



NCDs, Health and Development Agenda

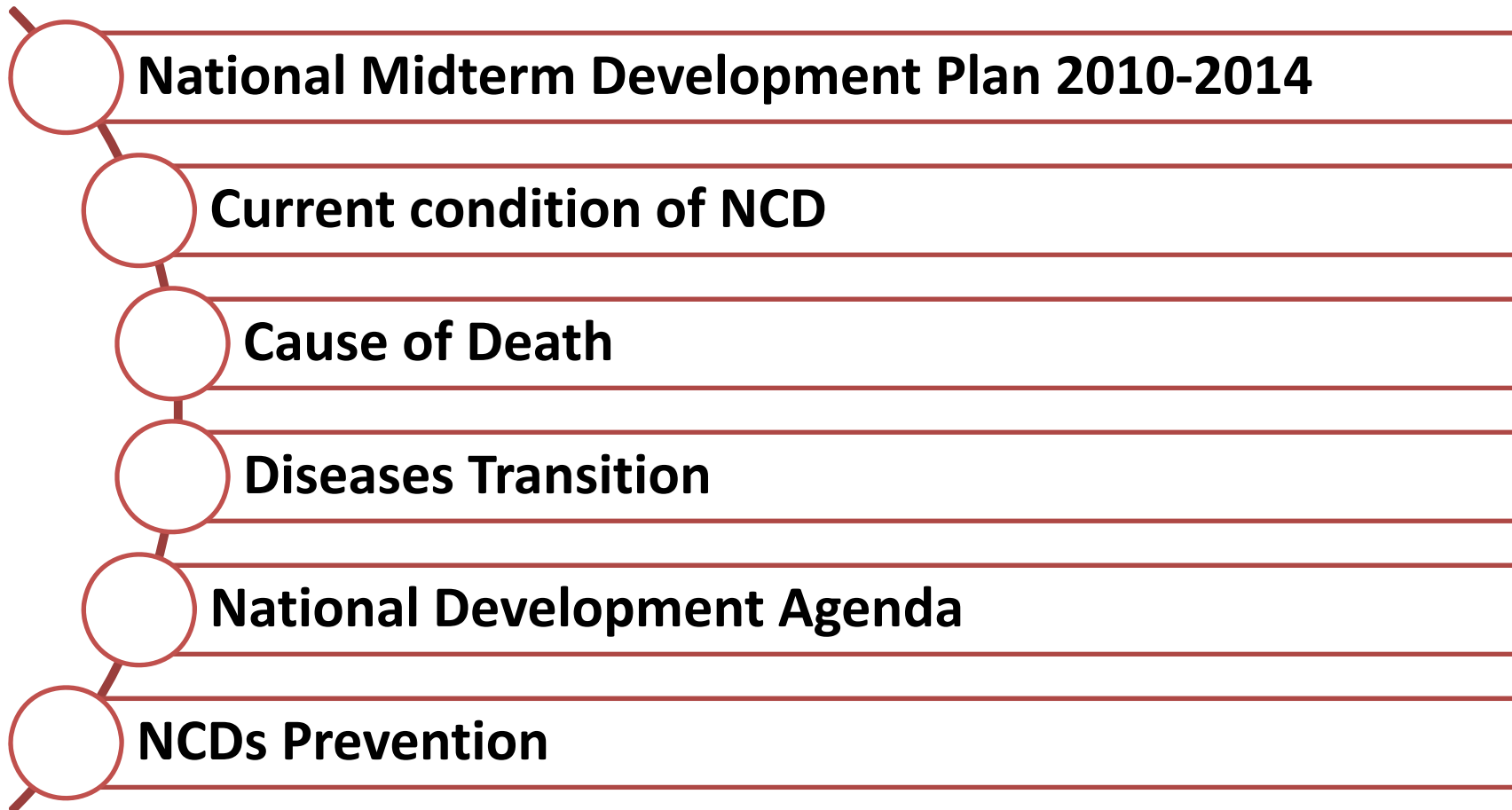
**International Symposium on Research, Policy & Action
to Reduce the Burden of Non-Communicable Diseases**

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Minister for National Development Planning/National Development Planning Agency
Republic of Indonesia



Presentation Outline



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NATIONAL MIDTERM DEVELOPMENT PLAN 2010-2014

8 National Focus & 7 Priority Reformation

8 NATIONAL FOCUS PRIORITY FOR HEALTH

1. Improving maternal health and fam planning
2. Comm nutrition improvement
3. **CD and NCD control, environmental health**
4. Fulfilling Health HR
5. Improving Availibility, affordability, safety, quality, food and farmacys
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 farmacy, health equipment in every health facility
4. Birocration Reform
5. Bantuan Operasional Kesehatan (BOK)
6. Overcoming districts Health problem (PDBK)
7. Indonesia World class Hospital

Universal Coverage 2014

RPJMN 2010 – 2014
(National Middle Development Plan)

MDGS
2015

VISSION :
Self Reliant Healthy People within a just health care system

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CAUSE DEATH PATTERN BY REGION

Indonesia Cause of Death Pattern by Region, 2010

No	Cause of Death Region 1 (n= 9.5331)	%
1	Stroke	16,9
2	Ischaemic heart diseases	9,7
3	Hypertensive diseases	8,6
4	Diabetes mellitus	6,6
5	Respiratory Tuberculosis	6,5
6	Chronic lower resp. diseases	5,8
7	Diarrhoea	4,4
8	Other heart diseases	4,1
9	Diseases of the liver	3,8
10	Transport Accidents	3,4

