INTERNATIONAL HEALTH REGULATION (IHR)

Sumber:
Health Security Stewards Fellowship Training
10-13 Okt 2017
Jumlah penerbangan di dunia

Number of flights performed by the global airline industry from 2004 to 2018 (in millions)

The statistic gives the number of flights performed globally by the airline industry from 2004 to 2018. Passenger air traffic and the number of flights performed are on the rise; in 2017, 36.8 million were operated worldwide.
Airline:
- Emirates
- Lufthansa
- Delta Air Lines
- Air France
- British Airways
- Cathay Pacific
- Singapore Airlines

*Sorted by scheduled international passenger kilometers flown in 2010 (source Wikipedia). Only routes in the OpenFlights database are plotted.

Map: James Cheshire, spatialanalysis.co.uk
Flights Data: openflights.org
Basemap Data: naturaeurthdata.com
Global Health Security
Why we are concerned about national and global threats

- Emergence/re-emergence of infectious diseases and increased pace of spread
- Globalisation—public health event in one location can be a threat to others
- Serious and unusual disease events are increasing and inevitable
- Threat of deliberate use of biological and chemical agents; laboratory and industrial accidents
- Impact on health, economy, security

Sumber: Bahan Paparan Dirjen P2PL Kemkes 2010
The economic impact of recent epidemics

SARS
China, Hong Kong, Singapore, Canada,...
$50bn+

Foot-and-Mouth Disease
UK
$30bn

BSE, UK
$10-13bn

Foot & Mouth Disease
Taiwan, $5-8bn

Lyme disease
US, $2.5bn

Swine Flu,
Netherlands
$2.3bn

Nipah, Malaysia
$350-400m

BSE, Japan
1.5bn

BSE, Canada
$1.5bn

Avian Flu
Asia, US, Canada
$10bn

Avian Flu, EU
$500m

Sumber: Bahan Paparan Dirjen P2PL Kemkes 2010
Case Study: Ebola

Worst-case scenario
537,000-1.4 million cases through Jan. 20

If the disease continues spreading without effective intervention, Dr. Thomas R. Frieden, the C.D.C. director, said, “My gut feeling is, the actions we’re taking now are going to make that worst-case scenario not come to pass. But it’s important to understand that it could happen.”
Ebola: Implications

Foreign Affairs: U.S. involvement only after Americans infected


National Security: Disease knows no borders, regardless of intent; disease outbreaks test domestic security and destabilized nations; affect all

Public Diplomacy: Mass panic, public misunderstanding

Sustainable Development: Health system strengthening?
Case Study: Amerithrax

Amerithrax

On September 18, 2001
5 U.S. senators and several
media companies were sent
letters laced with the bacterium,
Anthrax. The letters read, “Death
to America. Death to Israel. Allah
is great.”

5 people died from the
attack. 17 others were
infected with Anthrax
and survived.

No country admitted
to the attack, though
Iraq admitted to viral
testing in 1998.
Amerithrax: Implications

Foreign Affairs: U.S. assumed foreign source


National Security: Government, people, unprepared; systems tested; disease outbreak, regardless of intent, must be detected and controlled

Public Diplomacy: Mass panic, public misunderstanding

Sustainable Development: Health system strengthening?
Similarities?

Differences?
Hypothesis:
Good Global Health Security Policy will...

1) Reduce the impact of the left end of the spectrum
2) Reduce the likelihood of the right end of the spectrum
3) Provide some transparency regarding capabilities and intent
4) Undermine the popular support for terrorism
Global burden of NCDs

63% of the world’s annual deaths are due to NCDs

- Deaths due to communicable diseases, maternal and perinatal conditions, and nutritional deficiencies
- Below 60 years
- Above 60 years
- Deaths due to noncommunicable diseases
Deaths From Drug-Resistant Infections Set To Skyrocket
Deaths from antimicrobial resistant infections and other causes in 2050

- Antimicrobial resistant infections: 10.0m
- Cancer: 8.2m
- Diabetes: 1.5m
- Diarrhoeal disease: 1.4m
- Road traffic accidents: 1.2m
- Measles: 130,000
- Cholera: 120,000
- Tetanus: 60,000

Source: Review on Antimicrobial Resistance
Dual Use
Examples:
- Sequencing "Spanish Flu"
- Gain of Function Research
- Synthetic Biology
- DIY Bio
- High containment labs

Challenges:
- Regulation of Science (+/-)
- Ethics
- National vs global policy
Bioterror
Spectrum of Health Security Threats

Mother Nature

Terrorism

NCDs  Ebola  "Amerithrax"

Good Global Health Security Policy Addresses the Entire Spectrum
What is the GHSA?

