Forty Years of Partnership to Improve Health and Save Lives
Johns Hopkins University and Indonesia
Our Partners Have Included...

AC Nielsen
Aisyiyah
Alma Ata School of Health Sciences
Budi Kemuliaan Health Institutes
Center for Health Research, University of Indonesia
Cicendo Eye Hospital
Delima Mekar-Production House, Inc.
Development Associates, Inc.
District Health Offices
ERPRO
Government of Indonesia
Healthy Indonesia 2010
Indonesia Forum of Parliamentarians on Population and Development (IFPPD)
Ikatan Bidan Indonesia (IBI)
Indo-Ad/Ogilvy
Indonesian Association for Secure Contraception (PKMI)
Indonesia Doctors Association (IDI)
Indonesian Forum of Parliamentarians on Population and Development (IFPPD)
Indonesian Society of Obstetrics and Gynecology (POGI)
INSIST (Institute of Social Transformation)
Inter-Ksatrya Film
LOWE
MACS909
Matari Advertising
MILES Production
Ministry of Population and Environment
Ministry of Women’s Empowerment
Muhammadiyah
Muslimat NU
National Clinical Training Network (NCTN)
National Committee for Avian Influenza Control and Pandemic Influenza Preparedness
PT Tanshia Consumer Products
National Institute of Sciences (LIPI)
National Population and Family Planning Board of Indonesia (BKKBN)
National Family Planning Coordinating Board (BKKBN)/Bureau of Information, Education and Motivation
National Family Planning Coordinating Board (BKKBN)/International Training Program
National Family Planning Coordinating Board (BKKBN)/Training Bureau
Piranti House
Polling Center (PC)
Radio Republik Indonesia (RRI)
Sanggar Teater Populer
Surya Citra Televisi (SCTV)
Taylor Nelson Sofres (TNS)
Televisi Pendidikan Indonesia (TPI)
Televisi Republik Indonesia (TVRI)
Trans TV
University of Airlangga
University Gadjah Mada
University Hasanuddin
University of Indonesia
University of Indonesia, Communication Department
University of Mataram
University of Sumatera Utara
Yayasan Cipta Cara Padu (Cipta)
Yayasan Kesehatan Perempuan (YKP)
Yayasan Kusuma Buana (YKB)
Yayasan SET
Yogya Institute of Research, Education and Publications
A Letter from Michael J. Klag, MD, MPH ’87
Dean of the Johns Hopkins Bloomberg School of Public Health

For more than four decades, Johns Hopkins has collaborated with partners in Indonesia on innovative public health programs involving everything from nutrition and family planning to avian influenza. These programs have been successfully implemented in close collaboration with a range of Indonesian partners, including non-governmental organizations (NGOs), the private sector and government agencies, such as the National Population and Family Planning Board (BKKBN), the Ministry of Health and the Ministry of Women’s Empowerment.

This publication outlines the profound impact of these joint and sustained investments in critical health issues in Indonesia and demonstrates the real power of public health in action. I am amazed and inspired by these successful close partnerships, and by the model established for future partnerships between Johns Hopkins and countries across the globe.

I acknowledge the work of Johns Hopkins partners that have participated in this project: the Bill & Melinda Gates Institute for Population and Reproductive Health, the Johns Hopkins Center for Communication Programs, and the Center for Human Nutrition at the Bloomberg School, as well as Jhpiego, a global health non-profit and affiliate of Johns Hopkins University.

As the Bloomberg School of Public Health celebrates its Centennial this year, we regard this 40-year partnership as public health at its best, protecting health and saving lives millions at a time. The School looks forward to continuing such collaborations in the century to come.

Michael J. Klag
Johns Hopkins Contributions to National Strategies, Policies and Guidelines

- The Family Planning Service Delivery Guidelines that were developed under the Sustaining Technical Achievements in Reproductive Health and Family Planning (STARH) project, with support from Johns Hopkins Center for Communication Programs and Jhpiego, are still in use.


