



**Decision
Making
Structure
For the Health
Sector in
Indonesia**

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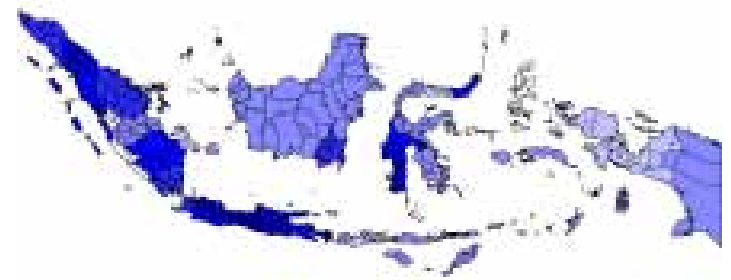
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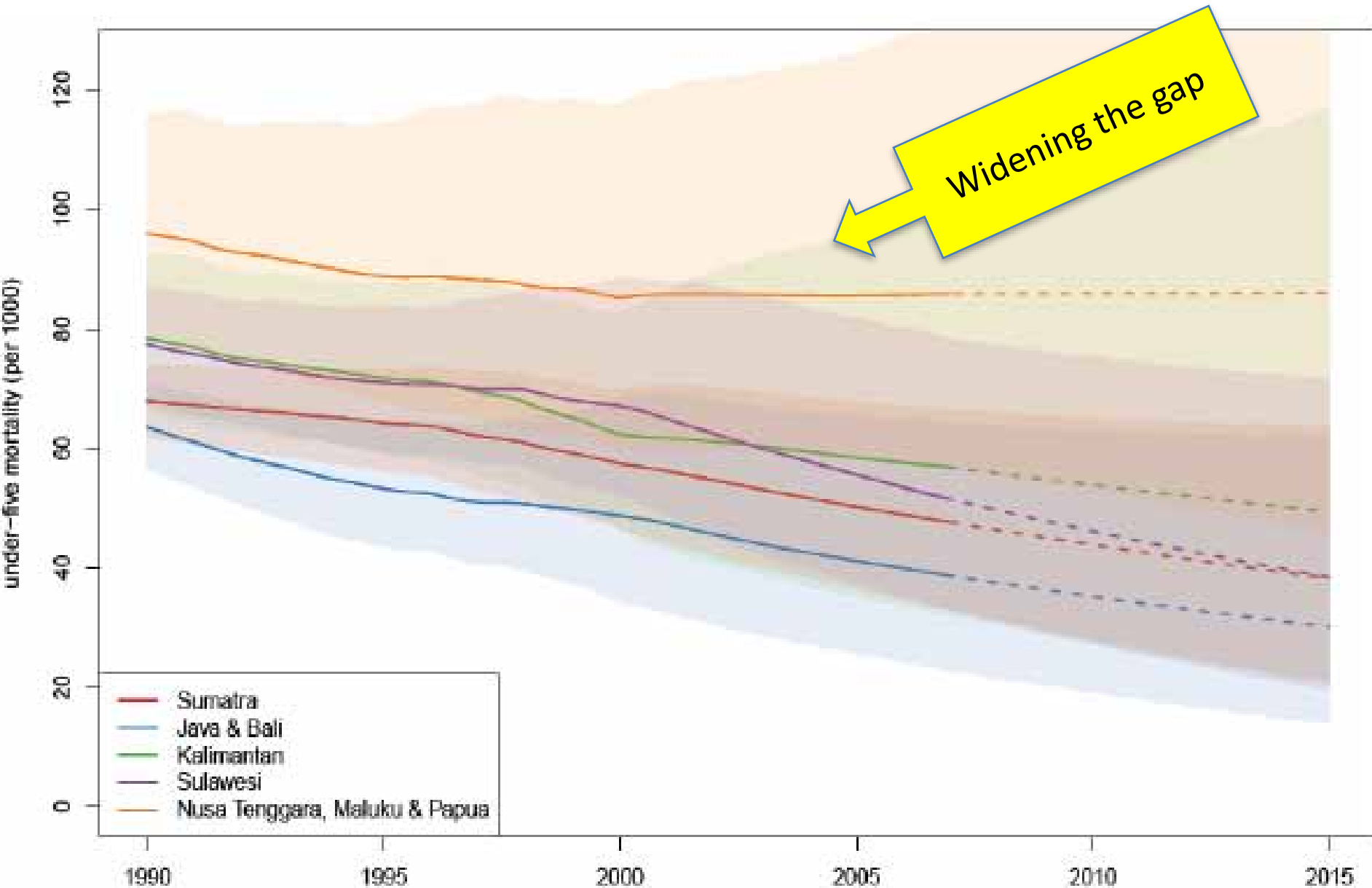
1. Decentralization and Health Sector

