

**Break-Out Session I, Health and Education
02.15 pm – 03.15 pm**

**14 TH CONSULTATIVE GROUP ON INDONESIA (CGI) MEETING
JAKARTA, JANUARY 19 – 20, 2005**

**MID-TERM DEVELOPMENT 2004 - 2005
HEALTH DEVELOPMENT PRIORITIES IN INDONESIA**

By

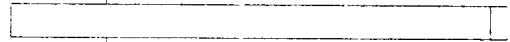
**Dr. dr. SITI FADILAH SUPARI, Sp.JK (K)
MINISTER OF HEALTH
REPUBLIC OF INDONESIA**

PRE – CGI MEETING, JANUARY 19, 2005

**COORDINATING MINISTRY FOR ECONOMIC AFFAIRS
OF THE REPUBLIC OF INDONESIA**

Mid-term Development 2004–2009
**Health Development Priorities in
Indonesia**

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Minister of Health
Republic of Indonesia



Pre-CGI Meeting - 19 January 2005

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Indonesia's major health problems:

1. **Collapse of health services in NAD dan North Sumatera due to the earth quake and tsunami.**
2. **Low health status of the poor.**
3. **Double burden of diseases. CVD is major killer, followed by Tuberculosis**
4. Low quality, inequity, and poor accessibility of health services.
5. Poor distribution of health manpower
6. Undesirable healthy behaviour of the community.
7. Poor level of environmental hygiene

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The main health policy initiatives

- **Improve access to high quality health services**
- **Balancing health promotion, and disease prevention with curative medical services for those ill and rehabilitation services**
- **Targeting the poor for special services that help them economically advance their families welfare**

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Targets of Mid term development plan

Indicators	Now	2009
Infant Mortality Rate	35	26
Maternal Mortality Ratio	307	226
Malnourished Children	25.8%	20%
Life Expectancy	66	70.6

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through achievement of indicators of Healthy Indonesia 2010 and MDG's.

Health Development Programs:

1. Program of Health Promotion and Com. Empowerment
2. Program of Environmental Health
3. Program of Community health
4. Program of Personal Health
5. Program of Communicable Diseases Control.
6. Program of Improvement of Community Nutrition
7. Program of Health Resources
8. Program of Drug and Health Logistics
9. Program of Drug and Food Control
10. Program of Development of Traditional Medicine
11. Program of Policy and Health Development Management
12. Program of Health Research and Development

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Four Main issues :

- Response to Aceh Tsunami disaster
- Health Services for the poor
- Decentralization in Health Sector
- Communicable and non-communicable disease control and management

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1. Response to Tsunami Disaster

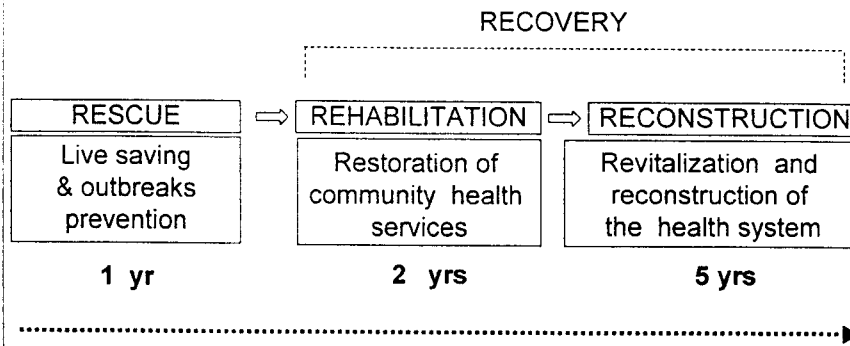
Impact of disaster :

- Heavy damages of health facilities :
 - Destruction of 6 hospitals and 77 health centers.*)
 - Other health facilities : Laboratories, Schools of Health, Health Port and Pharmaceutical Warehouses.
- Reported staff deaths and missing in 9 districts : (as of 14 January 2005) :
 - 132 staff deaths
 - 489 staff missing

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*) Report from Head of PHO

Response stages :



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Tsunami Disaster Response - phases

Immediate -

- Coordination of relief efforts
- Relief ill and displaced populations.
- Patient's referral
- Water and sanitation facilities in camps
- Resume Immunization services
- Vector control
- Surveillance and Rapid health assessment
- Supplementary food for vulnerable groups

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Tsunami Disaster Response - phases

- Mid and long term response
 - Rehabilitation of Hospital, and health centers
 - Replace staff, transportation, equipment and drugs lost to the disaster.
 - Improve environmental sanitation of affected areas
 - Increased surveillance and diagnostic capability
 - Food Supplementation
 - Mental Health services
 - Mobil health service delivery
 - Health Promotion

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Tsunami Disaster Response

- Appreciation to the international community in response to their concern about Indonesia's loss on the northern tip of Sumatera.
- The flexibility of foreign multilateral donors in reprogramming in response to the disaster is also very much appreciated.

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Health Services for the poor

- Background
 - Responsibility of government to insure access of poor to basic health services as a basic human right.
 - Law 40/2004 is specifically about health insurance
- Policy
 - Development of health assurance system for the poor through:
 - Free access to health centers
 - Free health services for the poor in third class in public hospitals.

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Health Services for the poor

- **Things that need to be done**
 - Policy and technical assistance to get input for development of finance system that assures high quality health for the poor.
 - Policy analysis and technical assistance to get input for preparing government regulation related to health insurance for the poor.
 - Improve quality of care of health services
- **Ministry of Health immediate goal :**
 - Initiate efforts to improve implementation of the health services to the poor.
 - Review on implementation of health insurance for the poor in relationship to SJSN

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Decentralization of Health Sector

- Background
 - Two laws passed on decentralization
 - Law no 22/1999 revised in 2004 to Law 32/2004
 - Law no 25/1999 revised in 2004 to Law 35/2004
 - Decentralization allows the formulation of "area specific" strategies for improving health
 - More community participation in definition and delivery of health services.
- Goal
 - To tailor health promotion and medical care investments to local communities and to their unique set of health problems, and resources, engaging them in problem solving and decision making as much as possible..

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Decentralization of Health Sector

- Achievement
 - Ministerial decree :
 - Policy and Strategy of decentralization of health sector
 - Minimum service stands (SPM) in health sector.
 - Technical Guidelines of Minimum services standards in health
- Next steps :
 - Restructuring health mgt in the era of decentralization at all levels
 - Facilitating the capacity and human resource development at district level to achieve the target of indicators in SPM.
 - Analyzing and providing technical assistance for the implementation of health decentralization in the health sector
 - Developing guidelines for costing of the SPM targets
 - Strengthen the capacity of Health Decentralization facilitators in providing assistances to the regions.

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