Social Determinants of Health in Indonesia

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ISS Indonesia

INTREC’s first International Stakeholders meeting
East Legon Accra Ghana, 19th – 21st March 2013
Country Profile

- Islands: 17,500, inhabited: 6,000, >100 active volcanoes
- Population: 239 million, 60% in Java island
- Life expectancy: 70.5 years
- Density: 951 people per sq. km in Java and 20 people per sq. km in Kalimantan
- GDP per capita: USD 2,800 (2010)
- GRDP per Capita: Mimika USD 34,210 and Nduga USD 210
Government System

• Presidential with 34 ministries
• Decentralization: 33 Provinces, 497 districts
• The power of the heads of districts
  – influenced the health of the Indonesian people
  – brought about health inequity in Indonesia
• Nation level data and regulations are not enough to effectively address SDH
Major SDH Issues

Some major issues on Social Determinants of Health in Indonesia:
1. Tobacco Use
2. Tuberculosis (TB) burden
3. On-going work related to SDH
4. Training on the SDH
Tobacco Use

• 67.4% of males, 4.5% of females and 34.8% (59.9 million) of the adult population currently smoked tobacco (GATS 2011)
• 75% start smoking before the age of 20
• No strict regulations on tobacco control
• Do not ratified the Framework Convention on Tobacco Control (FCTC)
• Consultation to quit smoking is still very rare
Tuberculosis (TB)

• Indonesia ranks third in terms of tuberculosis (TB) burden in the world
• Delay in diagnosis and treatment as well as low adherence to treatment
• TB treatment is free of charge but transportation cost to the hospitals is not free
• Lack of standardized diagnosis and treatment such as DOTS
• Care-seeking behavior is influenced by advice from family and friends as well as income
On-going Work Related to SDH

• The Community health security (“Jamkesmas”) to ensure 76.4 million poor people have access to health care facilities
• The National Program on Community Empowerment (PNPM Mandiri) to guarantee poverty reduction based on community empowerment programs
Training on the SDH

- SDH are not taught as separate subjects in the public health schools in Indonesia
- Some courses include topics related to SDH as part of the courses
- Most public health schools include SDH-related components that could be further developed
General Recommendations

• Training on smoking cessation counseling among health professionals
• Framing tobacco use as a family health issue
• Increasing restrictions on the tobacco industry
• Improving the quality of health care staff for further improve TB treatment adherence
• Reducing transportation cost would improve health care delivery for the poor
Recommendations to SDH Training

• Intensive and more structured training on SDH among key research and policy stakeholders.
• Online training on SDH would be very possible to implement in Indonesia.
• Support the development, spread and use of relevant data on the SDH from regional settings.
Thank You for not Supporting