NCD PREVENTION AND CONTROL IN INDONESIA

POTENTIAL INVESTMENT TO PREVENT LARGER PREMATURE DEATH TOLL, DISABILITY AND ECONOMIC IMPACT FOR THE NEXT GENERATION

2016
The largest archipelago in the world with 17,504 islands.

1,904,569 square kilometres on the equator between the Asian mainland & Australia.

34 provinces with a governor and legislature.

Provinces are composed of 416 districts/98 municipalities responsible for government services.

The world's fourth most populous country with more than 255 million people.* based on survey between census 2015

Population density reaches 126.4 person/square kilometre.

The Indonesian population growth decreased each year from 2000-2010 from 1.47% to 1.39% by 2010.

The median age in Indonesia is 27 (BPS 2010) the 3rd youngest in East Asia around 10 years younger than in most major advanced countries.

The population were between 15-64 years of age about 67% in 2015.

Indonesia has recently introduced a universal health coverage scheme envisioned to cover the entire population by 2019. National health insurance (JKN) began step-wise roll-out in January 2014 as part of the national social security system.
CURRENT SITUATION OF NCD IN INDONESIA

EPIDEMIOLOGICAL TRANSITION CAUSAL OF DEATH 1990-2014

The communicable diseases remain high and are compounded by certain emerging and re-emerging diseases that appear unexpectedly.

Source: Double Burden of Diseases & WHO NCD Country Profiles (2014)

THE MAIN CAUSES OF DEATH IN ALL AGE

CEREBOVASCULAR DISEASES
- 21.1%
- Stroke

ISCHEMIC HEART DISEASE
- 14.9%

DIABETES MELLITUS
- 9.6%

RESPIRATORY TUBERCULOSIS
- 7%

HYPERTENSIVE DISEASE
- 5.4%

COPD (Chronic Obstructive Pulmonary Disease)
- 4.2%

MALIGNANT NEOPLASM BREAST
- 1.7%

On the other hand, based on the BHR 2013 the prevalence of hypertension is slowly decreasing from 31.1% (2007) to 25.8% (2013).

Riskesdas data also revealed that only 30% of both Hypertension and Diabetes are detected/diagnosed, 70% are not yet detected in the community and this condition will lead to late access to health treatment, causing multi-complications, disability, increasing number of premature death, multiplying health costs and increasing economic burden.

NCDs Burden in Indonesia Age > 15 years

The burden of NCDs quite high and affecting millions of populations as described at the table below, in particular Hypertension affected 42.1 millions population, while Diabetes affected 9 millions population.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Millions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>1.2</td>
</tr>
<tr>
<td>Hypertension</td>
<td>42.1</td>
</tr>
<tr>
<td>Central Obesity</td>
<td>44.3</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>8.9</td>
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</tbody>
</table>

Global burden cancer estimated

Note: Only 36.8% Hypertension case are diagnosed
Only 30.4% Diabetes Mellitus case are diagnosed
This will pose threat to late tx, complications, disability, high cost tx and premature death

Source: Riskesdas 2013
COMMON RISK FACTORS OF NCD

PREDICTORS OF FUTURE TRENDS OF NCD

Indonesia has been aware that NCD is becoming one of the health issues and cause of death diseases the major global threats to economic development in Indonesia. The NCD program has been revised with 5 year NCD strategic plan 2015-2019, and the Indonesia PC-NCD actions plan 2015-2019 were launched in October 2015.

The prevention and control approach on NCD risk factors has been contained with four strategies, namely:
1. Advocacy, partnership, leadership and management of NCD,
2. Promotive and Prevention and NCD Risk Factor Reduction through community empowerment,
3. Strengthening of health services capacity, collaborate private sectors and professional; and
4. Strengthening NCD surveillance and research.
Advocacy, partnership, networking, and capacity building are the main activities of Indonesia NCD control programs. To maintain inter-sector collaboration and community involvement, networking has been formed, NCD control programs have been enhanced with strong political support and in coordination with civil society.

The national PC-NCD program has developed a NCD control program including activities such as promoting healthy behavior, a community based intervention namely Posbindu NCD (community health post for NCD prevention activities) for early detection of common NCD’s risk factors, early treatment through integrated NCD’s risk factors health services in primary health center as PHC revitalization, and NCD’s surveillance. The Ministry of Health also has provided comprehensive health services in hospitals in province and district level which are accessible and qualified care.

Tobacco consumption is the one risk factor common to the main groups of NCD such as cardiovascular disease, stroke, cancer, chronic lung disease, and diabetes. It is also a risk factor for infectious diseases, tuberculosis and lower respiratory infections – health burden that afflict much of humanity.

Indonesia’s Health Law No. 36/2009 and Government regulation (No. 109/2012) have stated that tobacco and tobacco products are considered as addictive substance and should be regulated to protect the health of the individual, family, community as well as the environment. To guide tobacco control activities, there is Health Minister Regulation No. 40/2013 on Tobacco Control Roadmap (2009-2024) reducing smoking prevalence 10% by 2024.

Tobacco control program in Indonesia consist on: (1) to protect people from tobacco smoke by smoke free area for minimal 7 places (schools, children play grounds, health facilities, religious places, public transport modes, work places, public places and other places); (2) to warn people about tobacco hazardous on health, by applied pictorial health warning at tobacco packs (Health Minister Regulation No. 28/2013), public services announcement, and other EIC including social media; (3) to limit tobacco advertising in TV from 5.00 am to 9.30 pm; (4) bans on tobacco selling for children under 18 years old and pregnant women; (5) “offer help to quit tobacco” has been delivered by public health center in corporate with WHO PEN implementation. Quit-line also establish to expand services.

