



**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE MINISTRY OF HEALTH OF  
THE REPUBLIC OF INDONESIA  
AND  
THE MINISTRY OF HEALTH, WELFARE AND SPORT OF  
THE NETHERLANDS  
ON  
HEALTH COOPERATION**

The Ministry of Health of the Republic of Indonesia and the Ministry of Health, Welfare and Sport of the Netherlands (singularly referred to as "Signatory" and collectively referred to as "Signatories");

**DESIRING** to strengthen the friendly relationship between the two countries and their peoples, to foster economic and sustainable development between the two countries, and to promote health cooperation between the two Signatories on the basis of mutual benefit;

**RECOGNIZING** the strong and deep social relationship between the two countries for many decades;

**ACKNOWLEDGING** the achievements already obtained in this area, including within the framework of technical cooperation;

**CONSIDERING** the comprehensive partnership between Indonesia and the Netherlands, as stated in the Joint Declaration by the Government of the Republic of Indonesia and the Government of the Kingdom of the Netherlands on A Comprehensive Partnership, launched by respective Heads of Governments in Jakarta on November 2013;

**TAKING INTO ACCOUNT** the existing Mixed Commission established under Agreement on Economic Cooperation between the Government of the Republic of Indonesia and the Government of the Kingdom of the Netherlands signed on 7 July 1968;

**PURSUANT** to the prevailing laws and regulations in their respective countries as well as the procedures and policies in the field of health;

**HAVE REACHED TO THE FOLLOWING UNDERSTANDING:**



## **PARAGRAPH 1 OBJECTIVE**

The objective of this Memorandum of Understanding (hereinafter referred to as "MOU") is to strengthen mutual cooperation in the field of health.

## **PARAGRAPH 2 AREAS OF COOPERATION**

The Signatories will promote the development of cooperation in the following areas:

- a. Health system strengthening with a focus on medical and elderly care;
- b. Communicable diseases control, including anti-microbial resistance;
- c. Global health security; and
- d. Other areas of cooperation that will be decided between the Signatories in written.

## **PARAGRAPH 3 FORM OF COOPERATION**

The cooperation in the framework of this MOU can be conducted in the following forms:

- a. Sharing of information, knowledge and technology;
- b. Exchange of visit of experts and delegations;
- c. Participation of experts in congresses and conferences held by one of the Signatories;
- d. Training, seminar and workshop; and
- e. Joint projects.

## **PARAGRAPH 4 IMPLEMENTATION**

1. The implementation of this MOU will be carried out through appropriate implementing arrangements to be concluded by the Signatories and/or related institutions. The arrangements will set out, inter alia, programs or project, duration, funding, terms and conditions of the cooperative activities, personnel involved and other related matters.
2. With the aim of monitoring and evaluating the implementation of this MOU, the representatives of the Signatories will establish a Joint Working Group on Health Cooperation that will be co-chaired by the Director for International Cooperation of the Ministry of Health of the Republic of Indonesia and the Director International Affairs of the Ministry of Health, Welfare and Sport of the Netherlands.



3. The Joint Working Group on Health Cooperation will meet periodically at least once a year, alternately in the Netherlands and the Republic of Indonesia, and will report its activities to the Mixed Commission. The modalities of such meeting will be decided by the Signatories. In case the meeting can not be held, the Signatories shall exchange documents in lieu of such meeting.

#### **PARAGRAPH 5 FUNDING**

The cooperation set forth in this MOU will be carried out within their own liabilities and financial capabilities. The Signatories will jointly decide upon any financial arrangement arising by the respective Signatories therein, on a case-by-case basis, subject to the availability of funds.

#### **PARAGRAPH 6 CONFIDENTIALITY**

1. Each Signatory will undertake to observe the confidentiality of documents, information and other data received from or supplied to the other Signatory during the period of the implementation of this MOU.
2. The Signatories decided that the provision of this paragraph will continue to be binding between the Signatories notwithstanding the termination of this MOU.

#### **PARAGRAPH 7 EXECUTING AGENCY**

1. For the implementation of this MOU, the Signatories will designate following executing agencies:
  - a. For the Ministry of Health of the Republic of Indonesia: Bureau of International Cooperation;
  - b. For the Ministry of Health, Welfare and Sport of the Netherlands: International Affairs Department.
2. Any change of Executing Agency of either of the Signatories will be notified to the other Signatories.



