NCDs, Health and Development Agenda

International Symposium on Research, Policy & Action to Reduce the Burden of Non-Communicable Diseases

Dr. Drg Theresia Ronny Andayani, MPH

Chief Division of Personal Health, Directorate of Health and Community Nutrition, Minister for National Development Planning/National Development Planning Agency
Republic of Indonesia
Presentation Outline

- National Midterm Development Plan 2010-2014
- Current condition of NCD
- Cause of Death
- Diseases Transition
- National Development Agenda
- NCDs Prevention
NATIONAL MIDTERM DEVELOPMENT PLAN 2010-2014
8 NATIONAL FOCUS PRIORITY FOR HEALTH

1. Improving maternal health and family planning
2. Comm nutrition improvement
3. CD and NCD control, environmental health
4. Fulfilling Health HR
5. Improving availability, affordability, safety, quality, food and pharmacies
6. Jamkesmas (health insurance for the poor)
7. Community development, disaster and crisis management
8. Improving primary, secondary and tertiary health care

7 PRIORITY HEALTH REFORMATION

1. HEALTH INSURANCE
2. Health services in very remote area (DTPK)
3. Availability of pharmacy, health equipment in every health facility
4. Birocrat Reform
5. Bantuan Operasional Kesehatan (BOK)
6. Overcoming districts Health problem (PDBK)
7. Indonesia World class Hospital

RPJMN 2010 – 2014 (National Middle Development Plan)

MDGS 2015

VISSION: Self Reliant Healthy People within a just health care system
### Indonesia Cause of Death Pattern by Region, 2010

<table>
<thead>
<tr>
<th>No</th>
<th>Cause of Death Region 1 (n= 9,5331)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Stroke</td>
<td>16,9</td>
</tr>
<tr>
<td>2</td>
<td>Ischaemic heart diseases</td>
<td>9,7</td>
</tr>
<tr>
<td>3</td>
<td>Hypertensive diseases</td>
<td>8,6</td>
</tr>
<tr>
<td>4</td>
<td>Diabetes mellitus</td>
<td>6,6</td>
</tr>
<tr>
<td>5</td>
<td>Respiratory Tuberculosis</td>
<td>6,5</td>
</tr>
<tr>
<td>6</td>
<td>Chronic lower resp. diseases</td>
<td>5,8</td>
</tr>
<tr>
<td>7</td>
<td>Diarrhoea</td>
<td>4,4</td>
</tr>
<tr>
<td>8</td>
<td>Other heart diseases</td>
<td>4,1</td>
</tr>
<tr>
<td>9</td>
<td>Diseases of the liver</td>
<td>3,8</td>
</tr>
<tr>
<td>10</td>
<td>Transport Accidents</td>
<td>3,4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>No</th>
<th>Cause of Death Region 2 (n=12182)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cerebrovascular diseases</td>
<td>16,7</td>
</tr>
<tr>
<td>2.</td>
<td>Respiratory tuberculosis</td>
<td>8,2</td>
</tr>
<tr>
<td>3.</td>
<td>Ischaemic heart diseases</td>
<td>7,8</td>
</tr>
<tr>
<td>4.</td>
<td>Diabetes mellitus</td>
<td>6,5</td>
</tr>
<tr>
<td>5.</td>
<td>Hypertensive diseases</td>
<td>6,0</td>
</tr>
<tr>
<td>6.</td>
<td>Other heart diseases</td>
<td>5,4</td>
</tr>
<tr>
<td>7.</td>
<td>Chronic lower resp. diseases</td>
<td>5,3</td>
</tr>
<tr>
<td>8.</td>
<td>Diseases of the liver</td>
<td>4,9</td>
</tr>
<tr>
<td>9.</td>
<td>Diarrhoea</td>
<td>4,8</td>
</tr>
<tr>
<td>10.</td>
<td>Transport accidents</td>
<td>2,4</td>
</tr>
</tbody>
</table>

Sources: Badan Litbangkes, Kemenkes
## Indonesia Cause of Death Pattern by Region, 2010