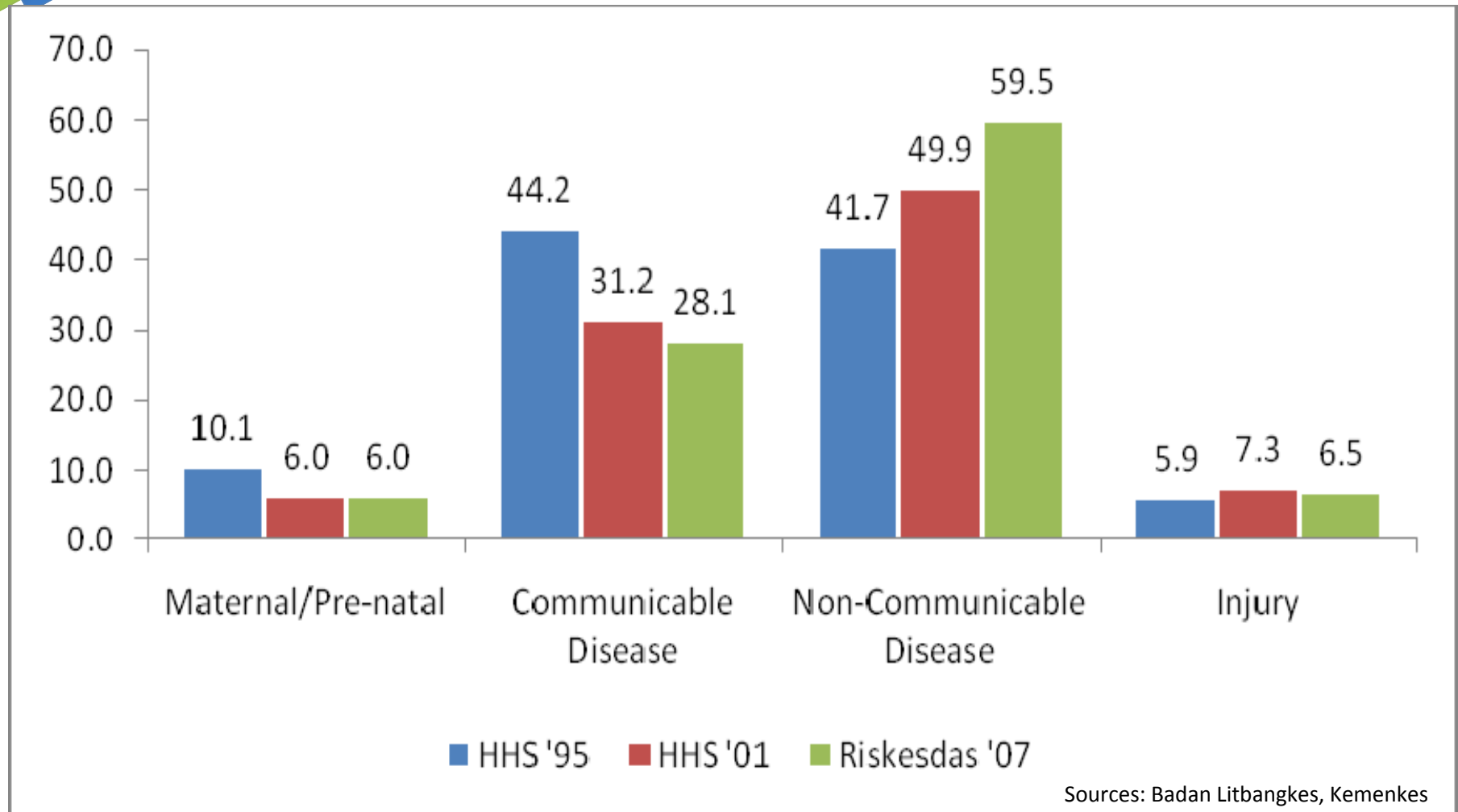
No	Cause of Death Region 2 (n =12182)	%
1.	Cerebrovascular diseases	16,7
2.	Respiratory tuberculosis	8,2
3.	Ischaemic heart diseases	7,8
4.	Diabetes mellitus	6,5
5.	Hypertensive diseases	6,0
6.	Other heart diseases	5,4
7.	Chronic lower resp. diseases	5,3
8.	Diseases of the liver	4,9
9.	Diarrhoea	4,8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

Sources: Badan Litbangkes, Kemenkes

Indonesia Cause of Death Pattern by Region, 2010

No	Cause of Death Region 3 (n= 3.333)	%	Cause of Death Region 4 (n= 2827)	%	Cause of Death Region 5 (N=3646)	%
1.	Cerebrovascular disease	16,9	Stroke	10,4	Cerebrovascular Disease	12,4
2.	Ischaemic heart diseases	9,5	Respiratory Tuberculosis	8,5	Respiratory Tuberculosis	8,6
3.	Respiratory Tuberculosis	7,2	Pneumonia	7,3	Falls	5,9
4.	Diabetes mellitus	5,2	Ischaemic heart diseases	5,9	Ischaemic Heart Disease	5,9
5.	Chronic lower resp diseases	4,4	Hypertensive diseases	5,7	Diseases of the liver	5,1
6.	Hypertensive diseases	4,2	Diarrhoea & gastroenteritis	5,4	Other heart diseases	4,8
7.	Diseases of the liver	3,9	Other heart diseases	4,6	Diabetes Melitus	4,7
8.	Diarrhoea	3,6	Chronic lower resp diseases	4,5	Diarroea and gastroenteritis	4,3
9.	Transport accident	3,6	Diabetes mellitus	4,2	Pneumonia	4,3
10.	Other heart diseases	3,2	Diseases of the liver	3,2	Chronic lower resp diseases	4,0

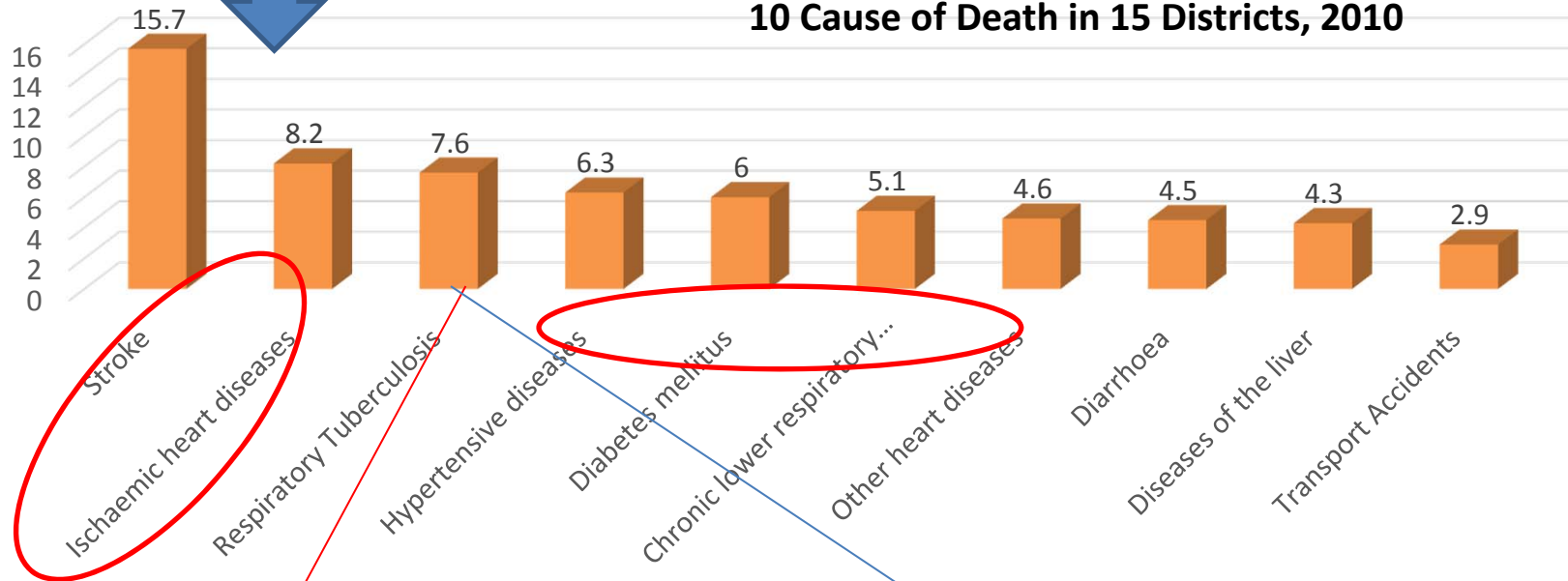
Cause of Death Transition, 1995 - 2001- 2007 (%)



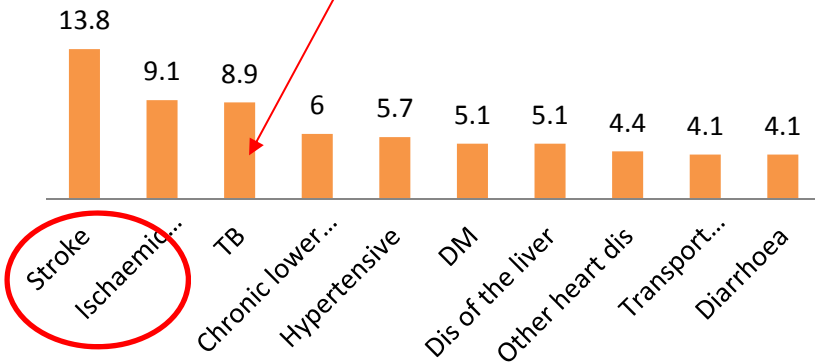
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CAUSE OF DEATH TRANSITION PATTERN

