

STRENGTHENING OF THE INDONESIAN HEALTH SYSTEM TO SUPPORT UNIVERSAL HEALTH COVERAGE AND EQUITY*

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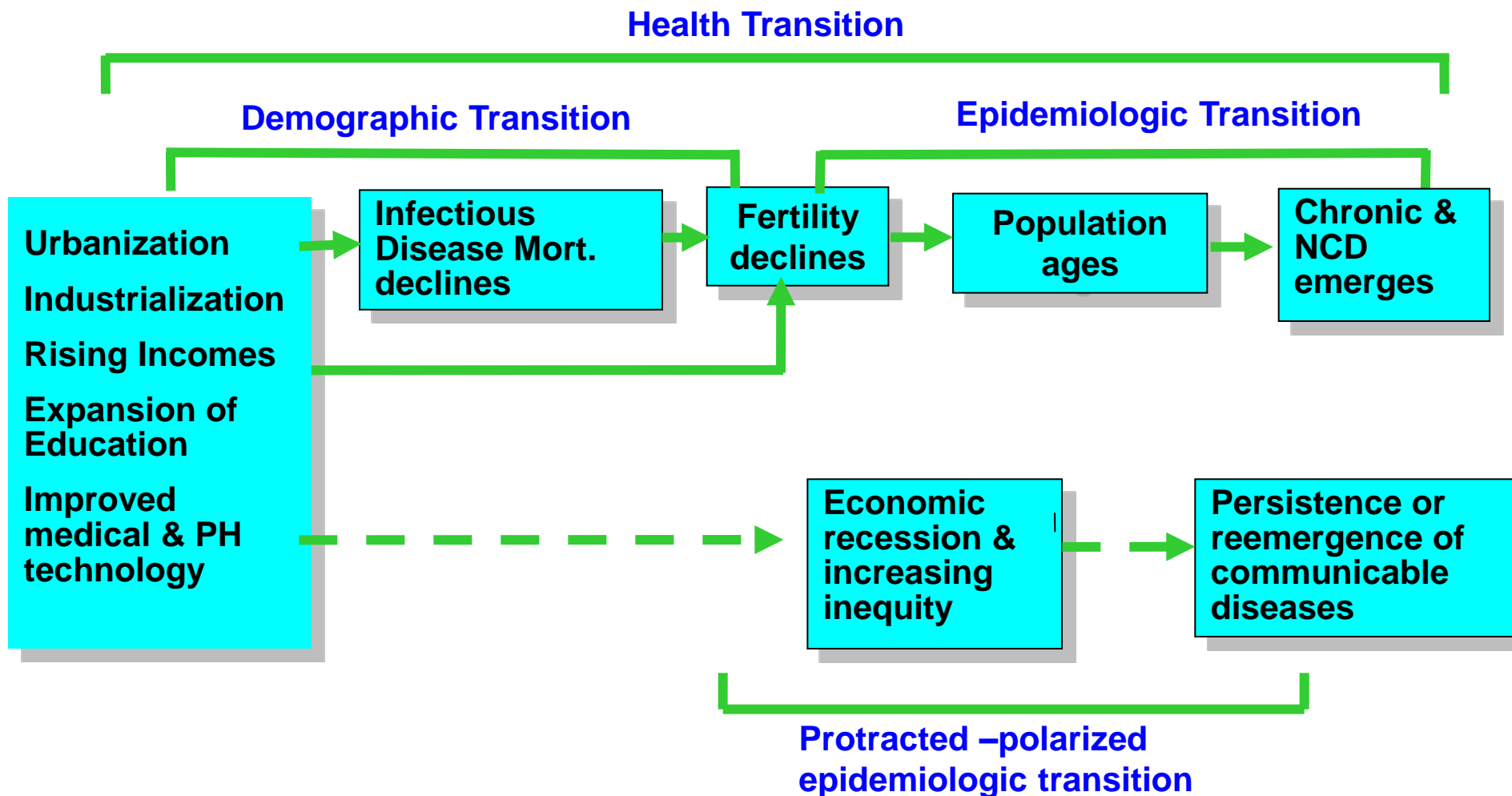
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Relationships among Demographic, Epidemiologic, and Health Transition



Definition (WHO, 2007)

- A health system *“consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health”*
- Goal: *“improving health and health equity in ways that are responsive, financially fair, and make the best, or most efficient use of available resources”*
- Intermediate goals: *“achieving greater access to and coverage for effective health interventions, without compromising efforts to ensure provider quality and safety”*