<table>
<thead>
<tr>
<th>No</th>
<th>Cause of Death Region 3 (n=3,333)</th>
<th>%</th>
<th>Cause of Death Region 4 (n=2827)</th>
<th>%</th>
<th>Cause of Death Region 5 (N=3646)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cerebrovascular disease</td>
<td>16,9</td>
<td>Stroke</td>
<td>10,4</td>
<td>Cerebrovascular Disease</td>
<td>12,4</td>
</tr>
<tr>
<td>2.</td>
<td>Ischaemic heart diseases</td>
<td>9,5</td>
<td>Respiratory Tuberculosis</td>
<td>8,5</td>
<td>Respiratory Tuberculosis</td>
<td>8,6</td>
</tr>
<tr>
<td>3.</td>
<td>Respiratory Tuberculosis</td>
<td>7,2</td>
<td>Pneumonia</td>
<td>7,3</td>
<td>Falls</td>
<td>5,9</td>
</tr>
<tr>
<td>4.</td>
<td>Diabetes mellitus</td>
<td>5,2</td>
<td>Ischaemic heart diseases</td>
<td>5,9</td>
<td>Ischaemic Heart Disease</td>
<td>5,9</td>
</tr>
<tr>
<td>5.</td>
<td>Chronic lower resp diseases</td>
<td>4,4</td>
<td>Hypertensive diseases</td>
<td>5,7</td>
<td>Diseases of the liver</td>
<td>5,1</td>
</tr>
<tr>
<td>6.</td>
<td>Hypertensive diseases</td>
<td>4,2</td>
<td>Diarrhoea &amp; gastroenteritis</td>
<td>5,4</td>
<td>Other heart diseases</td>
<td>4,8</td>
</tr>
<tr>
<td>7.</td>
<td>Diseases of the liver</td>
<td>3,9</td>
<td>Other heart diseases</td>
<td>4,6</td>
<td>Diabetes Melitus</td>
<td>4,7</td>
</tr>
<tr>
<td>8.</td>
<td>Diarrhoea</td>
<td>3,6</td>
<td>Chronic lower resp diseases</td>
<td>4,5</td>
<td>Diarroea and gastroenteritis</td>
<td>4,3</td>
</tr>
<tr>
<td>9.</td>
<td>Transport accident</td>
<td>3,6</td>
<td>Diabetes mellitus</td>
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<td>Other heart diseases</td>
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<td>3,2</td>
<td>Chronic lower resp diseases</td>
<td>4,0</td>
</tr>
</tbody>
</table>

Sources: Badan Litbangkes, Kemenkes
Cause of Death Transition, 1995 – 2001- 2007 (%)

Sources: Badan Litbangkes, Kemenkes
CAUSE OF DEATH
TRANSITION PATTERN
Cause of Death Trend by region:
CD, NCD, Traffic accident, 2010-2012

- Cause of Death Trend: CD at Study Area 2010 – 2012
  - Jawa dan Bali
  - Sumatera dan Kalimantan
  - Wilayah Timur Indonesia
  - Death cause of CD has decreased in all region.
  - However, the condition of east Indonesia in 2012 is equal to Jawa Bali Sumatra in 2010.

- Cause of Death Trend: NCD at Study Area 2010 – 2012
  - Jawa dan Bali
  - Sumatera dan Kalimantan
  - Wilayah Timur Indonesia
  - Death cause of NCD has increased significantly in all region.
  - However, the condition of east Indonesia in year 2012 is equal to Sumatra in year 2010.

Sources: Badan Litbangkes, Kemenkes
CURRENT CONDITION OF NON COMMUNICABLE DISEASES
Diabetes Mellitus & High Blood Pressure Prevalence (Controlled vs Uncontrolled)

**Prevalence of DM, up 15 yrs, Urban**

Provinces with the highest prevalence: Kalbar and Malut (11.1%)
Provinces with the lowest prevalence: Papua (1.7%)

**High Blood Pressure Prevalence, up 18 yrs, Urban**

Sources: Badan Litbangkes, Kemenkes
Prevalence of Stroke & High Blood Pressure Diagnosed, 2007

Range of Diagnosed Stroke prevalence is 2 – 10 permil; the national average is 6(0/00). About 12 Province have higher prevalence than national. The 3 highest are: NAD, Keppri & DKI

It is serious health conditions and costly → which should be taken into account in the next mid term national planning

Prevalence of Hypertension diagnosed (people knows that they are diagnosed) is very low compare to those who are not diagnosed but they are actually HBP when be measured. The prevalence range is 20 to 40%

Data Sources:
Badan Litbangkes, Kemenkes
Prevalence of Heart Diseases Diagnosed, 2007

Aceh (NAD) has the highest Heart diseases prevalence that is 2; meanwhile the national average is less than 1. The extrem high prevalence is Aceh (NAD) Province.

It means a serious health conditions which should be taken into account in the next mid term national planning.