**PARAGRAPH 8  
LIMITATION OF ACTIVITIES OF PERSONNEL**

Each Signatory will assure that its personnel involved in the activities related to this MOU will:

- a. Respect political independence, sovereignty, and territorial integrity of the host country;
- b. Not interfere in the internal affairs of the host country; and
- c. Avoid any activities inconsistent with the aims of this MOU.

**PARAGRAPH 9  
INTELLECTUAL PROPERTY RIGHTS (IPR)**

1. Subject to the prevailing laws and regulations, each Signatory will respect the intellectual property rights of the other Signatory.
2. The title to, and intellectual property rights in, or in relation to, any material supplied by one Signatory to the other Signatory pursuant to this MOU will remain with the Signatory supplying the material and such title and rights will be respected by the Signatory receiving the material at all times, notwithstanding the termination of the MOU.
3. The Signatories may conclude arrangements which will set out further provisions to regulate the ownership and utilization of the intellectual property rights arising from the cooperative activities conducted through implementing arrangement.

**PARAGRAPH 10  
MATERIAL TRANSFER AGREEMENT (MTA)**

1. Subject to the prevailing laws and regulations, research activity will be carried out in the territory of the originating Signatory of the research material concerned.
2. In the event that research materials will be transferred outside the territory of the originating Signatory, it will be transferred through a Material Transfer Agreement (MTA) for each particular case in accordance with laws and regulations.





#### **PARAGRAPH 11**

##### **GENETIC RESOURCES AND TRADITIONAL KNOWLEDGE (GRTK)**

1. The Signatories will recognize the value of Genetic Resources and Traditional Knowledge (GRTK) and recognize the rights of holders of GRTK to the effective protection over GRTK against misuse and misappropriation of the Signatories.
2. Any access to and use of GRTK of the respective Signatory under the implementation of this MOU will require prior consent permit from the relevant authorities of the Signatory. The Signatories, including its subsidiaries, will ensure that prior informed consent of the local communities concerned regarding access is obtained and they are informed about the results of the cooperative and/or collaborative activities using such GRTK.
3. When result of cooperative and/or collaborative activities which associated with GRTK of one Signatory is used for commercial purposes by another Signatory, the Signatory owning such GRTK on behalf of its local communities concerned will be entitled to equitable and fair benefit sharing.
4. Legal means should be available to provide remedies for holders of GRTK in cases where the fair and equitable sharing of benefits as provided for in paragraph 3 has not occurred.

#### **PARAGRAPH 12**

##### **PUBLICATION**

1. Any joint publication will be reviewed and decided by the Signatories according to their own policies and procedures prior to the publication.
2. Rights arising from publications of the cooperation under this MOU will be decided in writing by the Signatories.
3. All publicly distributed copies of a copyrighted work prepared under this provision will indicate the names of the authors of the work unless an author explicitly declines to be named.

#### **PARAGRAPH 13**

##### **SETTLEMENT OF DISPUTES**

Any disputes between the Signatories arising out of the interpretation or implementation of this MOU will be settled amicably by consultations and/or negotiations through diplomatic channels between the Signatories.



#### PARAGRAPH 14 AMENDMENT

The Signatories may review or amend any part of this MOU through mutual written consent. Such amendment will come into effect on such date as determined by the Signatories and will form an integral part of this MOU.

#### PARAGRAPH 15 FINAL PROVISIONS

1. This MOU will become effective on the date of its signing.
2. This MOU will remain effective for a period of 5 (five) years and will be extended for a period of 5 (five) years unless any Signatory notifies in writing of its intention to terminate this MOU 3 (three) months before its expiry.
3. Either Signatory may terminate this MOU at any time by giving written notification to the other Signatory of its intention to terminate this MOU at least 3 (three) months prior to the intended date of termination.
4. The termination of this MOU will not affect the completion of any arrangements, programs, activities, or projects made under this MOU, unless the Signatories decided otherwise.

**IN WITNESS WHEREOF**, the undersigned, being duly authorized thereto by their respective Governments, have signed this MOU.

Signed in Bali on 6 November in the year 2018, in duplicate, each in Indonesian and English languages, all texts are being equally authentic. In case of any divergences on the interpretation of this MOU, the English text will prevail.

