

Reducing Regional Health Disparities: Challenges & Opportunities

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Questions

1. What are the parameters/indicators that determines regional disparities?
2. What areas have seen the most progress?
3. What are the remaining challenges and gaps?

Questions: 1

What are the indicators that determines regional disparities?

The Indicators: PHDI (1)

1. Indonesia MoH made a composite index to describe life expectancy named Public Health Development Index (PHDI): used to rank district by level of "public health development progress" from poor to better development
2. Formulated based on community data from the National Basic Health Research (Risikesdas) 2007, National Socio-economic Survey (Susenas) 2007, and Survey of Village Potential (Podes) 2008.
3. The PHDI calculate from 24 health indicators.

The Indicators: PHDI (2)

1. The “absolute” indicators (5): wasting, malnutrition, stunting, monthly growth monitoring, clean wates, sanitation facilities,, immunization, delivery assisted by health worker, doctor to health centre (puskesmas), midwife at village.
2. The “important” indicators (4) are: overweight, diarrhoea, pneumonia, hypertension, hand washing behaviour.
3. The “need” indicators (3): smoking, dental

The Purpose: PHDI

- Describe public health development progress for entire districts in Indonesia
- Focused programs interventions (local specific) in each districts.

The Benefits

- A tool to evaluate the process of improving a certain area (district/municipality) on health status over time.
- An advocacy for province and district government to increase their health status using focused resources and programs interventions priority.
- As a criteria of health fund allocation from central to province and district government.

The Challenges

– *Why* is there is no clear connection between a government's national health expenditures and the health status of the people?

Or

– *Why* don't increasing investments in the budget of a Ministry of Health always lead to clearly measurable improvements in the health of the population?

Questions: 2

What areas have seen the most progress?

District DBK: The Areas

Category	2007	2012
• District/Urban DBK	130	156
• District/Urban Non DBK	310	341
Jumlah	440	497

P-DBK: 10 Prov as of '11

- Aceh (14/21)
- NTB (6/9)
- NTT (11/16)
- Sulteng (7/10)
- Sultra (8/10)
- Gorontalo (5/5)
- Sulbar (4/5)
- Maluku (5/8)
- Pap Bar (6/9)
- Papua (14/20)

- Prop DBK: # total : 28 prop 130 kab/kot
- Prop > 50% Kab DBK : 10 prop* 80 kab/kot
- Prop < 50% Kab DBK : 18 prop 50 kab/kot