- Jhpiego materials (clinical guidelines, training package and training plans) are now used nationally for FP services, post-abortion care, normal delivery care, infection prevention, cervical cancer screening, clinical training skills and advanced training skills, as well as the prevention of avian influenza and other emerging diseases.

- Robust communication strategies are in place for avian influenza and other emerging threats to health.

- The Ministry of Health’s policy for community-level water and sanitation initiatives, the Community-Based Total Sanitation Guidelines, was developed under the Aman Tirta project.
The Johns Hopkins University (JHU) and the country of Indonesia have a long and fruitful history of working together to improve public health for the Indonesian people. With the Johns Hopkins Bloomberg School of Public Health (JHSPH) commemorating its Centennial and Indonesia hosting the fourth International Conference on Family Planning in 2015, it seems a fitting time to look back and celebrate one of the university’s longest and most successful partnerships. Over the years, various groups within JHU, such as the Center for Human Nutrition, the Bill & Melinda Gates Institute for Population & Reproductive Health and the Johns Hopkins Center for Communication Programs (CCP), all within the Johns Hopkins Bloomberg School of Public Health (JHSPH), and Jhpiego, an affiliate of Johns Hopkins, have worked with the Indonesian government, private sector and countless NGOs to conduct programs and research that have improved the health and saved the lives of millions of Indonesians. Millions more around the world have benefited from this work.

In 2001, Indonesia decentralized its social and economic programs and devolved considerable administrative, programmatic and budgetary authority to its 33 provinces (now 34) and more than 500 districts. Today, the implementation of health programs, including FP, is now principally the responsibility of local governments. As a result, Johns Hopkins is working closely not only with the national government, but also with local governments.

“\nThe road to population health requires a long-lasting commitment and capacity in research, education and practice.\n
—Dr. Michael J. Klag, Dean of the Johns Hopkins Bloomberg School of Public Health\n\nThe 2015 International Conference on Family Planning in Indonesia

Indonesia is hosting the 2015 International Conference on Family Planning (ICFP)—a biennial conference organized by JHSPH’s Bill & Melinda Gates Institute for Population and Reproductive Health, in partnership with the National Population and Family Planning Board of Indonesia (BKKBN). The conference will shine a spotlight on Indonesia’s revitalized FP program, and its theme of “Global Commitments, Local Actions” will focus attention on FP as a key element of sustainable development. About 3,000 researchers, advocates, program implementers, policymakers, journalists, young people, and representatives of national and international organizations from 120 countries will come together from November 9 to 12 in Nusa Dua, Indonesia, to discuss, debate and focus on the latest developments in FP.
Because of the sustained, collaborative work between the Johns Hopkins and Indonesian scientists, millions of children are alive today who might not have survived their first five years of life.

Few people realize that much of the groundbreaking research in early childhood nutrition—especially the use of vitamin A to reduce infant and child mortality—was the result of collaboration between JHSPH and Indonesian scientists. From the late 1970s through the mid-1980s, Drs. Alfred Sommer and Keith West of the Johns Hopkins Department of International Health, with Drs. Tarwotjo, Muhilal and Soekirman in the Government of Indonesia, Dr. Edi Djunaedi of Cicendo Eye Hospital and others, led the world’s first randomized trial on the impact of vitamin A on child mortality in 26,000 Indonesian preschool-aged children in 450 villages in Aceh Province. They showed that a 2-cent dose of vitamin A, given every six months, could reduce child mortality by 34 percent—saving the lives of 200,000 Indonesian children every year. To date, vitamin A supplementation has been adopted in over 85 countries.

