Indonesian Civil Society Recommendations for the 77th World Health Assembly (WHA)

Jakarta, 17th May 2024

Policy Memo

Indonesian Civil Society Recommendations for the 77th World Health Assembly (WHA)

Country representatives will convene in Geneva, Switzerland, to participate in the 77th World Health Assembly (WHA). The provisional agenda encompasses the negotiation of the Pandemic Agreement, amendments to the International Health Regulations (IHR) (2005), and evaluation of progress towards achieving Universal Health Coverage (UHC) by 2030. Recognising the strategic platform of the WHA, Indonesian civil society organisations (CSOs) gathered on 2nd - 3rd May 2024 for a public consultation, aiming to articulate civil society perspectives on key global health priorities.

Following the public consultation, the undersigned Indonesian CSOs agreed to provide a policy memo containing collective recommendations to support the Government of Indonesia (GoI)'s delegations at the 77th WHA. This policy memo is expected to be a reference and foundation of additional information that strengthens the GoI delegations' position in negotiating with other WHO member states. Thus, robust commitments to promote and protect the human right to health can be achieved.

Embedded in the inputs/recommendations for the national position are key principles such as equity, rights-based approach, meaningful participation, social inclusion, and gender-sensitive. Collective recommendations are grouped into responding to the two primary strategic agendas of the 77th WHA assembly, specifically **(i) adoption of the Pandemic Agreement in line with the most recent INB/9 draft from May 10, 2024, and (ii) efforts towards realising Universal Health Coverage by 2030.**

Agenda 1: Promote equity and meaningful participation in strengthening pandemic prevention, preparedness and response (PPPR) capacity through the Pandemic Agreement

CSOs in Indonesia and globally have limited participation in the negotiations for the Pandemic Agreement. Acknowledging their vital contribution in the response to the COVID-19 crisis, we advocate for the **Pandemic Agreement to incorporate provisions that promote meaningful participation of CSOs in all future PPPR initiatives**. Furthermore, we urge Indonesian representatives to adopt a position that supports equitable global reforms in pandemic governance, reflecting the needs of affected individuals and communities.

Outlined below are specific recommendations put forth by the CSOs in Indonesia:

- **Recommendation 1.1: Expand the definition of "persons in vulnerable situations" as contained in Article 1: Use of terms**
  The Pandemic Agreement needs to be formulated with the lens of equity and social inclusion. GoI can encourage the expansion of the definition of "persons in vulnerable situations" to embed the principles of equity and social inclusion as follows:

Article 1(g) Text	Recommendation
"persons in vulnerable situations" means individuals, groups or communities with a disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic. This is understood to include persons in fragile and humanitarian settings	Expand the definition of vulnerable groups to be as adopted in the International Covenant on Civil and Political Rights, International Covenant on Economic, Social and Cultural Rights, Declaration on the Rights of Indigenous Peoples and others: *"persons in vulnerable situations" means individuals, groups or communities with a disproportionate increased risk of infection, severity, disease or mortality in the context of a pandemic,* ***including vulnerability due to gender, race, colour, sex, language, religion, political or other opinion, national or social origin, indigenous origin or identity, socio-economic condition, disability, property and birth****. This is understood to include persons in fragile and humanitarian settings.*

This recommendation aims to ensure that the accessibility clauses in articles 6(a), 13(2)(c), 17(3)(b) and 17(5) that explicitly mention "persons in vulnerable situations" are responsive to the situation and needs of diverse vulnerable groups (Tan et al., 2023). This will also ensure that implementation, monitoring, and evaluation processes at both national and global levels can be more inclusive. Thus, guaranteeing an equitable and inclusive health resilience system.

At the national level, this element can be specifically used by national policymakers as an entry point for meaningful civil society participation. Public consultations involving various CSOs can strengthen the GoI's position in the global health architecture, for example in relation to its operationalisation needs in Indonesia's proposal for the Pandemic Fund.

- **Recommendation 1.2: Equip gender lens and explicitly add access to reproductive health services in the Pandemic Agreement**
  The lack of a gender perspective in the negotiation and drafting process of the Pandemic Agreement has been observed by Indonesian and global CSOs (Davies & Wenham, 2024). Other than point 5 in the preamble, the explicit mention or consideration of gender no longer appears.