THE WHO Health System Conceptual Framework

SYSTEM BUILDING BLOCKS

SERVICE DELIVERY

HEALTH WORKFORCE

INFORMATION

MEDICAL PRODUCTS & TECHNOLOGIES

FINANCING

LEADERSHIP / GOVERNANCE

ACCESS
COVERAGE

QUALITY
SAFETY

OVERALL GOALS / OUTCOMES

IMPROVED HEALTH (LEVEL AND EQUITY)

RESPONSIVENESS

SOCIAL AND FINANCIAL RISK PROTECTION

IMPROVED EFFICIENCY

THE SIX BUILDING BLOCKS OF A HEALTH SYSTEM: AIMS AND DESIRABLE ATTRIBUTES

ESSENTIAL PUBLIC HEALTH FUNCTIONS

- Monitoring evaluation and analysis of the health situation
- Public health surveillance, research and control of risks
- Health promotion
- Social participation in health
- Policies and institutional capacity for planning and management
- Strengthening institutional capacity for regulation and enforcement
- Evaluation and promotion of equitable access to health services
- Human resource development and training
- Quality assurance in personal and population-based health services
- Research in public health
- Reducing impact of emergencies and disasters on health

Current Indonesia's Health System (2012)

- 6 Sub-Systems:
 - Health Efforts
 - Health Financing
 - Health Man-power
 - Pharmacy, Medical Equipment and Supplies
 - Community Empowerment
 - Health Management, Research & Information System

Health System

- A health system includes efforts to influence determinants of health as well as more direct health-improving activities.
- It includes, private providers; vector-control campaigns; health insurance organizations; occupational health and safety legislation
- It includes inter-sectoral action by health personnel: encouraging the Ministry of Education to promote School Health Service

HEALTH SYSTEM STRENGTHENING

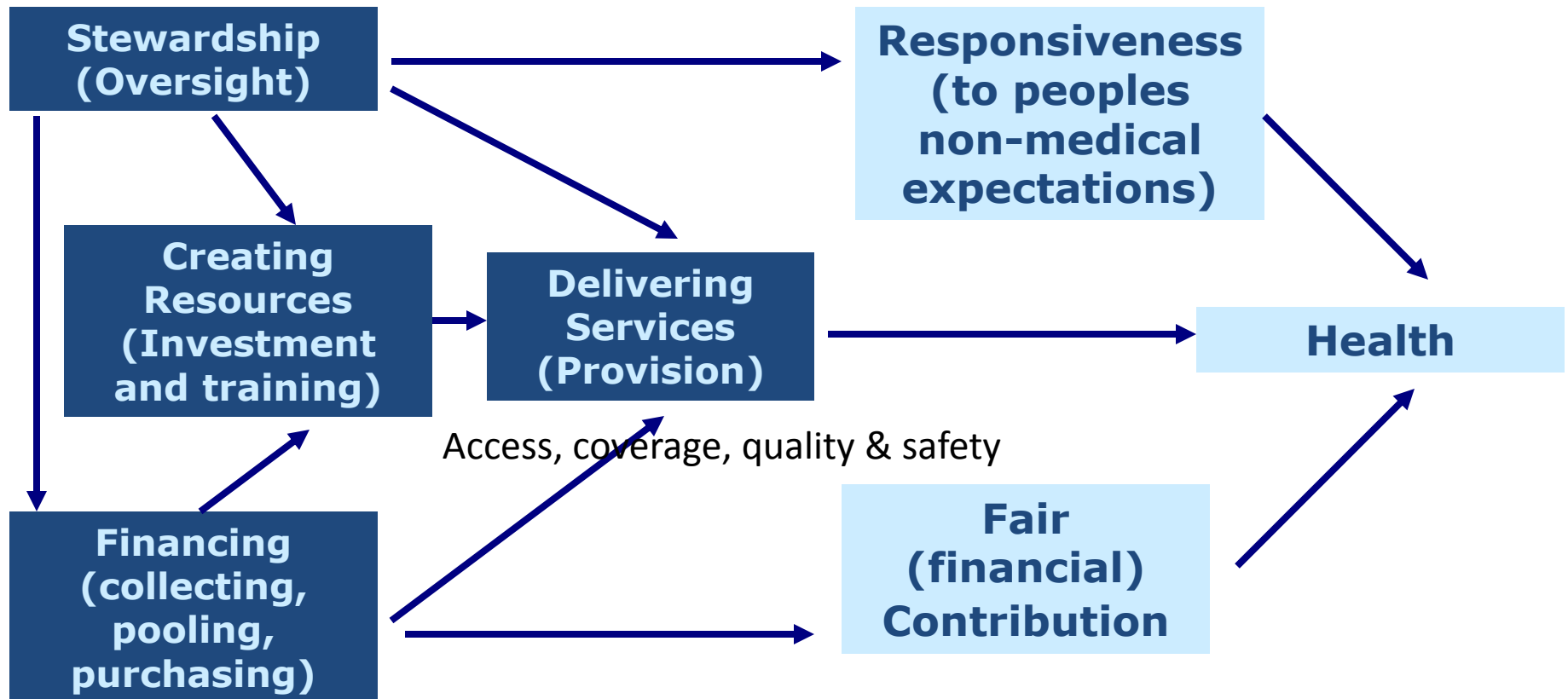
- Defined as improving these six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes.

