

HEALTH SECTOR STRATEGIES TO PREVENT AND CONTROL NCDs



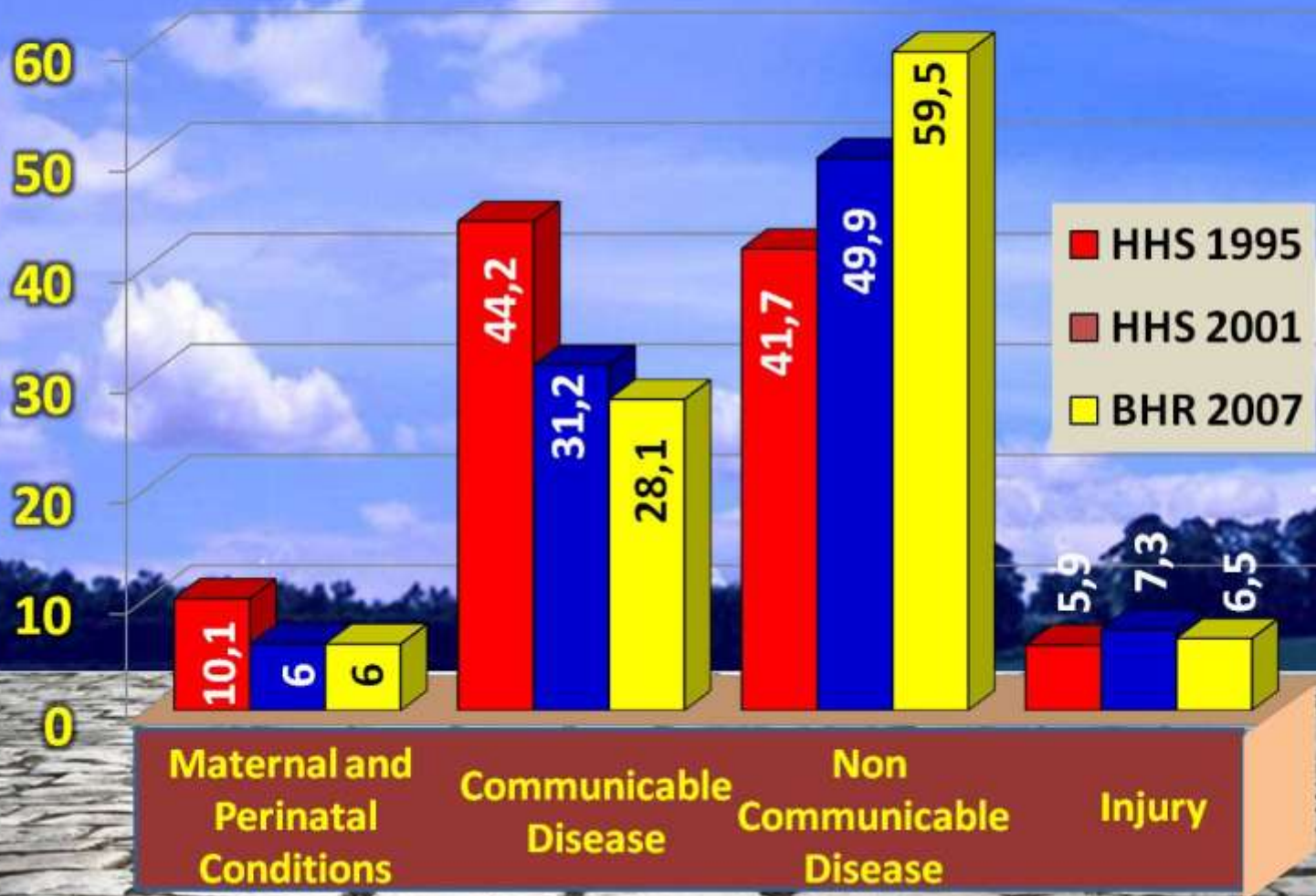
MINISTRY OF HEALTH REPUBLIC OF INDONESIA

BACKGROUND

- ❑ **Morbidity and Mortality caused NCD have been increasing**
- ❑ **The burden of NCD is increasing :**
 - ☞ **NCD tends to deliver not only in a load meaningful economic, but also in growth, intelligence and productivity** → *Household income and National economic growth*
- ❑ **WHO estimates NCD caused 56% of the total deaths and 44% of burden disease in ASEAN countries.**
- ❑ **Nearly half of the death toll from NCD happened at the age of earlier, and for most productive phase of life (35-60 years)**
- ❑ **Commonly, NCD also tends to increase in developing countries including in poor people who is also limited it 's access to the health care.**

INDONESIA

THE TREND OF MORTALITY IN INDONESIA 1995-2007



PATTERN OF CAUSES OF DEATH, ALL AGES IN INDONESIA, 2007

Causes of Death	%	Causes of Death	%
Stroke	15,4	Pneumonia	3,8
TB	7,5	Diarrhea	3,5
Hypertension	6,8	Gastric ulcer	1,7
Injury	6,5	Typhoid	1,6
Perinatal/maternal	6,0	Malaria	1,3
DM	5,7	Meningitis/ Encephalitis	0,8
Neoplasm/cancer	5,7	Congenital malformations	0,6
Liver disease	5,1	Dengue	0,5
Ischemic Heart Disease	5,1	Tetanus	0,5
Lower tract resp. disease	5,1	Septicemia	0,3
Heart disease	4,6	Malnutrition	0,2

