Social Determinants of Health Agenda in Indonesia Health Policy



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The Question

There is no roadmap Are we in the right track

WHERE ARE WE GOING

Background

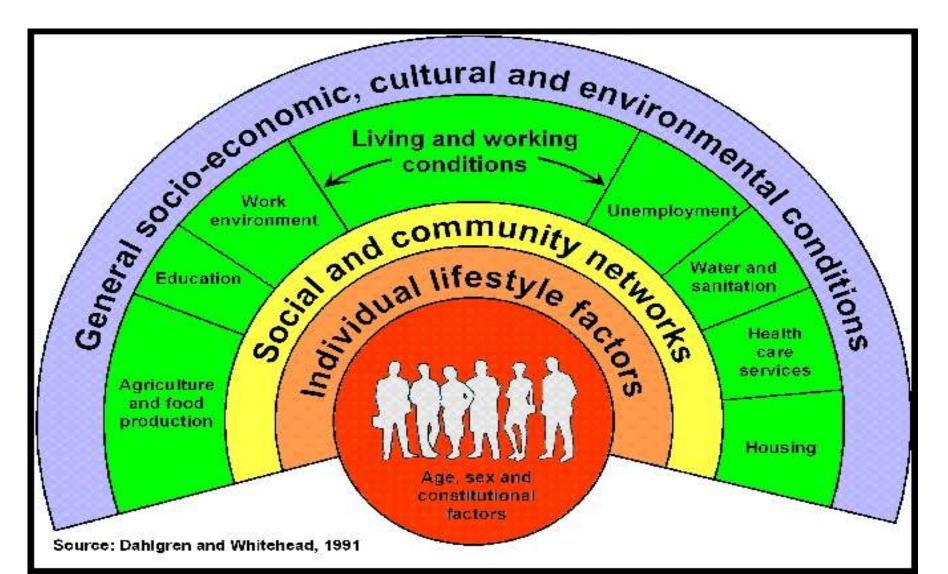
- WHA.62.14 (2009) Reducing health inequities through action on the social determinants of health
- "Health for All Principle"
- URGES Member States:
 - to tackle the health inequities within and across countries through political commitment on the main principles of "closing the gap in a generation" as a national concern, as is appropriate, and to coordinate and manage intersectoral action for health in order to mainstream health equity in all policies, where appropriate, by using health and health equity impact assessment tools;
 - to take into account health equity in all national policies that address social determinants of health, and to consider developing and strengthening universal comprehensive social protection policies, including health promotion, disease prevention and health care, and promoting availability of and access to goods and services essential to health and well-being

'I am very glad to have the opportunity living in a county with full Social Security'

Minister of Health and Social Affairs Finland



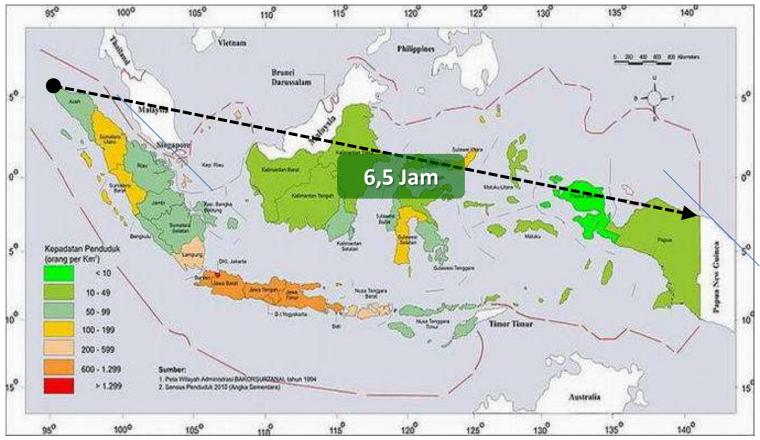
Health of the population is multi factorial Social determinants Model



Ten Tips for Staying Healthy Dave Gordon, 1999.

- 1. Don't be poor. If you can, stop. If you can't, try not to be poor for long.
- 2. Don't have poor parents.
- 3. Own a car.
- 4. Don't work in a stressful, low paid manual job.
- 5. Don't live in damp, low quality housing.
- 6. Be able to afford to go on a foreign holiday and sunbathe.
- 7. Practice not losing your job and don't become unemployed.
- 8. Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled.
- 9. Don't live next to a busy major road or near a polluting factory.
- 10. Learn how to fill in the complex housing benefit/ asylum application forms before you become homeless and destitute.