Subsequently, Hopkins and Indonesian researchers co-discovered that giving infants a single, oral dose of vitamin A within a few days of birth could also reduce infant mortality. Multiple trials in India and Bangladesh have since confirmed this finding, and vitamin A’s potential to save the lives of over 200,000 infants in Southern Asia each year.
Improving Health and Development with Family Planning

*Indonesia’s FP program is a model for many other countries. Even during periods of economic hardship, FP use has endured.*

Indonesia is one of the true global FP success stories. This success stems from the government’s commitment to ensuring all families have access to FP methods and services. JHU’s involvement dates back to the early 1970s, when JHSPH Assistant Dean Timothy Baker, MPH ’64, contributed to the development of the national population planning program. JHU has been a true partner in this success—working with the government, NGOs, communities, faith-based groups and the private sector to provide access and choice to couples all over the country. This work is focused in four areas: creating demand for FP, building capacity in service delivery, advocating for FP funding and access, and using data for programmatic decision-making.

**Creating Demand for High-Quality FP Products and Services**

Beginning in the 1980s, with funding from USAID and others, CCP worked closely with the BKKBN and an array of governmental, NGO and private sector partners to build demand for FP among Indonesian families. Today, over 60 percent of Indonesian women use a FP method.

This challenge led to the creation of the largest private sector program in the world at that time, the **Blue Circle Campaign**. The primary objective of the campaign was to shift provision of FP services from an already successful government program to more self-sustaining private sector providers. Trained private sector providers were designated with a blue circle, and their services were promoted via a mass media campaign. At the end of the first year of the campaign, FP visits in the four cities where the campaign

“I have a vision. I want to see an Indonesia 20 years from now in which 80 percent of FP services are provided by the private sector and 20 percent by the government... Work with us to make this vision a reality.”

–Dr. Haryono Suyono, former Chairman of BKKBN, in 1986
was launched increased more than 30 percent. The campaign was expanded into 11 cities in the second year and 315 cities in the third year. The promotion of Blue Circle midwives and private physicians was later expanded to include the development and marketing of Blue Circle products (e.g., pills, intrauterine devices [IUDs] and injectables) in partnership with local manufacturers and distributors. In 2006, 20 years after the introduction of the self-reliant private sector program, more than 95 percent of Indonesians were paying for their FP supplies.

Decentralization and privatization led to concerns about the quality of services and the sustainability of the FP program. To address this, CCP also implemented the USAID-funded STARH project (2000–2006), which was designed to assist BKKBN and the Ministry of Health (DepKes) in sustaining achievements in FP utilization and in making the transition to a mature FP program. The specific focus of STARH was to help assure the quality and choice of FP and reproductive health (RH) services in Indonesia at all levels: national, provincial, district and community. Jhpiego was a key partner on STARH, working to strengthen training of healthcare workers and service delivery systems.

Achievements included updated and disseminated standards of care for FP/RH that are still in place today and the Quick Investigation of Quality (QIQ) tool for monitoring the quality of services provided in FP clinics. CCP and Jhpiego worked closely with the Indonesian Midwives Association to design Bidan Delima, an initiative to improve the performance and quality of health
care services offered by private midwives with a complementary campaign to motivate FP use and promote informed choice. Since its launch, over 10,000 midwives have been qualified as *Bidan Delima*, and the program continues to improve midwifery services 10 years after its inception. *Bidan Delima* clinics are branded with a special logo that identifies midwives that are highly trained and offer quality services.

Currently, CCP and Jhpiego are working together with BKKBN and John Snow, Inc. on the Right Method, Right Time, My Choice project, funded by the Bill & Melinda Gates Foundation. My Choice keeps attention focused on FP in accord with the worldwide Family Planning 2020 (FP2020) initiative. The project takes a consumer-focused, consumer-driven approach to increase contraceptive use, especially the use of long-acting methods. CCP is working closely with BKKBN to develop an integrated demand-supply model to reach a new generation of FP adopters. Jhpiego is working to increase postpartum FP among women who deliver at a health facility through mentoring and on-the-job training in counseling, respectful care and method provision.

**Building Capacity in FP Service Delivery**

Beginning in the early 1980s and continuing for over a decade, the Jhpiego-led Training in Reproductive Health project, with funding from USAID, collaborated with the Department of Obstetrics and Gynecology at the School of Medicine at the University of Indonesia, the Indonesian Association for Permanent Contraception (PKMI), BKKBN and the Ministry of Health to support competency-based FP training. As a result, many hundreds of health care providers were trained to provide a range of FP methods.