The Global Health Security Agenda is a multilateral effort to accelerate progress toward global implementation of the International Health Regulations (IHR).

Three Pillars of GHSA:

- **Prevent** or mitigate the impact of naturally-occurring outbreaks and intentional or accidental releases of dangerous pathogens.

- Rapidly **Detect** and transparently report outbreaks when they occur.

- Employ an interconnected global network that can **Respond** rapidly and effectively.
GHSA Action Packages

- Prevent 1: Antimicrobial Resistance
- Prevent 2: Zoonotic Disease
- Prevent 3: Biosafety and Biosecurity
- Prevent 4: Immunization

- Detect 1: National Laboratory System
- Detect 2 & 3: Real-Time Surveillance
- Detect 4: Reporting
- Detect 5: Workforce Development

- Respond 1: Emergency Operations Centers
- Respond 2: Linking Public Health with Law and Multi-sectorial Rapid Response
- Respond 3: Medical Countermeasures and Personnel Deployment Action Package
ZIKA VIRUS
The International Health Regulations (IHR)

- Legally-binding global agreement to protect public health
- The international commitment for shared responsibilities and collective defence against disease spread
- Collective effort based on agreed rules

A Global Framework

Sumber: Bahan Paparan Dirjen P2PL Kemkes 2010
What are the International Health Regulations (2005)?

- An internationally agreed instrument for global public health security
- Represents the joint commitment for shared responsibilities and collective defence against disease spread
- Legally binding for WHO Member States since June 2007

IHR (2005) a Paradigm Shift

From control of borders TO (also) Containment at source
From Disease list TO All threats
From Present measures TO Adapted and real time response

Sumber: Bahan Paparan Dirjen P2PL Kemkes 2010
Purpose of the Revised IHR

“To prevent, protect against, control and provide a public health response to the international spread of disease

in ways that are commensurate with and restricted to public health risks, and

which avoid unnecessary interference with international traffic and trade” - (Article 2)
Highlights of IHR (2005)

- Much broader scope
- More operational: National & WHO IHR Focal Point & competent authorities
- Consultation, notifications, verification & assessment
- Public Health Emergencies of International Concern (PHEIC)
- Recommended measures from WHO in PHEIC
- New obligation: National Core Capacities requirements

Sumber: Bahan Paparan Dirjen P2PL Kemkes 2010
Implementing IHR (2005)

- Transparency
- Partnerships
- Collective responsibility
  - Global consensus, global rule
  - Countries need each others
  - Reciprocity, reputation
- Standardization and quality
- Building on existing programmes

Cross-cutting principles
The surveillance and response capacities required by the IHR

**AT LOCAL LEVEL**
- Detection of events
- Reporting
- Control measures

**AT INTERMEDIATE LEVEL**
- Confirmation
- Assessment
- Reporting

**AT NATIONAL LEVEL**
- Assessment
- Notification (To WHO)
- Public Health Response
  - Control measures
  - Support (Staff, lab)
  - On-site assistance
  - Operational links/liaison
  - PH Emergency Response Plan
  - on 24 hours basis
IHR Core Capacities

- Eight “core capacities”
  - National legislation, policy and financing.
  - Coordination and National Focal Point (NFP) Communications.
  - Surveillance.
  - Response.
  - Preparedness.
  - Risk communication.
  - Human resources.
  - Laboratory.
- Points of Entry
- Capacities for IHR-relevant hazards (infectious diseases, zoonoses, food safety, chemical, radio-nuclear).