Range of Diagnosed Tumor is 1.5 to 9.5; the national average is 4. About 11 Province have higher prevalence than national. The 3 highest are: DIY, Central Java, DKI.
NATIONAL DEVELOPMENT AGENDA
Development Stepping: National Long Term Plan (RPJPN) 2005-2025

Visi Pembangunan 2005-2025: Indonesia yang Mandiri, Maju, Adil dan Makmur

RPJM 1 (2005 – 2009)
Menata kembali NKRI, membangun Indonesia yang aman, damai, yang adil dan demokratis, dengan tingkat kesejahteraan yang lebih baik

RPJM 2 (2010– 2014)
Memantapkan penataan kembali NKRI, meningkatkan kualitas SDM, membangun kemampuan IPTEK, memperkuat daya saing perekonomian

Memantapkan pembangunan secara menyeluruh dengan menekankan pembangunan keunggulan kompetitif perekonomian yang berbasis SDA yang tersedia, SDM yang berkualitas, serta kemampuan IPTEK

RPJM 4 (2020– 2025)
Mewujudkan masyarakat Indonesia yang mandiri, maju, adil dan makmur melalui percepatan pembangunan di segala bidang dengan struktur perekonomian yang kokoh berlandaskan keunggulan kompetitif

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Ranc. RPJM disusun dgn menggunakan Ranc. Awal RPJM dan Ranc. Renstra K/L [Psl 14(1)]

Musrenbang selambatnya 2bln stl Presiden dilantik, didahului dgn sosialisasi, konsultasi pblik, & penjaringan aspirasi [Psl 15(3)&(4)]

RPJMN ditetapkan dgn Perpres selambatnya 3bln stl Presiden dilantik [Psl 17(1)]

RPJMN selanjutnya menjadi pedoman penetapan Renstra K/L & bahan penyusunan dan perbaikan RPJMD [Psl 17(2)]
New National Health System and HSS

The National Health System
(President decree No.72, 2012)

Regulation, Management, Health Information System

Human Resources for Health
Pharmacy, medical equipment, food safety
Research and Development
Community empowerment
Health Financing
Health programs/services

The Highest attainable Health Status of The population

Source: Ascobat Gani, 2013
Design Framework
Background Study for National Midterm Development Plan (RPJMN) 2015-2019

**Strategic Environment**
- Social Protection (on Health)
- Post MDGs 2015
- International Commitments
- Climate Change
- Demography Change
- Technology development
- Free Trade
- Decentralization Policy: Central and territory
- Private Roles: PPP, CSR

**Program Intervention**
- Community Nutrition
- MCH
- Communicable Diseases
- NCDs
- Drinking Water and Sanitation
- Healthy Life Style
- Drug and Food Security Control

**VISION, MISSION**
- Elected President

**Draft RPJMN 2015-2019 On Health**

**RPJMN 2015-2019 On Health**

**Improve Community Health Status**

**DIMENTION**
- Health HR
- Law and Regulations
- Health Financing
- Farmacy and health equipment
- Health Facility, Community Development
- Management and information
- Health Research and Development

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Discussion Theme
(in Central, Provincial and Districts Level)

Aspek yang Dibahas dalam Setiap Tema Pembahasan

- **Dimensi Penentu**
  - INPUT:
    - Tenaga, Fasilitas, Regulasi, Dana,
    - Penetapan Strategi & Indikator
  - LAYANAN:
    - Primer, Sekunder, tersier
    - Preventif, Promotif, Kuratif dan Rehabilitatif
    - Pemberdayaan Masyarakat
  - INTERVENSII VERTIKAL HORIZONTAL
    - Lintas Sektor (Spesifik – Sensitif)
    - Pusat – Provinsi – Kab/Kota
    - Peran Swasta

- **Dimensi Regulasi**
  - Pengaturan SDM, sistem pelayanan, akreditasi, kompetensi
  - Pembiayaan Kesehatan
  - Pembagian Peran dan Kewenangan
  - Sistem Perencanaan dan Penganggaran
  - Monitoring dan Evaluasi
  - PPP (Kerjasama Pemerintah – Swasta)

- **Dimensi Manajemen**
  - Data, Sistem Informasi, Litbang
  - Jalur Karier Pegawai (pemerintah – Swasta)
Post 2015 Development Agenda

MDGs 2010-2014 → Post MDGs

- Social Inclusion
- Economic Growth
- Environment Protection

Psustainable Development

Agenda Post MDGs-2015 Terkait Kesehatan

3. Provide quality education and lifelong journey
4. Ensure healthy lives
5. Ensure food security and good nutrition
6. Achieve universal access to water and sanitation