- In 1999/2000, Indonesia started decentralization, include in health sector
- Various central government decision making power were transferred to local government (33 provinces and almost 500 districts)
- What are the impact of decentralization?

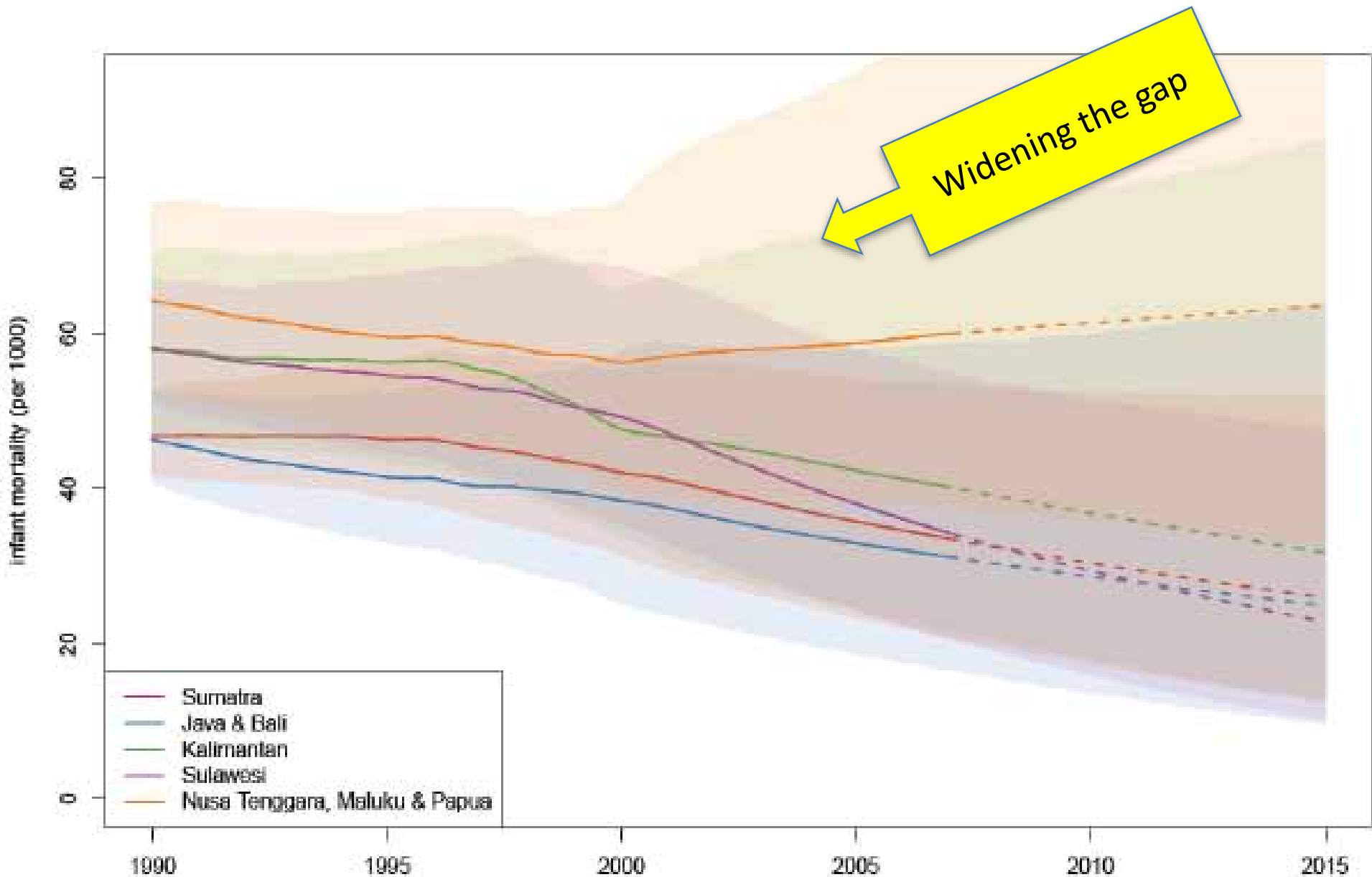


- What are the impact?

The Facts: U5MR – ISLAND GROUPS



IMR – ISLAND GROUPS



Specialist distribution



- Jakarta: 24% of specialists, serves around 4% community in a relatively small area
- Provinces in Java: 49% of specialists, serves around 53% community
- Rest of Indonesia: 27% of specialists, serves around 43% community in a very large area

Specialist distribution

| Province | Number | % | Cumulative | People served | Ratio |
|------------------|--------------|----------------|------------|-----------------------|------------------|
| DKI Jakarta | 2.890 | 23,92% | 23,92% | 8.814.000,00 | 1 : 3049 |
| Jawa Timur | 1.980 | 16,39% | 40,30% | 35.843.200,00 | 1 : 18102 |
| Jawa Barat | 1.881 | 15,57% | 55,87% | 40.445.400,00 | 1 : 21502 |
| Jawa Tengah | 1.231 | 10,19% | 66,06% | 32.119.400,00 | 1 : 26092 |
| Sumatera Utara | 617 | 5,11% | 71,17% | 12.760.700,00 | 1 : 20681 |
| D.I.Jogjakarta | 485 | 4,01% | 75,18% | 3.343.000,00 | 1 : 6892 |
| Sulawesi Selatan | 434 | 3,59% | 78,77% | 8.698.800,00 | 1 : 20043 |
| Banten | 352 | 2,91% | 81,69% | 9.836.100,00 | 1 : 27943 |
| Bali | 350 | 2,90% | 84,58% | 3.466.800,00 | 1 : 9905 |
| Sumatera Selatan | 216 | 1,79% | 86,37% | 6.976.100,00 | 1 : 32296 |
| Kalimantan Timur | 203 | 1,68% | 88,05% | 2.960.800,00 | 1 : 14585 |