It requires both technical and political knowledge and action

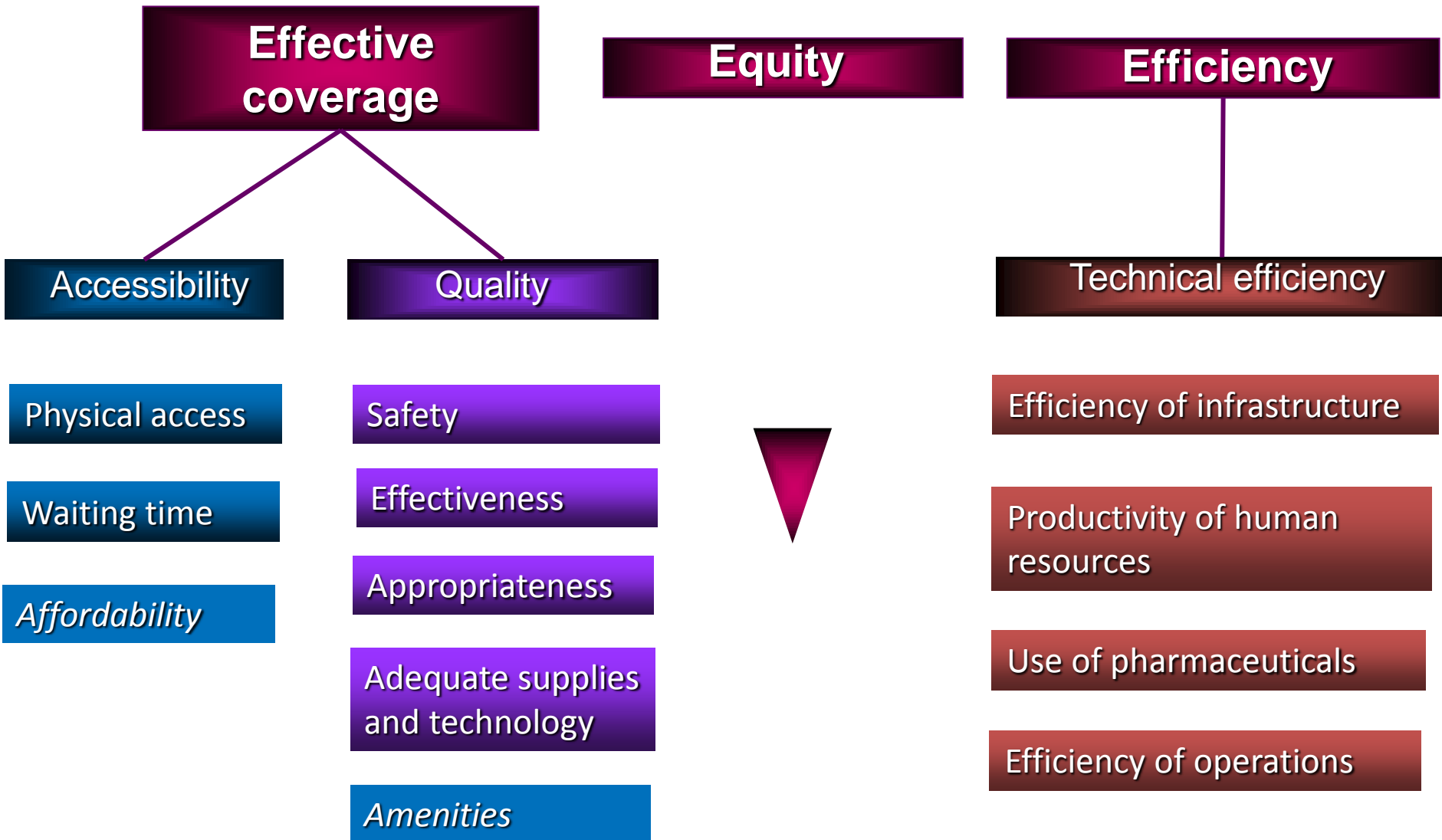
WHO Health System Conceptual Framework: Functions & Objectives

