Towards Sustainable Health in Indonesia

Improving frontline services: Maintaining the momentum on health workforce strengthening

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Presented at
Regional Consultation on Health, the SDGs and role of UHC:
Next step in South East Asia,
30 March - 1 April 2016, New Delhi, India
What’s the difference between MDGs and SDGs?

**Sustainable Development Goals**

1. End poverty in all its forms everywhere
2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture
3. Ensure healthy lives and promote well-being for all at all ages
4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
5. Achieve gender equality and empower all women and girls
6. Ensure availability and sustainable management of water and sanitation for all
7. Ensure access to affordable, reliable, sustainable and modern energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
10. Reduce inequality within and among countries
11. Make cities and human settlements inclusive, safe, resilient and sustainable
12. Ensure sustainable consumption and production patterns
13. Take urgent action to combat climate change and its impacts
14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development
15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
17. Strengthen the means of implementation and revitalize the global partnership for sustainable development

**Millenium Development Goals**

1. Eradicate extreme hunger and poverty
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal Health
6. Combat HIV/AIDS, Malaria, and other diseases
7. Ensure environmental sustainability
8. Develop a global partnership for development

**SDGs ends by the end of 2030**

**MDGs ends by the end of 2015**
INDONESIA – THE CONTEXT

- 250 million people
- GDP per kapita $3,592 (2012)
- Gini coefficient increase from 0.37 (2012) to 0.41 (2013)
- Land mass 1.9 million km²; 17,504 islands,
- 34 provinces; 532 municipals; 6,994 sub-districts; 72,944 villages
- Decentralized health system
Goal #3: Ensure healthy lives and promote well-being for all at all ages

Unfinished business:
1. MMR, IMR, U5MR
2. HIV/AIDS, TB, Malaria
3. Access to sexual and reproductive healthcare (FP, ASFR)

New Highlights:
1. Mortality attributed to NCDs and tobacco control
2. Drug abuse and harmful alcohol consumption
3. Traffic deaths
4. *Universal Health Coverage*
5. Air, land, water pollution
6. Int’l Health Regulation

All health issues are integrated in a single goal → Interventions should be formulated based on intercorrelations/causal effects between targets.
HEALTHY INDONESIA PROGRAMME

MINISTERIAL STRATEGIC PLAN 2015 - 2019

HEALTHY PARADIGM
- Health mainstreaming in the development
- Promotive – Preventive as the main pillar in health programmes
- Community Empowerment

HEALTHCARE STRENGTHENING
- Improving access, particularly at primary level
- Referral system optimization
- Quality improvement
- Continuum of care throughout the life cycle
- Health risk – based intervention

NATIONAL HEALTH INSURANCE (JKN)
Benefits
- Financing system: insurance–gotong royong principle
- Quality Control & Cost Control
- Objects: Support Recipient and Non Support Recipient

Subnational Govt + Central Govt
Health Workforce
THE TRANSFORMATION OF HEALTH DEVELOPMENT (2005-2024)

RPJMN: National Medium Term Development Plan

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<tr>
<td>Supporting Components</td>
<td>Curative Care</td>
<td>Universal Coverage</td>
<td>Preventive-Promotive Care</td>
<td>Supporting Components</td>
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A Healthy, Self-Reliant, and Equitable Community
HEALTH SYSTEM STRENGTHENING

ACCESS TO ESSENTIAL MEDICINES

SERVICE DELIVERY

LEADERSHIP/GOVERNANCE

HEALTH WORKFORCE

FINANCING

HEALTH INFORMATION SYSTEM

ACCESS-TO-CARE IMPROVEMENT

- Health workforce
- Primary care facilities
- Supporting facilities
- Remote areas

QUALITY IMPROVEMENT

- Norms, standards, procedures
- Health workforce capacity building
- Primary Care GP
- Accreditation System

REGIONALIZED REFERRAL SYSTEM

- Regional and Provincial
- National

SUBNATIONAL AUTHORITY EMPOWERMENT

- Socialization
- Advocacy
- Capacity Building

MULTISECTOR ENGAGEMENT

- Regulation
- Infrastructures
- Financing

Ministry of Health of the Republic of Indonesia

World Health Organization
NATIONAL VISION FOR PRIMARY HEALTH CARE
(Ministerial Decree No. 75/2014)