8 Core Capacities:
- Legislation and policy
- Coordination
- Surveillance
- Response
- Preparedness
- Risk communications
- Human Resources
- Laboratory

3 Levels:
- National
- Intermediate
- Peripheral / Community
IHR (2005) implementation in Indonesia

2005
IHR: Entry into force

Socialization Advocacy

GOI-WHO Joint Assessment

Result → lacking core capacities in particular on Surveillance, response, laboratory and Infection control
→ **WHO Recommendation**: Improvement of core capacities, Intersector networking, Capacity at POE

2007

Strategic Plan on IHR implementation

2008

2009

2010

National Committee on IHR as special strategy to accelerate core capacities improvements

Self assessment IHR 2010-2011

Result → Core capacities on Surveillance and PoE are less optimum.

2011

2012

Sumber : Bahan Paparan Dirjen P2PL Kemkes 2010
Capacity Scores are defined as the proportion of attributes present expressed as a percentage.

Scoring for all capacities for country: Indonesia

<table>
<thead>
<tr>
<th>Capacity</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
<th>Score 5</th>
<th>Score 6</th>
<th>Score 7</th>
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<td>100</td>
<td>83</td>
<td>41</td>
<td>16</td>
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</table>
Strengthening health security by implementing the International Health Regulations (2005)

Core functions of the IHR

In today's connected world, health security is a global issue. We must all protect ourselves, and each other, from threats like infectious diseases, chemical and radiological events. That is why 196 countries have agreed to work together to prevent and respond to public health crises. The agreement is called the International Health Regulations, or IHR (2005), and WHO plays the coordinating role. Through the IHR, WHO keeps countries informed about public health risks, and works with partners to help countries build capacity to detect, report and respond to public health events.

WHO's work in coordinating IHR implementation is led by the Department of Global Capacities Alert and Response (GCR).
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## Joint External Evaluation (JEE) Technical Areas

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<th>Respond</th>
<th>Other IHR-related hazards and Points of Entry (PoEs)</th>
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<tbody>
<tr>
<td>National Legislation, Policy and Financing</td>
<td>National Laboratory System</td>
<td>Preparedness</td>
<td>Points of Entry (PoE)</td>
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<td>Workforce Development</td>
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<td>Food Safety</td>
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<td>Risk Communication</td>
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<td>Biosafety &amp; Biosecurity</td>
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<tr>
<td>Immunization</td>
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<td></td>
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</tbody>
</table>
COLOUR SCORING SYSTEM

While overlaps exist among the capacity sections of the tool, each will be considered separately in the evaluation exercise. The implementation status of each core capacity will be delineated by a level of advancement or scoring, which reflects the capacity to be institutionalized and sustainable. Following describes the level of advancement or scoring with colour coding.

1. **No Capacity** : Attributes of a capacity are not in place Colour Code:
   - **Red**

2. **Limited Capacity** : Attributes of a capacity are in development stage (some are achieved and some are undergoing; however, the implementation has started). Colour Code:
   - **Yellow**

3. **Developed Capacity** : Attributes of a capacity are in place; however, there is the issue of sustainability and measured by lack of inclusion in the operational plan in National Health Sector Planning (NHSP) and/or secure funding. Colour Code:
   - **Yellow**

4. **Demonstrated Capacity** : Attributes are in place, sustainable for a few more years and can be measured by the inclusion of attributes or IHR (2005) core capacities in the national health sector plan. Colour Code:
   - **Green**

5. **Sustainable Capacity** : Attributes are functional, sustainable and the country is supporting other countries in its implementation. This is the highest level of the achievement of implementation of IHR (2005) core capacities. Colour Code:
   - **Green**
**Target:** Adopted measured behaviours, policies and/or practices that minimize the transmission of zoonotic diseases from animals into human populations.

**As Measured by:** Identify the five zoonotic diseases/pathogens of greatest national public health concern and strengthen existing surveillance systems for prioritized zoonoses.

**Desired Impact:** Implementation of guidance and models on behaviours, policies and practices to minimize the spill over, spread, and full emergence of zoonotic disease into or out of human populations prior to the development of efficient human-to-human transmission. Nations will develop and implement operational frameworks—based on international standards, guidelines, and successful existing models—that specify the actions necessary to promote One Health approaches to policies, practices and behaviours that could minimize the risk of zoonotic disease emergence and spread.