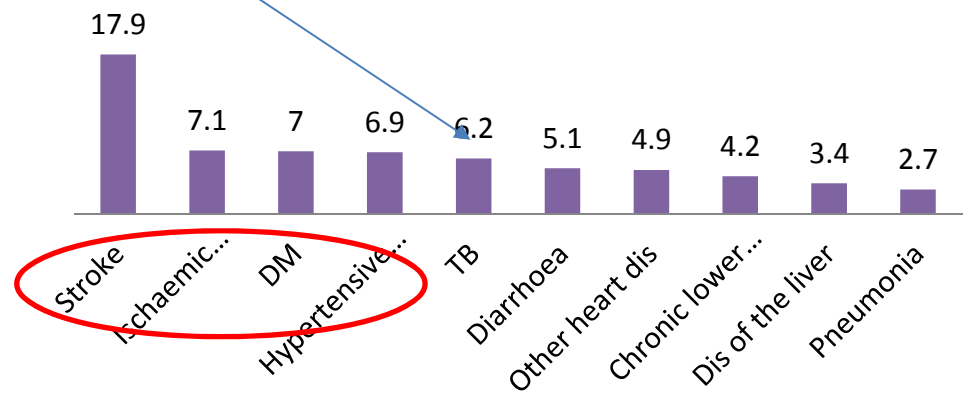
10 Cause of Death in 15 Districts, 2010



10 Cause of Death for Man in 15 Districts, 2010



10 Cause of Death for Women in 15 Districts, 2010

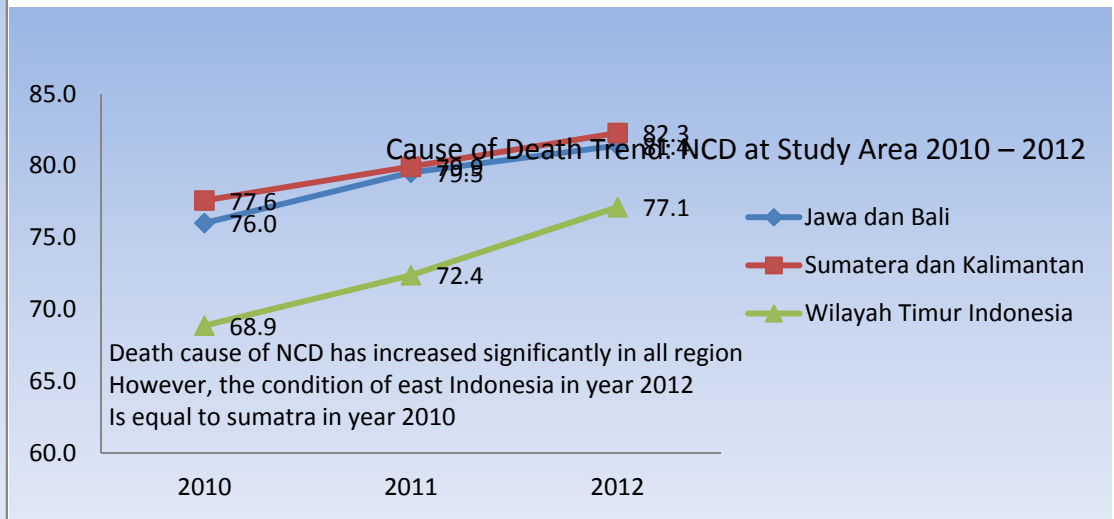
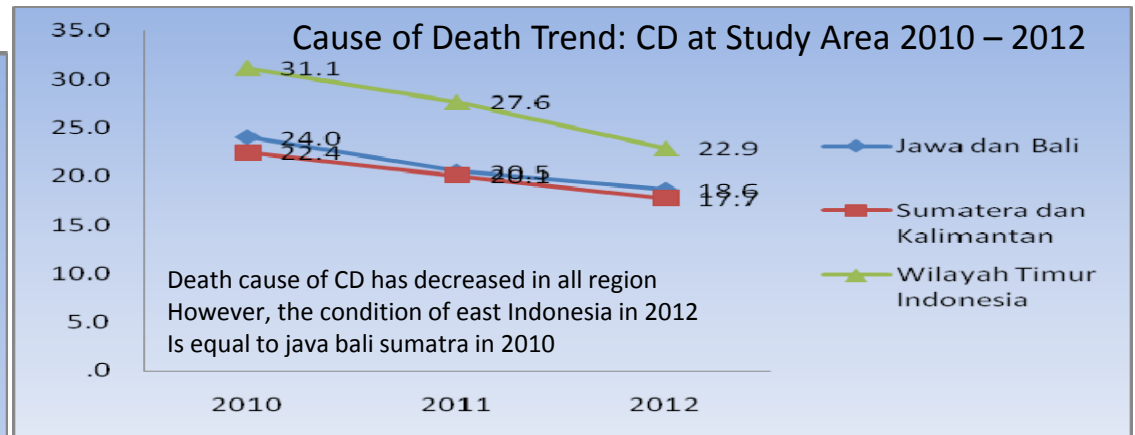
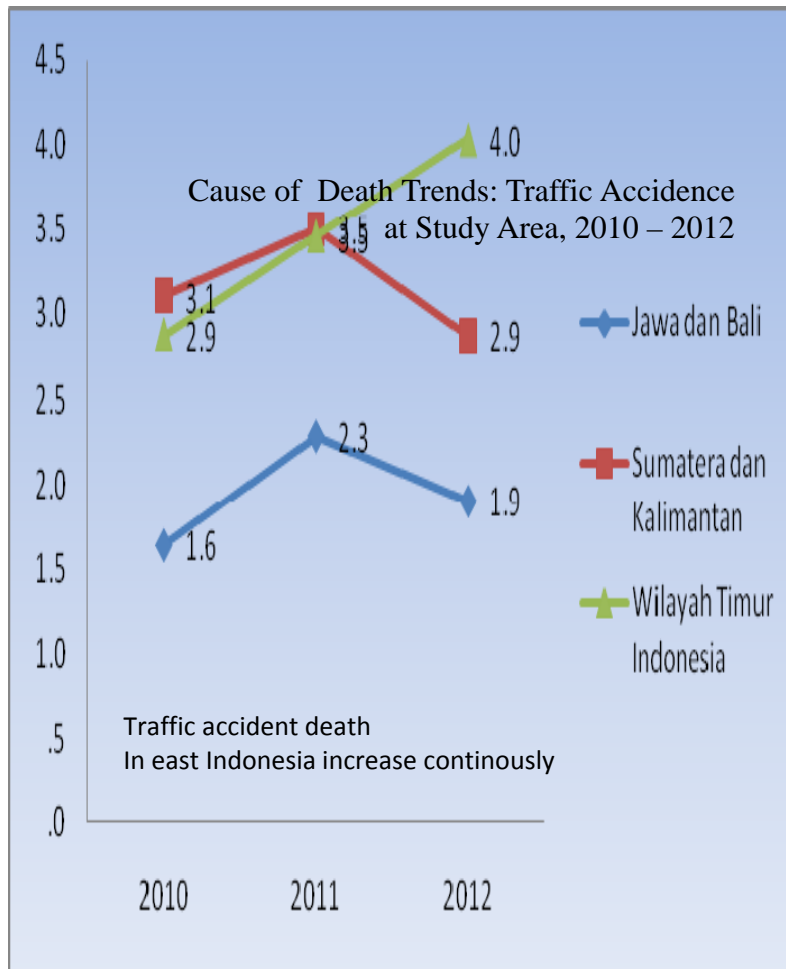


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Sources: Badan Litbangkes, Kemenkes

Cause of Death Trend by region: CD, NCD, Traffic accident, 2010-2012



Sources: Badan Litbangkes, Kemenkes

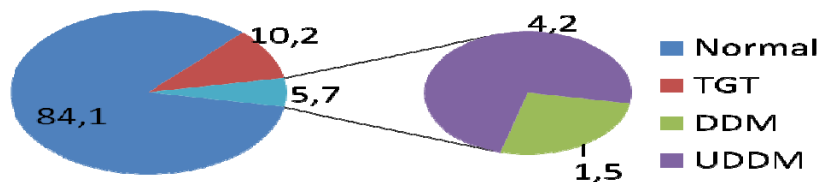
A decorative graphic consisting of three colored squares: an orange square at the top left, a green square at the top right, and a blue square at the bottom right, arranged in a 2x2 grid with the bottom-left position empty.