Alur P-DBK



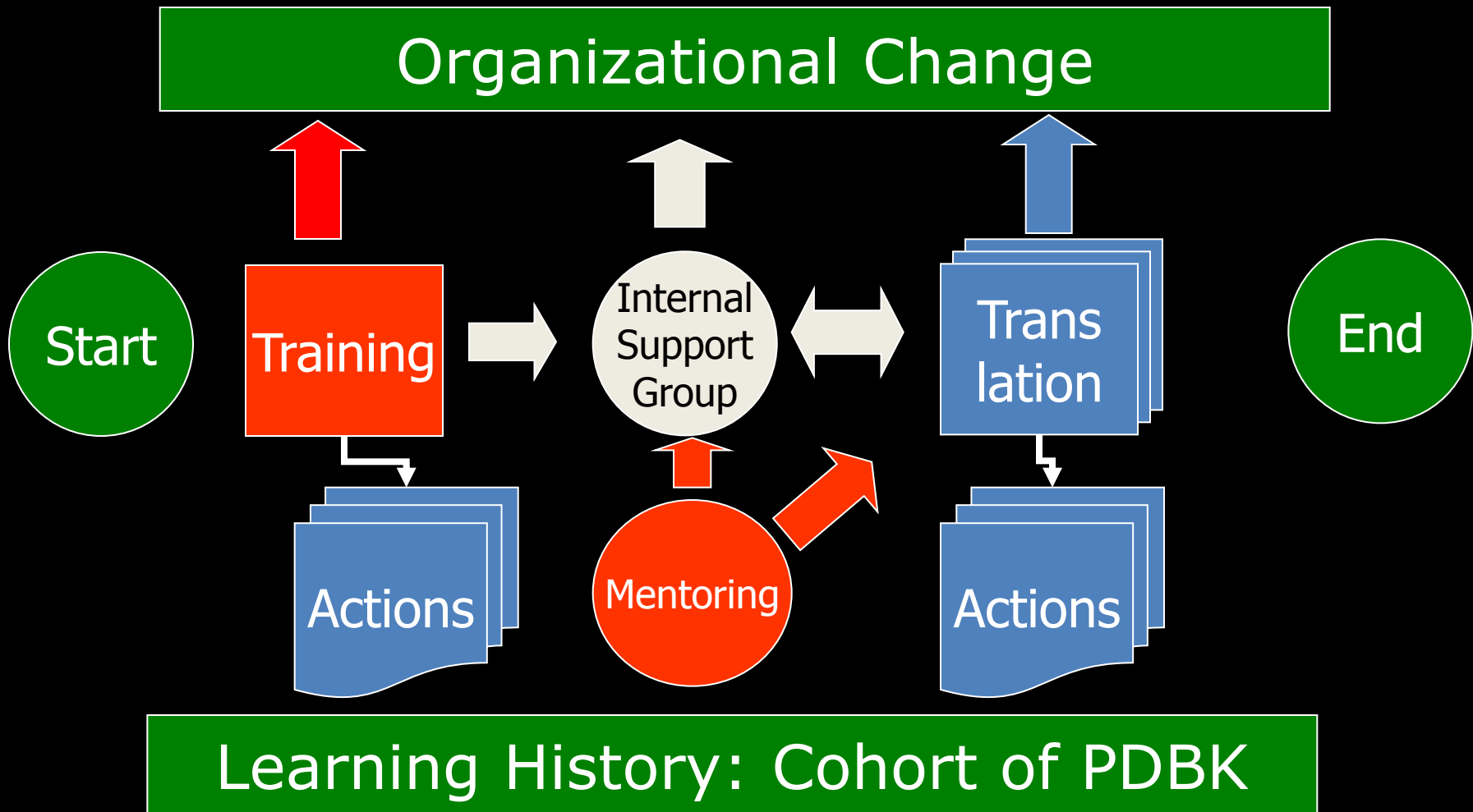
The Intervention: Areas

- Mentoring Guidelines
- Intervention in the provinces (8 of 10) that have more than 50% underdeveloped districts.
- Each provinces: guided by 10-12 persons program staff from MOH as mentor and 1-2 NIHRD researcher for each districts as “Pengamat”.
- Total of 64 districts are included in the intervention.

The Principles: Dialog & Action

- Implement learning organization principles through dialogue “kalakarya and mentoring” at all level forllow by “local action”.
- Assess the impact of the PDBK (kalakarya and mentoring) on reformulation of district’s policies, programs, and activities including local creativities in reducing disparities of PHDI.

The Challenges: Partnership



Comitment & Involvement



ACTION: Posyandu



The Most Progress Areas

- In 2010: 8 provinces and districts
- In 2011: 64 districtst, 8 provinces followed by 29 districts and 3 cities, had kalakarya & visited > than once
- In 2012: newly 18 districts and 3 cities, followed by intensive interaction of districts visited in 2010, 2011
- Dynamic movement is different for each districts.