<table>
<thead>
<tr>
<th>Score**</th>
<th>P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens</th>
<th>P.4.2 Veterinary or Animal Health Workforce</th>
<th>P.4.3 Mechanisms for responding to infectious zoonoses and potential zoonoses are established and functional</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Capacity - 1</td>
<td>No zoonotic surveillance systems exist</td>
<td>Country has no animal health workforce capacity capable of conducting one health activities</td>
<td>No mechanism in place</td>
</tr>
<tr>
<td>Limited Capacity - 2</td>
<td>Country has determined zoonotic diseases of greatest national public health concern but does not have animal zoonotic surveillance systems in place</td>
<td>Country has animal health workforce capacity within the national public health system</td>
<td>National policy, strategy or plan for the response to zoonotic events is in place</td>
</tr>
<tr>
<td>Developed Capacity - 3</td>
<td>Zoonotic surveillance systems in place for 1-4 zoonotic diseases/pathogens of greatest public health concern</td>
<td>Animal health workforce capacity within the national public health system and less than half of sub-national levels</td>
<td>A mechanism for coordinated response to outbreaks of zoonotic diseases by human, animal and wildlife sectors is established</td>
</tr>
<tr>
<td>Demonstrated Capacity - 4</td>
<td>Zoonotic surveillance systems in place for five or more zoonotic diseases/pathogens of greatest public health concern</td>
<td>Animal health workforce capacity within the national public health system and more than half of sub-national levels</td>
<td>Timely and systematic information exchange between animal/wildlife surveillance units, human health surveillance units and other relevant sectors in response to potential zoonotic risks and urgent zoonotic events</td>
</tr>
<tr>
<td>Sustainable Capacity - 5</td>
<td>Zoonotic surveillance systems in place for five or more zoonotic diseases/pathogens of greatest public health concern with system in place for continuous improvement</td>
<td>Animal health workforce capacity within the national public health system and at all sub-national levels. This includes a plan for animal health workforce continuing education</td>
<td>Timely (as defined by national standards) response to more than 80% of zoonotic events of potential national and international concern</td>
</tr>
</tbody>
</table>

* Refers to zoonotic infections shared by animals and humans

** For full scores, capabilities should be separately evaluated both in the human and animal (livestock, companion animal and wildlife) sectors and mechanisms for regular comparison and joint policy-development in a One-Health fashion should be in place. For final scores, the average should be taken.
Technical Questions:

P.4.1 Surveillance systems in place for priority zoonotic diseases/pathogens
1. Does the country have a mechanism in place to identify priority zoonotic diseases that pose a national health risk?
2. Does the country have a surveillance system in place for relevant animal populations?
3. Please describe partnerships between ministry of health, ministry of agriculture and wildlife specialists as they relate to zoonotic disease detection and response
   a. Are situational awareness reports or reports of potential disease outbreaks shared between the agencies?
4. Are public health laboratories and animal health laboratories linked?
   a. Is there a process for sharing specimens between public health and animal health laboratories?
   b. Is there a process for sharing laboratory reports between public health and animal health laboratories?
   c. Are these reports shared on a regular basis, or only when zoonoses are discovered or suspected?
5. Describe reports produced from animal surveillance systems for zoonotic disease
   a. What ministries receive reports produced by the animal surveillance systems on zoonotic diseases?
   b. How is animal surveillance systems linked to surveillance systems used for human pathogens?
   c. Is there a mechanism or mechanisms for establishing interagency response teams in the event of a suspected zoonotic outbreak?
   d. Is there a process for sharing surveillance reports between public health and animal health laboratories?
   e. How do these systems pick up emerging diseases versus endemic diseases?