In 1991, Jhpiego began working with BKKBN and the Ministry of Health to provide IUDs and Norplant. This effort included the training of more than 6,000 providers in IUD and/or Norplant services. This experience culminated in the introduction of the “U” technique for Norplant removal, which was more easily learned by clinicians and was faster and safer than the commonly used technique.

For over 40 years, Jhpiego has had the privilege of working with the Indonesian Government, medical and nursing schools, health professionals, local organizations and partner NGOs to improve the health of women and their families throughout this vibrant and resilient country. …We are honored to have played a role in improving the quality of maternal and reproductive health services in Indonesia and look forward to working with our many partners in the years to come.

—Leslie Mancuso, President and CEO, Jhpiego
Jhpiego partnered with the Indonesian Society of Obstetrics and Gynecology (POGI) to strengthen the country’s RH training system. They established the National Clinical Training Network for Reproductive Health (NCTN) to train trainers and providers at provincial and district levels across Indonesia. The NCTN continues to function to this day. More than 14,000 health care providers from 370 hospitals were trained between 2006 and 2010, with thousands more to date.

**Advocacy for Continued Support of FP**

JHSPH’s **Advance Family Planning (AFP)** project, led by the Bill & Melinda Gates Institute for Population and Reproductive Health and in partnership with BKKBN, CCP and Yayasan Cipta Cara Padu (Cipta), an Indonesian NGO, is working to increase financial investment in FP and improve FP policies and programs at the local level. Since 2009, AFP has reached 91 districts and provides advocacy support for **KB Kencana**, a national FP revitalization program. BKKBN is investing US $4.75 million in *KB Kencana* and will scale up AFP’s advocacy approach to priority provinces across the country. AFP is funded by the Bill & Melinda Gates Foundation, the David & Lucile Packard Foundation, and the William and Flora Hewlett Foundation.
On average, most of Indonesia’s 500+ districts allocate between 0.04 percent and 0.2 percent of their annual district budget to FP, and typically maintain or increase their annual FP budget by 3 percent to 5 percent. In AFP’s five core districts, however, annual FP budgets have increased on average by 39 percent per year. To date, more than 1,000 Indonesian villages in these districts have budgeted for FP as a result of AFP advocacy, resulting in improved access for millions of couples.

**BKKBN: A Recognized Leader in Family Planning Programming**

Badan Kependudukan dan Keluarga Berencana Nasional, known everywhere as BKKBN, is recognized around the world as a pioneer in national-level FP programming. It was founded in 1957 as the Indonesian Family Planning Association—long before population pressures were acknowledged worldwide—and was formalized by presidential decree in 1970. BKKBN is well-known for its groundbreaking work in FP service delivery and FP promotion and has been a strong partner to JHU. Throughout its history, BKKBN has focused on improving the welfare of the Indonesian family and championed the role of the service provider.

The **Improving Contraceptive Method Mix Project**, funded by USAID and DFAT and implemented by CCP, Cipta and the University of Indonesia, is a four-year project investigating the impact of applying targeted advocacy and knowledge management activities to improve the contraceptive method mix in two Indonesian provinces: East Java and Nusa Tenggara Barat. There are two major components: 1) collecting evidence about the use of FP with a focus on long-acting and permanent methods (LAPMs) and 2) capacity strengthening in knowledge exchange and advocacy to increase the availability and use of quality LAPM services in the study districts. Armed with data, district-level working groups are developing advocacy plans to make FP a priority in their districts.
Data for Decision-Making at the National and Local Levels

Performance Monitoring and Accountability 2020 (PMA2020) is a monitoring and evaluation project that uses an innovative mobile technology-based platform to collect survey data on health and development indicators, including FP and water and sanitation. This data collection platform supports routine, low-cost and rapid-turnaround survey data that provide annual updates to key FP indicators at both the household/woman and facility levels in 11 pledging FP2020 countries. PMA2020 is implemented by local universities and research organizations with technical and financial support from the Bill & Melinda Gates Institute for Population and Reproductive Health through a grant from the Bill & Melinda Gates Foundation.