Questions: 3

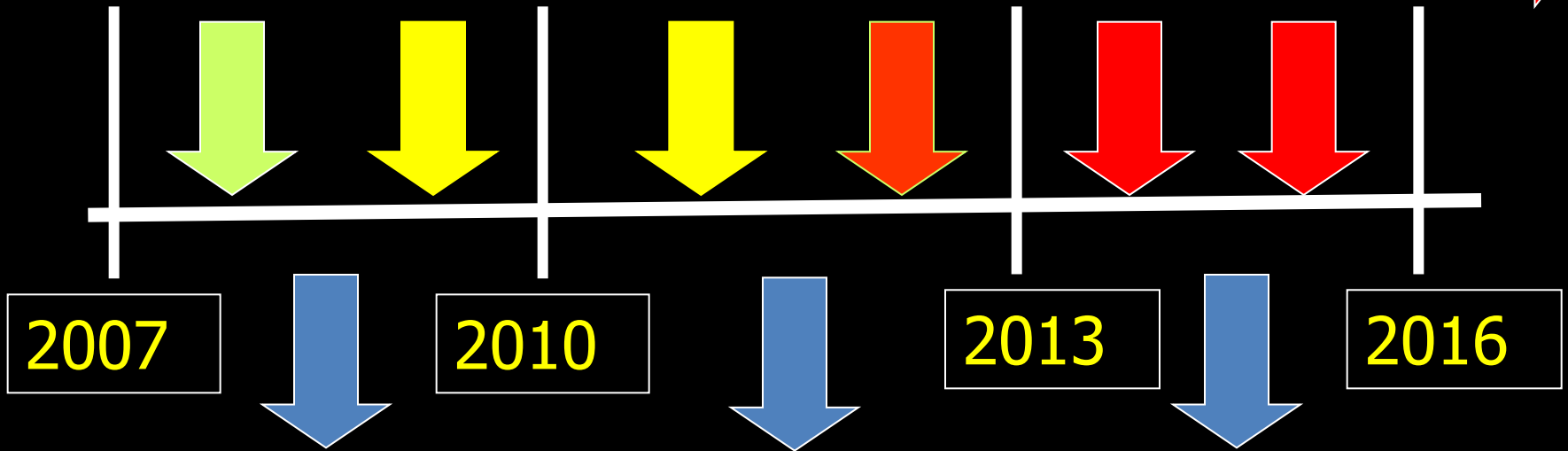
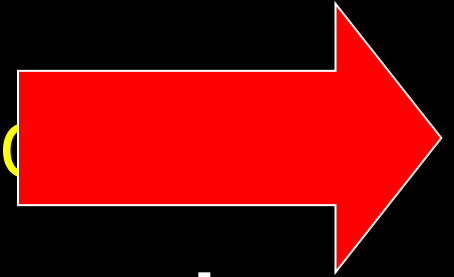
What are the remaining challenges
and gaps?

(Underserved districts/DBK)

