, revision, and deregulation.
- 4. **Ensuring the availability of drinking water, through:** (i) the control of ground water use by domestic and industrial users; (ii) protection of ground and surface water sources from domestic pollution through increased coverage of sanitation services; and (iii) the utilization of technology and alternative water sources including water reclamation.
- 5. Increasing public awareness about the importance of healthy behavior (*PHBS*), through communication, information and education as well as infrastructure development for water supply and sanitation facilities in schools.
- Improving the development planning system for drinking water and basic sanitation, through: (i) the preparation of the master plans for water supply systems (*RIS-SPAM*); (ii) preparation of City Sanitation Strategies (*SSK*); and (iii) monitoring and evaluating implementation.
- 7. Improving the management of drinking water and basic sanitation through: (i) preparation of business plans, corporatization, asset management, and capacity building of human resources for institutions and communities; (ii) increasing cooperation among government agencies, between government agencies and among the government, the private sector and the public; (iii) improved linkages between the management systems applied by the communities with government systems, and (iv) optimizing the utilization of financial resources.
- 8. Increasing local investment spending to improve access to improved drinking water and basic sanitation that is focused on services for the urban population, especially the poor.
- 9. Improving the investment climate to stimulate the active participation of the private sector and the community through: (i) Public Private Partnerships, as well as Corporate Social Responsibility (CSR); and (ii) the development and marketing of appropriate technology for water supply systems and sanitation.

TARGET 7D:BY 2020, TO HAVE ACHIEVED A SIGNIFICANTIMPROVEMENT IN THE LIVES OF AT LEAST 100 MILLIONSLUM DWELLERS

	Indicators	Baseline	Current	MDG Target 2015	Status	Source		
Goal 7: Ensure Environmental Sustainability								
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers								
7.10	Proportion of urban population living in slums	20.75% (1993)	12.12% (2009)	6% (2020)	▼	BPS, Susenas		

Status: ● Already achieved ▶ On-track ▼ Need special attention

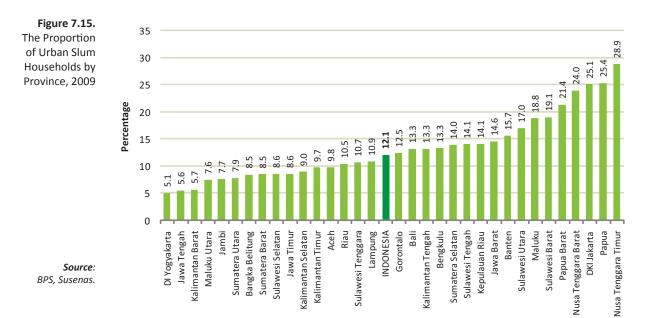
CURRENT SITUATION

The proportion of households living in urban slums⁹ **in Indonesia has declined from 20.75 percent in 1993 to 12.12 percent in 2009.** The rapid rate of urbanization (0.96 percent) has resulted in growth in the number of urban slum dwellers in absolute terms from 2.7 million in 1993 to 3.4 million in 2009. Because of this, special efforts are required to achieve the target of improving the lives of urban slum dwellers by 2020.

Significant disparites are found among provinces in the proportion of the urban populations categorized as slum households. As seen in Figure 7.15, the provinces with the highest percentage of slum households are Nusa Tenggara Timur, Papua and DKI Jakarta. The provinces with the lowest proportions of slum households are DI Yogyakarta, Jawa Tengah and Kalimantan Barat.

⁹ The indicator used to estimate the number of urban slum households refers to the definition of slums in Act No.4 of 1992 on Housing and Settlements, namely the lack of access to an improved drinking water source, lack of access to basic sanitation, less than the minimum floor area per resident of the dwelling and the durability of construction materials of the dwelling. Meanwhile, 'urban' households are those which meet the definition of this term as used by *BPS*. An improved source of drinking water is one located at least 10 meters from sewage and / or protected from other sources of contamination, and include piped water, public taps, boreholes or pumped water, protected wells and protected springs, well water, and rain water systems. Improved basic sanitation facilities are defined as those that are safe, hygienic, and comfortable and that protect the surrounding environment from contact with human waste, use covers with goose neck pipe connected to the sewer system or septic tank, including cemplung latrines (pit latrines) protected with a seal slab and vents, as well as composting toilets. In accordance with Permenpera No. 22/PERMEN/M/2008 on Minimum Service Standards Division Provincial Housing and Local district / city, a home can be categorized as unfit for human habitation if the residential floor area per capita is less than 7.2 square meters. The last indicator of a slum household is the durability of the materials used in construction of the dwelling including roofing in the form of palm fiber / sago palm and other, walls are of bamboo or other materials, the most extensive area of floor space is soil or other. A slum household is defined as a household which meets a minimum of two of these three classifications.

Report on the Achievement of the Millennium Development Goals in Indonesia 2010



The government needs to increase efforts to accelerate the achievement of the MDG target to reduce the proportion of urban slum households. There have been many initiatives by the Government of Indonesia to reduce the proportion of urban slum households, including through the Kampung Improvement Program (KIP), urban renewal, the Urban Poverty Project (UPP), the Community-Based Initiatives for Housing and Local Development (CoBILD), the Neighborhood Upgrading and Shelter Sector Program (NUSSP) and Environmental Management for Housing and Slum-Based Regions (*PLP2K-BK*). In addition, there are several community empowerment programs, including the National Program for Community Empowerment (*PNPM*), being implemented by several ministries which have responsibilities to assist slum dwellers.

CHALLENGES

The major challenges in reducing the proportion of urban slum households in Indonesia are as follows:

- 1. Limited access of low-income households to land for housing in urban areas. The high rate of population growth in urban areas, the limited availability of land for housing and the high market price for land are all factors which make it difficult for the poor to occupy decent and affordable space for housing in the urban areas. The result is that land that can be accessed by low-income households is usually marginal land or urban slum areas.
- 2. Limited access to housing finance. The housing finance system in Indonesia is not able to accommodate the needs for financing and home improvement and home construction in stages. Banks are generally not able to provide loans to members of the community who have no fixed income or are working in the informal sector, while most slum residents work in the informal sector.
- 3. Limited capacity of the government and the private sector to build houses. The formal

sector, namely private developers and Perumnas, are only able to meet about 10 percent of the total housing need each year, either through new construction or improvements in existing housing. The gap in housing needs is met through self-help housing development. Overall, all housing needs cannot be met each year.

- 4. Limited provision of basic facilities for urban settlements. In general, urban slums have inadequate basic facilities and infrastructure, including drinking water facilities, roads, drainage, sanitation, electricity and other public facilities. The government has limited capacity to develop and to manage these facilities. In addition, the role of various institutions and individuals outside of government in the provision of basic facilities and infrastructure is still very limited.
- 5. Previous programs have produced less than optimal results in improving the lives of slum dwellers. Handling of slums requires cross-sectoral planning and execution of activities. Lack of coordination and synergy across sectors has produced results that are less than optimal.

POLICIES

The direction of policies and strategy to reduce the proportion of households living in urban slums is as follows:

- 1. Increasing the provision of decent and affordable housing for low-income communities through public housing development which can be rented (*Rumah Susun Sederhana Sewa Rusunawa*), facilitation of new development / improvement of the quality of self-help housing and the provision of infrastructure, facilities and utilities and other initiatives to increase access to land in urban areas.
- 2. Increasing the accessibility of low income households to decent and affordable housing through a liquidity facility, micro-credit for housing and the national housing savings program.
- 3. **Improving the quality of residential environments** through the provision of infrastructure, basic facilities, and adequate public utilities, integrated with real estate development in order to achieve cities without slums.
- 4. **Improving the quality of planning and implementation of housing and human settlements** through capacity building and coordination of various stakeholders in housing and settlement development and the preparation of action plans to improve the lives of slum dwellers.