CURRENT CONDITION OF NON COMMUNICABLE DISEASES

Diabetes Millitus & High Blood Pressure Prevalence (Controlled vs Uncontrolled)

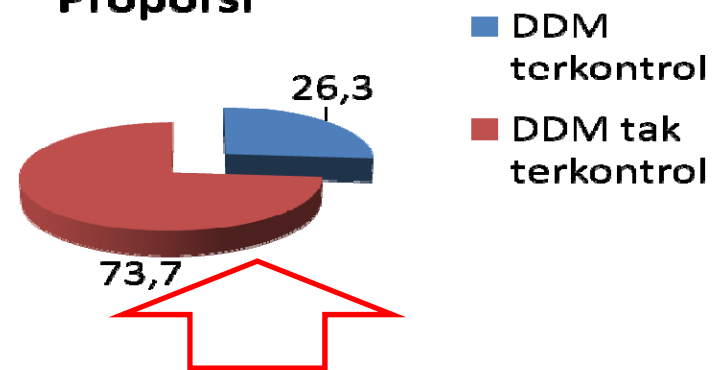
Prevalence of DM, up 15 yrs, Urban

Prevalensi



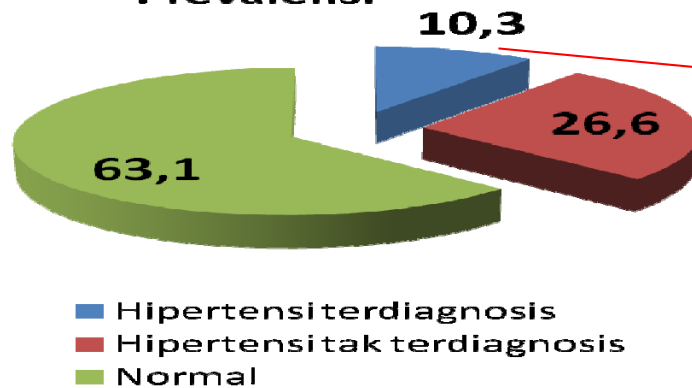
Provinsi tertinggi: Kalbar dan Maluku (11,1 %)
Provinsi terendah: Papua (1,7 %)

Proporsi

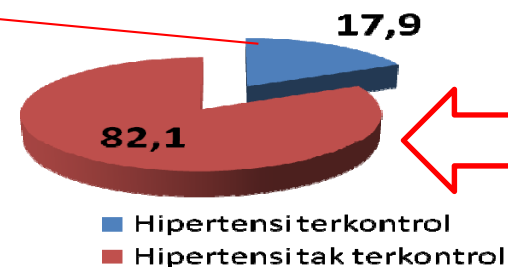


High Blood Pressure Prevalence, up 18 yrs, Urban

Prevalensi

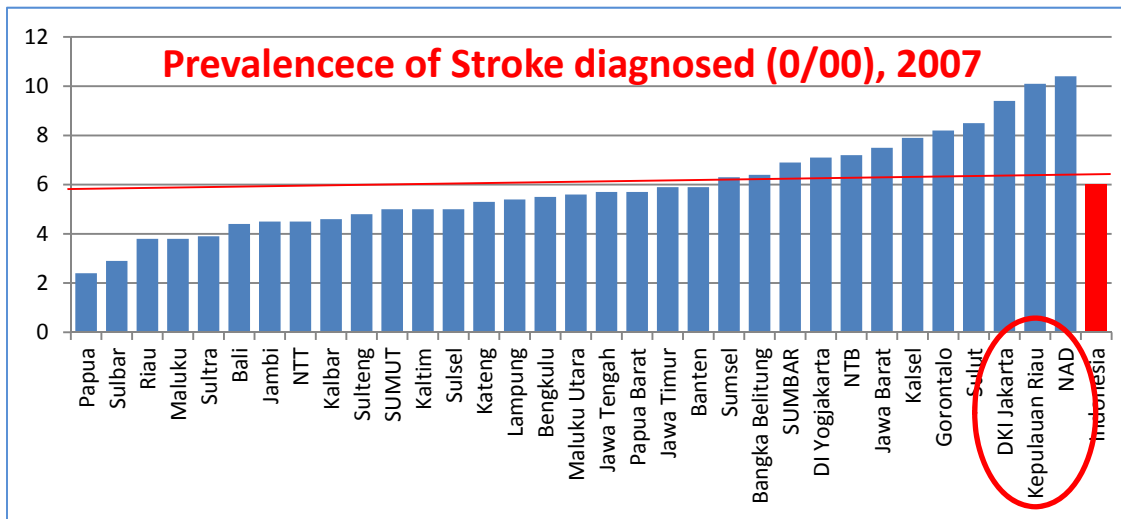


Proporsi terkendali dari hipertensi terdiagnosis



Sources: Badan Litbangkes, Kemenkes

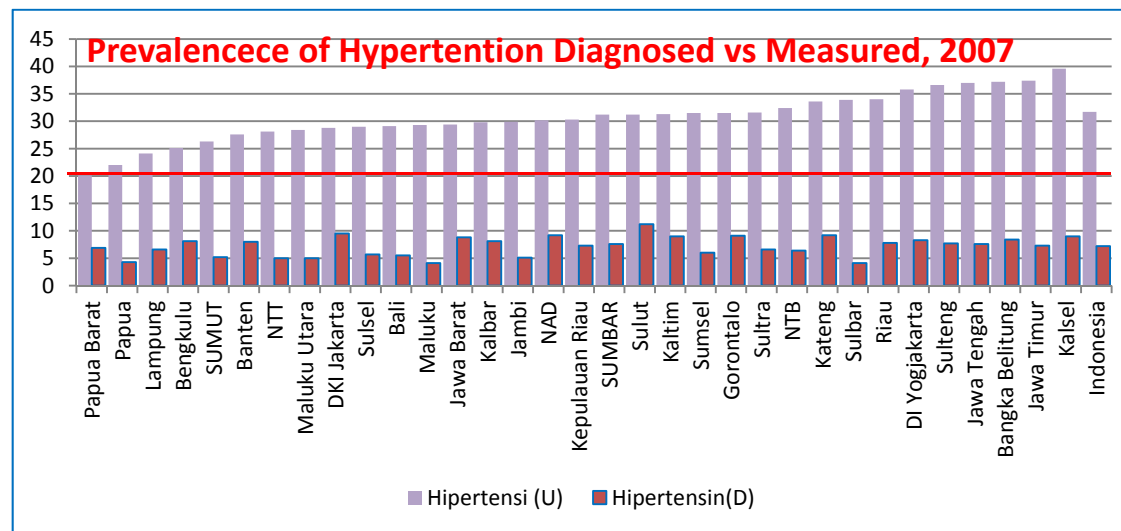
Prevalence of Stroke & High Blood Pressure Diagnosed, 2007