We recommend explicit mention of meaningful and inclusive gender considerations in the text of the Pandemic Agreement, starting from:

Article 6(2)(a) Text	Recommendation
2. Each Party, within the means and resources at its disposal, shall take appropriate measures, in accordance with its national and/or domestic law, to develop or strengthen, sustain and monitor health system functions and infrastructure for: (a) the timely provision of equitable access to scalable clinical care and quality routine essential health care services, while maintaining public health functions and, as appropriate, social measures during pandemics, with ***a focus on primary health care, mental health and psychosocial support and with particular attention to persons in vulnerable situations****;*	Add reproductive health services: *"(a) the timely provision of equitable access to scalable clinical care and quality routine essential health care services, while maintaining public health functions and, as appropriate, social measures during pandemics, with* ***a focus on primary health care, mental health and psychosocial support, reproductive health care, and with particular attention to persons in vulnerable situations****; "*
Article 9(2)(a) Text	**Recommendation**
sustained investment in research and development for public health priorities, including for pandemic-related health products, [epidemiology, factors, and impacts of emerging diseases, and public health and social measures.] and support for research institutions and networks that can rapidly adapt and respond to research and development needs in the event of a pandemic emergency.	Add an iterative, participatory and gender-responsive process as adopted in the Paris Agreement: *sustained investment in research and development for public health priorities* ***which should be an effective, iterative process that is participatory, cross-cutting and gender-responsive****, including for pandemic-related health products, [epidemiology, factors, and impacts of emerging diseases, and public health and social measures.] and support for research institutions and networks that can rapidly adapt and respond to research and development needs in the event of a pandemic emergency.*

The integration of a gender perspective in the text is aimed at anticipating the disproportionate impacts of the pandemic on women and gender minority groups. Starting from the increased risk of gender-based violence, exposure to pathogens, worsening economic conditions, increased domestic workload, and reduced space for movement (Heidari et al., 2023).

- **Recommendation 1.3: Encourage the strengthening of international norms in the Pandemic Agreement**
  We urge **the removal of the phrase "subject to national laws; national capacities; national context and national circumstances"** which can limit the strength of international norms. There is a concern that states can take refuge behind this phrase to not implement the contents of the draft Pandemic Agreement. The removal of the phrase in our text is exemplified as follows in article 12(6):

Article 12(6) Text	Recommendation
Each Party that has manufacturing facilities in its jurisdiction that produce vaccines, therapeutics, and/or diagnostics [resulting from the sharing of] pathogens to be covered by the Instrument shall take appropriate measures to facilitate the manufacture and export of such products [subject to national/domestic law].	Removal of the phrase "subject to national/domestic law": *Each Party that has manufacturing facilities in its jurisdiction that produce vaccines, therapeutics, and/or diagnostics [resulting from the sharing of] pathogens to be covered by the Instrument shall take appropriate measures to facilitate the manufacture and export of such products. ~~[subject to national/domestic law].~~* Other articles that need similar phrase removal: *4(1), 4(2bis), 5(1), 5(2), 5(3), 6(2), 6(3), 7, 9(2)-(5), 10(2), 11(1), 11(6), 12(1), 13bis(1)-(2), 14(3)-(5), 17(1), 17(4)-(5) 19(1), 20(2)* and *23(4).*

- **Recommendation 1.4: Remove the phrase "mutually agreed terms" from technology and know-how transfer obligations**
  We urge the **removal of the use of the phrase "mutually agreed terms" in obligations related to the transfer of technology and know-how**. Such phrases can hinder the achievement of equity and exacerbate power imbalances in the context of PPPR. The removal of the phrase in the text is exemplified as follows in article 11(1)(a):