Report on the Achievement of the Millennium Development Goals in Indonesia 2010

GOAL 8 : DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT





JAKARTA COMMITM





JAKARTA COMMITMENT:

AID FOR DEVELOPMENT EFFECTIVENESS INDONESIA'S ROAD MAP TO 2014

GOVERNMENT OF INDONESIA AND ITS DEVELOPMENT PARTNERS

- I. Strengthening Country Ownership Over Development
 - a. Strengthening capacities and using stronger government systems
 - b. Improving the international governance of aid and strengthening south-south cooperation
- II. Building More Effective and Inclusive Partnerships for Development
 - a. Developing a new partnership paradigm
 - b. Strengthening existing aid instruments and shaping new ones
 - c. Expanding dialogue to include new actors
- III. Delivering and Accounting for Development Results
 - a. Strengthening focus on, and capacity to manage by, development results
 - Working together to review progress across development partnerships



120 GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT



GOAL 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

TARGET 8A	DEVELOP	FURTHER	AN	OPEN,	RULE-BA	SED,
	PREDICTAB	LE, NON-DIS	CRIMI	NATORY	TRADING	AND
	FINANCIAL	SYSTEM				

Indicators		Indicators Baseline		MDG Target 2015	Status	Source
Goal 8:	Develop a Global Partnership for Development					
Target 8	A: Develop further an open, rule-based, predicta	natory trading an	nd financial sys	stems		
8.6a	Ratio of Exports + Imports to GDP (indicator of economic openness)	41.60% (1990)	39.50% (2009)	Increase		BPS & The World Bank
8.6b	Loans to Deposit Ratio in commercial banks	45.80% (2000)	72.80% (2009)	Increase		BI Economic Report
8.6c	Loans to Deposit Ratio in rural banks	101.30% (2003)	109.00% (2009)	Increase		2008, 2009

Status: ● Already achieved ► On-track ▼ Need special attention

CURRENT SITUATION

Greater economic openness supported by an improved regulatory framework for trade has yielded benefits in expanding international trade and improving the quality of economic growth in Indonesia. The volume of Indonesian trade has increased substantially since 1980 and has led to growth of the national economy and the expansion of employment opportunities.

The indicator for economic openness is calculated as the ratio of national exports and imports to GDP, and it has shown improvement. In recent years, the average level of Indonesian economic openness reached 45 percent. For the 1990-2008 period, the indicator has shown a positive trend from 41.6 percent recorded in 1990 to a level of 46.9 percent in 2008 (Figure 8.1). However, in 2009 the level of economic openness dropped to 39.5 percent as a result of the global economic crisis that impacted negatively on the performance of Indonesian exports and imports.

In recent years, there has been some diversification of the market destinations of Indonesian exports resulting from the broadening and strengthening of international trade cooperation. Indonesia's five main non-oil and gas export destinations are Japan, the United States, China, India and Singapore. However, in recent years, non-oil and gas exports to these traditional

markets have been decreasing while other export markets have been increasing. The shares of non-oil and gas exports to traditional export destinations have decreased from 50.2 percent in 2000 to 47.9 percent in 2009, while China's position as a primary destination for Indonesian exports has improved. In 2009, ten countries as the primary destinations of Indonesian exports received 67.6 percent of Indonesian exports (see **Table 8.1**). On the other hand, ten countries as the main sources of Indonesian imports contributed to 75.7 percent of Indonesian imports in the same year.

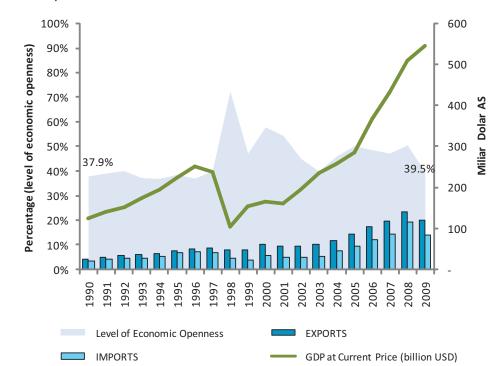


Figure 8.1. The Trends for Imports, Exports, GDP Growth and the Ratio of Imports and Exports to GDP as the MDG Indicator for Economic Openness

Source:

BPS and the World Bank, 2009.

Table 8.1.	Inde	onesian non-oil and gas e	exports	Indonesian non-oil and gas imports				
Ranking of the Ten Countries which	Country of Destination	Percent Share (%)	Percent Cumulative Share (%)	Country of Origin	Percent Share (%)	Percent Cumulative Share (%)		
were the Main	1. Japan	12.29	12.29	1. China	17.33	17.33		
Destinations of Indonesian Non-Oil	2. USA	10.74	23.03	2. Japan	12.60	29.93		
and Gas Exports	3. China	9.15	32.18	3. Singapore*	11.86	41.79		
and the Origin of	4. Singapore*	8.15	40.33	4. USA	9.04	50.83		
ndonesian Non-Oil	5. India	7.54	47.87	5. Thailand*	5.87	56.70		
and Gas Imports in 2009	6. Malaysia*	5.78	53.65	6. South Korea	4.89	61.59		
2005	7. South Korea	5.31	58.96	7. Australia	4.33	65.92		
	8. Netherlands	2.98	61.94	8. Malaysia*	4.09	70.01		
Source : Ministry of Trade	9. Taiwan	2.95	64.89	9. Germany	3.03	73.04		
(computed by	10. Thailand*	2.67	67.56	10. India	2.67	75.71		

*Members of ASEAN

Comprehensive reforms in Indonesia's financial sector, particularly in the banking sector, have been established based on the difficult lessons of the economic crisis of 1997/1998, including strengthening the resilience of the banking industry through higher capitalization and better supervision. Therefore, the Bank of Indonesia and the Government continue to improve the regulatory framework and supervision of the banking sector while providing room for bank intermediation.

Banking resilience is reflected by several indicators which include the capital adequacy ratio (CAR) ranging from 16-20 percent, much higher than the minimum requirement of 8.0 percent. The ratio shows that in general national banks have enough strength to face potential risks in the future.

The improved banking resilience has been able to maintain public confidence in the banking industry. On the funding side, total third party funds (deposits) collected by national banks were Rp1,973 trillion in 2009 while credit disbursement reached Rp1,437 trillion in the same year. Along with that, the function of banking intermediation continues to improve as reflected by the increasing loan to deposit ratio (LDR).

Indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Total Assets (trillions of Rp)	1,030.5	1,099.7	1,112.2	1,196.2	1,272.3	1,469.8	1,693.5	1,986.5	2,310.6	2,534.1
Deposits (trillions of Rp)	699.1	797.4	835.8	888.6	963.1	1,127.9	1,287.0	1,510.7	1,753.3	1,973.0
Credits (trillions of Rp)	320.5	358.6	410.3	477.2	595.1	730.2	832.9	1,045.7	1,353.6	1,437.9
Loan to Deposit Ratio – LDR (%)	45.8	45.0	49.1	53.7	61.8	64.7	64.7	69.2	77.2	72.8
Return on Assets – ROA (%)	0.9	1.4	1.9	2.5	3.5	2.6	2.6	2.8	2.3	2.6
Non-Performing Loans – NPL (%)	18.8	12.1	8.1	8.2	5.8	8,0	6.1	4,1	3.2	3.3
Capital Adequacy Ratio – CAR (%)	12.7	20.5	22.5	19.4	19.4	19.5	20.5	19.2	16.8	17.4

Table 8.2.Selected Indicatorsof the Condition ofCommercial Banksin Indonesia,2000 – 2009

Source:

Bank of Indonesia, Indonesian Banking Statistics .

In the period following the economic crisis, the LDR for commercial banks and rural banks continued to show a positive trend. Deposits and loans have sharply increased in recent years. In line with this trend, the LDR for commercial banks increased steadily from 45.8 percent in 2000 to 72.8 percent in 2009 (see **Table 8.2**). As for micro financing, credit disbursement by rural banks has risen to Rp28.0 trillion in 2009, from approximately Rp25.47 trillion recorded in 2008. The deposits of rural banks also increased from Rp21.34 trillion to Rp25.55 trillion during the same period. As a consequence, the LDR for rural banks increased significantly to 109.0 percent by the end of 2009 (**Table 8.3**).

Table 8.3.Selected Indicators ofthe Condition of RuralBanks in Indonesia,2003 – 2009

Source: Indonesian Banking Statistics, Bank of Indonesia

Indicators	2003	2004	2005	2006	2007	2008	2009
Total Number of Rural Banks	2,141	2,158	2,009	1,880	1,817	1,772	1,773
Total Assets (billions of Rp)	12,635	16,707	20,393	23,045	27,741	32,533	37,554
Deposits (billions of Rp)	8,868	11,161	13,168	15,771	18,719	21,339	25,552
Credits (billions of Rp)	8,985	12,149	14,654	16,948	20,540	25,472	28,001
Loan to Deposit Ratio – LDR (%)	101.32	108.85	111.2	107.46	109.73	119.37	109.6
Non-Performing Loans – NPL (%)	7.96	7.59	7.97	9.73	9.98	9.88	6.9

CHALLENGES

The global economic crisis in 2007-2008 resulted in the contraction of world trade by 12.2 percent in the 2009 (WTO). Yet, in the future the trade volume is expected to recover as global demand is expected to increase in 2010 along with the global economic recovery.