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

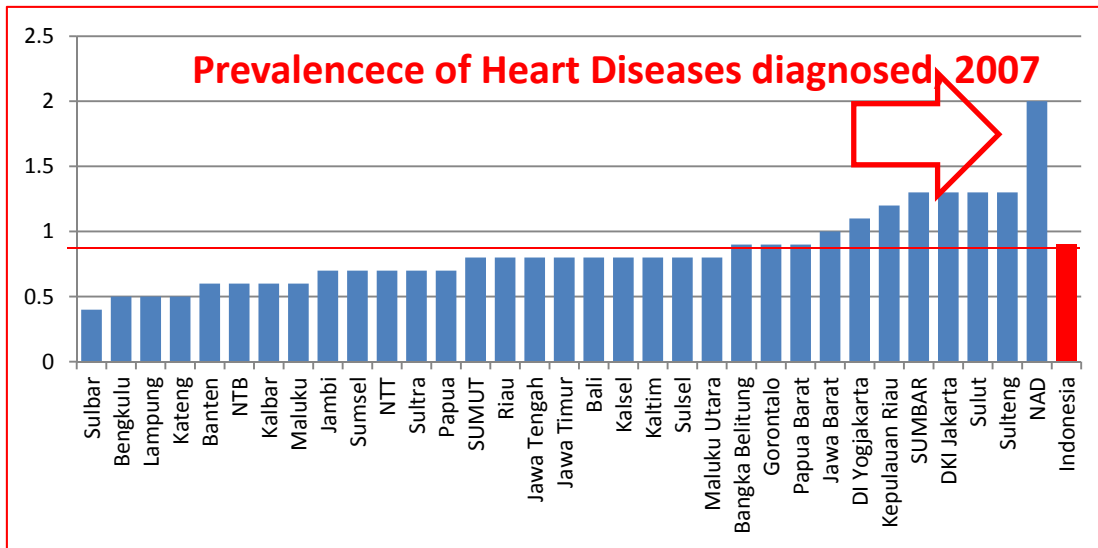


It is serious health conditions and costly → which should be taken into account in the next mid term national planning



Prevalence of Hypertention 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%

Prevalence of Heart Diseases Diagnosed, 2007



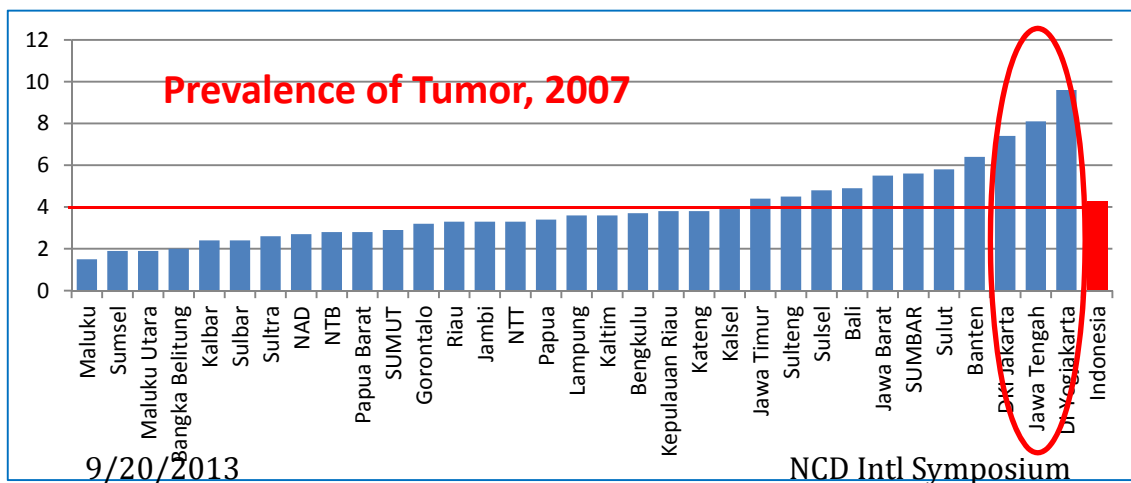
Aceh (NAD) has the highest Heart diseases prevalence that is 2; meanwhile the national average is less than 1. The extreme high prevalence is Aceh (NAD) Province.



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

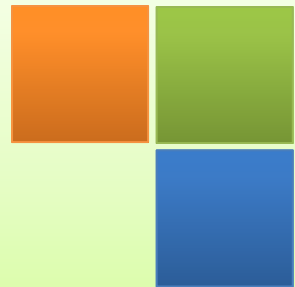


Range of Diagnosed Tumor is 1,5 to 9,5; the national average is 4. About 11 Province have higher prevalence than national. The 3 highest are: DIY, Central Java, DKI



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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

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**RPJM 2
(2010– 2014)**

Memantapkan penataan
kembali NKRI,
meningkatkan kualitas
SDM, membangun
kemampuan IPTEK,
memperkuat daya saing
perekonomian