| Sulawesi Utara | 173 | 1,43% | 89,48% | 2.196.700,00 | 1 : 12697 |
| Sumatera Barat | 167 | 1,38% | 90,86% | 4.453.700,00 | 1 : 26668 |
| Propinsi Lainnya | 1.104 | 9,14% | 100,00% | 52.990.200,00 | 1 : 47998 |
| | 12083 | 100,00% | | 224.904.900,00 | 1 : 18613 |

Critical Question based on the facts:

- Decentralisation policy in Indonesian health sector:
 - Is it good?
 - Is it bad?

Data Interpretation

- The answer is debatable: the decentralisation policy in 2000 has not provided a convincing result on the performance of health status

This was concluded at the 6th annual meeting on health care decentralization in Bali (2007).

2. Important Actors in Decision Making (Health Sector)



- Depends on:
 - Central Level
 - Provincial
 - District Level



Central Level

Executive

- Presidential Office
- *Bappenas* (National Bureau of Planning)
- Ministry of Health
- Family Planning Body (*BKKBN*)
- Social Security Funds (*Badan Pengelola Jaminan Sosial*)

Legislative

- National Parliaments

Note:
Many Non
Government
Organizations
which act to
influence
decision making

Decision at National Level

(Law no 12-2011)

- a. Undang-Undang Dasar Negara Republik Indonesia Tahun 1945; Based on 1945 Constitution*
- b. Ketetapan Majelis Permusyawaratan Rakyat; (People Assembly Decision)*
- c. Undang-Undang/Peraturan Pemerintah Pengganti Undang-Undang; Government Regulation/Government Regulation as replacement of Act (in Lieu of Law)*
- d. Peraturan Pemerintah; (Government Regulation)*
- e. Peraturan Presiden; (Presidential Regulation)*