**FOR THE MINISTRY OF HEALTH OF  
THE REPUBLIC OF INDONESIA**

**NILA FARID MOELOEK**  
MINISTER FOR HEALTH

**FOR THE MINISTRY OF HEALTH,  
WELFARE AND SPORT OF THE  
NETHERLANDS**

**SYBILLA DEKKER**  
MINISTER OF STATE

**JOINT ACTION PLAN  
FOR THE IMPLEMENTATION OF THE MEMORANDUM OF UNDERSTANDING  
BETWEEN  
THE MINISTRY OF HEALTH OF THE REPUBLIC OF INDONESIA  
AND  
THE MINISTRY OF HEALTH, WELFARE AND SPORT OF THE NETHERLANDS  
ON HEALTH COOPERATION  
FOR THE PERIOD 2018-2023**

The Ministry of Health of the Republic of Indonesia and the Ministry of Health, Welfare and Sport of the Netherlands (hereinafter collectively referred to as “Signatories” and individually referred to as “Signatory”);

**RECALLING** the Memorandum of Understanding between the Ministry of Health of the Republic of Indonesia and the Ministry of Health, Welfare and Sport of the Netherlands, signed in Bali on 6 November 2018 (hereinafter referred to as “the MOU”);

**BUILDING** upon the need to advance cooperation and collaboration in matters relating to health, on the basis of the principles of reciprocity, equality and mutual benefit for both countries;

**REFERRING** to Paragraph IV of the MOU on the need to set up a Working Group with the aim of monitoring and evaluating the implementation of the MOU; and

**IN ACCORDANCE WITH** the applicable laws and regulation in the respective countries of the Signatories;

Have reached the following understanding:

**PARAGRAPH 1  
PROGRAM OF COOPERATION**

The Signatories are committed to implement the MOU by establishing this Joint Action Plan with the following program strategies:

1. Improvement of the Indonesian Family Doctors program (*Dokter Layanan Primer*).

2. Establishment of Sister Hospital Program for Cancer Collaboration.
3. Collaboration on palliative care for cancer patients.
4. Capacity Building Program for healthcare professionals, particularly midwives, nurses, and caregivers.
5. Development of innovative geriatric oriented health services.
6. Strengthening community (primary) health development in Indonesia.
7. Strengthening of population-based cancer screening in Indonesia.
8. Strengthening of adoption of digitalization and eHealth.
9. Public Private Partnership on Hospital strengthening.
10. Strengthening of AMR control in Indonesia.
11. Field station collaboration on communicable disease control.
12. Strengthening of TB control in Indonesia.
13. Operationalization of GHSA Secretariat and Country Role of Action Package Lead in GHSA.
14. Strengthening of health education and research collaboration between Indonesia and the Netherlands.

## **PARAGRAPH 2**

### **FINANCIAL ARRANGEMENTS**

The financial arrangement to cover expenses for the collaboration activities undertaken within the framework of this Joint Action Plan will be mutually agreed upon by the Signatories, on a case by case basis, subject to the availability of funds and resources.

## **PARAGRAPH 3**

### **IMPLEMENTATION**

1. The Joint Action Plan and its annex(es) will be treated as living documents, which will be reviewed and updated periodically by the Signatories every 12 (twelve months), started from the date of the signing of the Joint Action Plan.
2. The Signatories will be in charge of coordinating the implementation of the activities conducted under the jurisdiction of the Signatories.
3. The Signatories will facilitate, but not to be held responsible for the implementation of the activities conducted by external agencies and partners.
4. The implementation activities of the Joint Action Plan will be based on the Work Program, attached as an Annex of the Joint Action Plan, set out specific details on the activities, output, timeline and the implementing agencies from both sides.



5. The Signatories or the implementing agencies from both sides shall develop and conclude a specific arrangement for the implementation activities, if it is deemed necessary or required by the applicable law and regulations.
6. The provisions of the MOU shall apply to the implementation of activities agreed on this Joint Action Plan.

This Joint Action Plan will come into effect on the date of its signing and shall form as an integral part of the MOU.

This Joint Action Plan is signed in \_\_\_\_\_ on \_\_\_\_\_, in English language.