Article 11(1)(a) Text	Recommendation
1. Each Party shall, in order to enable the sustainable and geographically diversified production of pandemic-related health products [for the attainment of the objectives of this instrument], and taking into account its national circumstances: *(a) Promote and otherwise facilitate or incentivize transfer of technology, skills and [know-how] [which may include know-how, as appropriate,] on [**voluntary and mutually agreed terms,** without prejudice to other measures a Party might take,] for pandemic-related health products, in particular for the benefit of developing countries [and for technologies that have received public/government funding for their development], through a variety of measures such as licensing, capacity building, relationship facilitating, incentives or conditions linked to research and development, procurement or other funding, regulatory policies, and/or*	Removal of the phrase "mutually agreed terms": *Each Party shall, in order to enable the sustainable and geographically diversified production of pandemic-related health products [for the attainment of the objectives of this instrument], and taking into account its national circumstances:* *(a) Promote and otherwise facilitate or incentivize transfer of technology, skills and [know-how] [which may include know-how, as appropriate,] on ~~[voluntary and mutually agreed terms~~, without prejudice to other measures a Party might take,] for pandemic-related health products, in particular for the benefit of developing countries [and for technologies that have received*

fiscal policies;	*public/government funding for their development], through a variety of measures such as licensing, capacity building, relationship facilitating, incentives or conditions linked to research and development, procurement or other funding, regulatory policies, and/or fiscal policies;* Other articles that need similar phrase removal: *9(5), 11(1)(a), 11(1)(e), 11(2), 11(5)* and *19(1).*

Removing the phrase "mutually agreed terms" will minimise the power imbalance between countries, including reducing the use of economic and political pressure as experienced by TRIPS flexibilities. This recommendation needs to be emphasised in light of the risk of power imbalances that allow HICs and UMICs to avoid compulsory obligations (KEI, 2024).

- **Recommendation 1.5: Regulate the PABS mechanism to make it more equitable, regular, sustainable and mandatory**

  The Pathogen Access and Benefit Sharing (PABS) mechanism will be useful to ensure equitable distribution of pandemic products (therapeutics, vaccines, technology and diagnostic tools) between countries. Article 12 regulates PABS, and Article 12(4)(b)(i) is specific to WHO's access to the pandemic products that benefit from the sharing of pathogens. To ensure equitable and sustainable distribution of such products through WHO, Article 12(4)(b)(i) needs to be amended to:

Article 12(4)(b)(i) Text	Recommendation
The fair, equitable and rapid, [systematic] and timely sharing of benefits, both monetary and non-monetary [, free from disruptions of any kind] [[based] on modalities, terms and conditions, to be [set out] / [agreed] in the [legally binding] contracts pursuant to paragraph X above], including the following: *(i) in the event of a [PHEIC] and/or pandemic emergency, [provide access to WHO of] [expected rapid [access by] / [contribution by relevant manufacturers to] the PABS System to] [up to]/[at*	Remove the use of the words below: *The fair, equitable and rapid, [systematic], and timely sharing of benefits, both monetary and non-monetary [, free from disruptions of any kind] [[based] on modalities, terms and conditions, to be [set out] / [agreed] in the [legally binding] contracts pursuant to paragraph X above], including the following:* *(i) in the event of a ~~[~~PHEIC~~]~~ and/or pandemic emergency, ~~[~~provide access to WHO of~~] [expected rapid [access by] / [contribution by relevant manufacturers to] the PABS~~*