Transformation: from the past to the future

Medical Model
Master Plan of HSS (1969)

Selective PHC
Law on Health No. 23/1992
Kepmenkes No 128/2004

Comprehensive PHC
Law on Health No. 36/2009
Permenkes No. 75/2014

toward Universal Health Coverage 2019
PRIMARY HEALTHCARE SERVICES POSSIBLE INTERVENTION MODELS FOR INDONESIA

POSSIBLE PHC MODELS

- Remote, Borders, Islands (Model 1)
- Urban/Cities
- Rural locations in not-so remote areas (Model 4)
- Papua and West Papua

Model 2
GOVERNMENT PROGRAM FOR SERVICE DELIVERY IMPROVEMENT:

110 REGIONAL REFERRAL HOSPITALS
GOVERNMENT PROGRAM FOR SERVICE DELIVERY IMPROVEMENT: NATIONAL AND PROVINCIAL REFERRAL HOSPITALS

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<th>RS RUJUKAN PROVINSI (≈ 20 RS)</th>
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- 14 National Referral Hospitals
- 20 Provincial Referral Hospitals
In 2015, 655 health workers in 120 teams were distributed to 120 Public Health Centers in 44 districts categorized as hard-to-reach areas (DTPK) and areas with considerable health issues (DBK).

In 2016, 2,000 health workers in 250 teams will be distributed to 250 Public Health Centers. These areas are considered left behind in terms of delivering quality healthcare to their communities.
COMMUNITY BASED ACTIVITIES:
HEALTHY FAMILY APPROACH

PH CENTRES

COMMUNITY EMPOWERMENT:
Integrated Health Station, Integrated Elderly Health Station, NCD Prevention, Early Education Centres, School Health Units, etc

Priority on promotive-preventive care, targeting families for continuum of care throughout the life cycle, through home visits
They are motivated to transform the primary healthcare services in the country.
Dedicating their lives to work in the most remote locations across the archipelago.
GOVERNMENT PROGRAM FOR HEALTH WORKFORCE CAPACITY BUILDING

1. GENERAL PRACTITIONER (GP) INTERNSHIP
2. SPECIALIST MEDICAL EDUCATION GOVERNMENT SCHOLARSHIPS
3. DISTANT LEARNING FOR RURAL HEALTH WORKFORCE
SPECIALIST MEDICAL EDUCATION
GOVERNMENT SCHOLARSHIPS

GOAL:

✓ Enhancing Capacity, Professionalism and empowerment doctors and dentists at rural

✓ Improving access and quality of health services, particularly at secondary level

✓ Fulfillment the gap needs of the specialist doctors and dentist specialists in government hospitals

✓ Developed since 2008

✓ 2008-2015: number of graduates = 2,224

✓ 4 Basic Spesialist (Obgyn, Pediatri, Interne dan surgical)

✓ 4 Supporting Specialist (Radiology, Anesthetis, Physical and Rehabilitation and Clinical Path)

✓ Dentist: oral surgery, Endodontie, Oral Medicine,

✓ Mandatory during the lecture: 6 month at rural area

✓ Mandatory after graduate: 2n+1
### STRATEGIC OBJECTIVE 2016: HEALTHWORKFORCE DISTRIBUTION

**The increase of Number, Variety, Quality and Distribution of Health Workforce**

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<tr>
<th>Description</th>
<th>2015</th>
<th>2016</th>
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<td>a. Σ of public health centers with minimum of 5 health professionals (public health, environmental health, nutritionists, pharmacists &amp; health analysts)</td>
<td>1.200</td>
<td>2.000</td>
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<tr>
<td>b. % District Hospitals (C classification) with 4 basic specialists &amp; 3 supporting specialists</td>
<td>30%</td>
<td>35%</td>
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<td>c. Σ of health professionals with increased competency</td>
<td>10.200</td>
<td>21.510</td>
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THANK YOU