RisKesDas, IPKM, & P-DBK

Inisiasi: RKDAS,
PODES, IPKM

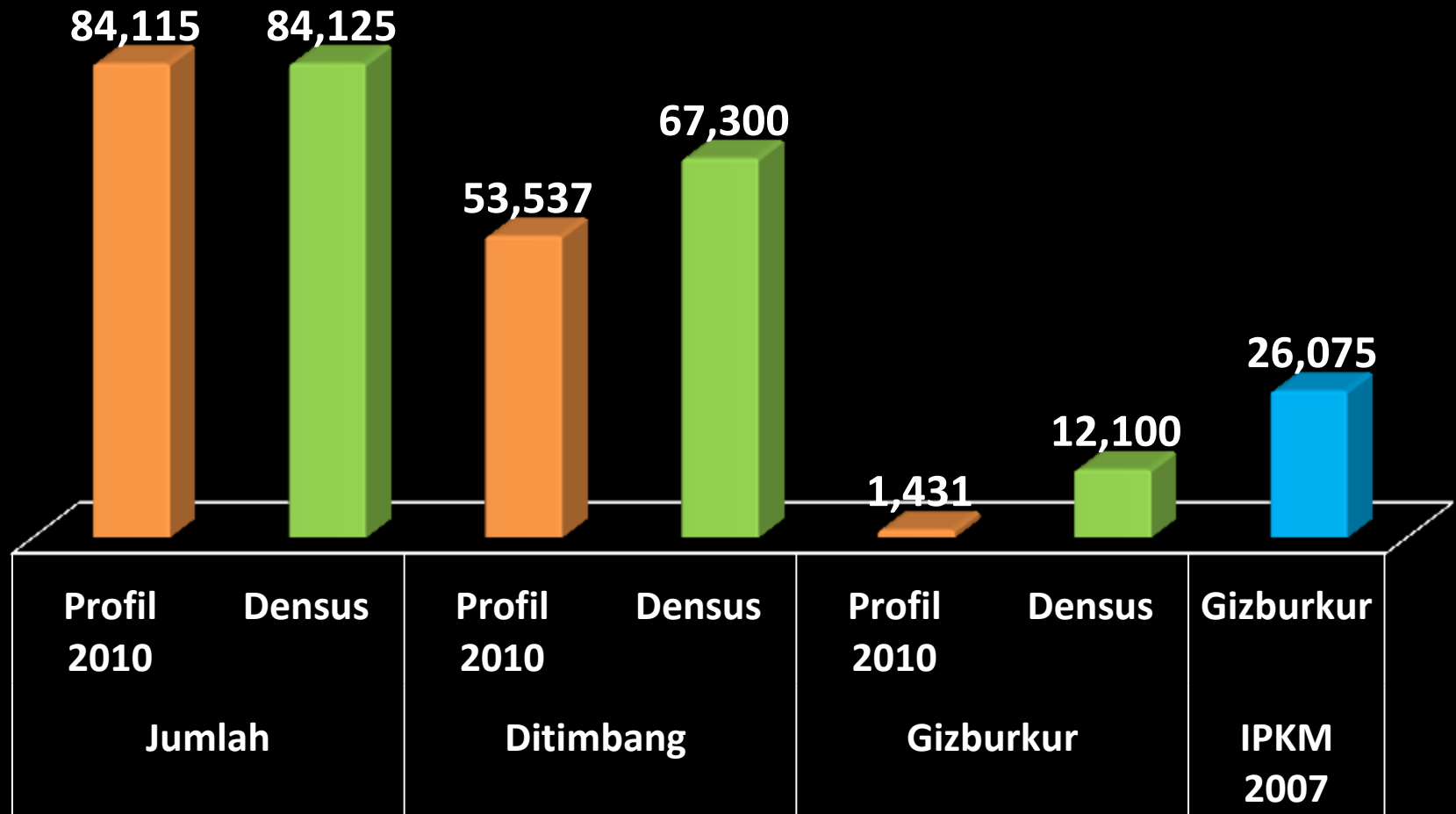
Intervensi:
Isu Str' gis, PDBK, BO



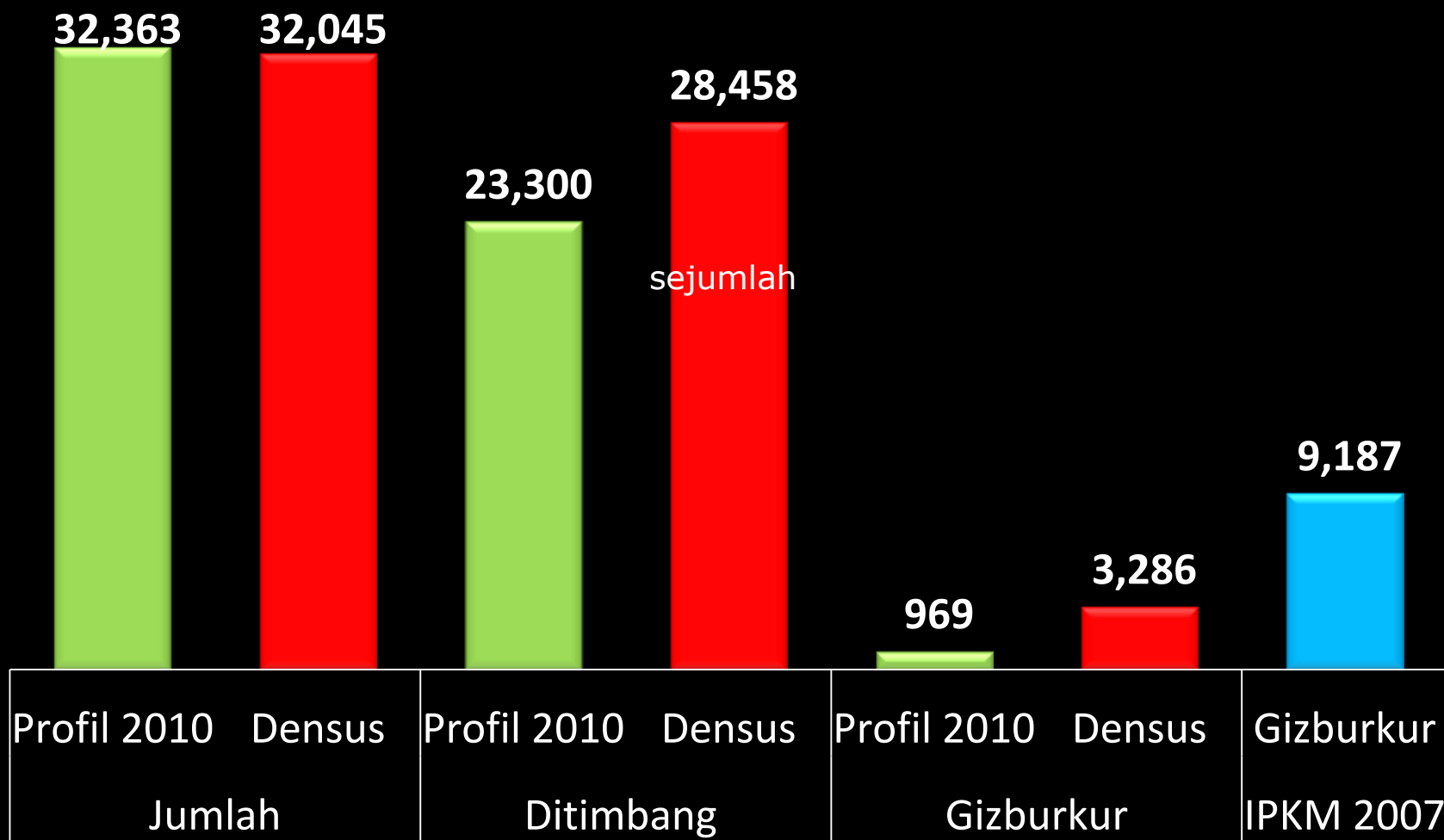
O.R: Learning History

RPJMN, Renstra, Road