least] 20% of the [real time] production of each of safe, quality, efficacious and effective vaccines, therapeutics, and diagnostics [against][resulting from the sharing of] pathogens to be covered by the Instrument; *(i. alt) in the event of a [PHEIC] and/or pandemic emergency, [DEL expected rapid access by the PABS System] [ADD provide access to WHO of] [DEL up to]/][at least] 20% of [DEL the] *[ADD real-time] production [ADD (10% of production free of charge and 10% at not-for-profit prices)] of each of safe, quality, efficacious [DEL and effective] vaccines, therapeutics, and diagnostics [DEL against pathogens to be covered by the Instrument];* ● *[No less than 10% of the production free of charge]* ● *[[Up to] / [At least] 10% of the production at a not-for-profit price]* *Such products shall be made available for use on the basis of public health risk and need, and upon request, with particular attention to the needs of developing countries.*	~~*System to] [up to]/[*~~*at least*~~*]*~~ *20% of the ~~*[*~~*real time*~~*]*~~ *production of each of safe, quality, efficacious and effective vaccines, therapeutics, and diagnostics ~~*[against][resulting from the sharing of] pathogens to be covered by the Instrument*~~;* ~~*(i. alt) in the event of a [PHEIC] and/or pandemic emergency, [DEL expected rapid access by the PABS System] [ADD provide access to WHO of] [DEL up to]/][at least] 20% of [DEL the] *[ADD real-time] production [ADD (10% of production free of charge and 10% at not-for-profit prices)] of each of safe, quality, efficacious [DEL and effective] vaccines, therapeutics, and diagnostics [DEL against pathogens to be covered by the Instrument];*~~ ● ~~*[*~~*No less than 10% of the production free of charge*~~*]*~~ ● ~~*[[Up to] / [*~~*At least*~~*]*~~ *10% of the production at a not-for-profit price*~~*]*~~ *Such products shall be made available for use on the basis of public health risk and need, and upon request, with particular attention to the needs of developing countries.*

The 20% rate should be a baseline and not a one-off contribution. The adaptive and responsive baseline can be adjusted as needed to allow developing countries to accommodate evolving needs, especially those of vulnerable groups, including health workers (MSF, 2024).

- **Recommendation 1.6: Mandate the adoption of a "whole-of-government" and "whole-of-society" approach in the implementation of the Pandemic Agreement**
  The meaningful participation of civil society to realise the whole-of-society principle in the implementation of the Pandemic Agreement needs to be strengthened through the revision of Article 17:

Article 17(1) Text	Recommendation
The Parties are encouraged to apply whole-of-government and whole-of-society approaches at national level, including, according to national circumstances, to empower and enable community ownership, and contribution to, community readiness for and resilience to pandemic prevention, preparedness and response.	Replace the word "are encouraged to"with "shall": *The Parties* ~~***are encouraged to***~~ ***shall*** *apply whole-of-government and whole-of-society approaches at national level, including, according to national circumstances, to empower and enable community ownership, and contribution to, community readiness for and resilience to pandemic prevention, preparedness and response.*

Article 17(2) Text	Recommendation
Each Party is urged to establish or strengthen, and maintain, a national multisectoral coordination mechanism for pandemic prevention, preparedness and response.	Replace the word "is urged to" with "shall": *Each Party* ~~***is urged to***~~ ***shall*** *establish or strengthen, and maintain, a national multisectoral coordination mechanism for pandemic prevention, preparedness and response.*
Article 17(3)(a) Text	**Recommendation**
Each Party shall, taking into account its national circumstances: promote [and facilitate] the effective and meaningful engagement [[as appropriate](DEL)] of Indigenous Peoples, communities, including local communities, and [relevant stakeholders], including through social participation, as part of a whole-of-society approach in [assessment,] planning, decision-making, implementation, monitoring and evaluation [of policies, strategies and measures], [and also] [in order to (DEL)] provide [effective (DEL)] feedback opportunities;	Replace the word "promote" with "ensure" and support the explicit addition of meaningful social participation, which includes CSOs: *Each Party shall, taking into account its national circumstances:* ~~***promote***~~ ***ensure*** ~~*[*~~*and facilitate*~~*]*~~ *the* ***effective and meaningful engagement*** ~~***[[as appropriate](DEL)]***~~ ***of Indigenous Peoples,*** ***local*** ***communities*** ***and the public,*** ***including*** ***civil society organisations*** ~~***local communities,***~~ ***and*** ~~*[*~~***relevant stakeholders***~~*], including*~~ ***through social participation, as part of a whole-of-society approach*** *in* ~~*[assessment,]*~~ *planning, decision-making, implementation, monitoring and evaluation* ~~*[*~~*of policies, strategies and measures*~~*]*~~*,* ~~*[*~~*and also*~~*]*~~ ~~*[in order to (DEL)]*~~ *provide* ~~*[*~~*effective*~~ ~~*(DEL)]*~~ *feedback opportunities;*

Implementing the principles of "whole-of-government" and "whole-of-society" means meaningfully involving all levels of government across sectors, the private sector, CSOs, communities and the public. Collective cooperation can realise a more harmonious and integrated pandemic response (Dubb, 2020). The revised text of Article 17 aims to bind the state's obligation to ensure a mechanism for meaningful participation across sectors and between actors.