Provincial Level

Executive

- Provincial Government Leader (elected)
- Office of Health in Provincial Government
- Family Planning unit at provincial government

Legislative

- Provincial Parliament (elected in general election)

Limited
Non
Government
Organizations



District Level

Executive

- District Government Leader (elected)
- Office of Health in District Government
- Family Planning unit in District government

Legislative

- District Parliament (elected in general election)

Limited
Non
Government
Organizations

Decision at Local Government Level

- Local Government Regulation (set by local parliament and local government). Include local government annual budget
- Governor/Mayor/Regent Regulation
- District Health Office

Some notes:

- Concurrent principle of decision making
- Health sector is not only the task of Ministry of Health
- Climate Change issue is multi ministries policy

The Concurrent Structure of Decision

- Operating or acting in conjunction among various level of government
- Being in accord; harmonious based on decentralization policy

The Concurrent Structure

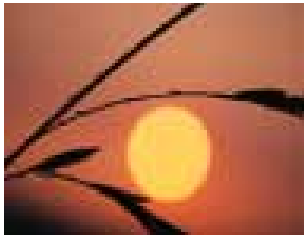
| | Central Government | Provincial Government | District and City Government |
|---------|--------------------|-----------------------|------------------------------|
| Issue A | | | |
| Issue B | | | |
| Issue C | | | |

3. Some health issues related to Climate Change:



- a. Equity
- b. Surveillance and Response
- c. Disaster

Need a good balance and collaboration among central, provincial, and district government



a. Equity,

related to socio-economic and health system condition

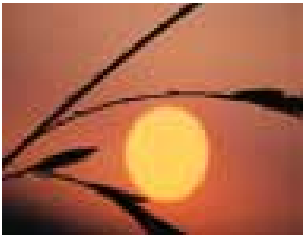
To solve the problem of socio-economic equity

National Government:
Provides Jamkesmas
(National Social Security
for Health)

Local Governments
provide local government
fund

To solve the problems of Geographical in-equity

- Special programme for health human resources distribution in remote area
- Health facilities development in remote areas
- Telemedicine, Tele-education and training



b. Surveillans and Respons.

Relates to risk factors, disease, and death change as the impact of climate change

Impacts from
Climate Change on
human health can
be derived from:

- a. Natural disaster
- b. The change of
disease pattern

- All of these changes should be managed well by a proper surveillans and response system in disaster period or normal situation.

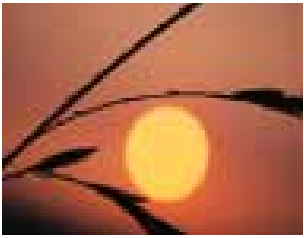
Who do what in surveillans respons?

Central Government

- Good attention
- The unit which manages national surveillance is too small and not powerful
- Is not yet supported by e-Health

Local Government

- The situation is weak
- There is not enough attention
- Lack of epidemiologist
- Limited use of data for decision making



Disaster

as the direct impact of climate change

Central Government

- National Body for Disaster Management, (including health)
- Will manage disaster that cover more than one province

Local Government

- Local Government Body for Disaster Management (Including health).

The decision making arrangement is still new, clear, but not easy to implement

The Concurrent analysis

| | Central Government | Provincial Government | District and City Government |
|-----------------------|--------------------|-----------------------|------------------------------|
| Equity in Health | Limited policy | Not Clear | Not Clear |
| Surveillance Response | Limited policy | Limited policy | Limited Policy |
| Disaster | Clear Policy | Clear Policy | Clear Policy |



Closing

- Decision making in health should be based on the decentralization policy
- The decentralization policy itself is not well managed in this 10 years of implementation
- Some health issues which relate to Climate Change is not yet well addressed
- Disaster Management is better than the other issues.

We hope:

**This 5-day program will
bring more insight and
new ideas on how health
policy related to Climate
Change will be developed
in Indonesia**

Thank-you