

Indonesia



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Republic of Indonesia (RI) consist of approximately 17 000 islands, located between Asia and Australia. Between 2001 and 2006, the number of provinces expanded from 27 to 33. In August 2009¹, there were 497 districts/cities (399 districts and 98 municipalities), 6 579 sub-districts and 76 546 villages in Indonesia¹. The proportion of population living in poverty dropped dramatically from 60% in 1970 to an estimated 16.6% in 2007¹.

Government commitments to work towards the attainment of the United Nations (UN) Millennium Development Goals (MDGs) are reflected in the national development plan (*Propenas*) and in national strategies to reduce poverty.

Indonesia is prone to natural disasters, landslide, floods and volcano eruptions. The tsunami of 26 December 2004 substantially impacted on the health of affected population.

HEALTH & DEVELOPMENT

Ministry of Health (MoH RI) developed a new Strategic Plan 2010–2014 containing a vision of self reliance and fairness in healthy communities. Its mission is to enhance health status by implementing community empowerment involving private sector and civil society, preventing and overcoming health problems faced by the community through availability of comprehensive and equitable health services and health resources supported by good governance. Strategies to be implemented in the period of 2010-14 are: improve health and nutritional status in the community, decrease morbidity rate due to communicable diseases, implement non-communicable diseases control programme, increase public budget for health to reduce financial risk for health problems - especially for deprived people and communities. Furthermore, implement the *Minimum standards of health services* in all districts, and address need of human resources for health in underdeveloped or remote areas or island provinces.

Regarding Health Services, at primary health care level, Indonesia is generally regarded as having relatively adequate levels of provision, with one public health centre for every 30 000 people on average. However, these averages conceal large variations in geographic access, with people in remote interior or small island locations having particularly poor access. Human resources in health have deficiencies in numbers, distribution and quality of the health workforce, and reportedly low productivity. Ministry of Health RI and partners are continuing to undertake a major effort to build a sustainable, nationwide system of emergency preparedness and response. Development of regional crisis centres - linked to the Ministry's central crisis centre - is at the heart of this.

Communicable diseases are a major cause of morbidity and mortality in Indonesia. Nearly 250 people die of tuberculosis (TB) every day, with over half a million new cases estimated to occur every year (WHO GTB 2009). Malaria remains a major vector-borne disease in large parts of Indonesia. Large scale outbreaks of dengue haemorrhagic fever are reported every year. Although leprosy has been eliminated at national level, Indonesia ranks third in terms of the global burden. Case fatality rates for avian influenza in 2008 were nearly 81%. Significant efforts continue to be invested in prevention and control of avian influenza and emerging infectious diseases, with **pandemic preparedness** at its core. The re-introduction and spread of poliomyelitis in 2005 in several provinces, after a period of 10 years, and reported measles and diphtheria outbreaks pointed to weaknesses in the routine expanded programme of immunization. At the end of 2006, an estimated 293,200 Indonesians were living with HIV-AIDS (National AIDS Commission Publication, 2009).

An epidemiological transition towards noncommunicable diseases (NCDs) is a challenge for Indonesia. Chronic conditions such as cancer, cardiovascular diseases, metabolic disorders and tobacco dependence represent a real burden to the country in terms of cost, suffering and human lives. Mental health has long been neglected; despite an estimated 12.3% loss of productive days was due to mental and neurological disorders. This situation was further aggravated by the tsunami of 26 December 2004 which substantially impacted on the mental health of affected populations.

Environmental determinants of health are an important issue in Indonesia including air and water pollution, leaded gasoline and indoor air pollution.

Total population (2010) ^{1*}	234.2 million
% Under 15 (2010) ¹	26.7
Population distribution % rural (2010) ^{1*}	53.7
Life expectancy at birth (2008) ^{1*}	70.5
Under-5 mortality rate per 1000 (2007) ²	44
Maternal mortality rate per 100 000 live births (2007) ²	228
Total expenditure on health as % of GDP (2005) ³	2.7
General government expenditure on health as % of general government expenditure (2005) ³	5.0
Human Development Index (rank out of 177 countries, 2009) ⁴	111
Gross National Income (GNI) per capita USD (2008) ⁵	1 880
Adult (15+) literacy rate (2000-2007) ¹	92.24
Adult male (15+) literacy rate (2000-2007) ¹	95.4
Adult female (15+) literacy rate (2000-2007) ¹	89.1
% Population with access to improved drinking water source (2009) ⁶	47.63
% Population with improved access to sanitation (2009) ⁶	51.02

Sources:

- Center of Statistic Bureau, 2009
 - revised figures based on population projection of Indonesia 2005-2015
- Indonesia Demographic Health Survey 2007
- Indonesia Health Expenditure 2008
- Human Development Report 2009
- World Bank Report 2008
- National Development Planning Agency, Indonesia's Achievement on MDGs: a Brief Report, 2009
- GFATM – The Global Fund – Country Grant Portfolio
- GAVI Alliance – Country Performance Results 2008