Health System Functions

Health System Objectives



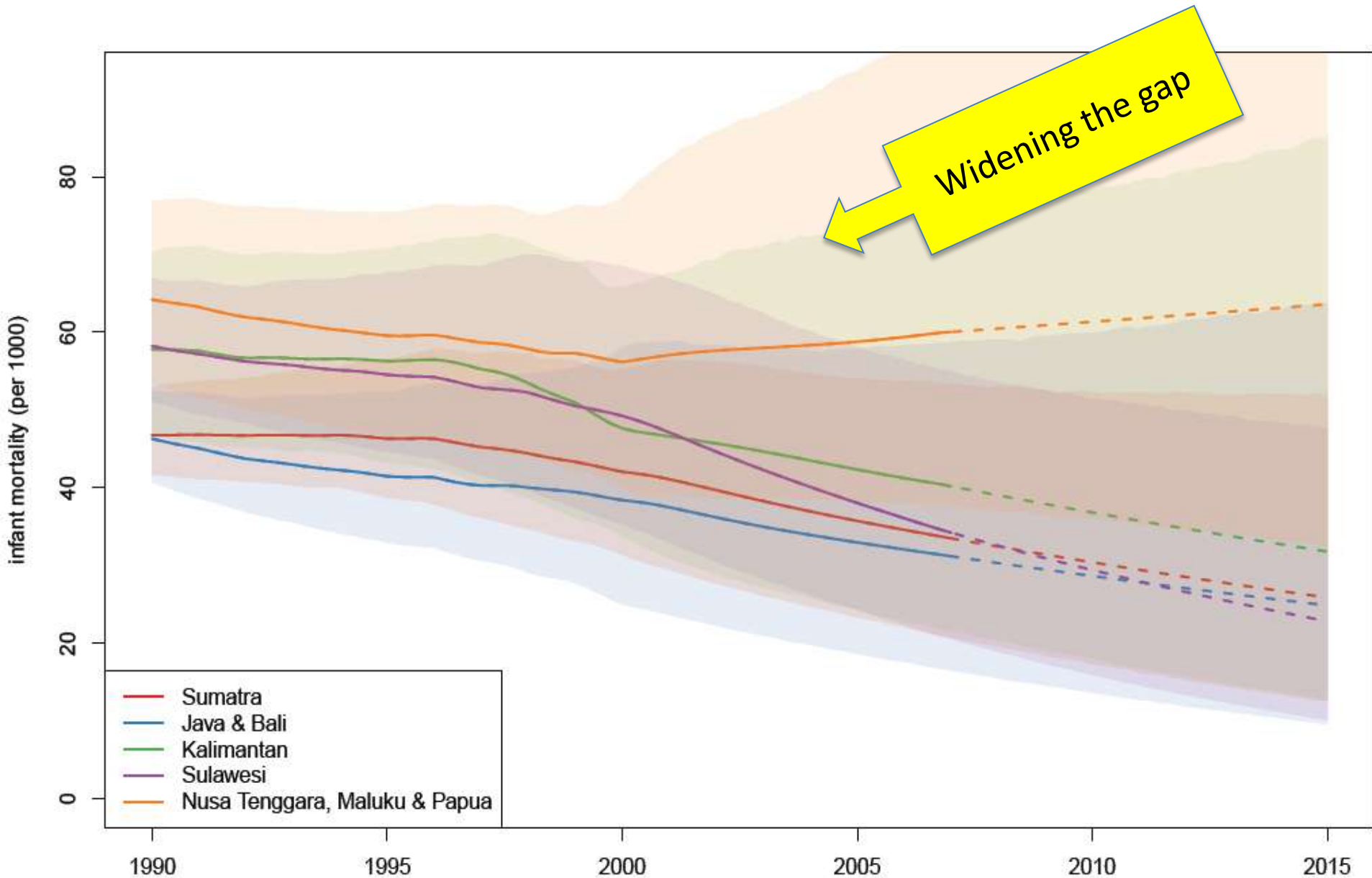
Multi Tier Framework for Service Delivery