- **Recommendation 1.7: Ensure sustainable financing for global PPPR strengthening**

Optimising the utilisation of financing sourced from various global financing facilities and/or regional financing mechanisms can run in parallel to complement the Pandemic Agreement. Here are our recommendations for financing optimisation:

Article 20(2)(c) Text	Recommendation
In this regard, each Party, [in accordance with] [subject to DEL] [domestic and] national law and available resources, shall [endeavour to]: *promote, as appropriate, within relevant bilateral, regional and/or multilateral funding mechanisms, innovative financing measures,*	Add references to global and/or regional financing: *In this regard, each Party,* ~~*[in accordance with] [subject to DEL] [domestic and] national law and available resources,*~~ *shall* ~~*[endeavour to]*~~*:* *promote, as appropriate, within relevant bilateral, regional*

including transparent financial reprogramming plans for pandemic prevention, preparedness and response, especially for developing country Parties experiencing fiscal constraints;	*and/or multilateral funding mechanisms, innovative financing measures* ***from a wide variety of sources, instruments and channels, noting the significant role of global financial facilities for the global and regional components of the PPPR architecture****, including transparent financial reprogramming plans and the utilisation for pandemic prevention, preparedness and response, especially for developing country Parties experiencing fiscal constraints;*

To close the PPPR financing gap at the global level, efforts should be made to link the PPPR capacity strengthening in the Pandemic Agreement with the Pandemic Fund and/or other global financing facilities (Africa CDC, 2024). We also encourage the use of innovative financing, such as 'debt swaps' and regional pooling funds, in the Pandemic Agreement for pandemic preparedness and response in many regions as needed.

- **Recommendation 1.8: Set up an independent monitoring and compliance mechanism for the Pandemic Agreement that is transparent and accountable**
  We recommend, at least at the national level, the establishment of an independent implementation and compliance committee that is transparent and accountable. This is necessary so that the contents of the Pandemic Agreement can be implemented and accounted for. Currently, the draft Pandemic Agreement only regulates the Conference of the Parties (COP) and the establishment of subsidiary bodies in Article 21(7). We recommend adding a separate article as follows:

Article 21(7) Text	Recommendation
The Conference of the Parties may establish subsidiary bodies, as well as decide upon delegating functions to bodies established under other agreements adopted under the WHO Constitution, as it deems necessary, and determine the terms and modalities of such bodies.	Add a separate article on the establishment of the Implementation and Compliance Committee: 1. *The Parties hereby establish an Implementation and Compliance Committee as an independent body, to facilitate and consider the implementation of and promote compliance with the provisions of the Pandemic Agreement. The committee shall be facilitative in nature and function in a manner that is transparent, non-adversarial and non-punitive.* 2. *The Implementation and Compliance Committee in performing its function with respect to monitoring the report submitted under the Pandemic Agreement, shall draw on appropriate information from effective and meaningful engagement of indigenous peoples, local communities and the public, including civil society*

	organisation and relevant stakeholders through social participation. 3. *The Implementation and Compliance Committee may transmit monitoring and evaluation reports with recommendations and a summary of the information received to the Parties, Governing Body and the public on the measures taken and progress made in achieving general observance of the obligations under the Pandemic Agreement.* 4. *The Implementation and Compliance Committee shall consist of members possessing appropriate qualifications and experience, nominated by the Parties and elected by the Conference of the Parties, with due consideration to gender balance and equitable geographical representation.*

An independent body authorised to oversee and evaluate compliance with obligations under the Pandemic Agreement can ensure the accuracy of reports submitted (Hanbali et al., 2023). This argument is also based on strong evidence from other international treaties and on the history of inadequate compliance with the IHR (2005).