Indonesian Health Challenge

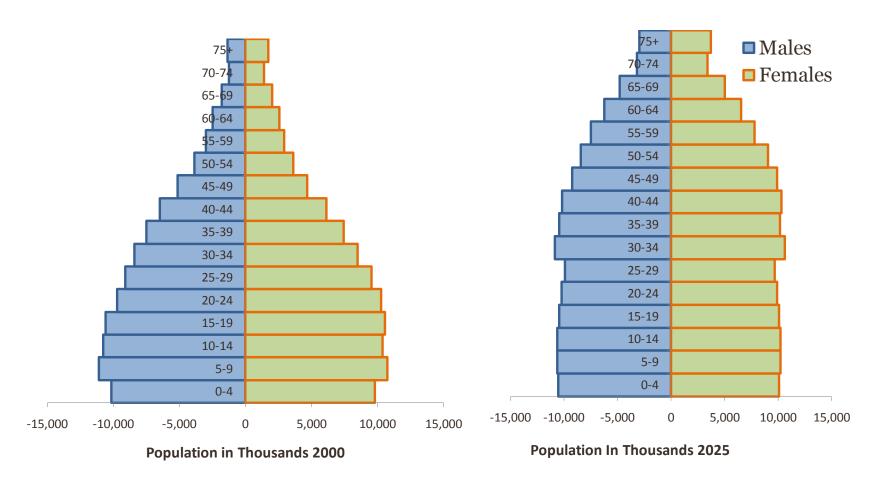


- •. Geographically mountain, forest, savannah, ocean, island
- unequally distribution of manpower, technology, infrastructure, etc
- Disparity
- Double Burden
- HDI

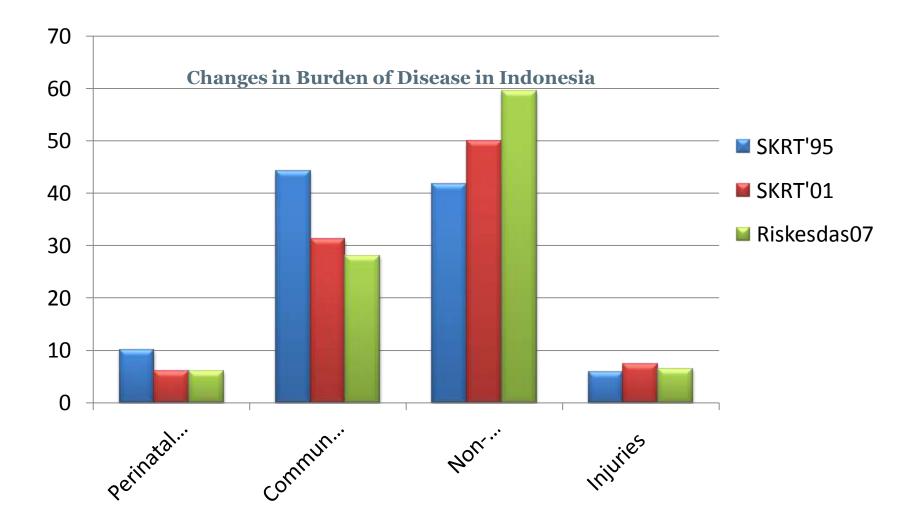
Health Profile

- 17000 island (archipleago)
- 33 provinces and 480 districts
- 1722 hospital, 9938 health centers
- 90 % population is muslim
- Population: 240 Million
- Type of State: Republic Head of Government: President
- Decentralization started in 2000

Indonesia's population is growing: by 2025 there will be 273 million people and the elderly population will almost double to 23 million.



Although communicable disease remains a large burden, with the changing age structure disease patterns will shift to noncommunicable disease and injuries, increasing and diversifying the demand for health care further.



StrategicIssue

- 1. Special effort to reach MDG
- 2. Adaptation and Mitigation to the outcome of climate change in health sector,
- 3. Aware and Response to the globalization,
- 4. Strengthening the Desentralization
- 5. Reduce the disparities among provinces, social structure and geographical area
- 6. New emerging Diseases, Neglected Diseases and Re-emerging Diseases (Multiple Diseases)

NATIONAL PRIORITY



VISION & MISSIONS

VISION

 Self reliance healthy people within a just health care system

• MISSIONS:

- To improve level of community health through community empowerment, private sectors, civil societies
- To protect community health by ensuring availability health care
- To ensure availability and equality health resources
- To create good governance

VALUES Health Development

1. Pro People Prioritizing public interest and giving the best for the community

2. Inclusive Involving all of the stakeholders upon health development

3. Responsive

Adjusting local health programs to their needs and respond their health problems in accord to the situation, social, cultural, and geographic conditions