Map, Ref-Birokr, dll

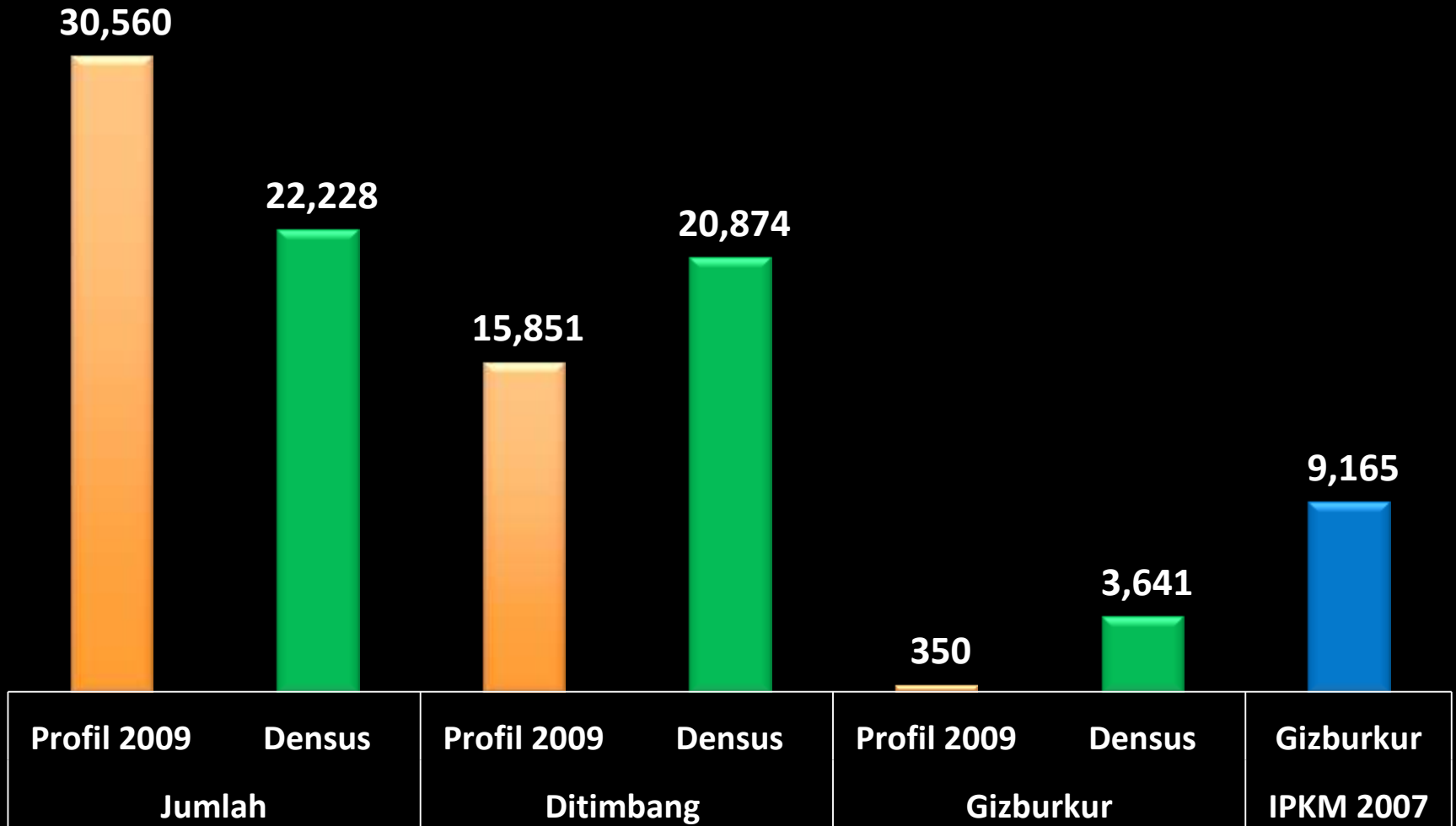
Kab. Sampang



Kab. Gorontalo