PMA2020 in Indonesia is working with BKKBN and three local universities—Gadjah Mada University, Hasanuddin University and Sumatera Utara University—to implement the largest PMA2020 survey to date, covering more than 370 geographic areas throughout the country and providing detailed estimates at national and sub-national levels. PMA2020/Indonesia will conduct two surveys the first year and annual surveys thereafter. The aim is for Indonesian policymakers to use PMA2020 as a key monitoring and evaluation system for FP in Indonesia.
It has been my privilege to work with the leadership and the people of Indonesia for the past 30 years. I look forward to continued partnership and continued collaboration as we progress in public health and improve the lives of mothers, children, and families—this generation and beyond—through groundbreaking research and innovative practice.

–Jose G. Rimon II, Director,
Bill & Melinda Gates Institute for Population and Reproductive Health


About 10 years ago, the Leadership course became a required component of the BA and MPH programs of the University of Indonesia, the country’s leading university. Additionally, more than 8,100 health staff have taken the short courses, including 298 master trainers from the Ministry of Health.

The Bill & Melinda Gates Institute for Population and Reproductive Health has worked closely with Indonesian partners—including the Indonesian Ministry of Health, BKKBN and several universities—for the past 15 years. Much of their work has focused on improving health through the development of leaders in FP/RH and the revitalization of the national FP program.

The Gates Seminars in Strategic Leadership in Population and Reproductive Health were initiated in Indonesia in 2001. These trainings develop leadership skills and holistic thinking skills with the goal of effecting transformational change in the Indonesian health system. The initial training was done in collaboration with the Ministry of Health and BKKBN. Subsequently, grants were made to four universities—University of Indonesia, Gadjah Mada University, Hasanuddin University and University of Mataram—to develop and evaluate the Strategic Leadership strategy at the district level.

There is proof that transformation is occurring. In one district, for example, participants wanted to address high maternal mortality. Rather than approach the problem from a strictly clinical perspective, they connected the low numbers of women obtaining maternity care with the poor condition of the roads, which made travel to the clinic difficult. So, the community worked to improve the roads, making the clinic more accessible to women in need.
Health for Mothers, Babies and Families

Millions of mothers’ and babies’ lives have been saved because of these important interventions. Plus, the country now has thousands of trained providers and sustainable training programs and institutions.

Beginning in 1998, JHU expanded its technical support to Indonesia to include maternal and child health. Much of this work focused on reducing maternal, infant and child mortality by improving services and community and family capacity to respond to emergencies during and after childbirth.

Promoting Shared Responsibility in the Community and Family

With funding from UNFPA, the Ministry of Women’s Empowerment and CCP promoted shared responsibility for reducing maternal mortality through the Suami SIAGA (Alert Husband) multimedia campaign. The original mass media campaign focused only on increasing husbands’ involvement in prenatal care and delivery preparation, but the approach proved so successful that the SIAGA concept took on a life of its own. The Ministry of Health developed its own Desa SIAGA (Alert Community) campaign, which encouraged community members to support birth preparedness. This was complemented by the Bidan SIAGA (Alert Midwife) campaign, which promoted the midwife as a skilled and friendly provider who is prepared to help throughout pregnancy and delivery. Seven years after the program ended, people still remembered and recognized the SIAGA campaign and its messages. Several years later, Jhpiego received support from BP and Rio Tinto to train midwives and create 13 new Desa SIAGA in Kutai Timur District in East Kalimantan, and CCP used the Desa SIAGA approach during the avian influenza crisis to train and brand over 1,400 communities in disaster preparedness and response.

“
I invited JHU to help us develop a powerful mass media campaign addressing a key missing piece in reducing maternal mortality—the role of an active and supportive husband.

