

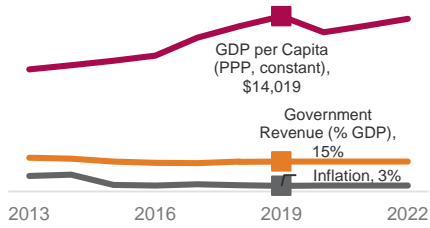


Indonesia

LNCT Network-Wide Meeting Tangerang, Indonesia, July 2019



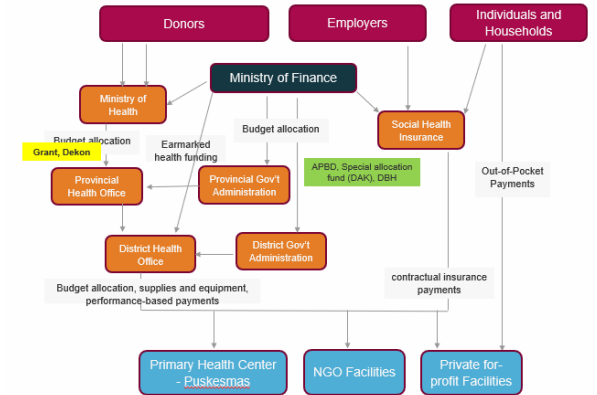
I. Economic Context



II. MOH Budget Execution, 2018

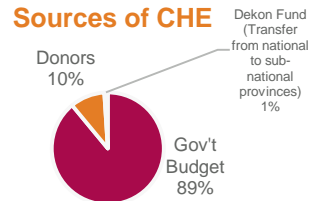
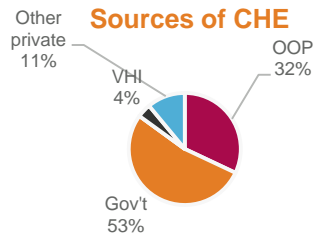
	MOH Budget	Subnational Government Health Budgets
Total budget (year)	4,220,714,286	1,891,998,191
Total released	3,587,607,413	1,271,769,090
Total spent	633,107,143	620,229,101
Execution as percent of budget	85%	67%

V. Funding Flows for Immunization



III. Sources of Health Expenditure

CHE per capita: **US\$125 (2017)**
 Domestic General Government Health Expenditure as % of General Government Expenditure: **5% (2017)**
 % of Domestic General Government Health Expenditure spent on immunization: **4% (2018)**



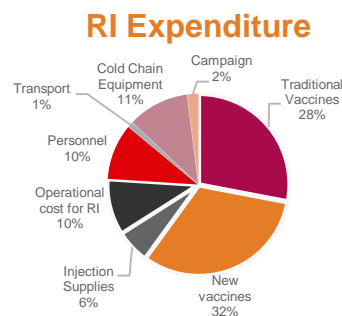
IV. Routine Immunization Budget

Line Item	Budget Source(s)
Vaccine supply & logistics	<ul style="list-style-type: none"> Nat'l health budget Gavi grant Subnational government budgets to distribution from Sub National cold storage to District cold storage and District to health facilities
Service Delivery	<ul style="list-style-type: none"> Subnat'l health budget – Special Allocation Fund (DAK) or Health Operational Cost (BOK)
Advocacy & Communication	<ul style="list-style-type: none"> Central/Province/District government budgets Donor basket funding from central to province
Monitoring & Disease Surveillance	<ul style="list-style-type: none"> Central and Subnat'l health budget and donor basket
Program Management	<ul style="list-style-type: none"> Central/Province/District health budgets Results based financing (fund district mtgs)
Shared Health Systems Costs	<ul style="list-style-type: none"> Subnat'l health budgets for contract staff Results based financing for staff incentives

2018
 Total Expenditure (from all sources) on routine immunization: **\$182 million**

RI Budget per Surviving Infant: **\$38.59**

% of RI costs including new vaccine financed by gov't: **90%**



Ask me how:

The MoH is developing a performance-based financing scheme for Special Allocation Fund (DAK) - district block grants with districts judged and monetarily incentivized based on Minimum Service Standard achievements, which include immunization coverage as a key indicator.

I want to know:

How other countries have mobilized public private partnerships for sustainable immunization financing.

VI. Budget Allocation Process

Fund	Responsible Authority	Allocation Guidance and Process	Key Bottlenecks
MOH budget	National MOF/MOH	Allocated to agencies based on Parliamentary priorities and ceilings. MOH allocates budgets base on program priorities as stipulated in National Strategy Plan.	Many competing program priorities
Donor support to national level (Gavi, WHO, Unicef, UNDP, CHAI)	External donors	Allocated for specific activities based on donor priorities and government input	Delays in expenditure reporting sometimes delays funding release
Provincial health budgets	MOH	Allocated to provincial and districts based on program priorities, based on population and number of health staff.	Many competing program priorities
Province/District donor health basket (Gavi)	MoH and Donor coordinating committee/province/district health office	Agreement by MoH and allocated to province/districts based on local government request, facilities and health outcomes and focus area Filling the gap of local budget needs	Delays in expenditure reporting frequently delays funding release – expenditure reports must be received from province/districts before additional funding release
District government budget	MoH for Special allocation fund (DAK) Local government at district level for local budget	All districts receive based on request and approved by government. The local government authorities compile from all sectors and allocate to various sectors based on need. Additional funding is a set aside in case new requests arise during the year.	Except for staff salaries, budget disbursements usually begin in April or May, affecting implementation of activities scheduled in the first quarter.
Results based financing funds	MOH/health facility	Disbursed quarterly based on meeting MCH indicators, including immunization coverage. Health facilities determine how to use funds, including up to 50% for staff incentives.	Delay in disbursing funds from the district because of the expected document requirements
Immunization fund and Special Allocation Fund (DAK) Non Fisik for immunization program	National – MOH and Sub National	National : allocates budgets base on program priorities as stipulated in the cMYP Sub National : allocated to local government (province/district) as filling the gap of local budget needs	Competing program priority in MoH

VIII. Challenges

1. Supporting State governments to budget sufficient resources to cover all immunization operational costs
2. Low overall government spending on health.
3. Competing priorities to secure financing for the immunization program at the local level
4. Central transfers are not strongly linked with performance of local government
5. Fragmentation of health financing and lack of accountability mechanism weakened program implementation

VII. Identification of Gaps

Line item	Budget 2020	Funding Gap	Potential Budget Sources
Vaccines & injection supplies	\$ 93,142,857	\$ 12,677,776	National Budget, Donor Budget - Gavi
Personnel	\$ 28,161,428	0	National Budget, Local Budget (Province and District)
Transport	\$ 1,643,339	0	Government Budget including Special Allocation Fund (DAK)
Activities & other recurrent costs	\$ 21,633,324	\$ 609,959	National Budget, Sub National Budget, Special Allocation Fund (DAK), Donor budget
Logistic Distribution (Province to District and District to Primary Health Facilities)	\$ 51,045	0	National Budget, Sub National Budget, Special Allocation Fund (DAK), Donor budget
Cold Chain Equipment	\$ 8,385,428	0	Special Allocation Fund (DAK)
Total	\$ 153,017,421	\$ 13,287,735	