Another challenge in the future is to finalize negotiations on the Doha Round which have now lasted for eight years without reaching an agreement. The Doha development agreement will provide a strong foundation for global economic recovery and sustained growth. Challenges in the future that need to be the focus of attention include enhanced market access, balanced and well targeted rules, sustainably financed technical assistance and capacity building programs.

In addition, a national challenge remaining today is the poor performance of Indonesian logistics sector due to the high cost of logistics and the need to increase service quality. Based on the Logistics Performance Index (LPI) survey conducted by the World Bank in 2007, Indonesia ranked 43rd of 150 countries surveyed, below Singapore (ranked 1st), Malaysia (ranked 27th) and Thailand (ranked 31st). The survey also revealed that the Indonesian domestic logistics costs index was in the 93rd position, showing that domestic logistics costs in Indonesia were high. In the latest survey, Indonesia has dropped to the 75th position, but still remains below the performance levels of several Southeast Asian countries (World Bank, 2009).

The main challenge in further developing rule-based, predictable and non-discriminatory financial systems, among others, are:

- 1. The banking intermediary function is not yet optimized. Although the Loan to Deposit Ratio (LDR) for commercial banks has a tendency to increase from year to year, this has not been accompanied by increasing investment loans. The low composition of investment loans cannot be separated from the structure of deposits in banks which are mostly short-term funds with a maturity of one to three months so that there is the potential for funding mismatches in the long-term. Besides, the magnitude of the spread between lending and deposit interest rates is anticipated to be one cause of low impact of investment lending in banks to real sector growth.
- 2. In micro lending to Small and Medium Enterprises (MSMEs), several obstacles are still encountered, among others: (i) a lack of collateral owned by the MSMEs, so that MSMEs

which have potential are deemed not bankable; (ii) high transaction fees; and (iii) poor quality of human resources in micro-finance institutions (*LKM*).

- **3.** In terms of micro-finance, the performance of rural banks (*Bank Perkreditan Rakyat BPR*) has improved. The advantages of rural banks compared to commercial banks are the services they provide to SMEs and low income people by prioritizing intimacy through direct services (door to door), and a personal approach with attention to local culture. However, due to a lack of information about the businesses owned by their customers, there is a tendency for the rural banks to focus on clients considered to be more bankable. In terms of micro-finance institutions in the form of non-banks and non-cooperatives (*B3K*), obstacles are found in the legality aspect, regulation, supervision and other infrastructure that support the institutions of Apex Bank and micro-insurance.
- 4. There is a sense of urgency to establish an institution whose function is to supervise the overall health and stability of the financial system, especially in the wake of the global financial crisis.

POLICIES

The Government continues to improve the ratio of exports and imports to GDP by improving the competitiveness of non-oil export products through market diversification and increasing the diversification and quality of products.

Based on the latest developments and problems faced by the financial sector, the direction of financial sector development for the 2010-2014 period is to improve the competitiveness and resilience of the financial sector for financing national development through, among others, increased economic stability and consolidating the performance and stability of the financial services industry. In addition, the Government also seeks to accelerate the intermediation function and distribution of public funds, including improved access to financial services institutions (*LJK*) for the poor.

TARGET 8D:DEAL COMPREHENSIVELY WITH THE DEBT PROBLEMS
OF DEVELOPING COUNTRIES THROUGH NATIONAL
AND INTERNATIONAL MEASURES IN ORDER TO MAKE
DEBT SUSTAINABLE IN THE LONG-TERM

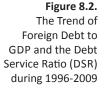
Indicators		Indicators Baseline Current		MDG Target 2015	Status	Source	
Goal 8: I	Develop a Global Partnership for Development						
	Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long-term						
8.12	Ratio of International Debt to GDP	24.59% (1996)	10.89% (2009)	Reduce		Ministry of Finance	
8.12a	Debt Service Ratio (DSR)	51.00% (1996)	22.00% (2009)	Reduce		BI Annual Report 2009	

Status: ● Already achieved ► On-track ▼ Need special attention

CURRENT SITUATION

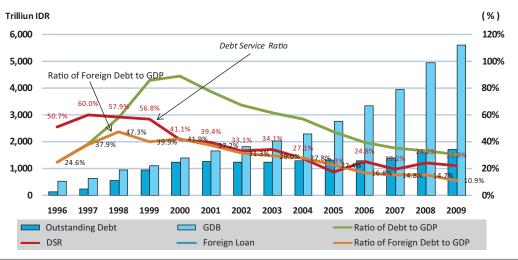
To satisfy the needs of national development, in addition to internal funding sources, borrowing still plays an important role although the proportion of debt to GDP continues to decline as mandated by the National Medium-Term Development Plan for 2010-2014. The Government consistently keeps pressure on the level of its debt through maintaining the net additional debt for financing needs at a prudent level while implementing sound practices of debt management.

As a result, the ratio of debt stock consisting of Government Bonds and Foreign Debt to GDP had declined from a peak of 89 percent in 2000 to 30 percent in 2009. Meanwhile, the ratio of foreign debt stock to GDP fell from 24.59 percent in 1996 to only 10.89 percent in 2009 (Figure 8.2). These declining figures indicate the Government's increasing solvency as the effects of debt repayment to the economy is decreasing and fiscal sustainability is improving.



Source:

Bank of Indonesia, Indonesian Economic Report, 2008; Bank of Indonesia, Statistics of Foreign Debt; and Ministry of Finance, 2010.



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Foreign debt burden can also be seen from the ratio of principal and interest payments on foreign debt to export revenue or the Debt Service Ratio (DSR). Along with the falling ratio of the Government debt stock to GDP, the DSR also declined after having reached a maximum of 60 percent in the crisis years, a level of 19.4 percent was recorded in 2007 and a level of 22 percent was recorded in 2009. In 2007, the DSR was 19.4 percent; and it reached 22 percent in 2009.

Despite unfavorable international capital markets in recent years, Indonesia has still been able to fulfill its financing needs through government bond issuance and external borrowing. The confidence of the market is increasing and this is demonstrated by the market's acceptance of international sovereign bonds issued at favorable rates. This also indicates Indonesia's resilience to the impact of the global financial crisis.

CHALLENGES

Accelerating national development to achieve the target growth rate of 6.3-6.8 percent per year during the 2010-2014 period is a major challenge for the Government. To address this challenge, the Government needs to find alternative sources of potential funding. In addition, it is necessary to build the national capacity to utilize all the existing resources effectively.

The Government also attempts to find alternative sources of funding which have low risks, are inexpensive and do not have a political agenda. Along with these efforts, the Government faces some challenges in the increasing market volatility and the decreasing availability of multilateral lending. By graduating to the status of Lower Middle Income Country (LMIC), low-cost funding sources are increasingly constrained. This is a challenge for the Government to allocate the sources of funding more effectively, by achieving efficient costs and manageable risks within the dynamic of financial markets.

POLICIES

Indonesia has graduated to the status of Lower Middle Income Country (LMIC) and will no longer be eligible to receive loans with the lowest interest rates and longer maturity from the multilateral and some bilateral lending institutions. Priorities of the Government in the management of loans and grants from multilateral and bilateral institutions for the coming years are as follows: (i) use of loans and grants to support achievement of the development targets in accordance with the National Medium-Term Development Plan and in harmony with Indonesia's commitment to achieve the MDGs; (ii) reduce the ratio of international debt to GDP while continuing to maintain a condition of negative net transfers; (iii) further improve the regulations and laws relating to international loans and grants; (iv) increase national ownership and application of improved national procedures for management of international funding; and (v) strengthen national capacity to manage programming and utilization of development funding effectively.

Box 8.1. The Jakarta Commitment

The Government of Indonesia as a signatory to the Monterrey Consensus (2002) and the Paris Declaration on Aid Effectiveness (2005) is fully committed to the principles of aid effectiveness. Indonesia has been an active participant in the regional preparations for the Third High Level Forum on Aid Effectiveness (2008). In 2009, the Government and 26 key international development partners signed the "Jakarta Commitment: Aid for Development Effectiveness - Indonesia's Road Map to 2014". The Jakarta Commitment supports Indonesia's efforts to maximize the effectiveness of foreign aid in supporting development and defining the policy direction to achieve greater development effectiveness by 2014 and beyond. The roadmap for aid effectiveness sets out the strategic vision that Indonesia, along with development partners, have committed to. The agenda is based on the principles of the Paris Declaration and the Accra Agenda for Action commitments. The program will work to: (i) increase the utilization of international assistance in support of implementation of the National Medium-Term Development Plan; (ii) increase national ownership of development assistance; (iii) encourage and assist development partners to follow regulations and mechanisms established by the Government; (iv) support inclusion of development assistance in the national budget (APBN); and (v) encourage development partners to adopt "untied" systems.