As has been implemented in human rights treaties (Lehtimaki et al., 2021), the Implementation and Compliance Committee should have the authority to cross-reference self-reporting with multiple sources to ensure a 'checks and balances' mechanism. The Committee shall apply the "whole-of-society" approach through meaningful participation with CSOs, communities and the public. The Committee may also transparently share supervision and compliance reports with countries, governing boards and the public at large to enhance public accountability.

Agenda 2: Ensure sustained political commitments to achieve UHC by 2030

In addition to discussing pandemic preparation, preparedness, and response, country representatives will also discuss current progress to achieve UHC by 2030. Although Indonesia has achieved 97.5% coverage of the National Health Insurance (JKN) by November 2023, many groups still lack access to quality health services (DJSN, 2024).

Through the public consultation, **we identified that the UHC discussion should shift focus from health insurance coverage to strengthening health systems and improving access with a wider definition, which includes quality improvement, service utilisation, and social protection** (Bertram et al., 2024). There is a need to address challenges such as stigma when accessing services, and inequitable availability of services, medical devices and essential medicines covered by health insurance. Principally, UHC will be difficult to realise without meaningful participation from civil society in national and global efforts. The following are specific recommendations from the CSOs in Indonesia:

- **Recommendation 2.1 - Promote meaningful participation of civil society to achieve UHC by 2030**
  GoI should support the adoption of resolution EB154/CONF./10 on "Social participation for universal health coverage, health and wellbeing" as an effort to increase the meaningful participation of civil society in the Indonesian health system governance and globally. This resolution allows WHO to develop technical guidelines and operational directions for each country to strengthen meaningful participation of civil society, including monitoring and evaluation mechanisms, as well as capacity building for countries in need.

  The adoption of a mechanism for meaningful civil society participation is intended to minimise the gap between policies and the needs of the affected communities. In the national context, this mechanism is possible in Chapter 15 of Health Law No. 17 of 2023. The scope of public participation must be ensured to be meaningful, not tokenistic, but active and participatory.

- **Recommendation 2.2 - Promote the adoption of gender-responsive and disability-inclusive approaches in health policy and strategy-making to reach UHC**
  GoI should also **encourage the adoption of resolution EB154/CONF./10 on "Social participation for universal health coverage, health and wellbeing" as it (PP6) encourages the adoption of the principles of gender equity, disability and social inclusion (GEDSI).** GEDSI principles need to be adopted in every health policy process from the global to the national level.

Resolution EB154/CONF./10 Text
(PP6) *Recalling the need to promote the participation of [persons/people/those] in vulnerable and/or marginalised situations, including inter alia women, persons with disabilities, and Indigenous Peoples, and to* ***apply a [gender-sensitive/responsive] and age-responsive and disability-inclusive perspective*** *in the development and implementation of health-related policies and plans, as a strategy to achieve the Sustainable Development Goals' promise to reach first those who are furthest behind*

  The GEDSI principles must be translated into every indicator of health development processes and achievements. This ensures that health policies address the intersectionality of factors contributing to vulnerability. Thus, many individuals will be able to optimally utilise health facilities. Public consultation findings show that there are still many women with various disabilities who find it difficult to access services due to limited supporting infrastructure and health equipment that is not disability-friendly. The same applies to limitations experienced by other vulnerable groups. Going forward, global and Indonesian health policies must no longer leave the vulnerable behind, so that UHC can be achieved fairly and equitably.

- **Recommendation 2.3 - Improve the quality of health services and equitable distribution of human resources for health (HRH)**
  Indonesia needs to increase its global commitment to improving the quality of health services, including the equity of HRH distribution, given that the transformation for this is underway at the national level. In addition, this element is in line with the commitments agreed in the Political Declaration of the UN High-Level Meeting on UHC. The declaration explicitly encourages the establishment of a system for recruitment, training, remuneration, and supervision of quality HRH, including community health workers (CHWs), who are important components of the health system.

  One of the public consultation's findings was the importance of highlighting service quality improvements in addressing **non-communicable diseases (NCDs) and mental health**. The urgency is reflected in the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-Communicable Diseases and Mental Health, which emphasises the integration of quality NCD and mental health services to achieve UHC.