P.4.2 Animal Health and Veterinarian Workforce
1. Describe public health training offered to animal health veterinary staff within the country.
   a. Describe what training in controlling zoonotic disease in animal populations is offered to public health staff within the country.
2. Are animal health experts and veterinarians included in country FETP or other equivalent training program?
3. What is the current animal population for the country, including farm and agricultural animals?
P.4.3 Mechanisms for responding to infectious zoonoses are established and functional

1. Describe the policy, strategy or plan for the response to zoonotic events in the country.
   a. Is there a joint planning or strategy which exists between animal health, human health and wildlife sectors?
   b. Is there any memorandum of understanding between sectors for the management of zoonotic events?
2. Describe how the latest zoonotic events were managed, for example:
   a. How the information is shared between sectors?
   b. How often do the sectors meet at the technical level?
   c. Do you have outbreak investigation and response report on the latest zoonotic events?
3. Describe the roles and responsibilities of animal health, human health and wildlife sectors on these recent zoonotic events.
4. Do you consider that country has capacity to respond to more than 80% of zoonotic events on time? What is the timeliness at present?

Documentation or Evidence for Level of Capability:
- List of zoonotic priority pathogens for public health
- Descriptions of existing zoonotic surveillance systems
- OIE Country PVS report
- OIE Country PVS Gap Analysis Report

References:
- OIE PVS Pathway
  www.who.int/ihr/publications/handbook_OMS_OIE/en/
- Publication Related to Food Safety: http://www.who.int/foodsafety/publications/all/en/
Implementation of the IHR at the human-animal-health interface

75% of emerging pathogens are of zoonotic nature. Progress towards global health security requires a greater focus on health management at the interface between human health and animal health.
HUMAN-ANIMAL ASSESSMENT TOOL
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<td>Response 2</td>
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**HOW TO ACCESS THE REPORTS**

The PVS Pathway reports are the property of the country concerned. A number of countries have waived the confidentiality of their PVS Pathway reports, authorizing the OIE to share their PVS Pathway report with partner organizations and donors. In addition, some countries have authorized the OIE to make their PVS Pathway reports fully public; these can be viewed on the OIE website:

INA GLOBAL HEALTH SECURITY WORKING GROUP
JOB DESCRIPTION, FUNCTION, and AUTHORITY of
THE MINISTRY OF HEALTH REPUBLIC OF INDONESIA

LEMBARAN NEGARA
REPUBLIK INDONESIA

No.59, 2015

ADMINISTRASI. Pemerintahan. Kementerian

PERATURAN PRESIDEN REPUBLIK INDONESIA
NOMOR 35 TAHUN 2015
TENTANG
KEMENTERIAN KESEHATAN
Ministry of Health shall organize functions:

1. Formulation, determination, and implementation of the Public health policy, prevention and disease control, health care, and pharmaceutical and medical devices;
2. Coordination of task implementation, coaching, and providing administrative support;
3. Management of state property;
4. Implementation of health research and development;
5. Implementation of human resource development and empowerment in health and management health workers;
6. Implementation of technical guidance and supervision over Ministry of Home Affairs in the regions;
7. Supervision of the implementation of duties within the MOH; and
8. Implementation of substantive support within the MOH.
Ministry of Health authorities (21 items):

1. Establishment of national health policy to support macro development

2. Establishment of guidelines to determine minimum service standards that must be implemented by districts / cities in the field of Health

3. Preparation of a macro national plan in the health sector

4. Establishment of accreditation requirements of educational institutions and certification of professional / experts as well as terms of position in the health sector

5. Guidance and supervision on the implementation of regional autonomy that includes providing guidance, guidance, training, direction and supervision in the field of health

6. Arrangement of application of international agreement or agreement authorized on behalf of the State in the field of health;
Ministry of Health authorities:

7. Establishment of licensing standards by regions in the health sector

8. Countermeasures and disasters that are nationwide in health

9. Establishment of a national information system policy on health

10. Determination of qualification requirements of health services business

11. Settlement of disputes between Provinces in the health sector

12. Determination of birth control policy and decline in maternal, infant and child mortality

13. Determination of the policy of the maintenance guarantee system public health

14. Establishment of educational standards and guidelines Utilization of health personnel

15. Determination of health care financing guidelines
Ministry of Health authorities:

16. Determination of screening guidelines, development and application of health technology and ethical standards of health research

17. Establishment of nutritional standards and guidelines for certification of health and nutrition technologies

18. Determination of accreditation standard of facilities and infrastructure health

19. Epidemiological surveillance and control of epidemiology and control of epidemics, infectious diseases and extraordinary events