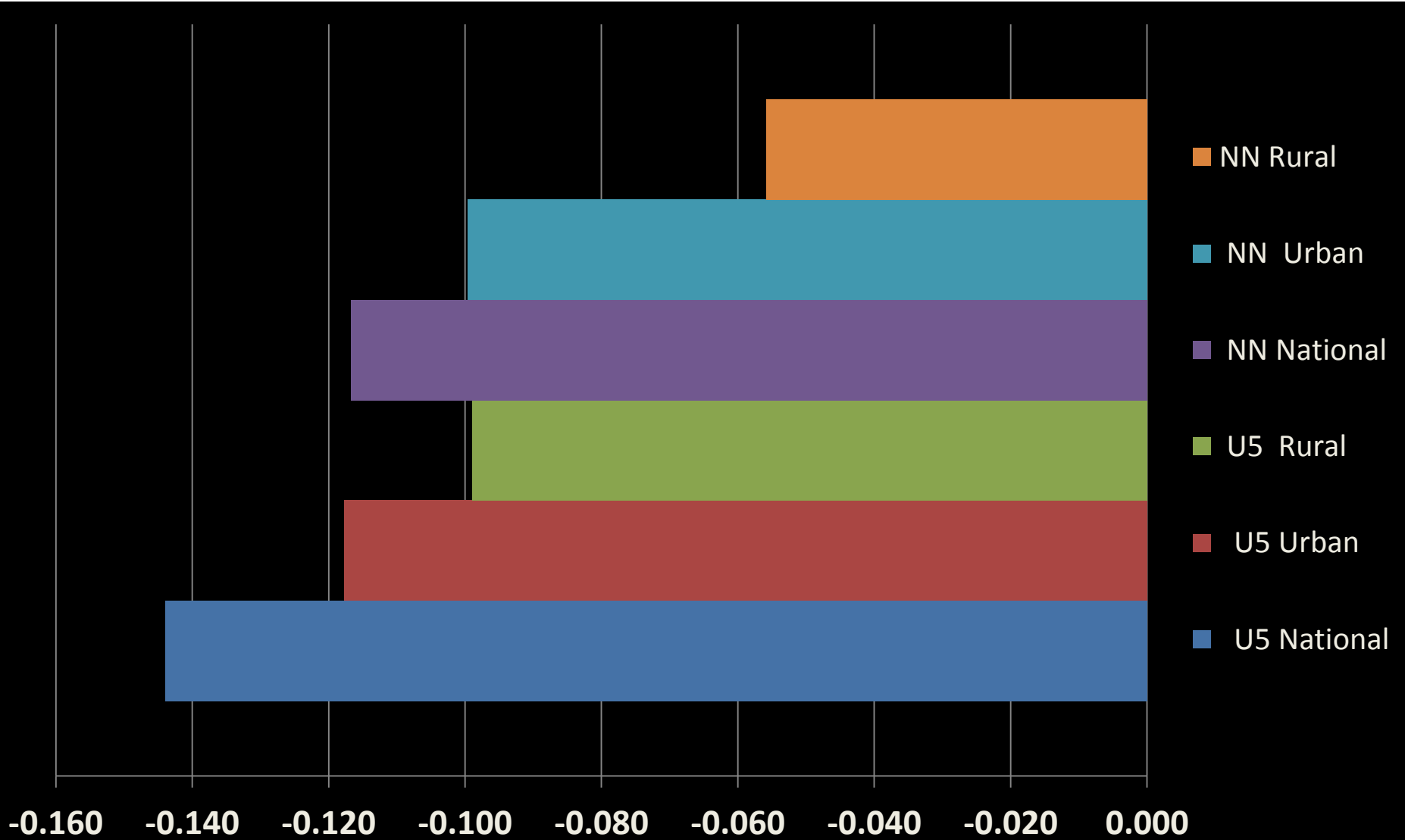
Domains of Stewardship

- Generation of intelligence
- Formulating strategic policy direction
- Ensuring tools for implementation: powers, incentives and sanctions
- Building coalition / building partnership
- Ensuring a fit between policy objectives and organizational structure
- Ensuring accountability

