



## Ministers' Forum

### Progress toward achieving MDG5

Mr (Madame) Chairperson

My name is Sugiri Syarief, Chairperson of the National Family Planning Board of Indonesia, representing the Minister of Health who is unable to come to the United States to attend this important forum.

For Indonesia, Goal no. 5 on reducing maternal death is the most challenging of all millennium development goals and is probably unable to be achieved the stated target in 2015. In the early 1990s the maternal mortality ratio was almost 400 per 100,000 live births, down to about 300 in the early 2000s. IDHS 2007 revealed the MMR of 228 and is now predicted to be around 200. Despite the steady decrease of MMR, the pace has been slowing down and the target of achieving the MMR of 112 by 2015 is really a great challenge and needs all out efforts.

One of strategic efforts done by Indonesia to achieve the MDGs has been the issuance of a Presidential Instruction (INPRES) No. 3 on April 21, 2010. This Presidential Instruction is basically addressed to all prime stakeholders and decision makers in the country from the central level up to districts and municipalities. The President instructs all Ministers, Non-Ministerial Government Institutions, Governors, Mayors, etc. to take necessary steps and actions to accelerate development programs which cover: (1) Pro-poor development programs; (2) "Justice for all" programs; and (3) **Acceleration of the MDGs achievements.**

In order to accelerate the achievement of MDGs, the President has instructed to develop supporting actions, namely: (1) Development of national road map for

acceleration of MDGs achievements; (2) Development of action plan manual for acceleration of MDGs achievement at local areas; and (3) Increase of MDGs financing through central and local budgets as well as through public private partnership.

With regards to achieving MDG 5, that is reducing maternal mortality, the President specifies specific action plans, i.e. (1) Improving health services to mothers; (2) Allocating strategic health personnel to health facilities particularly at Health Centers and districts and municipalities hospitals; (3) Paying more attention to the provision of strategic health personnel to health facilities in remote and border areas, islands as well as areas suffering from severe health problems; (4) Improving access and quality of family planning services particularly to reduce unmet need and unwanted pregnancy as well as to narrow disparities of achievement among areas.

Mr (Madame) chairperson;

With regards to Family Planning, after being stagnated for about a decade, the national FP program in Indonesia regains public attention and needs to be revitalized. The Government of Indonesia has renewed its commitment to the program as indicated by reformulation of Law and Regulations in favor of FP, stronger institutions at local level, more fieldworkers, and increase budget and commodities. Note that, based on Law No. 39/2008 on State Ministries it is stated that the Government should have an institution to deal with population issues in the country. This is a very important law for the existence and sustainability of family planning and population programs in Indonesia and is followed by the issuance of Law No. 52 in 2009 on Population and Family Development which among other mandates BKKBN a new function to deal with population issues. Thus, BKKBN is now the acronym of National Population and Family Planning Board or Badan Kependudukan dan Keluarga Berencana Nasional.

I thank you very much.