**FOR THE MINISTRY OF HEALTH OF  
THE REPUBLIC OF INDONESIA**

**FOR THE MINISTRY OF HEALTH,  
WELFARE AND SPORT OF THE  
NETHERLANDS**

**ACEP SOMANTRI**  
Director of International Cooperation

**HERBERT BARNARD**  
Director of International Affairs

**JOINT ACTION PLAN WORK PROGRAM  
OF THE INDONESIA AND THE NETHERLANDS HEALTH COOPERATION  
2018-2023**

PROGRAM STRATEGY	ACTIVITIES	OUTPUTS	TIMELINE	IMPLEMENTING AGENCIES
<b>Area of Cooperation 1: Health System Strengthening, with a focus on medical and elderly care</b>				
1.1. Improvement of the Indonesian Family Doctors program ( <i>Dokter Layanan Primer</i> )	1. Sharing information on the policy aspect of the education and implementation mechanism for the family doctors' program 2. Capacity building for the family doctor program teaching professionals.	Policy Brief and Roadmap of the Family Doctors Program to support the strengthening of national health system	Start in 2020 Gebeld met Uni Maastricht Geraldine Beaujean  Ligt volledig vast door politieke impasse Indonesie.	<b>INDONESIA:</b> <ol style="list-style-type: none"> <li>1. Directorate of Primary Health Services</li> <li>2. Public Universities with Family Doctor Programs (<i>Dokter Layanan Primer</i>)</li> <li>3. Center of Health Human Resources Education, Ministry of Health</li> </ol> <b>NETHERLANDS:</b> <ol style="list-style-type: none"> <li>1. Ministry of Health, Welfare and Sport</li> <li>2. Dutch Higher Education Institutions</li> </ol>

1.2. Establishment of Sister Hospital Program for Cancer Collaboration	<ol style="list-style-type: none"> <li>1. Conduct joint research and publication on cancer diagnosis, screening, treatment, and control.</li> <li>2. Conduct joint seminar/symposium on cancer and cancer related issues.</li> <li>3. Exchange of visit between health professionals and academia.</li> <li>4. Fellowship program.</li> </ol>	<ol style="list-style-type: none"> <li>1. Technical Arrangement between Indonesia and Netherlands Cancer Center</li> <li>2. Joint international publication(s)</li> <li>3. Organization of joint seminar/symposium</li> </ol>	<p>Starts 2019</p> <p>Starts 2020</p> <p>2020 - 2023</p>	<p><b>INDONESIA:</b></p> <ol style="list-style-type: none"> <li>1. Directorate of Referral Health Services, Ministry of Health</li> <li>2. Directorate of NCDs Prevention and Control, Ministry of Health</li> <li>3. Dharmais National Cancer Center</li> </ol> <p><b>NETHERLANDS:</b> Erasmus MC</p>
1.3. Collaboration on palliative care for cancer patients	<ol style="list-style-type: none"> <li>1. Training for Dharmais Hospital's Palliative Care Team to cancer institution in Netherlands.</li> <li>2. Joint seminars/workshop on palliative care for cancer patient</li> <li>3. Develop curriculum on palliative care program</li> </ol>	<ol style="list-style-type: none"> <li>1. Training for Dharmais Hospital Palliative Care Team to cancer institution in Netherlands is conducted</li> <li>2. Joint seminars/workshop on palliative care for cancer patient is conducted</li> <li>3. Curriculum on palliative care program is developed</li> </ol>	<p>Starts 2019</p>	<p><b>INDONESIA:</b></p> <ol style="list-style-type: none"> <li>1. Ministry of Health</li> <li>2. Indonesian hospitals</li> </ol> <p><b>NETHERLANDS:</b> Erasmus MC</p>
1.4. Capacity Building Program for healthcare professionals, particularly midwives, nurses, and caregivers.	<ol style="list-style-type: none"> <li>1. Officials visit to do exchange of information on the mechanism of foreign midwives, caregivers, and nurses recruitment mechanism and regulation in the Netherlands.</li> <li>2. Development and enhancement of Indonesian</li> </ol>	<ol style="list-style-type: none"> <li>1. Proposal for capacity building of Indonesian midwives, caregivers, and nurses towards achieving the Netherlands standard of the competencies of midwives, caregivers, and nurses is developed</li> </ol>	<p>Starts 2018</p>	<p><b>INDONESIA:</b></p> <ol style="list-style-type: none"> <li>1. Human Resources for Health Development and Empowerment Agency (HRHDEA), Ministry of Health</li> <li>2. Ministry of Research, Technology and Higher Education</li> </ol>