The Jakarta Commitment is based on the spirit of mutual respect, support and accountability and will be implemented to achieve greater benefits in the achievement of Indonesia's development objectives, including the MDGs. It enjoins upon the Government and development partners to make available appropriate resources, knowledge and capacity to implement the Jakarta Commitment. The three main components of the Jakarta Commitment are as follows: (i) Strengthening Country Ownership over Development; (ii) Building More Effective and Inclusive Partnerships for Development; and (iii) Delivering and Accounting for Development Results.

The Government has established a Secretariat for Aid for Development Effectiveness (A4DES) to support implementation of the Jakarta Commitment. The A4DES Secretariat has established six thematic working groups comprised of representatives from the Government and development partners. The Working Groups function as forums for sharing information, discussing achievements and challenges, and reaching agreements on common steps to be taken to fully achieve the goals of the Jakarta Commitment. The thematic Working Groups are addressing issues and formulating policy recommendations related to: (i) procurement; (ii) public financial management; (iii) dialogue and institutional development; (iv) development of financing mechanisms; (v) monitoring and evaluation; (vi) capacity building and knowledge management.

TARGET 8F:IN COOPERATION WITH THE PRIVATE SECTOR, MAKE
AVAILABLE THE BENEFITS OF NEW TECHNOLOGIES,
ESPECIALLY INFORMATION AND COMMUNICATIONS

Indicators		Baseline	Current	MDG Target 2015	Status	Source
Goal 8	Develop a Global Partnership for Development					
	8F: In cooperation with the private sector, mak unications	e available the	benefits of new	technologies	, especially	information and
8.14	Proportion of population with fixed-line telephones (teledensity in population)	4.02% (2004)	3.65% (2009)	Increase		Min. of Comm & Info Technology, 2010
8.15	Proportion of population with cellular phones	14.79% (2004)	82.41% (2009)	100.00%		Min. of Comm & Info Technology, 2010
8.16	Proportion of households with access to internet	-	11.51% (2009)	50.00%		BPS, Susenas 2009
8.16a	Proportion of households with personal computers	-	8.32% (2009)	Increase		BPS, Susenas 2009

Status: ● Already achieved ► On-track ▼ Need special attention

CURRENT SITUATION

The evaluation of the results the of implementation of communications and development information 2005-2009 during the period shows that the total teledensity of telecommunications access per 100 population has grown by approximately 212 percent, from 27.61 percent (2005) to 86.06¹⁰ percent (2009) with the proportion of the wireless network



reaching up to 95.8 percent (2009). The high deployment of wireless services, mainly cellular, was brought about by the reduction in tariffs by 90 percent from USD0.15/min in 2005 (the most expensive in Asia) to USD 0.015/min in 2008 (the cheapest in Asia). This resulted from full competition-based management and implementation of cost-based interconnection.

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¹⁰ Based on the number issued

On the other hand, there are still huge disparities in the availability of the infrastructure; about 85 percent of the telecommunication infrastructure is concentrated in western Indonesia and there are still more than 30 thousand villages that do not have telecommunications facilities. The availability of internet access remains limited, reaching only 11.51 percent of all national households. This is also true of broadband infrastructure as the future infrastructure of communications and information which is still very limited, reaching only about one percent of the population and mostly taking the form of wireless broadband.

Meanwhile, in terms of the utilization of services, the result of the 2005-2009 evaluation show that the level of public e-literacy remains low so that the utilization of communications and information infrastructure and services has been more of a consumptive nature and even begun to cause public unrest as a result of misuse and abuse of communications and information technology (ICT) in the form of fraud, identity theft, terrorism and pornography.

CHALLENGES

The challenges faced in the development of communications and information, especially during the 2009-2010 period, are as follows:

1. Improving the management of limited resources

As wireless network usage increases, the demand for the use of the spectrum of radio frequencies has also increased. Therefore, management of the spectrum of radio frequencies as a limited resource needs to be optimized to increase the efficiency of its allocation and utilization. The challenge faced today is the high level of illegal utilization of the radio frequencies spectrum. Violations have generated inefficiency in allocation and utilization of the spectrum of radio frequencies, low quality of service due to the interference, and potential threats in case of interference with flight communications systems, service systems, search and rescue systems as well as security systems. On the other hand, service providers are also required to achieve efficient management of other limited resources.

2. Promoting equitable infrastructures

The provision of communications and information infrastructure has not met the public needs optimally. The uneven distribution of ICT infrastructure, mostly concentrated in commercial areas (urban areas and western Indonesia), and the high cost of ICT services for the majority of the people have resulted in inequality (asymmetry) of information. The underdeveloped broadband infrastructure to enable exchange of information in the form of voice, data and images (triple play) simultaneously at a high speed as well as the unintegrated infrastructure development into the communications and information convergence have resulted in ineffective infrastructure provision. The development of national broadband infrastructure, which currently reaches only one percent of the population, should be carried out intensively and evenly given the important role it plays in improving the nation's competitiveness.

3. Increasing the development of domestic manufacturing industries, applications, and local content to spur demand

The high dependence on overseas manufacturing industries can be seen from the low contributions/shares of domestic industry in the capital expenditures on national ICT infrastructure, especially telecommunications. Of the ten sector groups¹¹, employment in creative industries has recorded the third largest growth of 8.10 percent during the 2002-2006 period. As for the fourteen groups¹² of creative industries, employment in computer and software services experienced the highest increase of 25.87 percent over the same period. However, this has not been accompanied by improvement in a number of issues such as law enforcement and legal protection for intellectual property rights, incubation of innovations and also development of local contents The limited availability of content which uses Indonesian language designed to meet the public needs in particular fields (for instance: fisheries, forestry, plantation and agriculture) has inhibited the penetration of ICT in economic activities.

POLICIES

- 1. Continuing efforts to reduce blank spots and digital gaps among regions of Indonesia;
- 2. Facilitating the development of modern communications and information infrastructure, through the development of broadband access networks and digital TV; and
- 3. Enhancing the supply and utilization of information and effective use of ICT as well as improving the quality of ICT human resources through the development of e-government and e-literacy.

¹¹ The ten sectors are: (a) forestry, fisheries; (b) trade, hotels and restaurants; (c) public services; (d) processing industry; (e) transportation and communication; (f) buildings; (g) creative industry; (h) finance, real estate; (i) mining; (j) electricity, gas and water supply.

¹² The fourteen groups of creative industries include: (a) advertising; (b) architecture; (c) art and antiques market; (d) craft; (e) design; (f) fashion design; (g) film, video and photography; (h) interactive games; (i) music; (j) performing arts; (k), publishing and printing; (l) computer and software services; (m) TV and radio; and (n) research and development.

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Bibliography

Introduction

Jakarta Declaration on Millennium Development Goals in Asia and the Pacific. (2005, Agustus). The Way Forward 2015. Jakarta.

Goal 1

Asian Development Bank (2006, September). Draft Design and Monitoring Framework: Project Number 38117: Nutrition Improvement through Community Empowerment. Manila.

Atmarita. (2006). Kaji ulang status gizi anak 0-59 bulan (berat badan menurut umur) menggunakan data nasional Susenas 1989-2005: Perbandingan standar NCHS/WHO dan rujukan WHO 2005. Jakarta. Unpublished.

Badan Pusat Statistik. (2003-2008). Survei Sosial Ekonomi Nasional (Susenas). Jakarta.

Badan Pusat Statistik. (2008). Pendataan Program Perlindungan Sosial (PPLS). Jakarta.

Badan Pusat Statistik. (2010). Data Strategis BPS. Jakarta.

Bappenas. (2006). Rencana Aksi Nasional Pangan dan Gizi 2006-2010. Jakarta.

Bappenas. (2007). Millennium Development Goals Report 2007. Jakarta.

- Bappenas. (2009). Pembangunan Kesehatan dan Gizi di Indonesia: Overview dan Arah ke Depan. Background Study RPJMN 2010-2014. Jakarta.
- Kementerian Kesehatan. (2009). Badan Penelitian dan Pengembangan Kesehatan. Riset Kesehatan Dasar 2007. Jakarta.
- Suryana, A. (2008). 9-10 Desember). Sustainable Food Security Development in Indonesia: Policies and its Implementation. Paper presented at a High-level Regional Policy Dialogue organized by UNESCAP and Government of Indonesia, Bali.
- Timmer, P. (2004). Food Security in Indonesia: Current Challenges and the Long-Run Outlook. Center for Global Development, Washington D.C.
- UNICEF. (2009). Achieving MDGs through RPIMN. Paper presented at Nutrition Workshop, Bappenas. Jakarta
- World Bank. (2006). Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action. World Bank, Washington D.C.
- World Bank. (2007). Spending for Development: Making the Most of Indonesia's New Opportunities. World Bank, Jakarta.