  The quality of mental health services in Indonesia still requires attention as there is an imbalance in the number of HRH and the quality of mental health services (Susanti et al., 2020). Despite being accessible through national health insurance (JKN), utilisation has not been optimal due to the low availability of HRH and the drugs needed. Thus, it is necessary to strengthen JKN in the future, focusing on strengthening service quality, equalising HRH, and integrating mental health services with NCD or other services.

  Indonesia also needs to encourage strategies to improve the quality and availability of access to drugs/tools and HRH for handling **infectious diseases and neglected tropical diseases** at the global level. Commitment to strengthening CHWs must also continue to be brought into global health strategic forums. Considering the significance of CHWs in strengthening primary health services, we encourage more global initiatives that can increase the capacity of countries to strengthen policies, governance, capacity, and welfare of CHWs. This position can be conveyed through discussions related to the draft Global Action Plan for Infection Prevention and Control, Immunization Agenda 2030, End TB Strategy, and Road Map for Neglected Tropical Diseases, 2021-2030. This is in light of the public consultation findings that Indonesian people still experience barriers in accessing preventive and curative services for leprosy, drug-resistant tuberculosis and other infectious diseases.

  The position of **strengthening HRH including CHWs** can also be conveyed in the discussion of the Acceleration towards the Sustainable Development Goal targets for maternal health and child mortality agenda, to be adopted at the 77th WHA later. A commitment clause to strengthen HRH including CHWs is needed so that Indonesia and other countries can increase their capacity in achieving the target of reducing **maternal and child mortality and morbidity**, including **nutritional problems such as stunting**.

- **Recommendation 2.4: Ensure sustainable funding and strengthen social safety nets to achieve UHC by 2030**

  Indonesia needs to encourage the optimisation of global financing facilities for health system strengthening. Without a substantial commitment to health financing, achieving UHC becomes challenging. The agreement among OECD countries underscores the necessity of budgetary commitments to UHC, reaching up to 5% of GDP. Given that many Lower Middle-Income Countries (LMICs) and Low-Income Countries (LICs) struggle to allocate more than 2% of GDP to health expenditures, they need support from global financing mechanisms.

  This effort is in line with Article 39 of the Political Declaration of the UN High-Level Meeting on UHC in 2019 which encourages the use of international cooperation instruments, including public-private partnerships to eliminate financial barriers to realising UHC. Global financing facilities are intended to support domestic sustainable health financing.

Art. 39 Political Declaration of the UN High-Level Meeting on UHC Text
*39. **Pursue efficient health financing policie**s, including through close collaboration among relevant authorities, including finance and health authorities, to respond to unmet needs and to eliminate financial barriers to access to quality, safe, effective, affordable and essential health services, medicines, vaccines, diagnostics and health technologies, reduce out of pocket expenditures leading to financial hardship and ensure financial risk protection for all throughout the life course, especially for the poor and those who are vulnerable or in vulnerable situations, through better allocation and use of resources, with adequate financing for primary health care, in accordance with national contexts and priorities;*

GoI also needs to emphasise strengthening the global commitment to implement social protection to achieve UHC as stipulated in Art. 14 of the political declaration for UHC. Indonesia must be actively involved in the global agenda to increase the capacity of the state to provide comprehensive social security. One of them is by encouraging adaptive social protection which is one of the outcomes of Indonesia's G20 Presidency which continues to the Brazilian Presidency.

Art. 14 Political Declaration of the UN High-Level Meeting on UHC Text
*14. Recognize the fundamental **importance of equity, social justice and social protection mechanisms** as well as the elimination of the root causes of discrimination and stigma in health-care settings to ensure universal and equitable access to quality health services without financial hardship for all people, particularly for those who are vulnerable or in vulnerable situation*

- **Recommendation 2.5: Ensure political commitment to control determinants that can worsen public health conditions**
  We urge the **GoI to ensure global political commitment to controlling social and commercial determinants of health through improving quality of life and healthy food environments,** as agreed in the Political Declaration of the High-Level Meeting on the Prevention and Control of Non-Communicable Diseases and Mental Health.