–Dr. Abdullah Cholil, MD, MPH ’76, former Deputy Minister of Women’s Empowerment, Indonesia
Improving the Skills of Midwives

The Jhpiego-led Maternal and Neonatal Health project, with funding from USAID and in partnership with CCP, sought to increase skilled attendance at birth by preparing families to seek care from a midwife or doctor and by improving the quality of midwifery services. Working with the Ministry of Health, Jhpiego developed a curriculum for its national midwifery program, which is still being used today. Jhpiego built the capacity of the National Clinical Training Network (NCTN) to offer maternal and newborn health training topics, and that training continues today. In addition, Jhpiego led one of the first studies on the distribution of misoprostol for self-administration by women after home birth. Since that time, this approach has been introduced and expanded in at least 24 countries around the world.

Increasing the Use of Evidence-Based Practices

From 2010 to 2012, Jhpiego’s Maternal and Child Health Integrated Program (MCHIP), funded by USAID, collaborated with the Ministry of Health and District Health Offices to design and implement a dynamic and innovative approach to providing technical assistance to maternal, newborn and child health programs in three districts. In just two years, MCHIP interventions resulted in a 28 percent increase in number of deliveries assisted by skilled birth attendants and a 20 percent increase in facility-based deliveries. More than 5,300 providers and community health workers had their clinical and non-clinical skills improved.
Currently, Jhpiego leads the **Expanding Maternal and Neonatal Survival (EMAS)** program funded by USAID. EMAS is active in 150 hospitals and 300 health centers in six provinces. EMAS is working to: 1) make sure hospitals and health centers provide high-quality care for maternal- and newborn-related emergencies; and 2) ensure that in emergency situations, pregnant women and newborns are sent to an appropriate health facility in a timely manner and are given treatment en route. EMAS is implemented in partnership with Budi Kemuliaan Health Institutes, Muhammadiyah, Save the Children and RTI International.

Jhpiego, with support from the GE Foundation, is also showing how low-cost mobile technologies can improve maternal and neonatal health. The **SMSBunda** service tells mothers what to expect during the antenatal, delivery and postnatal periods and how to recognize danger signs and seek care.

**Expanded Testing and Treatment for Cervical Cancer**

*More than 50,000 Indonesian women have been screened and treated (when needed) for cervical cancer using this approach, which was launched as the national standard in 2015 by the First Lady.*

Cervical cancer is the second most common cancer in women worldwide. Many of these cases can be avoided through early screening and treatment. Working with stakeholders and partners, Jhpiego pioneered the single visit approach (SVA), a unique, medically safe, acceptable and effective approach to cervical cancer prevention for low-resource settings. The SVA consists of visual inspection using vinegar or dilute acetic acid (VIA) to detect precancerous lesions on the cervix, followed by treatment using a freezing technique (cryotherapy)—in the same visit if needed. From 2007 to 2011, under a Ford Foundation-supported initiative, Jhpiego built the capacity of health care providers at 17 community health centers in Karawang District to identify and treat cervical cancer in its early stages and worked with local groups to build awareness of and increase demand for cervical cancer prevention services. The project also provided technical assistance to the Cancer Prevention and Control Sub-directorate of the Ministry of Health to initiate and expand screening and treatment services in 11 other provinces.

“EMAS is not simply a project for us, but a comprehensive program with integrated and comprehensive approaches within it that stimulate new challenges and innovations at conceptual and operational levels.”

—Dr. Sudibyo Markus, Muhammadiyah
Better Water, Sanitation and Environmental Health

These projects resulted in increased community and individual awareness of environmental issues and practices and introduced sustainable alternatives to traditional water treatment (boiling).

In the 1980s, the Ministry of Population and Environment, Televisi Republik Indonesia (TVRI) and CCP asked three of Indonesia’s most respected directors to interpret then-current evidence and data around the links between population and environment. They produced three television dramas called The Equatorial Trilogy. Together, the three films—The Lost Child, Procession and Tasi, Oh Tasi—increased awareness of the link between population and environment issues among 75 percent of viewers. Further, the majority of viewers reported that they planned to do something to improve environmental quality, including reconsidering their ideal family size and adopting FP methods. In a nod to the importance and quality of these dramas, they were broadcast uncensored and in their entirety.