Goal 2

AIBEP. (2008, Desember), Compulsory Basic Education Discussion Paper, Education Sector Assessment. Jakarta.

Arze del Granado, Javier, Fengler, Wolfgang, Ragatz, Andrew and Yavuz, Elif. (2007). Investing in Indonesia's Education: Allocation, Equity, and Efficiency of Public Expenditures. The World Bank, Poverty Reduction and Economic Management (PREM), Jakarta.

- Asian Development Bank. (2006, September). Project Number 38117. Draft DMF. Nutrition Improvemnet through Community Empowerment. Jakarta.
- Atmarita. (2006). Kaji ulang status gizi anak 0-59 bulan (berat badan menurut umur) menggunakan data nasional Susenas 1989-2005: Perbandingan standar NCHS/WHO dan rujukan WHO 2005. Jakarta. Unpublished.
- AusAID. (2006). *Basic Education Project (BEP) Design Proposal*. Available online at: www.publicfinanceindonesia.org
- Badan Pusat Statistik. (2003-2008). Survei Sosial Ekonomi Nasional (Susenas). Jakarta.
- Bappenas. (2004). Rencana Pembangunan Jangka Menengah Nasional 2005-2009. National Medium-Term Development Plan. Jakarta.
- Bappenas. (2007). Millennium Development Goals Report 2007.
- Bappenas. (2007). Report on MDGs Achievement Indonesia. Jakarta.
- Bappenas. (2009). Pembangunan Kesehatan dan Gizi di Indonesia: Overview dan Arah ke Depan. Backround study RPJMN 2101-2014. Jakarta.
- Bappenas. (2009, Maret). Basic Education Parent Satisfaction Survey in Indramayu, Jawa Barat.
- EFA Global Monitoring Report Team. *Literacy for Life, EFA Global Monitoring Report*. (2006). Education for All, UNESCO, Paris.
- European Commission. *Basic Education Sector Policy Programme (SPSP) Indonesia*. (2009, 26 April). Joint EC/AUSAID Education Sector Assessment.
- Hardjono, J. (2004). *The Integration of Poverty Considerations into the Nine-year Basic Education Program in Bali and Nusa Tenggara Barat*. Unpublished report for the Asian Development Bank, Manila.
- Jones, Gavin. (2003). Rapid Assessment on Education Problems and Social Safety Net, Scholarship, and Operational Subsidy Programs in Four Provinces. Jakarta: SMERU Research Institute.
- Kementerian Kesehatan. (2009). Badan Penelitian dan Pengembangan Kesehatan. Riset Kesehatan Dasar. Jakarta.
- Kementerian Pendidikan Nasional dan World Bank (2005). Study on Teacher Employment & Deployment in Indonesia. Jakarta.
- Kementerian Pendidikan Nasional. (2005). Petunjuk Teknis Program BOS.
- Kementerian Pendidikan Nasional. (2005). Rencana Strategis Pembangunan Pendidikan. Jakarta.
- Kementerian Pendidikan Nasional. (2008). Pusat Statistik Pendidikan, Badan Penelitian dan Pengembangan. Educational Indicators in Indonesia 2007/2008. Jakarta
- Kementerian Pendidikan Nasional. (2009). Angka Partisipasi Murni (APM) Dan Disparitas Sekolah Dasar (SD). Sumber Data PSP. Jakarta
- Kementerian Pendidikan Nasional. (2009). Biro Perencanaan dan Kerjasama Luar Negeri. Data Capaian Indikator MDGs.
- Suryana, A. (2008, 9-10 Desember). Sustainable food security development in Indonesia: Policies and its Implementation. Paper presented at High-level Regional Policy Dialogue. Oerganized by UN-ESCAP and Governmnet of Indonesia. Bali.
- Timmer. (2004). *Food Security in Indonesia: Current Challenges and the Long-Run Outlook*. Center for Global Development.
- UNESCO. (2007). Indonesia's Education for All: Mid-Decade Assessment.
- World Bank (2005, Juni). *Education in Indonesia: Managing the Transition to Decentralization*. Human Development Sector Reports East Asia and the Pacific Region.
- World Bank. (2006). *Repositioning Nutrition as Central to Development: A Strategy for Large-Scale Action*. Wahington, DC

World Bank. (2007). *Investing in Indonesia's Education: Allocation, Equity, and Efficiency of Public Spending*. The World Bank. Poverty Reduction and Economic Management Unit East Asia and Pacific Region.

World Bank. (2007). Public Expenditure Review 2007. Jakarta.

- World Bank. (2007). Spending for Development Making the Most of Indonesia's New Opportunities. Expenditure Review 2007. Jakarta.
- World Bank. (2009, Februari). Investing in Indonesia's Education at the District Level, an Analysis of Regional Public Expenditure and Financial Management. Jakarta.

Goal 3

Badan Pusat Statistik. (2001-2008). Survei Angkatan Kerja Nasional (Sakernas). Jakarta

Badan Pusat Statistik. (2008, Agustus). Sakernas, Laborer Situation in Indonesia. Jakarta

Bappenas. (2007). Report on MDGs Achievement Indonesia. Jakarta.

Bureau of Civil Service, General Attorney RI, 8 Mei 2009, www.kejaksaan.go.id

- International Trade Union Confederation. *Internationally recognized Core Labour Standards in Indonesia*. Report for the WTO General Council review of the trade policies of Indonesia, Geneva, 27 and 29 Juni 2007.
- Kementerian Dalam Negeri. (2009). State Civil Service Agency in Statistical Yearbook of Indonesia, 2008. www.depdagri.go.id
- UNDP. (2008). *Indicators Table 2008, Human Development Indices*. http://hdr.undp.org/en/statistics/ data/hdi2008/

Goal 4

- Adam et,al. (2005). Cost effectiveness analysis of strategies for maternal and neonatal health in developing countries. BMJ. Jakarta
- Adam Wagstaff, Mariam Claeson, Robert M. Hecht, Pablo Gottret, and Qiu Fang. (2004). *Millennium Development Goals for Health: What Will It Take to Accelerate Progress?*.
- Badan Pusat Statistik. (1992). Survei Demografi dan Kesehatan Indonesia (SDKI) 1991.

Badan Pusat Statistik. (1994). Survei Demografi dan Kesehatan Indonesia (SDKI) 1994.

Badan Pusat Statistik. (1997). Survei Demografi dan Kesehatan Indonesia (SDKI) 1997.

Badan Pusat Statistik. (2003). Survei Demografi dan Kesehatan Indonesia (SDKI) 2002/2003.

Badan Pusat Statistik. (2007). Survei Demografi dan Kesehatan Indonesia (SDKI) 2007.

Badan Pusat Statistik. (2007). Survei Sosial dan Ekonomi Nasional (Susenas), 2007.

Bappenas. (2007). Laporan Pencapaian Millennium Development Goals, Indonesia, 2007.

Bappenas. (2008). Direktorat Kesehatan dan Gizi Masyarakat Deputi Bidang Sumber Daya Manusia dan Kebudayaan Badan Perencanaan Pembangunan Nasional. *Pengembangan Database Pembangunan Kesehatan Dan Gizi Masyarakat*.

Bappenas. (2008). Pembiayaan Pencapaian MDGs di Indonesia, Laporan Kajian.

- Bappenas. (2009). Pembangunan Kesehatan dan Gizi di Indonesia: Overview dan Arah ke Depan. Backgorund Study RPJMN 2010-2014.
- BKKBN, UNFPA. (2006). Keluarga Berencana, Kesehatan Reproduksi, Gender, dan Pembangunan

Kependudukan.

Johanna Hanefeld, Neil Spicer, Ruairi Brugha, Gill Walt. (2007). *How Have Global Health Initiatives Impacted on Health Equity?*. A literature review commissioned by the Health Systems Knowledge Network.

Kementerian Kesehatan. (2001). Rencana Strategis Nasional. *Making Pregnancy Safer in Indonesia 2001-2010*. Jakarta.

Kementerian Kesehatan. (2005). Healthy Indonesia 2010 - Make Pregnancy Safer Indonesia.

Kementerian Kesehatan. (2008). Badan Penelitian dan Pengembangan Kesehatan. Riset Kesehatan Dasar (Riskesdas) Laporan Nasional Tahun 2007. Jakarta

Kementerian Kesehatan. (2008). Profil Kesehatan 2007.