20. Provision of certain essential drugs and medicines for basic health services is essential (national buffer stock)

21. Other authorities in accordance with the provisions of applicable laws and regulations, namely: Placement and transfer of certain health personnel and Licensing and fostering the production and distribution of medical devices
KEPUTUSAN MENTERI KESEHATAN REPUBLIK INDONESIA
NOMOR HK.02.02/MENKES/273/2016

TENTANG

KELOMPOK KERAJA KESEHATAN GLOBAL
DI LINGKUNGAN KEMENTERIAN KESEHATAN

DENGAN RAHMAT TUHAN YANG MAHA ESA

MENTERI KESEHATAN REPUBLIK INDONESIA,
KEPUTUSAN PRESIDEN REPUBLIK INDONESIA

NOMOR TAHUN 2016

TENTANG

KELOMPOK KERJA NASIONAL KETAHANAN KESEHATAN GLOBAL

DENGAN RAHMAT TUHAN YANG MAHA ESA

PRESIDEN REPUBLIK INDONESIA,

Menimbang : a. bahwa Indonesia sebagai negara anggota Badan Kesehatan Dunia telah menyepakati melaksanakan ketentuan International Health Regulations (IHR) 2005 untuk memiliki kemampuan dalam pencegahan, deteksi dan respon cepat terhadap munculnya penyakit dan/atau kejadian yang berpotensi menyebabkan keadaan kedaruratan kesehatan masyarakat yang meresahkan dunia (Public Health Emergency of International Concern/PHEIC);
DRAFT KEPPRES POKJA KKG (11 PAKET AKSI)

- 4 -

KEDUA: Kelompok Kerja Nasional Ketahanan Kesehatan Global sebagaimana dimaksud dalam Diktum KESATU bertugas:

a. melaksanakan upaya penguatan nasional dalam mencegah, mendeteksi, dan merespon cepat berbagai ancaman penyakit dan/atau kejadian yang berpotensi menyebabkan kedaruratan kesehatan masyarakat yang meresahkan dunia;

b. menyusun kebijakan nasional Indonesia dalam forum kerjasama internasional; dan

c. memastikan pelaksanaan seluruh kegiatan dalam rencana aksi nasional ketahanan kesehatan global berjalan sesuai peraturan perundang-undangan yang berlaku.
DRAFT KEPPRES POKJA KKG (11 PAKET AKSI)

-7-

LAMPIRAN
KEPUTUSAN PRESIDEN REPUBLIK
INDONESIA
NOMOR TAHUN 2016
TENTANG
KELOMPOK KERJA NASIONAL KETAHANAN
KESEHATAN GLOBAL

SUSUNAN ANGGOTA KELOMPOK KERJA NASIONAL
KETAHANAN KESEHATAN GLOBAL

Pengarah
1. Menteri Koordinator Bidang Pembangunan Manusia
   dan Kebudayaan; dan
2. Menteri Koordinator Bidang Politik, Hukum, dan
   Keamanan.


Wakil Ketua:
1. Menteri Pertahanan;
2. Menteri Pertanian; dan

Sekretaris: Sekretaris Jenderal Kementerian Kesehatan.

Anggota:
1. Menteri Sekretaris Negara;
2. Menteri Dalam Negeri;
2. Bidang Penyakit Zoonosis


   Sekretaris   : Direktur Jenderal Peternakan dan Kesehatan Hewan, Kementerian Pertanian.

   Anggota      :
   1. Direktur Jenderal Pencegahan dan Pengendalian Penyakit, Kementerian Kesehatan;
   2. Direktur Jenderal Kekuatan Pertahanan, Kementerian Pertahanan;
   3. Direktur Jenderal Penguatan Riset dan Pengembangan, Kementerian Riset, Teknologi, dan Pendidikan Tinggi;
   4. Direktur Jenderal Konservasi Sumber Daya Alam dan Ekosistem, Kementerian Lingkungan Hidup dan Kehutanan;
   5. Direktur Jenderal Bina Administrasi Kewilayahan, Kementerian Dalam Negeri;
   6. Deputi Ilmu Pengetahuan Hayati, Lembaga Ilmu Pengetahuan Indonesia; dan