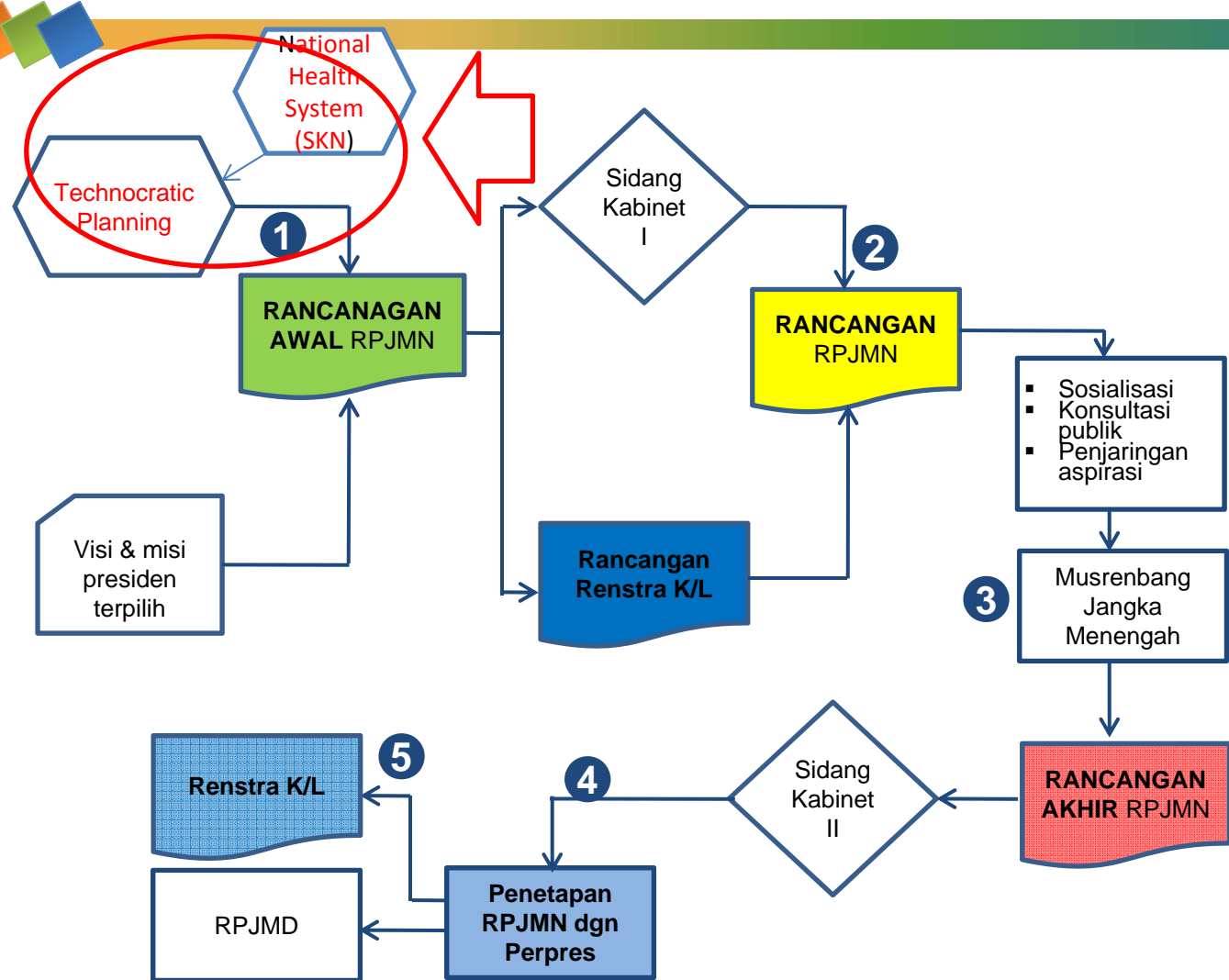
**RPJM 3
(2015– 2019)**

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

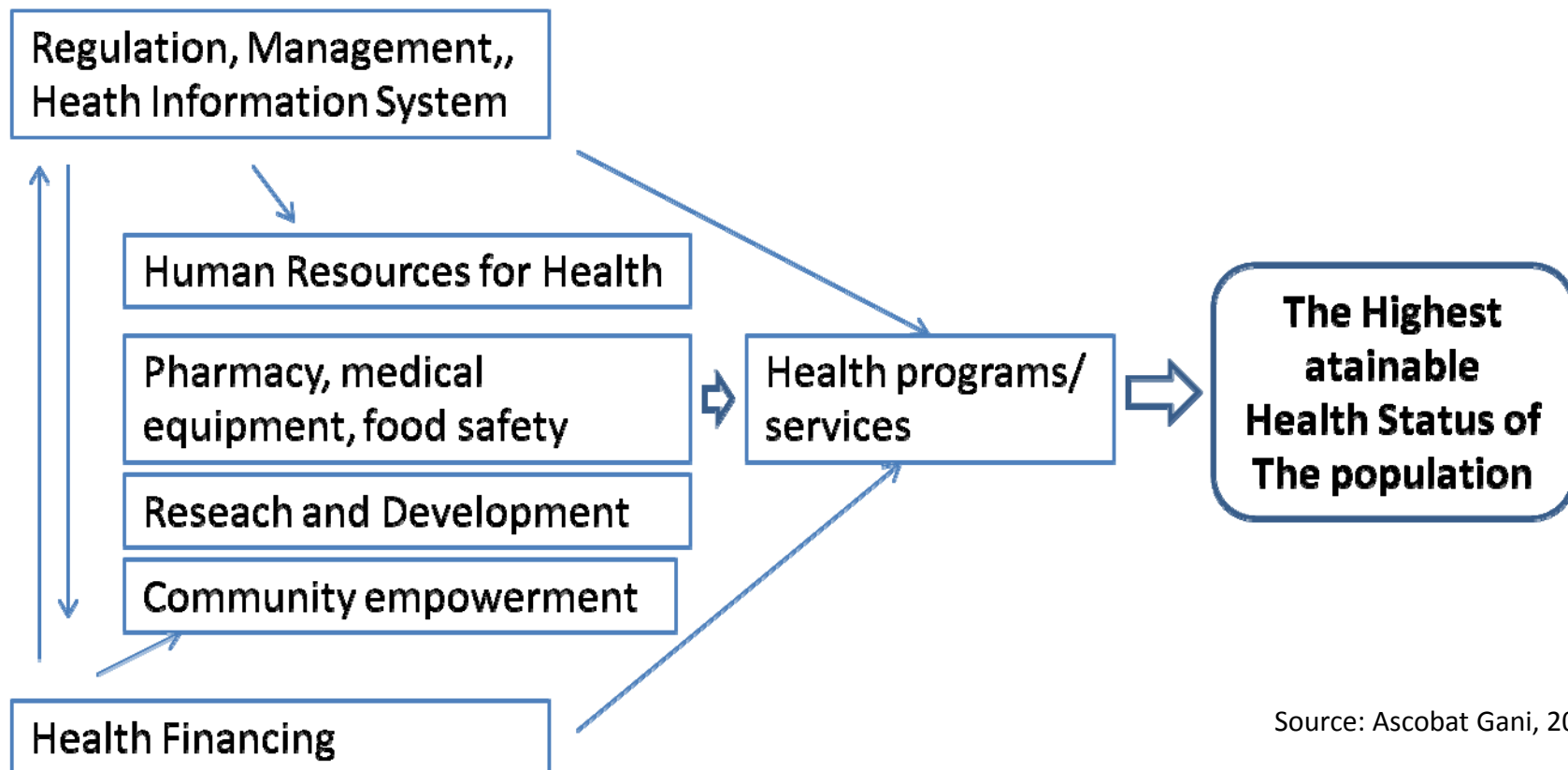
Diagram of National Midterm Development Plan (RPJMN) Development based on PP 40/2006



- 1 **Ranc. Awal RPJMN** merupakan elaborasi dari Konsep Ranc. Awal (yg disusun scr teknokratik) dengan visi & misi Presiden terpilih. Selanjutnya menjadi pedoman penyusunan **Ranc. Renstra K/L** [Psl 11(6)]
- 2 **Ranc. RPJM** disusun dgn menggunakan **Ranc. Awal RPJM** dan **Ranc. Renstra K/L** [Psl 14(1)]
- 3 **Musrenbang selambatnya 2bln** stl Presiden dilantik, didahului dgn sosialisasi, konsultasi pblik, & penjaringan aspirasi [Psl 15(3)&(4)]
- 4 **RPJMN** ditetapkan dgn Perpres selambatnya 3bln stl Presiden dilantik [Psl 17(1)]
- 5 **RPJMN** selanjutnya menjadi **pedoman** penetapan **Renstra K/L** & bahan penyusunan dan perbaikan **RPJMD** [Psl 17(2)]

New National Health System and HSS

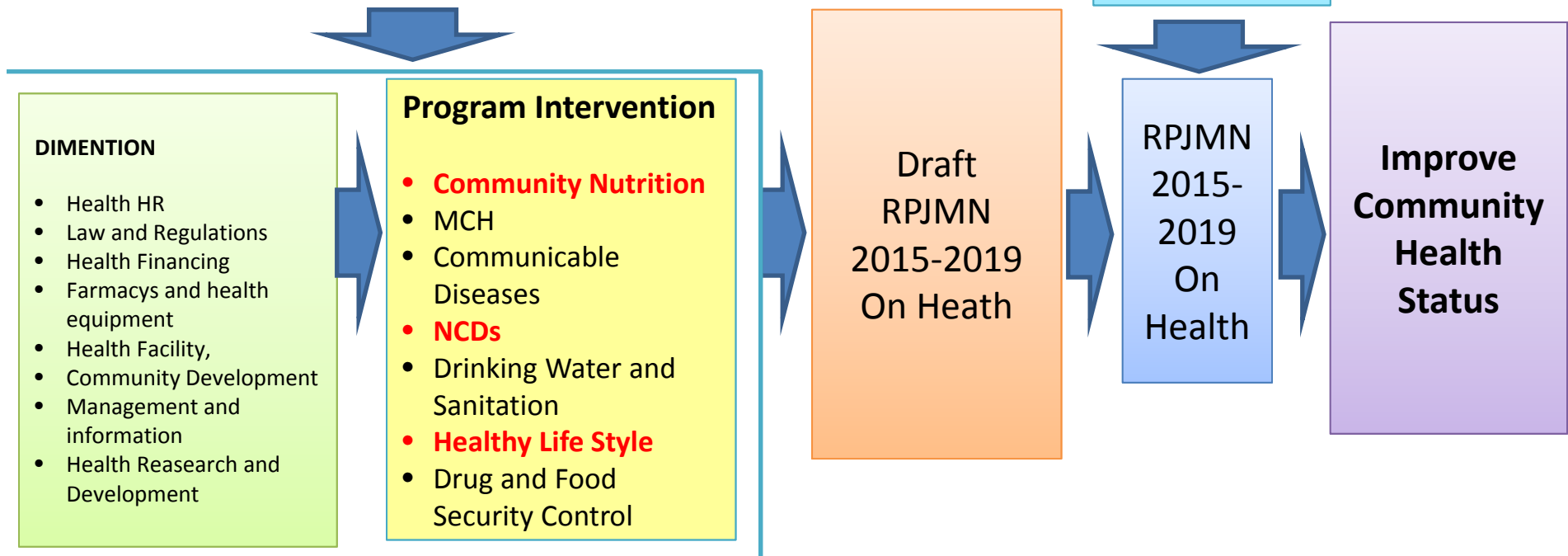
The National Health System (President decree No.72, 2012)