From 1999 to 2003, CCP worked with the Government of Indonesia and the National Institute of Sciences (LIPI), with funding from the World Bank, to build public awareness of and support for national and local resource management around coral reefs and fisheries. Known as the COREMAP project, this initiative helped communities understand and manage their own local resources and to strengthen policies, legal structures and enforcement practices. An impact evaluation found high exposure and recall of the program’s messages and an increase in the reported use of reef-friendly fishing techniques.

“I presented the facts, data and evidence at a workshop and invited the country’s top three film directors to interpret the links between population and environment through their own creative and storytelling skills.

—Dr. Emil Salim, former Minister of Population and Environment, Indonesia
In collaboration with Indonesia’s vibrant private sector, the Aman Tirta project, funded by USAID, created the first-ever fully sustainable, non-subsidized commercial water treatment product, Air RahMat. The partnership—among CCP, the Ministry of Health’ Environmental Health Department and PT Tanshia Consumer Products—combined commercial manufacturing, product distribution and behavior change communication. The product is still on the market.

With funding from UNICEF, the Water, Sanitation, and Hygiene (“WASH”) Promotion was an effort to reduce acute diarrheal and other WASH-related diseases among school children in 60 schools and sub-villages in Aceh. The primary focus was on school-led hygiene promotion, using a participatory approach among students, teachers and the wider community. After the Yogyakarta earthquake, this program was expanded to include another 69 sub-villages and schools.
Jhpiego and CCP: Assistance after the Tsunami,

Following the December 2004 earthquake and tsunami that devastated Aceh Province, both Jhpiego and CCP provided immediate assistance, as well as long-term support:

• Jhpiego helped reestablish maternal health services in Aceh’s major referral hospital, with assistance from Johnson & Johnson, and worked to rehabilitate community health centers, with assistance from Chevron and UNICEF.

• From 2005 to 2009, Jhpiego worked to increase access to maternal and neonatal health services and improve midwifery schools in Aceh, with support from ExxonMobil and GlaxoSmithKline.

• CCP’s GLEEH (Clean) project focused on improving five hygiene health practices during the emergency phase of relief operations: hand-washing with soap, safe water treatment, sanitation, food hygiene and deworming.

• The Water, Sanitation, and Hygiene Promotion project in Aceh, funded by UNICEF and implemented by CCP, tapped the potential of children to act as agents of change and influence. School children were taught the five hygiene health practices, which they shared with their families and wider community. This approach was also used post-earthquake in Yogyakarta and Central Java.

• CCP’s Aman Tirta (Safe Water) Project supplied more than a million bottles of Air RahMat, a chlorine-based solution that is used to treat household water, to the relief and recovery efforts.
Coping with Emerging Health Threats: Avian Influenza

Significant increases in knowledge of avian influenza (AI) symptoms in humans and birds, modes of transmission from birds to humans, and knowledge and practice of protective behaviors were measured post-campaign. Increases in early recognition of symptoms of AI and immediate care seeking were also seen.

Indonesia was at the epicenter of the global fight against AI and had one of the highest numbers of human deaths from H5N1. AI hit the Indonesia poultry industry and household poultry farmers particularly hard. In response, the National Committee for Avian Influenza Control and Pandemic Influenza Preparedness—through its Chief Secretary, Deputy Minister Bayu Krisnamurti—ininvited CCP to provide expertise in risk communication. CCP convened meetings of government ministry, business, faith-based, civil society, military and police leadership and assisted in the preparation of the country’s national preparedness plan. Later, CCP partnered with the Ministry of Social Welfare on two projects to reduce the risk of avian and pandemic flu in Indonesia and increase the capacity of the government to respond to emerging health threats. The Community-Based Avian Influenza Control and follow-up Strategies against Flu Emergence projects both focused on strengthening the government’s response, surveillance and coordination approaches and promoting behaviors to reduce risk at the community and household levels. Key to this work was the development of national communication strategies and messages.
The signing of the MOU in 2014 cemented the long and successful partnership between the Government of Indonesia and Johns Hopkins Bloomberg School of Public Health. CCP is proud and honored to be a long-term partner in this success—yesterday, today and in the years to come.