- Kementerian Kesehatan. (2009). Analisis dari berbagai survei SDKI BPS tahun 1997, 2002-2003 and 2007.
- United Nations. (2005). *Millennium Project. Investing in Development: A Practical Plan to Achieve the Millennium Development Goals.* New York.

United Nations. (2008). The Millennium Development Goals Report 2008. New York.

World Health Organization. (2005). The World Health Report 2005: Make Every Mother and Child Count.

World Health Organization. (Maret, 2005). *The Millennium Development Goals will not be attained without new research addressing health system constraints to delivering effective interventions*. Report of the Task Force on Health Systems Research, 2005

Goal 5

- Adam et,al. (2005). Cost effectiveness analysis of strategies for maternal and neonatal health in developing countries. BMJ.
- Adam Wagstaff, Mariam Claeson, Robert M. Hecht, Pablo Gottret, and Qiu Fang. (2004). *Millennium Development Goals for Health: What Will It Take to Accelerate Progress?*.

Ahrizal Ahnaf. (2006). Angka Kematian Ibu di Indonesia Kecenderungan dan Faktor-Faktor yang Berpengaruh. Dipresentasikan pada Workshop Prakarsa Strategis Percepatan Penurunan AKI, di Jakarta.

- Badan Pusat Statistik. (1992). Survei Demografi dan Kesehatan Indonesia (SDKI) 1991.
- Badan Pusat Statistik. (1994). Survei Demografi dan Kesehatan Indonesia (SDKI) 1994.
- Badan Pusat Statistik. (1997). Survei Demografi dan Kesehatan Indonesia (SDKI) 1997.
- Badan Pusat Statistik. (2003). Survei Demografi dan Kesehatan Indonesia (SDKI) 2002/2003.
- Badan Pusat Statistik. (2007). Survei Demografi dan Kesehatan Indonesia (SDKI) 2007.
- Badan Pusat Statistik. (2007). Survei Sosial dan Ekonomi Nasional (Susenas), 2007.
- Bappenas. (2007). Laporan Pencapaian Millennium Development Goals Indonesia 2007.
- Bappenas. (2007). Rancang Bangun Perecepatan Penururan Angka Kematian Ibu untuk Mencapai Sasaran MDGs.
- Bappenas. (2008). Direktorat Kesehatan dan Gizi Masyarakat Deputi Bidang Sumber Daya Manusia dan Kebudayaan Badan Perencanaan Pembangunan Nasional: *Pengembangan Database Pembangunan Kesehatan dan Gizi Masyarakat 2008*.
- Bappenas. (2008). Pembiayaan Pencapaian MDGs di Indonesia. Laporan Kajian 2008.
- Bappenas. (2009). Pembangunan Kesehatan dan Gizi di Indonesia: Overview dan Arah ke Depan. Backgorund Study RPJMN 2010-2014.
- BKKBN, UNFPA. (2006). Keluarga Berencana, Kesehatan Reproduksi, Gender, dan Pembangunan Kependudukan.

- Johanna Hanefeld, Neil Spicer, Ruairi Brugha, Gill Walt. (2007). *How have global health initiatives impacted on health equity?*. A literature review commissioned by the Health Systems Knowledge Network.
- Kementerian Kesehatan. (2001). *Rencana Strategis Nasional. Making Pregnancy Safer in Indonesia 2001-2010.* Jakarta
- Kementerian Kesehatan. (2005). Healthy Indonesia 2010 Make Pregnancy Safer Indonesia.
- Kementerian Kesehatan. (2008). Badan Penelitian dan Pengembangan Kesehatan, Riset Kesehatan Dasar (Riskesdas) Laporan Nasional Tahun 2007. Jakarta
- Kementerian Kesehatan. (2008). Profil Kesehatan 2007.
- Population Reference Bureau. (Februari, 2007). *Measuring Maternal Mortality: Challenges, Solutions, and Next Steps*. www.prb.org/pdf07/MeasuringMaternalMortality.pdf
- United Nations. (2008). The Millennium Development Goals Report 2008. New York.
- World Health Organization. (2004). WHO Report 2004. Geneva.
- World Health Organization. (2005). The World Health Report 2005: Make Every Mother and Child Count.
- World Health Organization. (2006). WHO Report 2006. Geneva
- World Health Organization. (Maret, 2005). *The Millennium Development Goals will not be attained without new research addressing health system constraints to delivering effective interventions*. Report of the Task Force on Health Systems Research.

Goal 6

--, Coordinated Community Action to Control Disease, Indonesia confronts malaria epidemics in poor rural areas. unpublished

20th Meeting of The National AIDS Programme Managers; 2-4 Desember 2008: *Recommendations to The Member Countries.*

Adam Wagstaff, Mariam Claeson, Robert M. Hecht, Pablo Gottret, and Qiu Fang. (2004). *Millennium Development Goals for Health: What Will It Take to Accelerate Progress?*

Andy Barraclough, Malcolm Clark, et all. (2008). *Report of HIV/AIDS Commodities Survey and Supply Chain Status Assessment in Tanah Papua*; A survey of HIV/AIDS Commodities Situation in Tanah Papua, Februari 2008

ASAP; a service of UNAIDS. (2008). "Preparing National HIV/AIDS Strategies and Action Plans - Lessons of Experience"; www.worldbank.org/asap; Oktober 2007

Badan Pusat Statistik. (2008). Survei Demografi dan Kesehatan Indonesia 2007.

Coordinating Minister for People's Welfare/Chairman of the National AIDS Commission. (2003). *National HIV/ AIDS Strategy 2003 – 2007*; 2003

Inter-agency Coalition on AIDS and Development. (2005, November). Resources Needed to Address HIV/AIDS.

Johanna Hanefeld, Neil Spicer, Ruairi Brugha, Gill Walt. (2007). *How have global health initiatives impacted on health equity?: A literature review commissioned by the Health Systems Knowledge Network*. Januari, 2007

Kementerian Kesehatan . (2010). *Profil Penyakit Menular 2009*. Direktorat Pemberantasan Penyakit Menular Melalui Binatang, Dirjen P2PL.

Kementerian Kesehatan. (2008). *Pedoman Perluasan Jejaring Perawatan, Dukungan dan Pengobatan*. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan.

Kementerian Kesehatan. (2008). *Pedoman Tatalaksana Infeksi HIV dan Terapi Antiretroviral Pada Anak Di Indonesia*. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan.

Kementerian Kesehatan. (2009). Laporan Rutin P2M. Direktorat P2M, Dirjen P2PL, 2009

Kementerian Kesehatan. Direktorat Jenderal Pengendalian Penyakit dan Penyehatan Lingkungan. (2009). *Laporan AIDS*, Dec 2008

Komisi Penanggulangan AIDS Nasional. (2007). Country report on the Follow up to the Declaration of Commitment on HIV/AIDS, (UNGASS) Reporting Period 2006-2007

Komisi Penanggulangan AIDS Nasional. (2007). HIV and AIDS Response Strategies2007-2010.

Komisi Penanggulangan AIDS Nasional. (2010). Rencana Aksi dan Strategi Nasional Penanggulangan AIDS, 2010-2014.

Komisi Penanggulangan AIDS Nasional. (2010). Country report on the Follow up to the Declaration of Commitment on HIV/AIDS, (UNGASS) Reporting Period 2008-2009

Menteri Kesehatan Republik Indonesia. (2007). Keputusan Menteri Kesehatan Republik Indonesia, Nomor : 812/Menkes/SK/VII/2007, Tentang Kebijakan Perawatan Paliatif

Padmini Srikantiah, Sunil S. Raj, Richard Steen, Renu Garg, Mukta Sharma, Wiput Phoolcharoen, Laksami Suebsaeng. (2008). *Public health research priorities for HIV/AIDS in South-East Asia*.

RBM Partnership Consensus Statement on insecticide treated netting. (Maret 2004). *Personal protection and vector control options for prevention of malaria.* (http://www.rollbackmalaria.org/partnership/wg/wg_itn/docs/RBMWINStatementVector.pdf).

Report of the Task Force on Health Systems Research – WHO. (2005). *The Millennium Development Goals will not be attained without new research addressing health system constraints to delivering effective interventions*. Maret 2005

Roll Back Malaria/MEASURE Evaluation/World Health Organization/ UNICEF. (2004). *Guidelines for core population coverage indicators for Roll Back Malaria: to be obtained from household surveys*. Calverton, MEASURE Evaluation, 2004. (http://rollbackmalaria.org/partnership(wg/wg/monitoring/docs/Guideli nesForCorePopulationFINAL9-20_Malaria.pdf).

