
Objectives:

- By 2019, there will be at least 2.8 million additional users of modern contraceptives in Indonesia.
- By 2019, Indonesia will maintain quality family planning services to at least 30 million current contraceptive users.

Commitments:

- The Government of Indonesia will allocate USD 1.6 billion for family planning programs between 2015 and 2019; this includes an almost two-fold increase in budget allocation from 255 million in 2015 to 458 million in 2019. Additional funding assistance for health programs including family planning will also be provided to local governments in the amount of USD 1.7 billion per year.
- The Government of Indonesia will ensure the provision of family planning services and contraceptives through the National Health Insurance scheme towards Universal Health Coverage by 2019.
  - In order to expand its reach, the Government of Indonesia will actively engage the private sector, include post-partum and post-abortion family planning services in the scheme, and ensure the availability of family planning services and contraceptives for hard-to-reach populations, including those living in remote area, border region, and outermost islands.
- The Government of Indonesia will improve Contraceptive Method Mix in Indonesia by expanding the number of service delivery points capable to provide long-acting contraceptive.
- The Government of Indonesia will ensure the availability, quality, and supply chain management of contraceptive commodities.
- The Government of Indonesia will address reproductive health needs of young people by implementing cross-sector, integrated, and comprehensive policies and strategies on sexual and reproductive health information, education, communication, and counseling through youth friendly healthcare services as well as community- and school-based programs. The Government of Indonesia will strengthen the integrated approach for rights-based family planning (RFP) programming at the sub-national level.
  - Indonesia has launched new initiative “Kampung KB” (Family Planning Village) that will help village communities improve their quality of life and welfare through family planning and family development programs. In addition, Indonesia is currently developing an integrated and Rights-Based Family Planning Strategy and its Costed Implementation Plan to be piloted in selected districts for further adoption and replication nation-wide.

The following text is the commitment made by the Dr. Agung Laksono on behalf of the Government of Indonesia at the London Summit on Family Planning on July 11, 2012.

Over half of Indonesia’s women of reproductive age are using contraception to plan their families, with strong political leadership and a national movement for reproductive health and family planning. This has helped improve economic growth and reduce poverty through the resulting demographic dividend.

Key factors have been support from religious leaders, participation of the private sector and quality of care, and communications campaigns. The government right now provides free services to 7 of 33 provinces since 2010; but will
include family planning freely throughout the country in the Universal Health-care Coverage program in 2014; and will broaden access and choice especially in poorer regions, through the strengthening of all public and private clinic services and provision of preferable long-acting and permanent methods. Indonesia is investing in South-South exchange to share experiences. The government commits to maintaining its investment in finances for family planning programs, which has increased from US $65.9 million in 2006 to US $263.7 million in 2012.

Objectives
1. Reduce TFR (current TFR is 2.3).

POLICY & POLITICAL COMMITMENTS
Indonesia is currently developing a national FP and population strategy to improve quality of human resources and increase demand for FP services. Indonesia will include FP services and supplies free of charge throughout the country as part of its universal health coverage program, starting January 1st, 2014. The country is investing in South-South exchange to share experiences.

FINANCIAL COMMITMENTS
The government commits to maintaining its investment in finances for FP programs, which has increased from US $65.9 million in 2006 to US $263.7 million in 2012. The government has reallocated resources to the most densely populated provinces and districts where the TFR is high. They are also concentrating on the harder to reach populations in rural areas and smaller islands.

PROGRAM & SERVICE DELIVERY COMMITMENTS
Indonesia will include post-partum FP services as part of its national childbirth insurance scheme. The country will broaden access and choice, especially in poorer regions, by strengthening public and private clinic services and provision of long-acting and permanent methods of FP. Indonesia will improve 23,500 FP clinics between 2006 and 2014, and increase mobile FP services in remote areas.