—Susan Krenn, Executive Director, CCP

For over four decades, JHU and Indonesia have sustained our commitment to public health with integrity, with passion, and, most importantly, with success. We are committed to working together in the future to meet each and every public health challenge and to continue improving the health—and lives—of the Indonesian people.

In August 2014, JHSPH and BKKBN signed an MOU to revitalize Indonesia’s FP program. Pictured from left to right are Dr. Nina Sardjunani, Deputy Minister for Human Resource Development and Cultural Affairs, National Development Planning Board (BAPPENAS); Dr. Fasli Djalal, former BKKBN Chair; Michael J. Klag, Dean of JHSPH; Susan Krenn, Director of CCP; and Jose Rimon II, Director of the Gates Institute.
The Johns Hopkins Bloomberg School of Public Health, founded in 1916, is dedicated to the improvement of health through discovery, dissemination, and translation of knowledge and the education of a diverse global community of research scientists and public health professionals. The first institution of its kind worldwide and the largest school of public health in the world, the School has been ranked No. 1 by U.S. News & World Report since 1994. The School—at the forefront of public health research, practice and education for the past 100 years—this year celebrates its Centennial by connecting its past achievements to the promise of new advances for the next century. Building on a legacy of population-level solutions for public health problems, the School now conducts research across 130 countries, seeking answers to the most pressing public health questions of our time. The School’s alumni number 50,000-plus, with 20,595 living in 170 countries and advancing the mission of Protecting Health, Saving Lives—Millions at a Time.

The Bill & Melinda Gates Institute for Population and Reproductive Health works at the intersection of scholarship and science for social change. It conducts and facilitates cutting-edge research in FP/RH and population dynamics, and translates science into policies, programs and practice. The Institute works as an innovator, partner, advocate and convener to bridge the gap between knowledge and implementation, with the goal of promoting access to universal reproductive health and FP. The Gates Institute is the lead coordinating partner for AFP, an advocacy initiative comprised of 20 partner organizations in nine focus countries, and PMA2020, an innovative mobile-assisted data collection platform that contributes to global monitoring and evaluation of health and development indicators; all are based within the Department of Population, Family & Reproductive Health at the Johns Hopkins Bloomberg School of Public Health.

The goal of the Center for Human Nutrition, part of the Johns Hopkins Bloomberg School of Public Health’s Department of International Health, is to conduct research, teach and train tomorrow’s nutrition leaders and advocate for evidenced approaches to improve nutrition throughout the lifespan. The Center was created to leverage opportunities for nutrition research across departments and centers of the university. CHN has over 40 affiliated investigators, including 15 full-time faculty who conduct research to address hidden hunger, frame and tackle the obesity epidemic, test interventions, discover biomarkers, link agriculture and nutrition and more.

For more than 40 years and in over 155 countries, Jhpiego, a nonprofit global health affiliate of Johns Hopkins University, has worked with health experts, governments and community leaders across Africa, Asia and Latin America to develop unique partnerships and strategies that prevent the needless deaths of women and their families. A globally recognized technical leader in maternal, newborn and reproductive health, Jhpiego helps countries care for themselves by training competent health care workers, strengthening health systems and improving delivery of quality care, from home to hospital, village to city.

The Johns Hopkins Center for Communication Programs (CCP) is a recognized leader in health communication. Since its formal founding in 1988, CCP’s powerful programming, teaching and research have touched billions of people. Today, CCP’s 60-plus projects reach people in more than 30 countries. CCP’s areas of expertise include social and behavior change communication, knowledge management, capacity strengthening and research and evaluation. CCP is based within the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health.