	<p>midwives, caregivers, and nurses' curriculum.</p> <p>4. Pilot project on nurses' capacity building.</p>	<p>2. Proposal for capacity building of lecturer and staff in Health Polytechnics is developed</p> <p>3. Technical Arrangement on the improvement of midwives, caregivers, nurses and vocational education in Indonesia is developed</p> <p>4. Pilot project on nurses' capacity building program is conducted</p>	<p>2021</p> <p>2022</p> <p>Starts 2020</p>	<p><b>NETHERLANDS:</b></p> <p>1. Ministry of Health, Welfare and Sport (Point 1-3)</p> <p>2. Third Parties (i.e. Yomema) (Point 4)</p>
1.5. Development of innovative geriatric oriented health services	<p>1. Capacity building for the hospital-based multi-disciplinary geriatric team</p> <p>2. Sharing information and best practice on geriatric health management</p> <p>3. Pilot project of the strengthening of the hospital-based multi-discipline geriatric team in Indonesia</p>	<p>1. Pilot project of the implementation of the hospital-based multi-disciplinary geriatric team is conducted.</p> <p>2. Technical Arrangement between Indonesia and Netherlands geriatric health service facilities</p> <p>3. Pilot project of the strengthening of the hospital-based multi-discipline geriatric team is conducted</p>	Start 2020	<p><b>INDONESIA:</b></p> <p>1. Ministry of Health</p> <p>2. dr. Soeradji Tirtonegoro Klaten Hospital</p> <p><b>NETHERLANDS:</b></p> <p>1. Leyden Institute</p> <p>2. Dutch Health Institutions</p>



1.6. Strengthening community (primary) health development in Indonesia	<ol style="list-style-type: none"> <li>1. Alignment of key stakeholders</li> <li>2. Joint seminar(s)/symposium(s) on strengthening community (primary) health development</li> <li>3. Official visit(s) to the related stakeholders</li> </ol>	<ol style="list-style-type: none"> <li>1. Seminar(s)/symposium(s) on strengthening community is conducted (primary) health development</li> <li>2. Official visit(s) to the related stakeholders is conducted</li> </ol>	Starts 2020	<p><b>INDONESIA:</b></p> <ol style="list-style-type: none"> <li>1. Ministry of Health</li> <li>2. Ministry of Village, Development of Disadvantaged Regions, and Transmigration</li> <li>3. DESA EMAS</li> </ol> <p><b>NETHERLANDS:</b> Task Force Health Care (TFHC) - NL Consortium with Hospitainer, IDBH Senso, etc</p>
1.7. Strengthening of population-based cancer screening in Indonesia	<ol style="list-style-type: none"> <li>1. Alignment of key stakeholders</li> <li>2. Joint seminar(s)/symposium(s) on strengthening population-based cancer screening</li> <li>3. Official visit(s) to the related stakeholders</li> <li>4. Development of pilot project on strengthening population-based cancer screening in Indonesia</li> </ol>	<ol style="list-style-type: none"> <li>1. Seminar(s)/symposium(s) on strengthening population-based cancer screening is conducted</li> <li>2. Official visit(s) to the related stakeholders is conducted</li> <li>3. Pilot project on strengthening population-based cancer screening in Indonesia is conducted</li> </ol>	Starts 2021	<p><b>INDONESIA:</b> Ministry of Health</p> <p><b>NETHERLANDS:</b> NL Consortium with Topicus</p>
1.8. Strengthening of adoption of digitalization and eHealth	<ol style="list-style-type: none"> <li>1. Alignment of key stakeholders</li> <li>2. Joint seminar(s)/symposium(s) on strengthening of adoption of digitalization and eHealth</li> <li>5. Official visit(s) to the related stakeholders</li> </ol>	<ol style="list-style-type: none"> <li>1. Seminar(s)/symposium(s) on strengthening of adoption of digitalization and eHealth is conducted</li> <li>2. Official visit(s) to the related stakeholders is conducted</li> </ol>	Starts 2019	<p><b>INDONESIA:</b> Ministry of Health</p> <p><b>NETHERLANDS:</b> Directorate Information Policy (DI)/ Directorate Healthcare Innovation</p>