Rollback Malaria Partnership Board Channel. (2001). *Malaria Emergency Fund for the Containment of Malaria Epidemics in Africa* (www.rollbackmalaria.org, Partnership Board channel; see Fourth RBM Partnership Board meeting)

S Bertel Squire, Angela Obasi, Bertha Nhlema-Simwaka. (2006). *The Global Plan to Stop TB: a unique opportunity to address poverty and the Millennium Development Goals*. Lancet 2006; 367: 955–57

Tanner M, de Savigny D. (2008). *Malaria eradication back on the table*. World Health Organization Bulletin 2008; 86: 82.

The Global Fund. (2005). Addressing HIV/AIDS, Malaria and Tuberculosis : The resource needs of the Global Fund 2005 – 2007. GFATM. Geneva. 2005. www.theglobalfund.org

The Jakarta Post, Jakarta. (2008). Malaria-free Indonesia by 2030. Barrie | 26 April, 2008

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO). (2007). *AIDS epidemic update: Desember 2007.*

The Joint United Nations Programme on HIV/AIDS (UNAIDS). (2007). *Financial Resources Required to Achieve Universal Access to HIV Prevention, Treatment, Care and Support.* September 2007

The RBM Partnership. (2005). Global Strategic Plan 2005 – 2015.

The UK's AIDS Strategy. (2004). Achieving Universal Access – the UK's strategy for halting and reversing the spread of HIV in the developing world; 2004

The World Bank. (2005). The World Bank's Global HIV/AIDS Program of Action. Desember 2005

UN Millennium Project. (2005). *Coming to Grips with Malaria in the New Millennium*. Task Force on HIV/ AIDS, Malaria, TB, and Access to Essential Medicines, Working Group on Malaria. www.unmillenniumproject. org/documents/malaria-complete-lowres.pdf

UNAIDS, the Joint United Nations Programme on HIV/AIDS, UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. (2008). *Children and AIDS: Third Stocktaking Report, 2008*.

UNAIDS, WHO, UNICEF. (2008). *Towards Universal access: Scaling up priority HIV/AIDS interventions in the health sector, 2008*. Pr ogress report 2008.

UNAIDS, WHO. (2008). *HIV and AIDS Estimates and Data, 2007 and 2001.* Report on The Global AIDS Epidemic 2008.

UNAIDS. (2004). *Global Reference Group on HIV/AIDS and Human Rights: Review and Assessment of HIV/AIDS Strategies that Explicitly Include Attention to Rights Impact Mitigation*. 4th Meeting Impact Mitigation, 23-25 Agustus 2004

UNFPA. (2005). *Reducing Poverty and Achieving the Millennium Development Goals: arguments for investing in reproductive health & rights.* 2005

United Nations Development Programme Indonesia. (2007). *Poverty Reduction and Achievement of the MDGs: Project Facts the Indonesian Partnership Fund for HIV and AIDS*. November 2007

United Nations, New York. (2008). The Millennium Development Goals Report 2008.

USAID/BASICS Project. (1996). Project Report 1996

Vipin M Vashishtha. World Malaria Report. (2008). *A Billion-dollar Moment for a Centuries Old Disease?* Indian Pediatric, Volume 45, 17. Desember, 2008

WHO. Geneva. (2004). *Global Strategic Framework for Integrated Vector Management*. WHO/CDS/CPE/ PVC/2004.10.

WHO. Roll Back Malaria. (2001). *Framework for monitoring progress & evaluating outcomes and impact*. Geneva, World Health Organization, 2000 (WHO/CDS/RBM/2000.25); http://mosquito.who.int/cmc_upload/0/000/012/168/m_e_en.pdf).

WHO/UNICEF Joint Statement. (2004). *Malaria control and immunization: a sound partnership with great potential, 2004.*

(WHO/HTM/RBM/2005.52; http://www.rollbackmalaria.org/docs/RBM-EPI-EN.pdf).

World Health Organization & National AIDS Commission. (2009). ODHA & Akses Pelayanan Kesehatan Dasar, sebuah Penelitian Partisipatif/PLHIV and Health Service Access, A Participatory Research.

World Health Organization (2004). WHO position on DDT use in disease vector control under the Stockholm Convention on Persistent Organic Pollutants. (WHO/HTM/RBM/2004.53; http://mosquito.who.int/docs/WHOpositiononDDT.pdf).

World Health Organization Regional Office for Africa. (2004). *A strategic framework for malaria prevention and control during pregnancy in the African Region*. Brazzaville, World Health Organization Regional Office for Africa, 2004 (AFR/MAL/04/01; http://mosquito.who.int/rbm/Attachment/20041004/malaria_pregnancy_ str_framework.pdf)

- World Health Organization, HIV/AIDS Department. (2009). PRIORITY INTERVENTIONS HIV/AIDS prevention, treatment and care in the health sector. Version 1.2 April 2009
- World Health Organization, HIV/AIDS Department. WHO We Are: The HIV/AIDS Programme at WHO: Strengthening the health sector for universal access to HIV prevention, treatment and care. http:// www.who.int/hiv

World Health Organization, Regional Office for South-East Asia. (2004). *Expanding Access to HIV/AIDS Treatment: A Strategic Framework for Action at Country Level*.

- World Health Organization, Regional Office for South-East Asia. (2005). *Expanding Access to HIV/AIDS Treatment: Mission Report – Indonesia, 19-31 Januari 2004*. New Delhi 2005
- World Health Organization, Regional Office for South-East Asia. (2003). *Regional Strategic Plan On HIV/TB, October 2003*.
- World Health Organization, Regional Office for South-East Asia. (2007). *Regional Strategy for the Prevention and Control of Sexually Transmitted Infections 2007–2015: Breaking the chain of transmission*. New Delhi 2007.
- World Health Organization, Regional Office for South-East Asia. (2006). *Scaling-up HIV Prevention, Care and Treatment*. Report of a Regional Meeting Bangkok, Thailand, 31 October 2 November 2006
- World Health Organization. (2003). TB and HIV/AIDS in the South-East Asia Region, Report of the Second Joint Meeting of National AIDS and TB Programme Managers. Colombo, Sri Lanka, 19-22 November 2002; October 2003.
- World Health Organization. (2004). *Malaria and HIV Interactions and Their Implications for Public Health Policy*. Technical Consultation on Malaria and HIV Interactions and Public Health Policy, Juni 2004
- World Health Organization. (2004). *Malaria and HIV/AIDS Interactions and Implications*. Conclusion of A Technical Consultation, Juni 2004
- World Health Organization. (2005). *Biregional strategy for harm reduction, 2005 2009 : HIV and injecting drug.*
- World Health Organization. (2005). The Roll Back Malaria Strategy for Improving Access to Treatment Through Home Management of Malaria
- World Health Organization. (2006). THE STOP TB STRATEGY, Building on and Enhancing DOTS to Meet the TB-related Millennium Development Goals.
- World Health Organization. (2007). *Guidance on Provider-Initiated HIV testing and Counseling in Health Facilities: Strengthening health services to fight HIV/AIDS*. 2007
- World Health Organization. (2007). *HIV/AIDS Prevention, Care and Treatment in the South-East Asia Region*. Report of the 19th Meeting of the National AIDS Programme Managers Bali, Indonesia, 29–31 Oktober 2007.
- World Health Organization. (2008). Controlling Sexually Transmitted Infections. World AIDS Day, 1 Desember 2008
- World Health Organization. (2008). HIV Burden. World AIDS Day, 1 Desember 2008
- World Health Organization. (2008). Injecting Drug Use and HIV Transmission. World AIDS Day, 1 Desember 2008
- World Health Organization. (2008). Partners Support for Malaria Control in Indonesia, 2008.
- World Health Organization. (2008). Primary Health Care and HIV/AIDS: An Essential Requirement for Meeting the MDGs. World AIDS Day, 1 Desember 2008
- World Health Organization. (2008). World Malaria Report. http://www.who.int/malaria/wmr2008/ malaria2008.pdf
- World Health Organization. (2008). World Malaria Report: Summary and Key points. http://www.who.int/ malaria/wmr2008/MAL2008-SumKey-EN.pdf