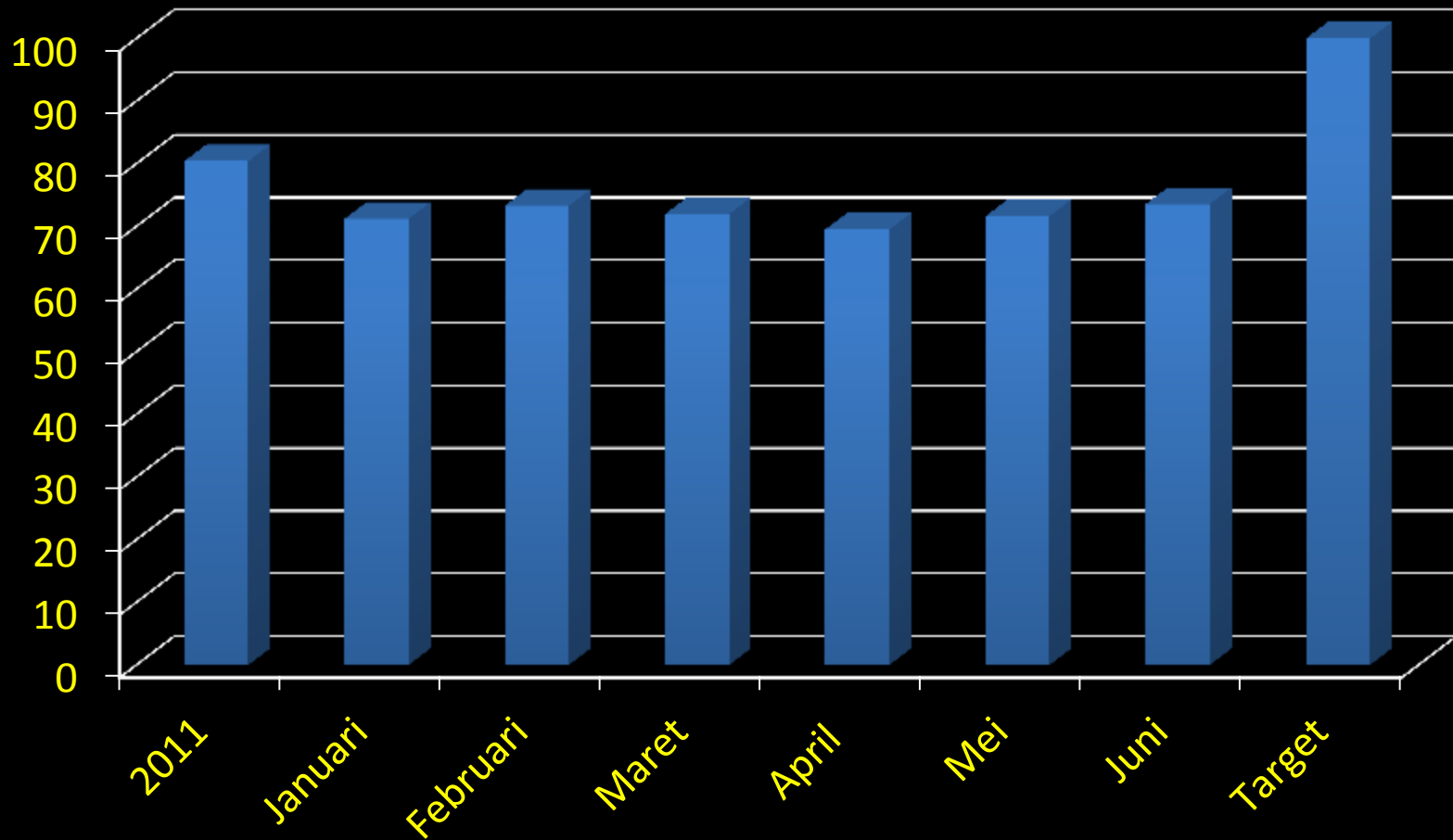


Kab. Dompu

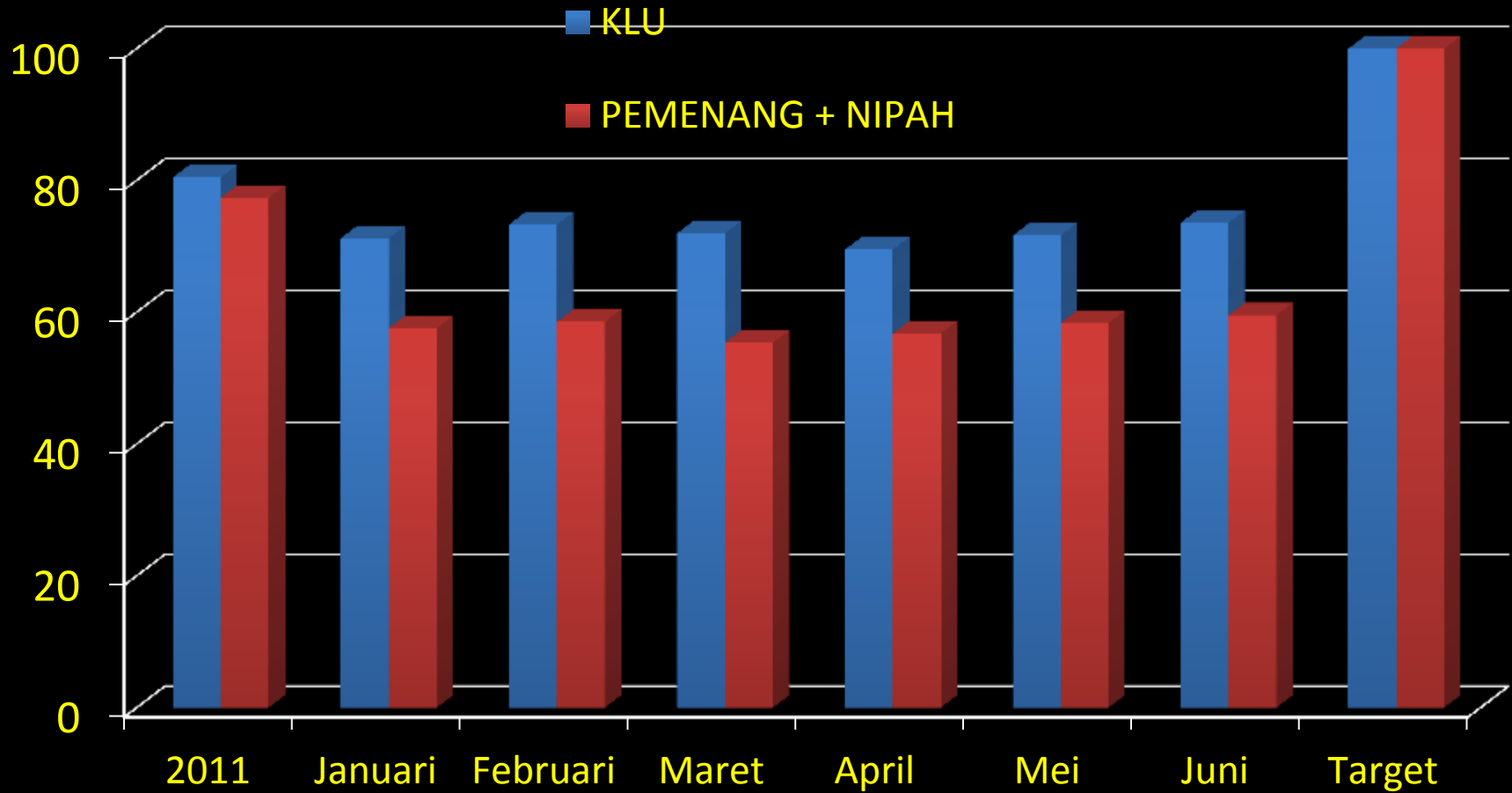


% D/S KLU 2011 vs 2012 (Jun)