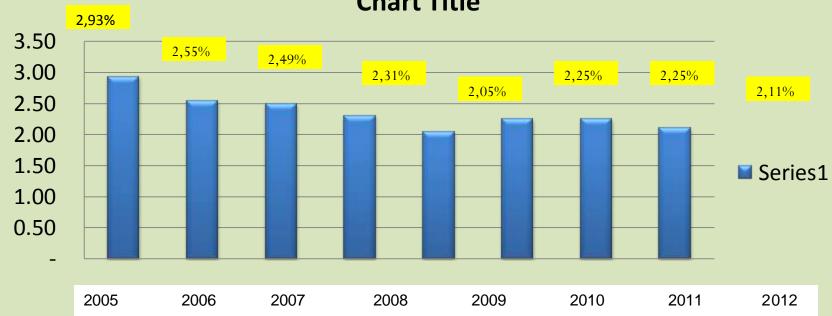
4. Effective

Achieving defined targets significantly and efficiently

5. Clean

Establishing transparent, accountable, & corruption-free, collusion-free, and nepotism-free governance

HEALTH BUDGET COMPARE TO NATIONAL BUDGET YEAR 2005-2012



YEAR	2005	2006	2007	2008	2009	2010	2011	2012
HEALTH BUDGET	11.651	15.930	18.754	19.704	20.174	21.389	27.657	29.946
NATIONAL BUDGET	397.769	625.237	752.373	854.560	985.725	949.656	1.229.600	1.418.500
PERCENTAGE	2,93	2,55	2,49	2,31	2,05	2,25	2,25	2,11

Chart Title

Health Development at present

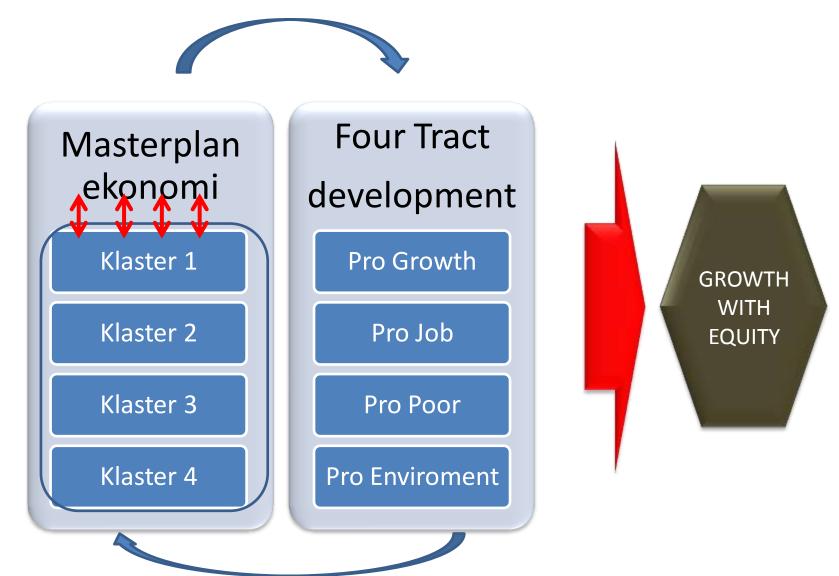
- 63 % of the population is covered by health insurance
- The law of BPJS, Year 2014 the National Social Health Insurance
- 7000 specialist by the year 2015
- Health in remote area
- Operasional Budget for HC



• Free deliveries and family planning

Dual Track

Synchronize Economy Masterplan and Four Tract



Long History SDH in Indonesia

- 1980 (PKMD = Pembangunan Kesehatan Masyarakat Desa)
- Pembangunan Berwawasan Kesehatan (President Habibie, 1997)
- 2009 : PKH, PMPN MANDIRI (Conditional Cash Transfers CCT), education for the poor
- MP3I, Klaster IV etc
- Kota Sehat, Jamkesmas, Jamkesda, Jampersal, wajib pendidikan 9 tahun, PU
- Implementation National Social Security

Where Are We ?

- Regulation support health (hospital, tobacco, exclusive breast feeding etc.)
- Health Act , 5 %
- Universal Coverage
- Empowering the root implementator
- Involvement of stronger non health sector
- To strengthen the role of the people and private sector

Summary

- Strong country strong health
- Healthy nation strong country
- Economic growth may reduce health problem (malaria)
- Health is an outcome of variuos effort
- Health Indicator should become national indicator
- Health in all policy
- Need a roadmap

