Source: BHR, 2007

The Prevalence of NCD in Indonesia, 2007



NCD Cases

%

Hypertension

31,7

Stroke

0,83

Heart Disease

7,2

Arthritis

30,3

Asthma

3,5

DM

1,1

DM in urban

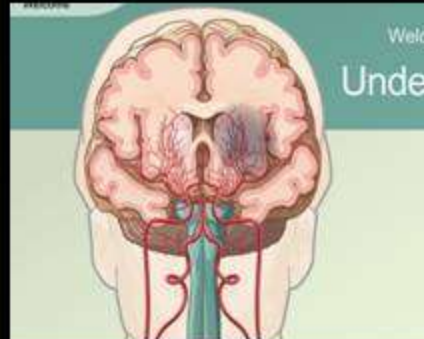
5,7

Tumor / Cancer

4,3

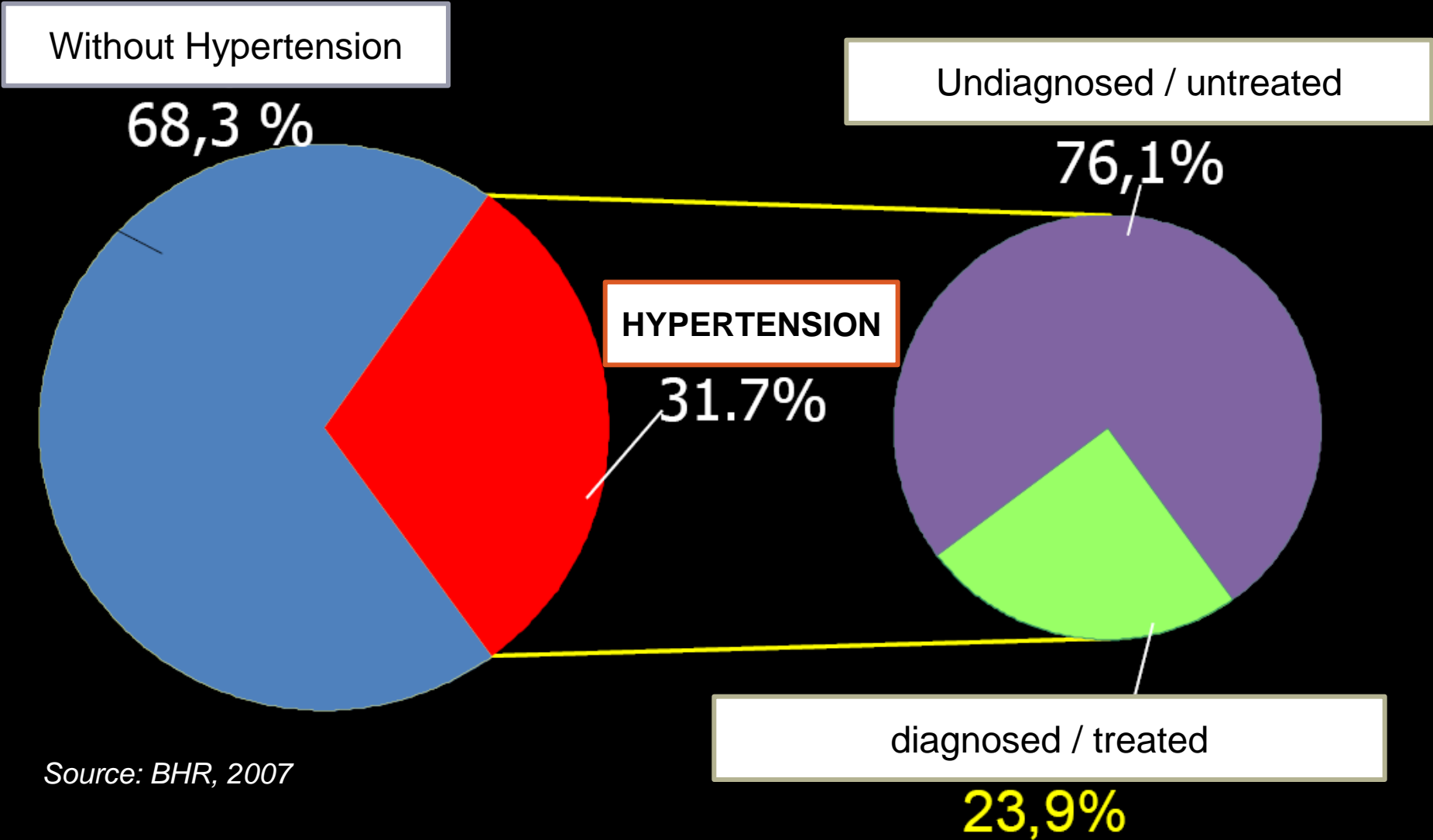
Trauma/Injury