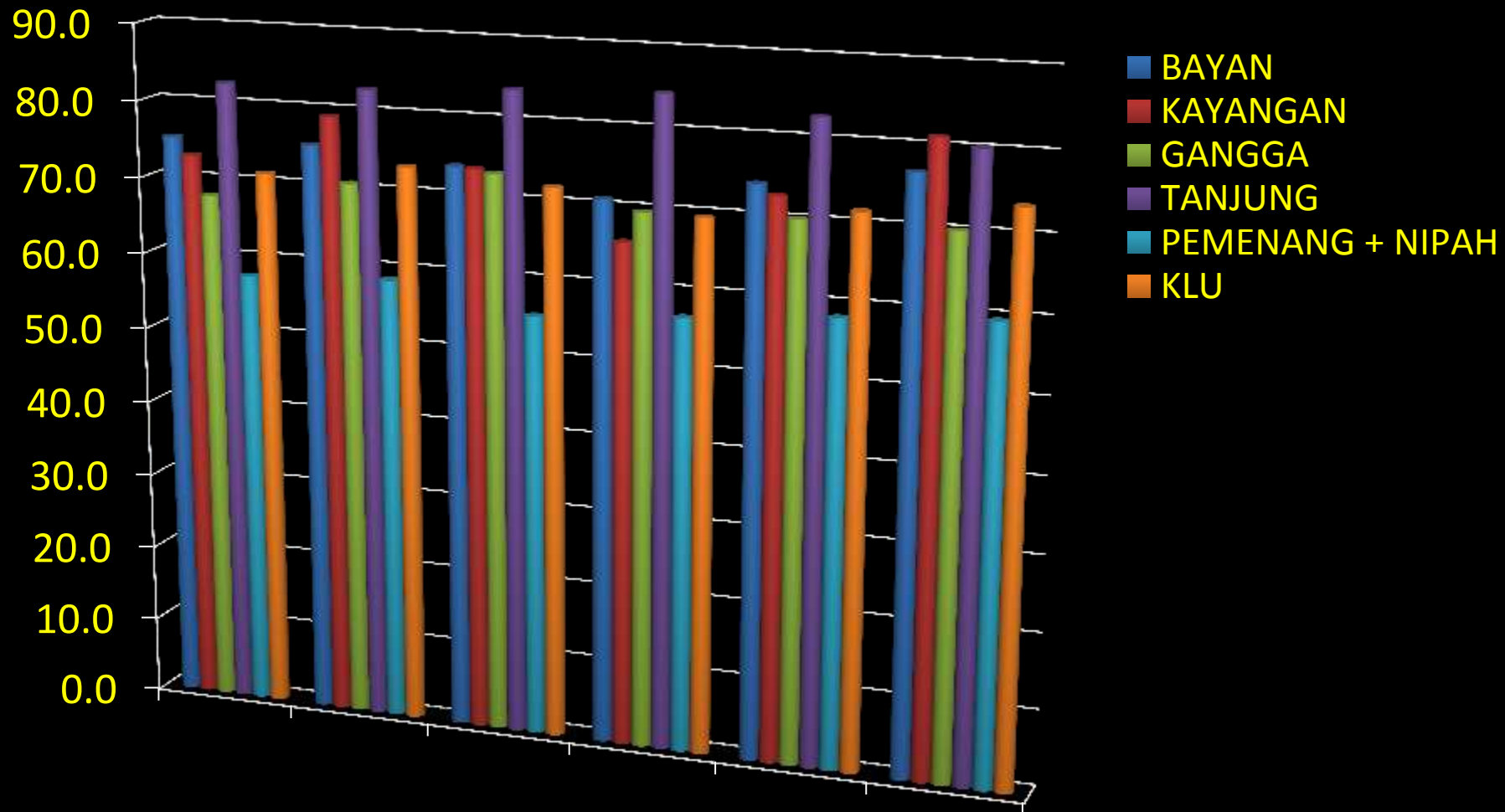
KLU



% D/S Rerata '11 & '12 (KLU)



D/S KLU Jan-Juni 2012



Fragmented: The Shift?

- Health worker & Communities: ownership, household production of health
- Fragmented, linear thinking: non health and communities left as target
- Focus on material
- Indicators as objective
- Lack of Interactions, skill.
- Teamwork, strategic leadership
- Deep learning – systems thinking
- Learning organization at all level

Material-Non Material: Shift?

- Health worker & Communities: ownership, household production of health
- Fragmented, linear thinking
- Focus on material
- Indicators as objective
- Interactions, skill.
- Teamwork, strategic leadership
- Deep learning – systems thinking
- Learning organization at all level

Challenges



- It tells us “WHAT
- It tells us “PROBLEM”
- But it does not tell us “HOW?”
 - Left us with:
‘ISSUES , UNCERTAINTIES, and
‘HOPES’

Action Non Material Approach