Source: Ascobat Gani, 2013

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



Discussion Theme

(in Central, Provincial and Districts Level)

Discussion Theme

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

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

- INTERVENSI VERTIKAL HORIZONTAL

- Lintas Sektor (Spesifik – Sensitif)
- Pusat – Provinsi – Kab/Kota
- Peran Swasta

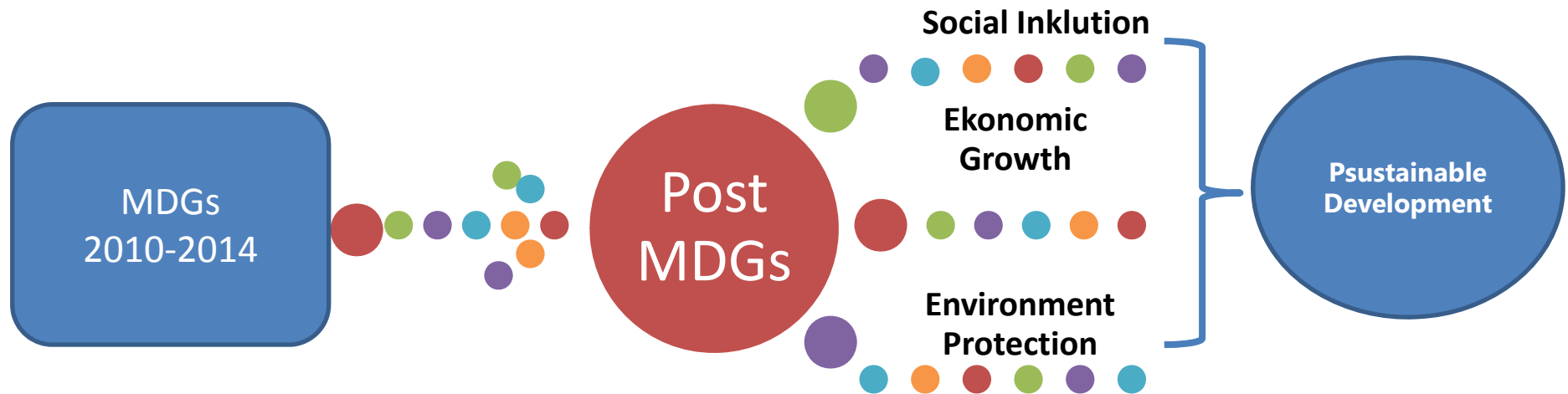
- **Dimensi Regulasi**

- 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



Agenda Post MDGs-2015 Terkait Kesehatan



Post-2015 Agenda related to Health

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

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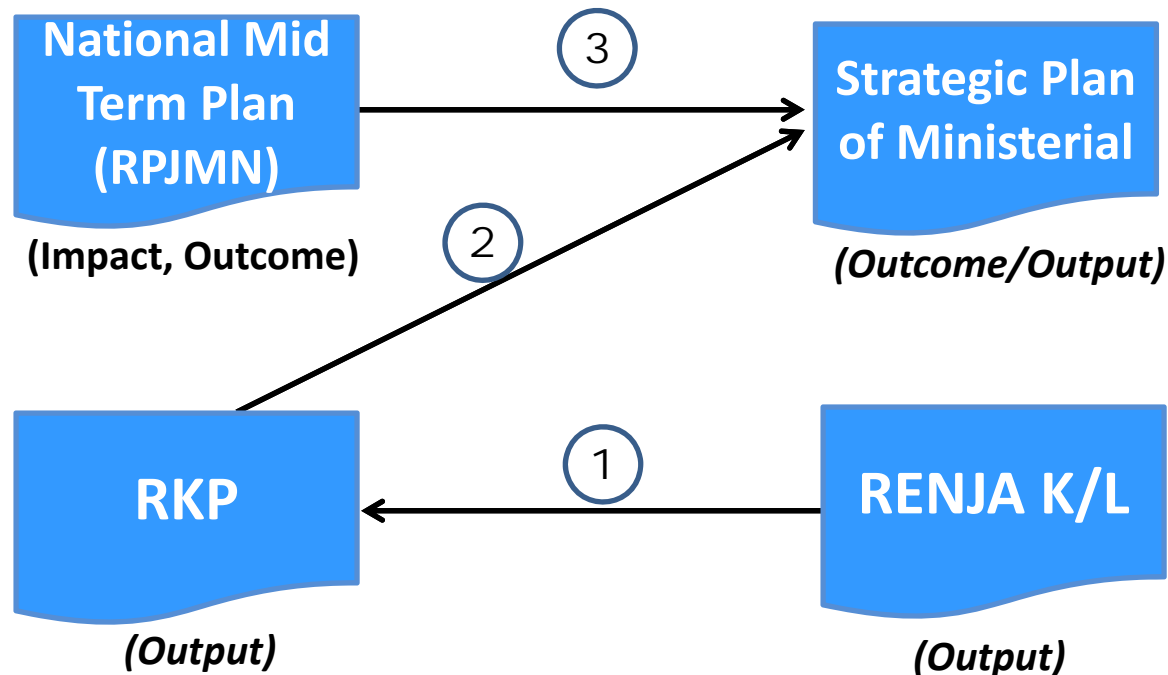
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Frame Work Report Writing RPJMN

(Teknokratic Design)

- **Part 5 :**

Evaluation Framework:

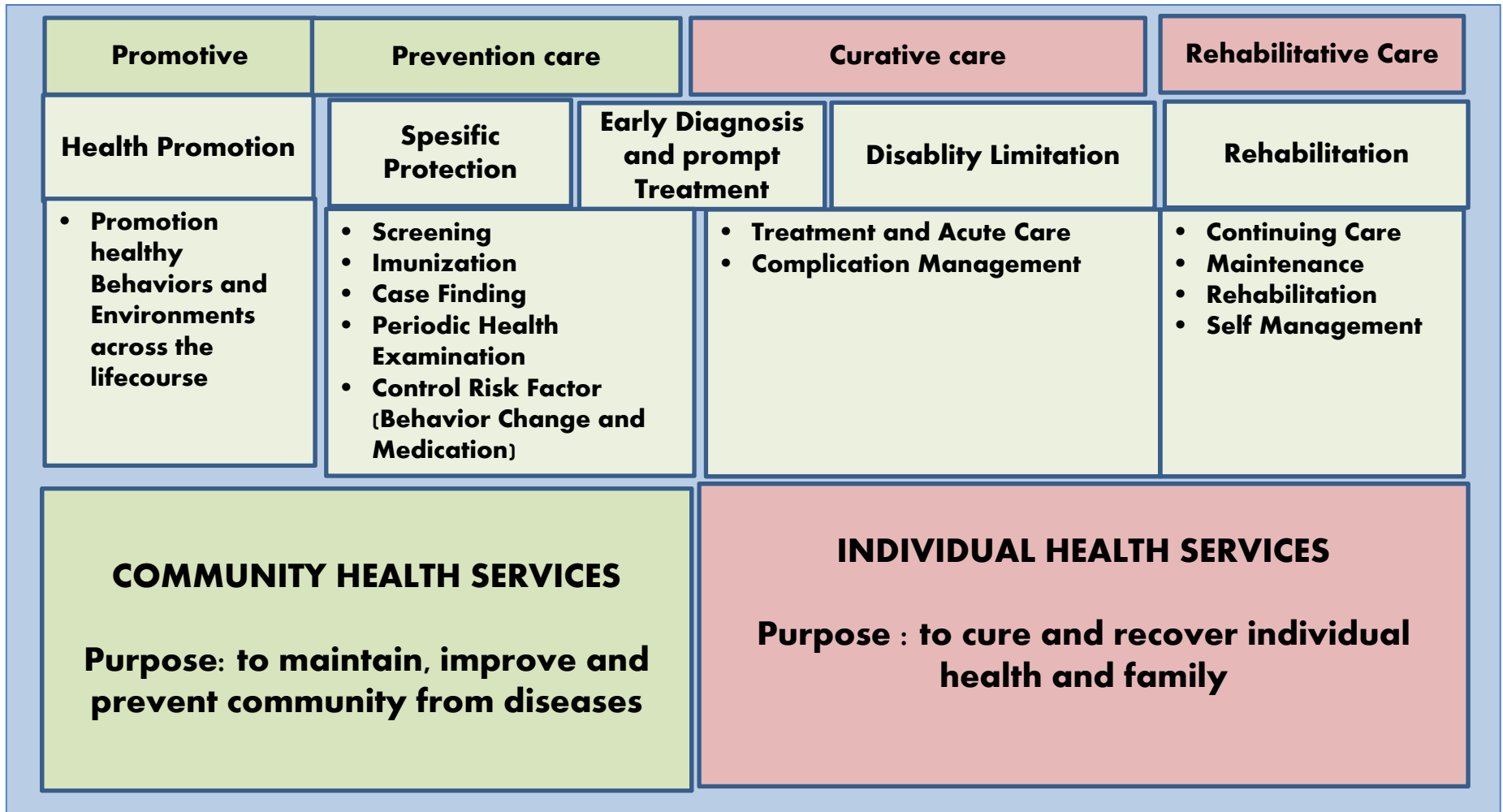




NCD PREVENTION

Diseases Prevention in Health Service Delivery

Levels Of Prevention by stages of Health Care



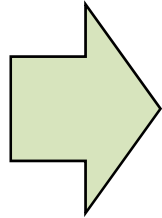
Sources: Pusat Promkes, Kemenkes

Prioritize Health Promotion and Prevention

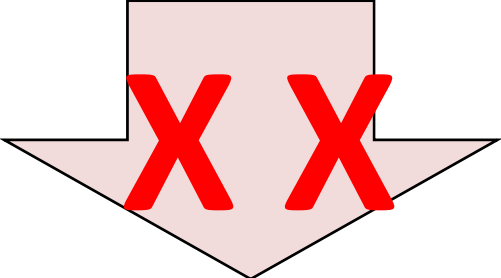


Healthy (70%)

IEC,
Selfcare



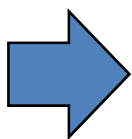
Promotion & Prev



Disease Sign (30%)

Selfcare (42%)

H Service (58%)



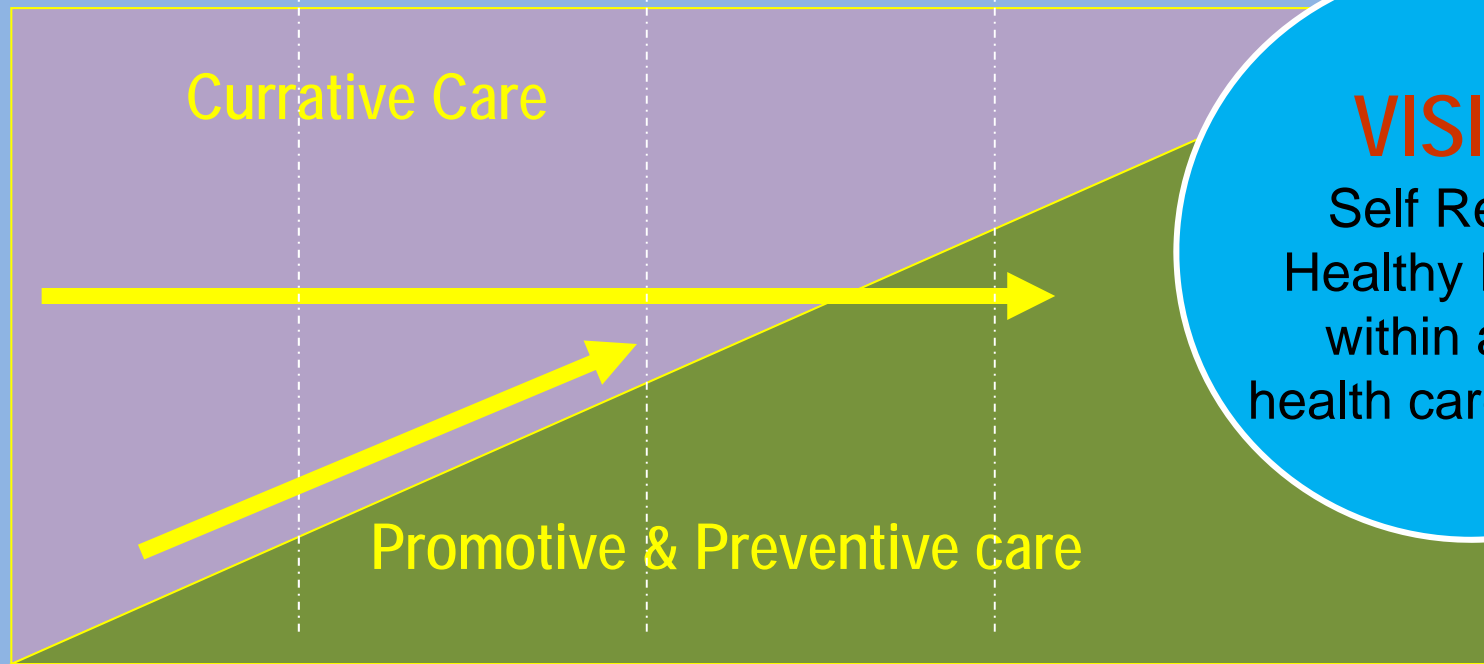
Health Facility

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

Data Source: Susenas 2010

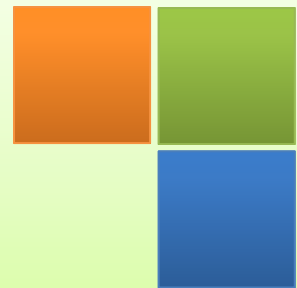
Health Development Agenda

RPJMN I	RPJMN II	RPJMN III	RPJMN IV
2005 -2009	2010 -2014	2015 -2019	2020 -2024



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**