25,9



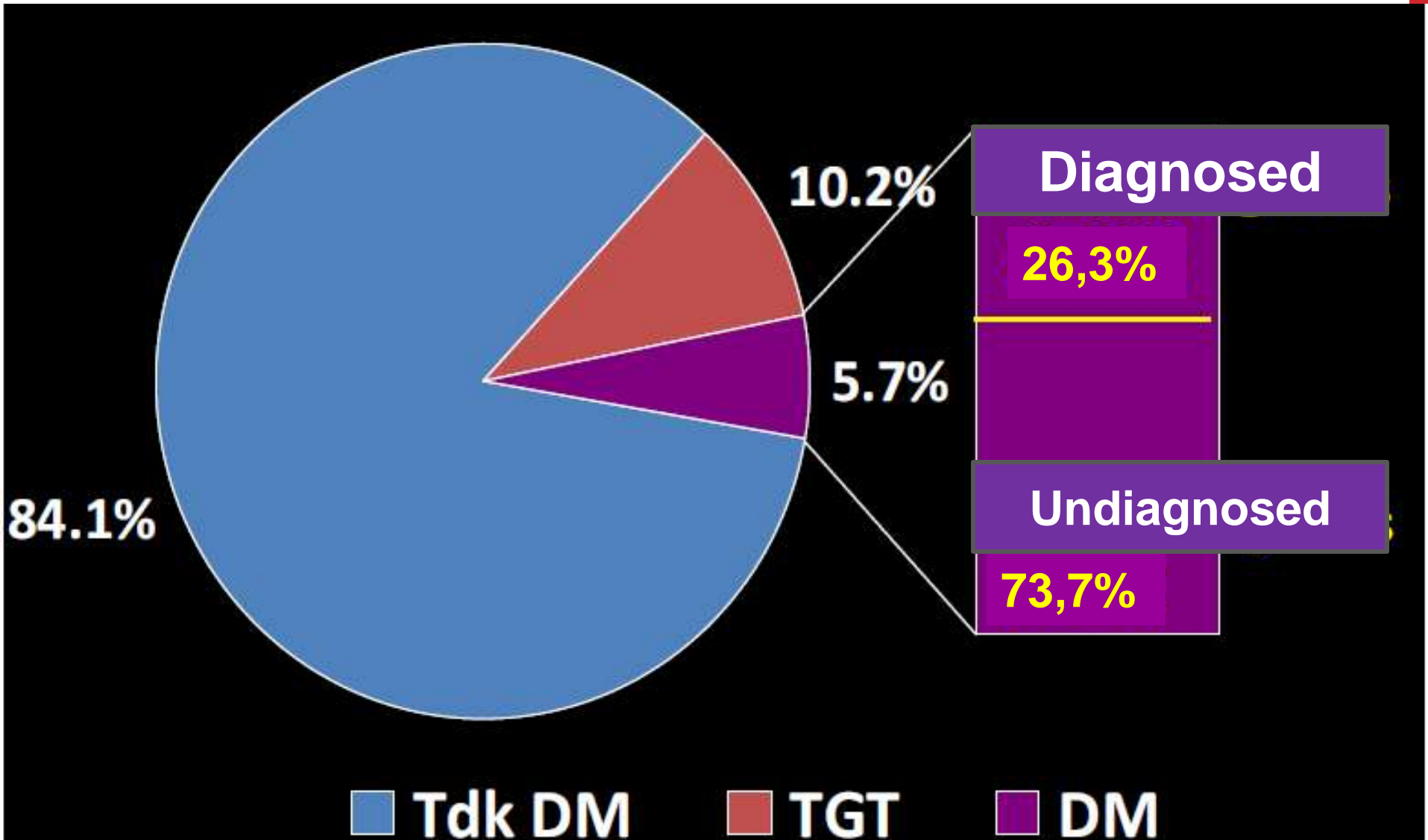
Source : BHR, 2007

HYPERTENSION IN INDONESIA

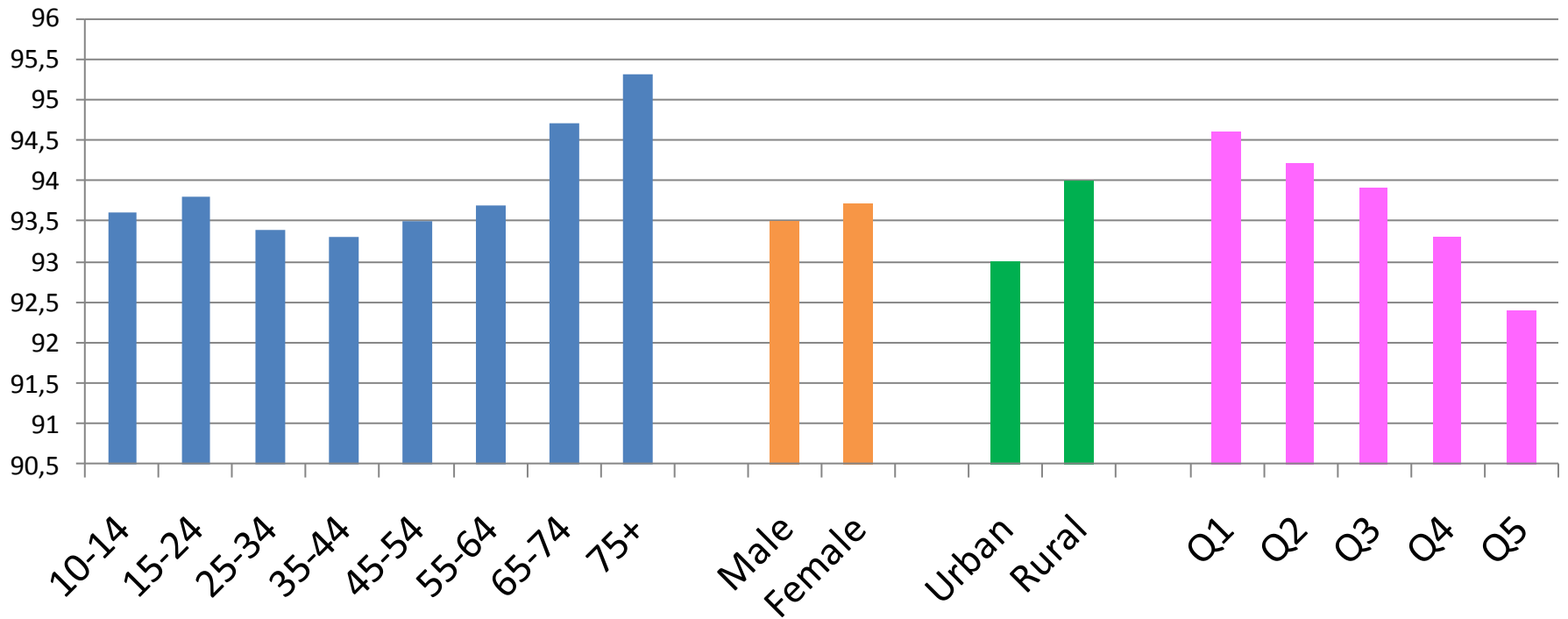


Source: BHR, 2007

DIABETES MELLITUS IN INDONESIA



Proportion of Lack of Fruit and Vegetable Consumption Among Different : Age Group, Gender, Residence, Income Level