				(I&Z), Ministry of Health Welfare and Sports
1.9. Public Private Partnership on Hospital strengthening	<ol style="list-style-type: none"> <li>1. Exchange information /literature study on regulatory system of hospital Public Private Partnership in Indonesia</li> <li>2. Conducting business forum to facilitate communication among regulatory institution in Indonesia and Netherland business sector</li> <li>3. Benchmarking on developing minimum standard services at hospital level</li> <li>4. Identify potential cooperation establishment hospital Public Private Partnership in Indonesia</li> </ol>	<ol style="list-style-type: none"> <li>1. Literature reference/Information on regulatory system on hospital Public Private Partnership in Indonesia is shared</li> <li>2. Business forum is conducted</li> <li>3. Output specification and lesson learnt on minimum standard services at hospital level is developed for each examination room and medical devices</li> <li>4. Potential cooperation on establishment hospital Public Private Partnership is identified</li> </ol>	Starts 2019	<p><b>INDONESIA:</b> Ministry of Health</p> <p><b>NETHERLANDS:</b> Task Force Health Care</p>
2.1. Strengthening of AMR control in Indonesia.	<ol style="list-style-type: none"> <li>1. High level participation and co-chairing in the Ministerial AMR conference to be conducted in the Netherlands.</li> <li>2. Workshop/training on AMR stewardship program in Indonesian hospital.</li> <li>3. Workshop/training on strengthening lab capacity to</li> </ol>	<ol style="list-style-type: none"> <li>1. Recommendation/Guideline for AMR stewardship program in Indonesia as part of the Indonesian NAP-AMR implementation.</li> <li>2. Recommendation/Guideline for the environment microbiology-related AMR laboratory-based</li> </ol>	<p>Starts 2019</p> <p>2020</p>	<p><b>INDONESIA:</b></p> <ol style="list-style-type: none"> <li>1. Directorate of Referral Health Services, Ministry of Health</li> <li>2. NIHRD Center for Biomedical and Basic Health Science</li> <li>3. Sulianti Saroso Hospital</li> </ol> <p><b>NETHERLANDS:</b></p>

	<p>detect MDR bacteria and resistance gene in environment.</p> <p>4. Workshop/training to detect antimicrobial residue in environment.</p> <p>5. Indonesian institution participation on the testing of the AB-Assistant Application.</p>	surveillance in Indonesia as part of the Indonesian NAP-AMR implementation.		<p>1. Ministry of Health, Welfare and Sport</p> <p>2. Sticting Werkgroep Antibioticabeleid (SWAB)</p> <p>3. National Institute for Public Health and Environment (RIVM)</p> <p>4. Erasmus MC</p>
2.2 Field station collaboration on communicable disease control	<p>1. Conducting joint training on occupational health and health safety in the hospital for infectious diseases prevention.</p> <p>2. Sharing updated contact points regularly to strengthen alertness and response mechanism to prevent infectious diseases.</p>		Starts 2019	<p><b>INDONESIA:</b></p> <p>1. Ministry of Health</p> <p>2. Universities</p> <p><b>NETHERLANDS:</b></p> <p>Erasmus MC</p>
2.3 Strengthening of TB control in Indonesia	<p>1. Alignment of key stakeholders</p> <p>2. Joint seminar(s)/symposium(s) on strengthening of TB control</p> <p>3. Official visit(s) to the related stakeholders</p>	<p>1. Seminar(s)/symposium(s) on strengthening of TB control is conducted</p> <p>2. Official visit(s) to the related stakeholders is conducted</p>	Starts 2019	<p><b>INDONESIA:</b></p> <p>Ministry of Health (National TB Program)</p> <p><b>NETHERLANDS:</b></p> <p>NL Consortium with Delft Imaging, Topicus, KNCV, etc</p>
3.1. Operationalization of GHSA Secretariat	1. Technical Assistance on the Operationalization of GHSA Secretariat	1. Fully functioned GHSA Secretariat is operated.	2019	<p><b>INDONESIA:</b></p> <p>Bureau of International Cooperation, Ministry of Health</p>

and Country Role of Action Package Lead in GHSA	<ul style="list-style-type: none"> <li>2. Capacity Building for the Technical Staff of GHSA Secretariat</li> <li>3. Conduct a Meeting regarding the global health security in small islands setting</li> </ul>	2. Meeting regarding the global health security in small islands setting is conducted		<p><b>NETHERLANDS:</b> Department of International Affairs, Ministry of Health, Welfare, and Sport</p>
4.1. Strengthening of health education and research collaboration between Indonesia and the Netherlands	Alignment of key stakeholders	1. Improved MSc/PhD exchange and joint research and publication	Starts 2020	<p><b>INDONESIA:</b> MO Ministry of Health H with the support of LPDP and universities</p> <p><b>NETHERLANDS:</b> Multiple UMC and KI</p>