9/20/2013 NCD Intl Symposium
### Post-2015 Agenda related to Health

<table>
<thead>
<tr>
<th>3.</th>
<th>Provide quality education and lifelong journey</th>
<th>3a. Increase by x% the proportion of children able to access and complete pre-primary education</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Ensure Healthy Lives</td>
<td>4a. End preventable infant and under-5 deaths</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4b. Increase by x% the proportion of children, adolescents, at-risk adults and older people that are fully vaccinated</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4c. Decrease the maternal mortality ratio to no more than x per 100,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4d. Ensure universal sexual and reproductive health and rights</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4e. Reduce the burden of disease from HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and <strong>priority non-communicable diseases</strong></td>
</tr>
<tr>
<td>5.</td>
<td>Ensure food security and good nutrition</td>
<td>5a. End hunger and protect the right of everyone to have access to sufficient, safe, affordable, and nutritious food 1, 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5b. Reduce stunting by x%, wasting by y%, and anemia by z% for all children under five</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5c. Increase agricultural productivity by x%, with a focus on sustainably increasing smallholder yields and access to irrigation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5d. Adopt sustainable agricultural, ocean and freshwater fishery practices and rebuild designated fish stocks to sustainable levels</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5e. Reduce postharvest loss and food waste by x%</td>
</tr>
<tr>
<td>6.</td>
<td>Achieve Universal Access to Water and SAnitation</td>
<td>6a. Provide universal access to safe drinking water at home, and in schools, health centers, and refugee camps</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6b. End open defecation and ensure universal access to sanitation at school and work, and increase access to sanitation at home by x%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6c. Bring freshwater withdrawals in line with supply and increase water efficiency in agriculture by x%, industry by y% and urban areas by z%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6d. Recycle or treat all municipal and industrial wastewater prior to discharge</td>
</tr>
</tbody>
</table>

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• Part 5:

Evaluation Framework:

National Mid Term Plan (RPJMN)  →  Strategic Plan of Ministerial (Outcome/Output)

RKP  →  RENJA K/L (Output)

1. Renja K/L
2. Strategic Plan of Ministerial
3. National Mid Term Plan (RPJMN)
NCD PREVENTION
### Diseases Prevention in Health Service Delivery

#### Levels Of Prevention by stages of Health Care

<table>
<thead>
<tr>
<th>Promotive</th>
<th>Prevention care</th>
<th>Curative care</th>
<th>Rehabilitative Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health Promotion</strong></td>
<td><strong>Specific Protection</strong></td>
<td><strong>Early Diagnosis and prompt Treatment</strong></td>
<td><strong>Disability Limitation</strong></td>
</tr>
<tr>
<td>• Promotion healthy Behaviors and Environments across the lifecourse</td>
<td>• Screening</td>
<td>• Treatment and Acute Care</td>
<td>• Continuing Care</td>
</tr>
<tr>
<td></td>
<td>• Imunization</td>
<td>• Complication Management</td>
<td>• Maintenance</td>
</tr>
<tr>
<td></td>
<td>• Case Finding</td>
<td></td>
<td>• Rehabilitation</td>
</tr>
<tr>
<td></td>
<td>• Periodic Health Examination</td>
<td></td>
<td>• Self Management</td>
</tr>
<tr>
<td></td>
<td>• Control Risk Factor (Behavior Change and Medication)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Community Health Services

**Purpose:** to maintain, improve and prevent community from diseases

### Individual Health Services

**Purpose:** to cure and recover individual health and family

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Sources: Pusat Promkes, Kemenkes

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Prioritize Health Promotion and Prevention

Healthy (70%)

IEC, Selfcare

Promotion & Prev

Disease Sign (30%)

Selfcare (42%)

H Service (58%)

Health Facility

- Community Based Health Activity or UKBM: Integrated Posyandu, Posbindu NCDs, Posyandu Eldery, etc
- School Health Program
- Office Health Program
- Media/Journalist support program
- Outdoor

Data Source: Susenas 2010
**Health Development Agenda**

<table>
<thead>
<tr>
<th>RPJMNI</th>
<th>RPJMNI I</th>
<th>RPJMNI II</th>
<th>RPJMNI III</th>
<th>RPJMNI IV</th>
</tr>
</thead>
</table>

**VISION**

Self Reliant Healthy People within a just health care system

Policy for Health Development: From Curative Care to Promotive & Preventive Care
THANK YOU
TERIMA KASIH
MATUR NUWUN