Age Group

Gender

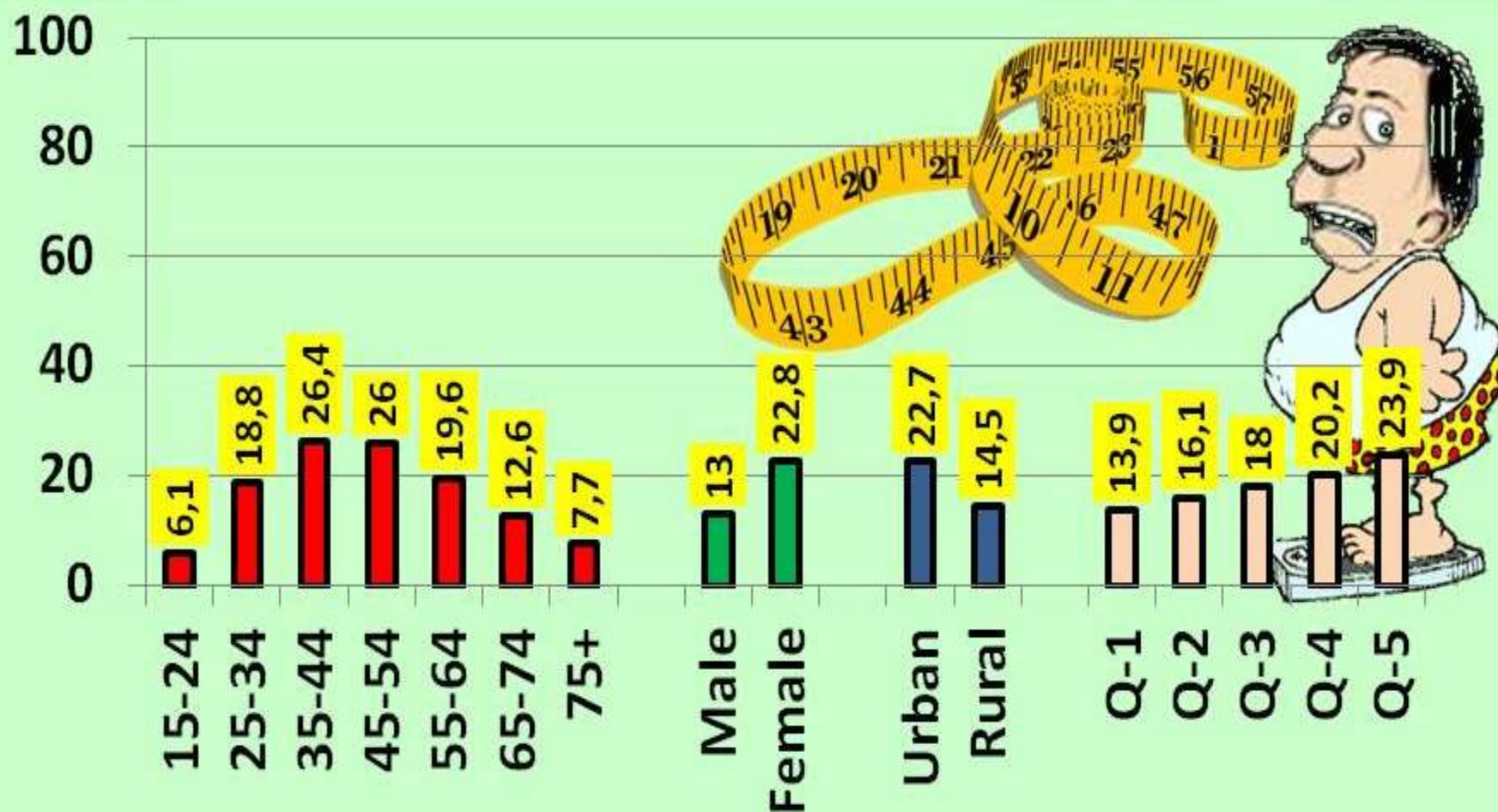
Residence

Income Level

e

Proportion of Central Obesity

Among different Age group; Sex; Residence: Income Level
Waist Circumference: Male > 90 Female > 80 (BHR, 2007)



Age Group

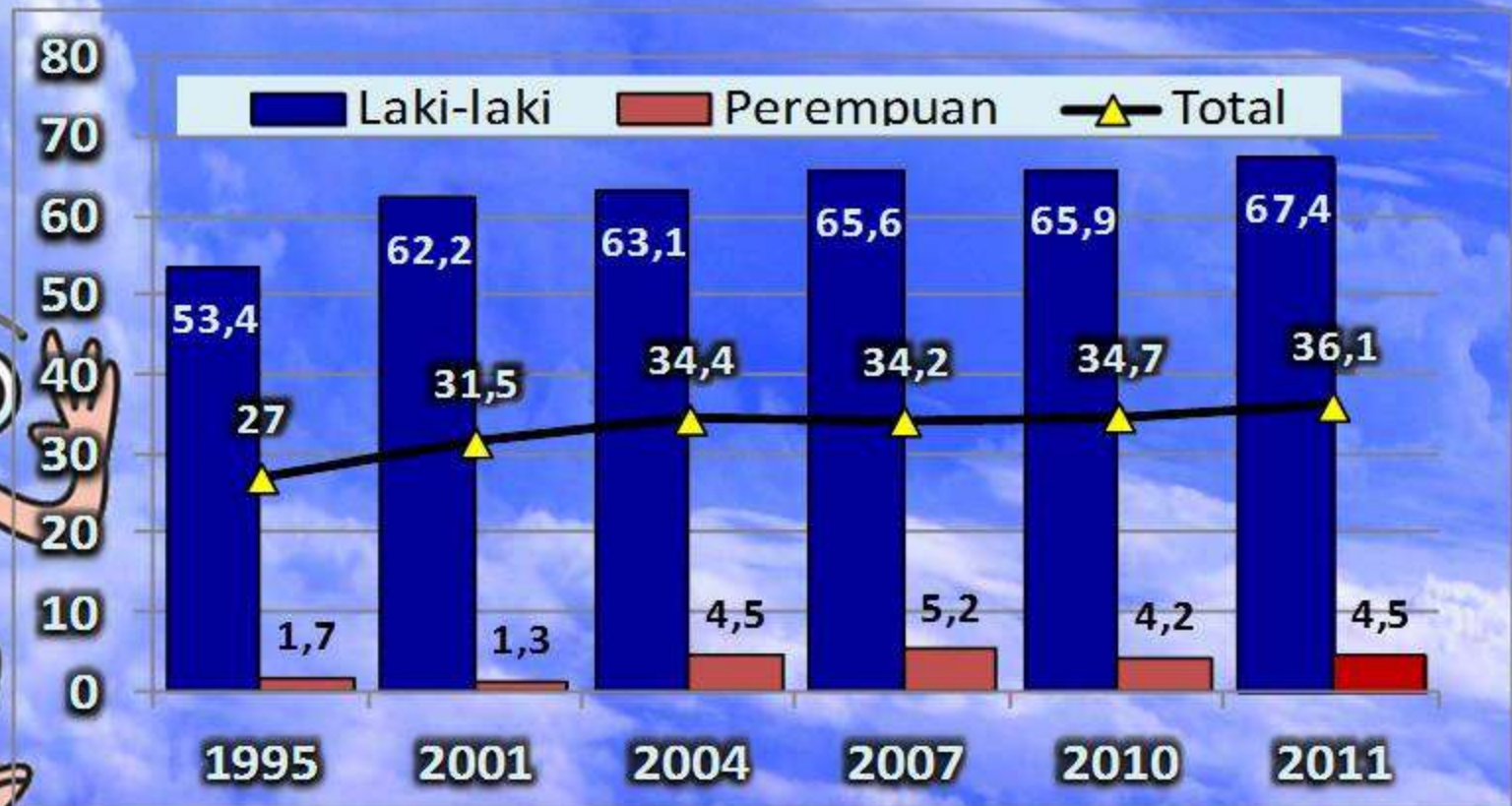
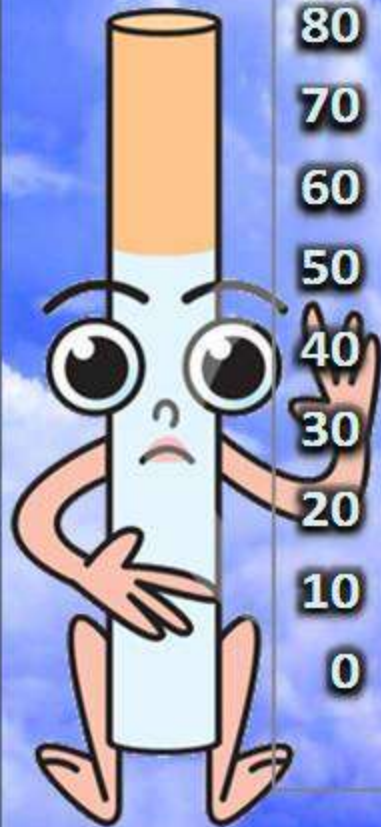
Gender