  Given the strong commitment of the GoI, particularly the Ministry of Health and the Ministry of Finance in encouraging the implementation of excise taxes on sugar-sweetened beverages and tobacco products; Indonesia needs to encourage global commitment to control the influence of industries that do not support public health in the discussion of resolution EB154/CONF./8 on Economics of Health for All. For example, through the implementation of a ban on advertising, promotion and sponsorship (IPS) for products containing addictive substances, such as tobacco and nicotine, including cigarettes, electronic cigarettes and other derivative products, especially those targeted at children as potential long-term consumers (Campaign for Tobacco-Free Kids, 2021).

  To strengthen global support for national measures related to tackling NCDs, Indonesia should encourage the implementation of policies related to a healthy food environment. We encourage GoI to continue to strengthen national commitments and encourage global commitments to regulate the content of sugar, salt and fat in food. One of them is through the application of excise instruments on sugar-sweetened beverages. The 70-fold increase in type 2 diabetes cases among children in Indonesia, the easy access to unhealthy food/beverages, and the high cost of healthy food/beverages should be sufficient to be the reason for implementing the excise.

- **Recommendation 2.6: Encourage commitment to strengthening innovation and technology to accelerate UHC achievement**
  We urge the **GoI to increase global and national commitment to strengthening the innovation and technology ecosystem to accelerate the achievement of UHC.** Innovation and technology which are also mentioned in the End TB Strategy and Road Map for Neglected Tropical Diseases, 2021-2030 are necessary to improve access to quality health services and can prevent illness in the first place. For example, ending infectious diseases requires continuous innovation that produces efficient and effective vaccines, drugs, and diagnostic tools. This is also in line with efforts to meet the demand for drugs to diagnostic tools in the country at our public consultation.

  Through diplomacy, GoI can encourage the ease of access of Global South countries to medical supplies by **promoting the TRIPS Waiver agenda at the World Trade Organisation (WTO) and encouraging the formation of a medical countermeasures hub through the Brazil G20 Presidency.** This is intended to make access to medical countermeasures and raw materials easier to obtain so that the opportunity to increase domestic production capacity increases.

GoI also needs to encourage the strengthening of investment in technology at the global and national levels, for example through the adoption of public-private partnership models. One good practice can be seen in Indonesia's cooperation with USAID and the Gates Foundation to strengthen digital health capacity in Indonesia.

Lastly, GoI needs to promote a mechanism for meaningful participation of civil society in the development of health innovations to meet the needs of beneficiaries. The use of technology in the health sector also needs to pay attention to the readiness and capacity of HRH as its users. This is intended so that the technology adopted can be optimised to improve the quality of health services.

All of the above civil society recommendations aim to support GoI representatives in determining and formulating various interventions in the strategic agenda discussions at the 77th WHA. We hope that these recommendations have reflected our support for the establishment of a robust Pandemic Agreement and the amendments to the IHR (2005) that have considered civil society inputs. Lastly, we hope that political commitment at the national to global level to achieve UHC by 2023 will be further strengthened.

Respectfully,

Coalition of Civil Society Organisations for the Readiness of the GoI's Position in the Pandemic Agreement, IHR Amendment (2005) and 77th WHA

List of Civil Society Organisations

1. Center for Indonesia's Strategic Development Initiatives (CISDI)
2. Stop TB Partnership Indonesia (STPI)
3. Forum Warga Kota Indonesia (FAKTA)
4. Aliansi Remaja Independen
5. Ikatan Ahli Kesehatan Masyarakat Indonesia (IAKMI)
6. Yayasan Lembaga Konsumen Indonesia (YLKI)
7. Ikatan Senat Mahasiswa Kedokteran Indonesia (ISMKI)
8. The PRAKARSA
9. Foodagogik Research Institute on Food-Climate-Health Dynamics
10. Yayasan Spiritia
11. Persatuan Diabetes Indonesia Muda (Persadia Muda)
12. Yayasan IPAS Indonesia
13. Green Justice Indonesia (GJI)
14. Center for Indonesian Medical Students' Activities (CIMSA)
15. Center for Indonesian Veterinary Analytical Studies (CIVAS)
16. Komite Nasional Pengendalian Tembakau (Komnas PT)
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