IMR – ISLAND GROUPS



U-5MR & NNMR – CONCENTRATION INDEX



CHANGING OF THE HEALTH SECTOR IN INDONESIA

- The mix of diseases is changing due to the epidemiological and demographic transition
- The private sector has become more important in meeting the demand for health services
- These changes are set to continue in the future
- Overall health spending (both private and public) is still low by international standards, and much of current public sector health spending is more devoted to curative care

STRATEGY TO RESPOND TO THESE CHANGES

- Approaches:
 - Estimate the future demand for health services (renovation and constructing new facilities)
 - Assess implications for the role of the public sector and of the private sector:
 - ✓ How to finance the changes related to UC of Social Health Insurance
 - ✓ How to ensure equity?
 - ✓ How to ensure efficiency?
 - Articulate a health sector strategy to address these implications:
- “Strengthening the health systems to be able to respond appropriately and to ensure services for UC”

HEALTH INEQUITY

- Health inequity in Indonesia exists due to differences in urban – rural, wealth, education level, island and level of development: those who are better off show better health status
- To prioritize public goods interventions, the MoH need to rely more on population based measures of morbidity and mortality
- A policy that pursues the universal availability of high quality primary health care need to be developed: renovation of primary care and secondary care facilities based on evidence

IMPLICATIONS OF UC: THE NEED FOR BEDS AND SKILLED MANPOWER WILL INCREASE SIGNIFICANTLY

Forces at work

- Increase in demand for treatments, especially for hospitalisation
- Shift in demand to expensive diseases, e.g., cancer, heart diseases
- Increased demand for high quality inpatient and outpatient care

Requirements in tangible assets: beds

- 1.A.** Increase of at least 100% in overall number of bed days required
- 1.B.** High likelihood of even greater increase in number of tertiary beds required

Requirements in tangible assets: manpower

- 2.A.** Increase in number of physicians per population from current low rate
- 2.A.** Corresponding increase in number of nurses, midwives and other health care personnel

DISCUSSIONS

Factors influence the health system:

- Indonesia: the fourth country with the largest elderly population (29,047,600 in 2020)
- Changing pattern of BOD (due to NCD & injuries with disabilities)
- Greater demand for quality health services
- Change complexity of required health care services (personnel, specialization, sophisticated medical equipment & technology)
- Increased expenditures for health care (primary, secondary and tertiary services)

“In general, the utilization rates of health services will increase significantly due to , it will affect the burden of health care facilities and the health systems as a whole”

DISCUSSIONS

- Comprehensive and intelligent calculation of the health care budget and other health resources (including health personnel, drugs, medical equipment, physical health infrastructures) are needed in each administrative level of government to anticipate changes in health care needs
- Activities to define and quantify the future burden of disease and injury to estimate future health scenarios, are important in shaping national and local public policy
- Efforts to control important risk factors (such as tobacco, diet and physical activity) of NCD, should be intensified to reduce the future burden of health care and to avoid experience of developed countries
- Increasing roles of private sector in the health field should be managed
- Roles of the public sector
 - Oversight and stewardship
 - Essential public health functions (UW-SPM)
 - Regulation
 - Ensuring equity
 - Ensuring quality
 - Ensuring access – physical and financial

CONCLUSIONS

- The assessment of epidemiologic situation in Indonesia in the last decade shows the shift in the distribution of diseases from Communicable Diseases, Maternal, Perinatal and Nutritional Conditions to the relatively expensive Non-Communicable Diseases of the adults and the elderly
- This shift and the epidemiologic diversity due to differences in the pace of transition are reflected in morbidity and mortality pattern: a big challenge for the health systems to implement a broader range of promotive & preventive efforts as well as to develop more cost-effective interventions to control the remaining communicable diseases, including the “ancient” diseases (yaws, filariasis, leprosy, schistosomiasis)
- Beside changing of the disease profile, changing in health care costs due to sophisticated medical technology and demand for quality health services by the growing middle and high socioeconomic groups, should be early anticipated by national and local governments
- Special efforts to anticipate Universal Coverage of Social Health Insurance: health manpower, drugs, physical infrastructure and equipment

That all of us whoever we are
Are trying to reach an unreachable star

--Helen Steiner Rice



TERIMA KASIH