Residence

Expenditure Level

SMOKING PREVALENCE IN INDONESIA, 1995-2011

SIGNIFICANTLY INCREASING ANNUALLY



NHS 1995, NHHS 2001, NHS 2004, BHR 2007, 2010, GATS 2011

TOBACCO EPIDEMIC IN INDONESIA

- **Smoking prevalence: (M) 67,4% & (F) 4,5%**
- **61,4 million smokes**
- **92 million are secondhand smoke**
- **43 million children are exposed and 11,4 million among them are toddlers (0-4 year)**
- **>200,000 died every year caused by diseases related tobacco**

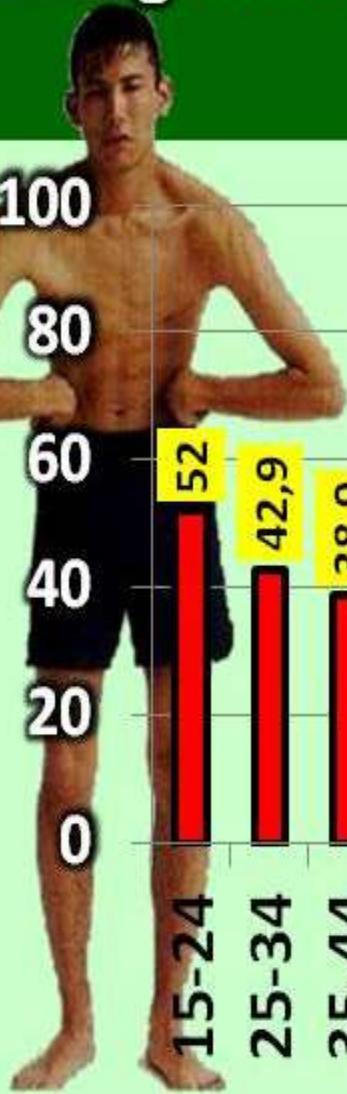
Source: GATS 2011,

National Institute of Health Research and Development 2010, MOH Indonesia

Proportion of Physical inactivity

Among different Age group; Sex; Residence: Income Level
(BHR, 2007)

100
80
60
40
20
0



15-24

52

25-34

42,9

35-44

38,9

45-54

38,4

55-64

44,4

65-74

58,5

75+

76

Male

41,4

Female

54,5

Urban

57,6

Rural

42,4

Q-1

44,8

Q-2

45,5

Q-3

47,1

Q-4

49,1

Q-5

53,9

Age Group

Gender

Residence

Expenditure
Level

= CHALLENGES =

CHALLENGES ON PREVENTION AND CONTROL OF NCD

SERVICE DISPARITY

- Efforts to control NCD haven't focussed yet, and fragmented
- Limited access in rural areas and poor community