Goal 7

- Badan Pusat Statistik. (2008). Statistik Tahunan Indonesia, dikutip dari "Economic Impacts of Sanitation in Indonesia".
- Badan Pusat Statistik. (2008). Survei Demografi Kesehatan Indonesia 2007.
- Badan Pusat Statistik. (2008). Survei Sosial Ekonomi Nasional 2008.
- Badan Pusat Statistik. (2009). Statistik Lingkungan Hidup Indonesia 2009. Jakarta.
- Bappenas dan United Nations. (2004). *Report on the Achievement of Indonesia's Millennium Development Goals 2004*.
- Bappenas. (2008). National Development Planning: Indonesia Response to Climate Change. Jakarta.
- Bappenas. (2010). Rencana Pembangunan Jangka Menengah Nasional 2010-2014. Jakarta.
- Bappenas. (April, 2009). Hasil Lokakarya Konsolidasi Masukan RPJMN 2010-2014 Bidang Air Minum dan Penyehatan Lingkungan.
- Bappenas. (April, 2009). Lessons from Around the World, Building an Indonesian Framework for Water and Sanitation Sector Monitoring Evaluation 13-14 April 2009. Jakarta.
- Bappenas. (April, 2009). Temuan Isu dan Permasalahan Serta Usulan Kebijakan Awal (Prematur Policy) Pembangunan Air Minum dan Sanitasi. Jakarta.
- Bappenas. (Maret, 2010). Indonesia Climate Change Sectoral Roadmap (ICCSR). Jakarta.
- Bappenas. (September, 2006). *Climate Change in Indonesia National Development Planning*. Presentation at Asia Pacific Seminar on Climate Change. Jakarta.
- Bartram J, Corrales L, Davison A, Deere D, Drury D, Gordon B, Howard G, Rinehold A, Stevens M.(2009). *Water safety plan manual: step-by-step risk management for drinking-water suppliers*. World Health Organization. Geneva.
- http://www.wssinfo.org/
- Kementerian Energi dan Sumber Daya Mineral. (2009). Pusat Data dan Informasi. Buku Data Statistik Ekonomi Energi Indonesia. Jakarta.
- Kementerian Kesehatan & WSP-EAP. (2008). *Mobilisasi Pendanaan Guna Mendukung Pengembangan Sanitasi*. Jakarta
- Kementerian Kesehatan & WSP-EAP. (2008). *Pendekatan Strategis Pengembangan Sanitasi di Indonesia*. Jakarta.
- Kementerian Kesehatan & WSP-EAP. (2008). Peranserta Swasta Dalam Peningkatan Layanan Sanitasi. Jakarta.
- Kementerian Kesehatan & WSP-EAP. (2008). Public-Private Partnership in Handwashing with Soap (PPP-HWWS) For Diarrheal Diseases Prevention in Indonesia. Fact Sheets. Jakarta.
- Kementerian Kesehatan & WSP-EAP. (2008). SPM Sebagai Target Pencapaian Pengembangan Sanitasi. Jakarta.
- Kementerian Kesehatan & WSP-EAP. (2008). Strategi Sanitasi Melalui Pendekatan Pengembangan Kelembagaan. Jakarta.
- Kementerian Kesehatan. (2007). Profil Kesehatan Indonesia 2007. Jakarta.
- Kementerian Kesehatan. (2008). Keputusan Menteri Kesehatan Republik Indonesia Nomor 852/Menkes/SK/ IX/2008 Tentang Strategi Nasional Sanitasi Total Berbasis Masyarakat. Jakarta.
- Kementerian Kesehatan. (2008). Strategi Nasional Sanitasi Total Berbasis Masyarakat. Jakarta.
- Kementerian Lingkungan Hidup. (2007). National Action Plan Adressing Climate Change. Jakarta.
- PEACE. (2007). Indonesia and Climate Change. Current Status and Policies.

Pusat Penelitian Kesehatan Universitas Indonesia. Fakultas Kesehatan Masyarakat – Universitas Indonesia.

(2006). Survei rumah tangga pelayanan kesehatan dasar di 30 kabupaten di 6 provinsi di Indonesia 2005. Laporan akhir ke USAID - Indonesia Health Services Program: Jakarta.

- Safrab Yusri and Muhammad Syahrir (TERANGI), Irfan Yulianto and Yudi Herdiana (WCS Indonesia). *Providing Access to Marine Protected Areas Data and Marine Related Research in Indonesia*. through www.konservasi-laut.net.
- UN Millennium Project. (2005). *Health, Dignity, and Development: What Will it Take?* Task Force on Water and Sanitation.

UNDP. (2007). The Other Half of Climate Change – Why Indonesia Must Adapt to Protect Its Poorest People.

WHO dan UNICEF (2006). Meeting the MDG drinking water and sanitation target.

Goal 8

APJII. (2007). www.apjii.or.id

ASEAN Secretariat. (2002). Southeast Asia: A Free Trade Area. Jakarta.

ASEAN Secretariat. (2008). ASEAN Economic Community Blueprint. Jakarta.

Badan Pusat Statistik. (2009). Survei Sosial Ekonomi Nasional 2009. Jakarta.

Bank Indonesia. (2008). Laporan Perekonomian Indonesia 2008. Jakarta.

Bank Indonesia. (2009). Laporan Perekonomian Indonesia 2009. Jakarta.

Bappenas. (2007). Laporan Pencapaian Millennium Development Goals Indonesia 2007. Jakarta.

Bappenas. (2009). Jurnal Kerjasama Pemerintah dan Swasta Edisi 7 - September 2009. Jakarta.

Bappenas. (2009). The Jakarta Commitment – Indonesia Roadmap to 2014. Jakarta.

International Telecomunication Union. (2009). *Information Statistical Profiles 2009, Indonesia*. www.itu.int Kementerian Keuangan. (2009/2010). *Statistik Utang Luar Negeri*. Jakarta.

Pangestu, Mari. (2009). Statement on Plenary Session of 7th WTO Ministerial Meeting. Geneva. 30th November 2009.

Rachman, Abdul. (2006). Director of Statistic Dissemination - BPS. The Availability of ICT Indicators for Households and Individuals: Case of Indonesia. Badan Pusat Statistik. Jakarta.

Photo credits

Cover	Student	Kementrian Pendidikan Nasional
Goal 1	PNPM Mandiri-Rural (infrastructure); Road Project at Tabanan, Bali	World Bank
Target 1A	RESPEK Program; Community attended a meeting to discuss RESPEK Program or Strategic Plan for Village Development. It is one of PNPM Mandiri-Rural pilots, initiated by Papua and West Papua Provincial Government to spur village development.	World Bank
Goal 2	Future Vision; With over 46 million students and 2.7 million teachers in more than 250,000 schools, Indonesia is the third largest education system in the Asia region and the fourth largest in the world behind China, India and the United States.	Amanda Beatty/ World Bank
Goal 2	Community-led pre-schools; More children from poor families need access to early education so they can be ready for school.	Luc– Charles Gacougnolle / World Bank
Goal 3	Boys and girls at elementary school and Staff of geothermal unit in North Sulawesi	Asian Development Bank
Goal 4	PNPM Health & Bright Generation (Weighing Children at Health Post in Magetan, East Java).	World Bank
Goal 4	Posyandu.	Kementrian Kesehatan
Goal 5	<i>Puskesmas</i> : The "spearhead" of health service; <i>Puskesmas</i> (Community Health Center) remains the largest network of public health services providing primary level of care in Indonesia. The network comprises more than 8,000 <i>Puskesmas</i> , and 22,200 auxiliary health centers. In this picture a patient receives information about the importance to comply and to finish the 6-month TB treatment (DOTS) from <i>Puskesmas</i> nurses	Josh Estey / World Bank
Goal 6	KAMPANYE PEDULI HIV/AIDS. Mahasiswa Unika Atma Jaya Jakarta mengelar aksi kampanye peduli HIV/AIDS di Bundaran HI, Jakarta Pusat, Minggu (29/11). Kampanye tersebut dalam rangka menyambut hari HIV/AIDS se-dunia 1 Desembe mendatang serta mengajak masyarakat agar tidak mendiskriminasikan pengidap virus HIV/AIDS.	ANATARA / Yudhi Mahatma
Goal 7	Geothermal in North Sulawesi	Asian Development Bank
Goal 7	Nurseries developed by the community; Members of a community, men and women, take active and participative role in the process of planning, implementation of making seedlings, planting, plant maintenance and marketing of harvested goods. This effort aims to increase the welfare of the community by applying sustainable forestry management. The AFEP-FFI program is a strategy to prevent community members to seek for livelihoods that can destroy the forest such as illegal logging and traditional gold mining in the village of Krueng Sabee, Aceh Jaya District.	Yasser Premana / Multidonor (MDF)
Target 7C	Indonesia Water Supply and Sanitation Formulation and Action Planning Facility	Waspola
Goal 8	The Jakarta Commitment	Bappenas
Goal 8	Kids playing internet; Small grants disbursed through Strengthening the Capacity of Civil Society Organizations Project have afforded these children the opportunity to gain valuable computer skills at an early age. Through the project, 141 small grants have been provided to CSOs to support income generation, basic social services, and specific women-led activities in communities. ©Chaideer Mahyuddin	Chaideer Mahyuddin/ Multidonor (MDF)