<ul style="list-style-type: none"> Government's strong commitment to health and work towards attainment of UN Millennium Development Goals (MDGs) is reflected <i>inter alia</i> in <i>Ministry of Health RI's Strategic Plan 2010 – 2014</i>. National initiatives to address the problems arising from decentralization are reflected in new law and regulations regarding implementation of decentralization. Relatively adequate provision at primary health care level, with one public health centre for every 30,000 people on average, and health care service contribution from private sector and non governmental organizations (NGOs). Government commitment for tobacco control efforts and support provided from Bloomberg philanthropies 	<ul style="list-style-type: none"> Strengthen health system to address problem of implementation of decentralization. Reduction of diseases burden. Improving community access to health care through social mobilization and community empowerment and quality of health services. Improving capacity of medical personnel and its distribution. Improving availability and affordability of essential medicine. Accede to WHO Framework Convention on tobacco control and advocacy on tobacco control to attain a majority in Indonesia's Parliament to join the Framework Convention
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PARTNERS

During the last two decades, the international community has shown interest in, and attention to, health development in Indonesia. Largest bilateral grant providers are AusAID and USAID to support maternal and child health (including nutrition and family planning) and communicable disease control, with additional amounts supporting decentralization and health policy reform (e.g. GTZ). During 2005-10, significant bilateral and multilateral aid from a range of partners (e.g. the European Union) was disbursed to address multiple challenges posed by emergencies and disasters, by avian influenza and emerging infectious diseases, by polio eradication and measles campaign. Support from the Asian Development Bank focused on ensuring access to health services through infrastructure investments, but the emphasis has shifted to building local management and clinical capacity, community empowerment, and improving operational competence. In 2003, the Global Fund to fight AIDS, Tuberculosis & Malaria (GFATM) and the Global Alliance for Vaccines and Immunization (GAVI) started to disburse funds earmarked for special programmes. WHO has displayed a leadership role in assisting the Ministry of Health RI in the preparation of proposals to GFATM, and in securing funding and technical support from CDC Atlanta. For GFATM, for example, since 2003, a substantial total of grant amounts was mobilized under the GFATM mechanism, totaling US\$ 227,439,698.547. Furthermore, during the period 2002-2008, GAVI funded a total of US \$ 45 million⁸ to help strengthen the areas of immunization services, injection safety, new vaccines and health systems. There are currently 25 UN agencies, funds and programmes operating in Indonesia. WHO together with Food and Agricultural Organization (FAO) is taking the lead role in coordinating the UN approach to support national capacity to respond to avian influenza and pandemic preparedness. WHO is also an active member in the *United Nations technical working group for disaster risk reduction* which aims to improve UN coordination and facilitate support to Indonesian government to manage risks from, and respond effectively to disasters. WHO also coordinate activities closely with other UN agencies working in health areas, in particular with United Nations Children Fund (UNICEF), United Nations Population Fund (UNFPA), International Labour Organization (ILO) and Food and Agriculture Organization (FAO). The importance of the NGOs' role in Indonesia has been growing since the late 1970s. There is little information on the number of NGOs providing health care services; the overall figures range from 8,000 to over 13,000 officially registered NGOs. In response to the tsunami and subsequent earthquakes, a large number of NGOs arrived at Aceh and Nias.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ▪ The international community has shown continuing interest in, and attention to health development in Indonesia. Evident multiple donors' commitment following tsunami (Dec 2004) & for prevention and control of avian influenza. ▪ Country Coordination Mechanism (CCM) responsible for formulating proposals to the GFATM is established and successful in mobilizing resources for health. ▪ Coordination of UN agencies work and support through United Nation Development Assistance Framework (UNDAF) which provides a collective, coherent & integrated UN system response to national priorities & needs. ▪ UN coordination and support to Indonesian government to manage risks from, and respond effectively to disasters coordinated through United Nations technical working group for risk reduction. 	<ul style="list-style-type: none"> ▪ Sustainability of mobilizing resources for health. ▪ Coordination of donor and NGO activities in different sectors including health, especially for emergency relief and reconstruction. ▪ Management of implementation and sustainability of health programmes.

WHO STRATEGIC AGENDA

The overall goal of the World Health Organization in Indonesia is to help improve the health of people in the world's largest archipelago by supporting health development in response to need, advocating health promoting policies, raising awareness of public health priorities and providing technical leadership in collaboration with the government, with UN and other partners, with donor community and civil society actors in health.

In the light of country needs, government policies, activities of other development partners and WHO's own objectives, development of the *WHO country cooperation strategy for Indonesia* identified six overall priority areas:

1. **Health policy and system development.** Support to national efforts to promote policies to strengthen health systems to improve access to quality health services.
2. **Prevention and control of communicable diseases.** Provision of technical and management support to help sustain and strengthen key programmes to prevent and control communicable diseases.
3. **Health of women, children and adolescents.** Promotion of policies & assist programmes to improve nutrition, child, adolescent & reproductive health.
4. **Noncommunicable diseases, mental health, health and environment.** Promotion of public health approaches for the prevention and control of non-communicable diseases, mental health as well as health and environment.
5. **Emergency preparedness and response.** Provision of technical support to strengthen emergency preparedness and response.
6. **Partnerships, coordination and WHO country presence.** Promotion of partnerships, coordination and WHO's presence in countries.



ADDITIONAL INFORMATION

WHO country office website: <http://ino.searo.who.int/EN/Index.htm>

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