SECTORAL DISPARITY / HEALTH SYSTEM

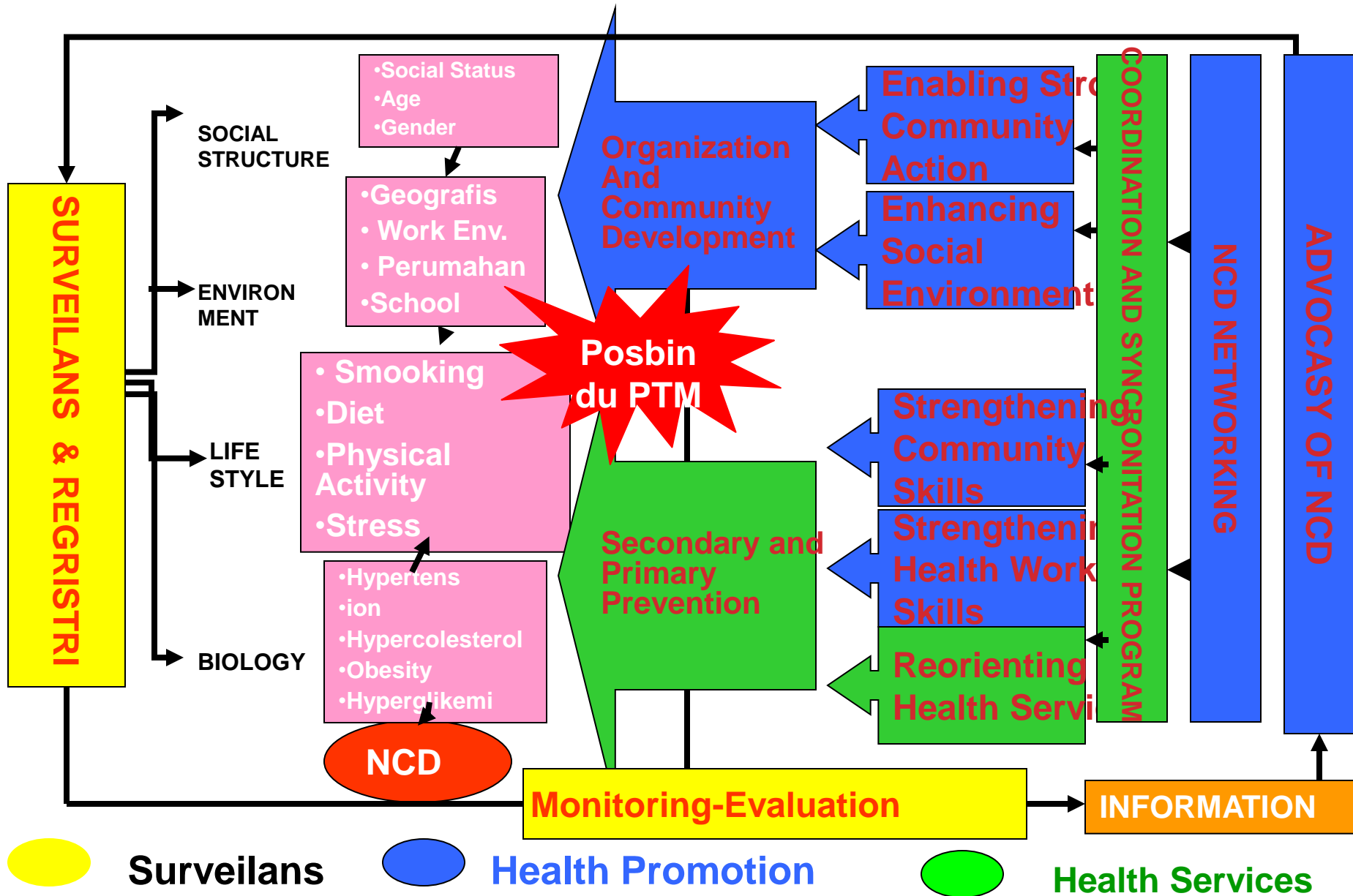
- The budget allocation of health is limited, not appropriate time and not proportionate → **<10% APBD (<5% GDP, WHO, 2000)**
- Health Workers insufficient, untrained and not enough empowered

POLICY DISPARITY

- Sectoral programatic distorsion and excessive
- Local governments have not oriented yet to the program priority scale (such as MDGs), based on the plan budget.

= STRATEGY ON PREVENTION - CONTROL OF NCD =

COMPREHENSIVE STRATEGY ON NCD'S



NCD PROGRAMMES



To control NCD by focussing on its risk factors integrated in ONE CONTINUUM HEALTH SERVICE through TRIPLE ACs (Active City-Community-Citizen)

Healthy Population

Health Promotion

Risk Population of NCD

Integrated Risk Factors Control

People suffered from NCD

NCD control and Complication

Conducive environment :

Smoke Free Area, Sport centre and facilities

Healthy Lifestyle:

- No Smoke
- Healthy Activity
- Healthy Diet
- Helmet used, seat belt
- Early Detection / Risk Factor's Counseling
- Be "CERDIK"

• **Referral**

Implementation of NCD-Risk Factors:

- Hypertension
- Dislipidemia
- Hyperglycemia
- Smoke
- Obesity
- pre-cancer lesion
- emergency

• **Referral**

Implementation of NCD cases + Injured :

- ICCU
- Diagnosis
- Out patients
- Inpatient
- Medical actions (Operation, amputation, Dialysis, etc.)

• **Referral**

Complication prevention and rehabilitation :

- Rehabilitation
- Home Care
- Monitoring and Controlling Risk Factors
- Wound care for DM
- NCD Diet
- NCD Exercise

