

A thick blue arrow originates from the left edge of the slide and points towards the word 'Health' in the main title.

Health System Indonesia,

Presentation Outline

A DISCUSSION OVERVIEW



- Current structure, performance and challenges of the national health systems
- Lesson learnt from COVID-19 Pandemic
- The functions of PHM working for health rights and for my organisation
- Case study or best practice of Indonesian health system and PHM



- A mixture of public and private providers and financing
- Administered in line with decentralized government system in Indonesia (each level has its own mandates and areas of authority)
- Private providers including networks of hospitals and clinics, and individual doctors and midwives who engage in dual practice.
- referral system provides a pathway for patients to be referred from primary to secondary and subsequently to tertiary care facilities.



Current health system in Indonesia

Health system during Covid-19 pandemic



HUMAN RESOURCES CHALLENGES

- Inadequate physician to population ratio
- inequality of physician geographical distribution
- Shortage of nurses and midwives
- Workload of healthcare workers due to the increasing number confirmed and suspected cases

SUPPLIES

- Depleted medical supplies and escalating the utilisation of limited medical equipment
- Medical supply system in Indonesia relied mainly on the global supply chain

Health system during Covid-19 pandemic



HOSPITAL BEDS AND MEDICAL WASTE

- Increasing demands for healthcare services led to inadequate healthcare infrastructure
- inadequate facilities to treat patients with COVID-19 (standardized ICU rooms, insufficient self-isolation facilities)
- insufficient bed capacity in many hospitals
- inadequate medical waste management led to environmental problem

REFERRAL AND ESSENTIAL HEALTH SERVICES

- The internet-based service (SISRUTE) that can connect patient's from primary to higher facilities was not optimal.
- Inadequate real-time data entry and quick response
- disruption of health service at the community level and other primary healthcare services (family planning, immunisation and other routine services)

How do we solve the problem?



ONE AUTHORITY DIRECTION FROM NATIONAL ER DEPARTMENT

Presidential Task forces

LIMITATION OF COMMUNITY ACTIVITIES (4 LEVEL) – NO TOTAL LOCK DOWN AND PROVIDING QUARANTINE FACILITIES FOR CITIZENS TRAVELLERS IN JAKARTA

- Screen travellers from overseas
- As a response of first emergency response to COVID-19 spreading

ESCALATE COVID-19 VACCINATION AND SCREENING TEST

- For frontline staff and elderly people
- Screening test and self isolation for citizens and travellers who were closed contact of confirmed case

COMMUNITY EMPOERWENT TO PREVENT COVID 19

Special funds for community and Community incentives for impacted families



THE ASSOCIATION BETWEEN HEALTH FOR ALL 2000 AND PEOPLE'S HEALTH CHARTER AND INDONESIAN HEALTH SYSTEM

- Patients have rights to comprehensive health information (medical procedures/ treatment) and are enforced by law when they enter the medical services system
- Individual has freedom to choose their healthcare services, whether public or private system.
- Individual is free to choose any private insurance and privately purchased medicine supplied
- Patients have rights to ask for second opinion, to receive proper treatment according to their medical needs and refuse any medical treatment/ procedures.
- Accessibility for disabled people to access the health facilities (ramps, doors, toilets and parking spaces)
- patients have rights to communicate their dissatisfaction by using a complaint box available in all clinics centre.



THE ASSOCIATION BETWEEN HEALTH FOR ALL 2000 AND PEOPLE'S HEALTH CHARTER AND INDONESIAN HEALTH SYSTEM

- Public participate in planning process through the musrembang mechanism
- Ensuring the hospital to adopt international accreditation system to serve the patients with world-class standard to help citizens seek health services in Indonesia instead of treatment abroad

Indonesian health financing



- From 1996 to 2004, private health expenditure was the largest contributor to total health expenditure.
- Out-of-pocket payments are the largest source of health financing in Indonesia in 2014
- Since the introduction of JKN (National health insurance), the public share was the major contributor to the total health expenditure (2014)