• **Referral**

• "POSBINDU PTM"
• Community

• PRIMARY HEALTH CARE
• Family Doctor

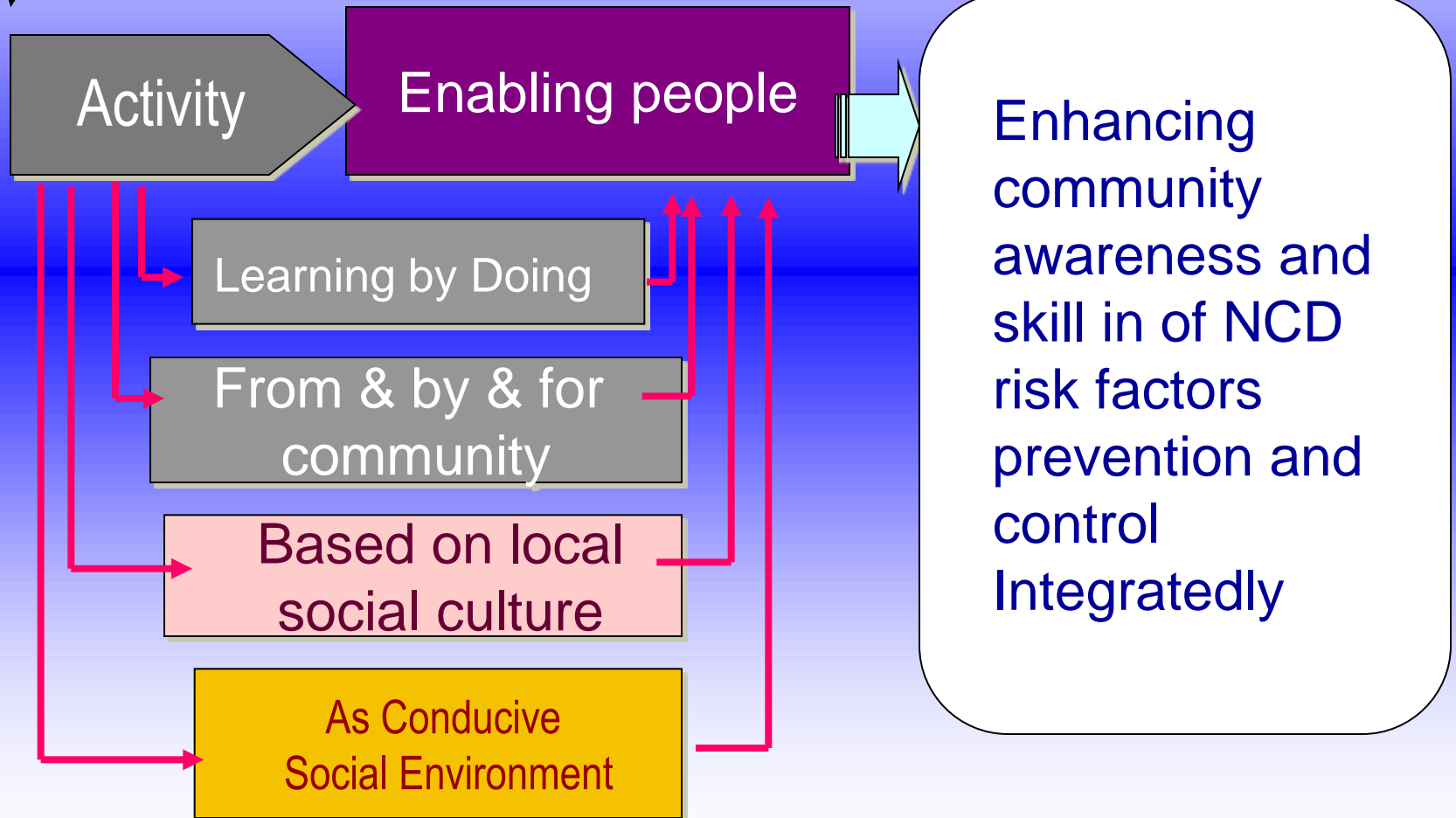
HOSPITAL

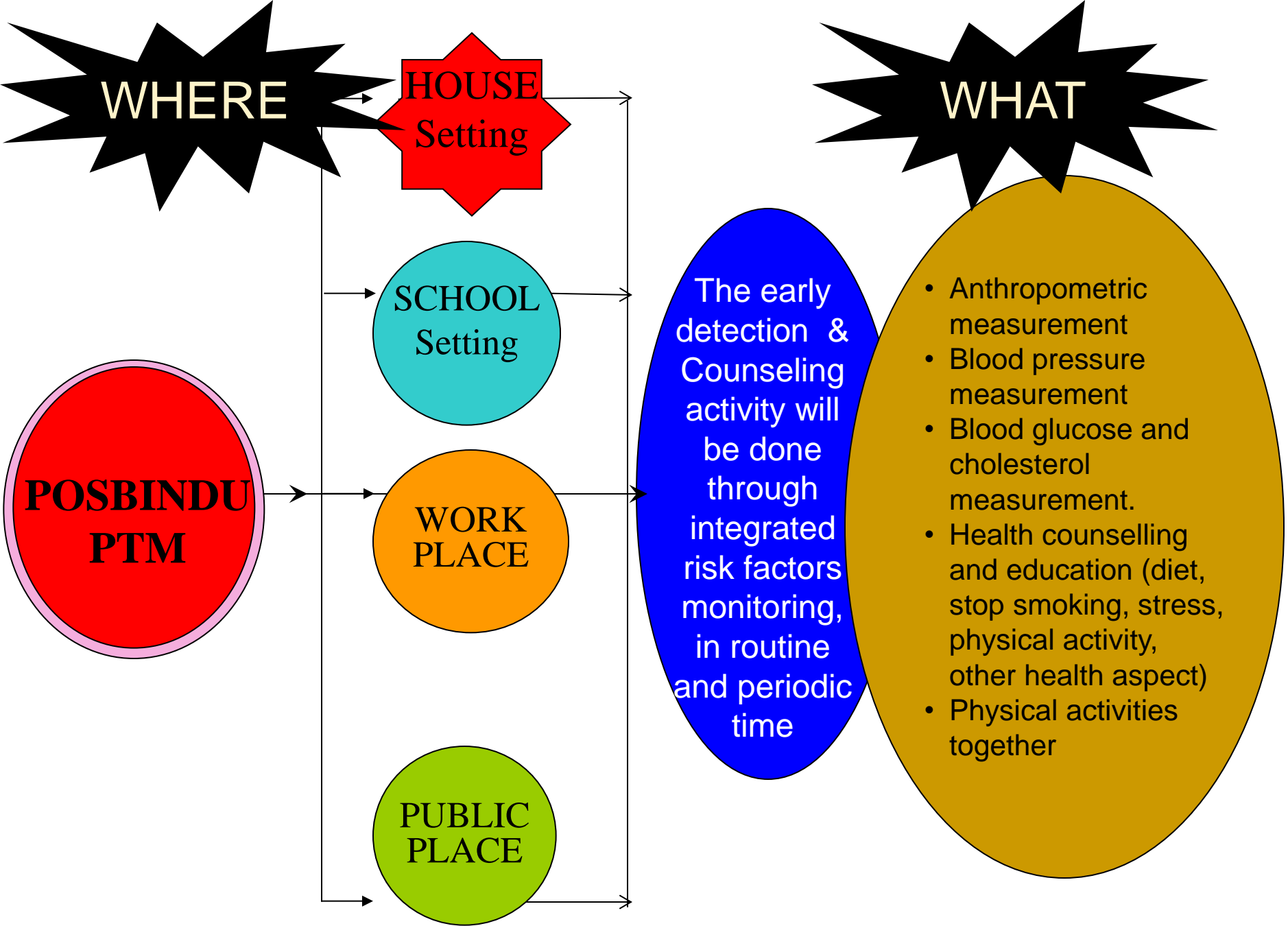
• Primary Health Care
• Family Doctor
• Community

Surveillance Risk Factors of NCD at Community - SP2TP

Surveillance/Registry NCD

WHAT





STRENGTHENING NCD PROGRAM

Target MDG-NCD	Individual/ Household/ Community	HEALTH SECTOR	OTHER SECTORS “Health in All Policy”
<p>Integrated NCD Control Cardiovascular DM, Cancer COPD</p> <p>Risk factors: diet, inactivit y, tobacco, alcohol</p> <p>Acceleration of Poverty Alleviation</p>	<p>Public Health Service</p> <p>Posbindu PTM</p> <p>Healthy Life Style</p> <p>UKM</p> <p>UKP</p>	<p>Health management</p> <ol style="list-style-type: none"> 1. Quality of People 2. HRD management 3. Health system / Surveillance 4. Drugs and Tools 5. Health Budget 6. Health Leadership and accountability 	<p>Acceleration of development</p> <p>Gender</p> <p>Education</p> <p>Food Safety</p> <p>Tax</p> <p>Trade</p>



**GOVERNMENT
REGULATION
NO. 109 TAHUN 2012 ON
SUBSTANCE SECURITY
OF ADDICTIVE
SUBSTANCES IN FORM
OF TOBACCO PRODUCT
FOR HEALTH**

- Health Warning
- Smoke Free area
- Inclosure of ciggarettte cantains:
 - ✓ Substance addition
 - ✓ Nicotine and Tar
- Minimum packaging
- Marketing and distribution
- Advertising , Promotion Control, Sponsorship and CSR
- Pregnant Women and Children Protection
- Government and District Government Responsibility
- The Role Community

HEALTH MINISTER DECREE NO. 28 TAHUN 2012

ON

PICTORIAL HEALTH WARNING AND HEALTH INFORMATION ON CIGARETTE PACKAGING

PERINGATAN



MEROKOK SEBABKAN KANKER MULUT

PERINGATAN



MEROKOK MEMBUNUHMU

PERINGATAN



MEROKOK SEBABKAN KANKER PARU-PARU DAN BRONKITIS KRONIS

PERINGATAN



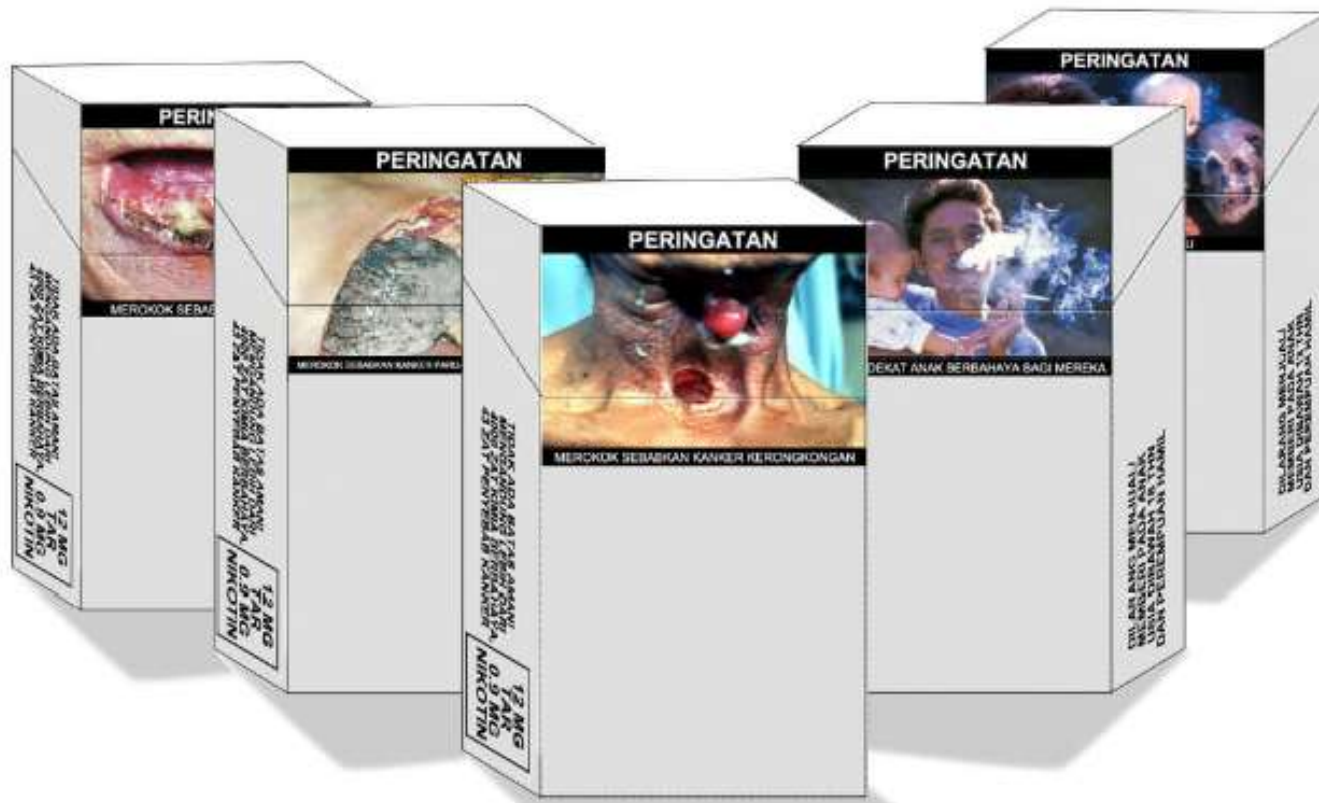
MEROKOK SEBABKAN KANKER TENGGOROKAN

PERINGATAN



MEROKOK DEKAT ANAK BERBAHAYA BAGI MEREKA

HEALTH MINISTER DECREE NO. 28 TAHUN 2012 ON PICTORIAL HEALTH WARNING AND HEALTH INFORMATION ON CIGARETTE PACKAGING



PHW: 40% of the surface area of a cigarette packaging

Health Minister Decree No.30 / 2013 on Information and Daily Suggestion of Sugar, Salt and Fat in Labelling for Processed and Fast Food

FOOD LABELLING

Product Name

Brand Name

Expired date

Net weight

Registered No



Nutrition fact/ value

Obligatory:

- Total Energy (fat, protein & Carbohydrate)
- Total Fat
- Protein
- Total Carbohydrate

NATRIUM

Name and address of product company

SUGAR, SALT AND FAT REDUCTION WITH PUBLIC/CONSUMER EDUCATION THROUGH HEALTH MINISTRY REGULATION ON SUGAR, SALT AND FAT CONSUMPTION FOCUSING ON EMPOWERMENT OF FOOD LABELLING AND HEALTH MESSAGE

EXERCISE IS MEDICINE



SUMMARY

Indonesia faces today is the triple burden of diseases

NCDs are the most common cause of death worldwide and in the South-East Asia Region

NCDs exacerbate household poverty and threaten national economies

NCDs can be prevented by reducing common modifiable risk factors through cost effective interventions

Developing and strengthening the community based health service activities to increase the participation and empowerment of the community in NCDs risk factor control (POSBINDU)

Multi-sectoral action is key in prevention and control of NCDs

THANK YOU