The regulation to protect people from tobacco smoke is not only at national level but also at sub national level. Now, there has been 186 cities/ district in all provinces throughout Indonesia already develop and implement smoke-free regulation in various type and stage.

The Government of Indonesia has included in its 2015-2019 National Midterm Development Plan three indicators for NCD prevention and control related to tobacco use, obesity, and hypertension.

NCD risk factor early detection and standard prompt treatment of hypertension and diabetes mellitus have also been included the Health Care
Minimum Standard Requirement indicators for all District Local Government. This will enforce the districts' authorities to ensure the health care system to fulfill the requirements, achieve these indicators, and allocate sufficient budget.

Acceleration efforts to reach and detect undiagnosed NCD cases will be optimized by ensuring that all cases are promptly treated at primary and referral health care facilities.

Community empowerment for detection and intervention of risk factors modification by implementing Posbindu activities have been initiated since 2006 and expanded to cover the entire 34 provinces in the country. During the last decade, the Government of Indonesia has been strengthening the public-private collaboration through Corporate Social Responsibility programs – in addition to the engagement of professional organizations – in health promotion campaign, capacity building of health providers, and strengthening the mentoring system of NCD services.

NCD essential package services are also covered by the National Health Insurance scheme at primary, secondary, and tertiary health care facilities - which include the participating private facilities. Indonesia has achieved most of the targets which had been put in place during the 2013.

Indonesia has conducted the Stepwise Surveillance or STEPS periodically in 2007 and 2013 - the next survey will be in 2018, put in place facilities readiness for the Service Availability and Readiness Assessment or SARA in 2010 and 2014, established web based NCD surveillance system, and expanded NCD services to reach community level - by implementing Primary Health Center and Posbindu activities.

Indonesian government, under the Ministry of Health, has committed to make priority for the non-communicable diseases prevention and control program. Policy and strategies have been developed to establish appropriate program and activities in order to address the NCD burden. The policy support has been given by the high level government sectors and has involved all the related stakeholders in both government and non-government agencies.

The national strategies have been focused on promotion and prevention through community based intervention and education, surveillance system, partnership and health care management.

In summary progress achievement of the implementation of NCD strategy as follows:

(1) Advocacy, partnership, leadership and management of NCD,

Since 2014 there were several regulations and advocacy measures have been developed to create strong political support and implementation of the NCD prevention and Control and embrace multisectors involvement in the fight against NCD.

In addition, Government of Indonesia will launch healthy Life style movement (GERMAS) under the Presidential Instruction.
In 2015, the government of Indonesia launched the Midterm Development Plan 2015-2019, which included 3 global action targets as the national development target. This is of course very strategic to embrace other sectors to share their contributions in achieving the targets.

Another specific effort from the government for implementing healthy diet in the society is by increasing awareness through introduction of policy measures on labeling and daily intake suggestion of sugar, salt and fat in processed food and fast food in form of Health Minister Regulation No. 30/2013 revised with Health Minister Regulation no 63/2015

(2) Promotive and Prevention and NCD Risk Factor Reduction through community empowerment

This strategy is implemented by

a. Increase community participation and detection NCD Risk Factors of behavior modification. First initiation of involvement of community was started 2011 with area based approach, by initiating one NCD - POSBINDU at every village. Until August 2016 there are 18,895 across 34 province in Indonesia.

b. To expand the coverage of NCD – POSBINDU since 2014, 7 setting based approaches were initiated (Workplace, school, Hajj, public places, health facility, cross sector offices, religious places)

c. Increase engagement of private sectors in promotion and prevention efforts (CSR, PPP)

d. Optimizing social media and media networks for increasing awareness on prevention of NCD

e. Enhancing communication strategy for NCD prevention through interactive web-site, mobile application , intensive multi media campaigns

f. Engaging potential NGO/ FBO in NCD prevention.

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**AMOUNT OF POSBINDU PTM, AUGUST 2016 :**

**18,895 POSBINDU**

*Source: Survey Data POSBINDU PTM*
(3) strengthening of health services capacity, collaborate private sectors and professional;

Implementation of NCD at primary care was first initiated under the pilots areas supported WHO in 2012. This integration was expanded under the launching of national health insurance scheme in 2014. NCD essential packages at the primary care was first cover hypertension and Diabetes Mellitus and expanded to cover CVD, Asthma, COPD, Stroke, Cancer.

9,662 PUBLIC HEALTH CENTERS HAVE BEEN IMPLEMENTED NCD ESSENTIAL PACKAGE SERVICES, AUGUST 2016

Source: Surveiands Posbindu PTM

Until August 2016 there are 9,662 primary health center implementing NCD essential packages across 34 province in Indonesia.

(4) strengthening NCD surveillance and research.

Diseases registry and risk factor monitoring/surveillance were conducted by the Ministry of Health.

National cancer registry guideline and software have been developed and cancer registry has implemented by some hospital in Jakarta.

The WHO Step wise for NCD risk factors surveillance has been integrated into Indonesia National Health Survey (Riskesdas) that are conducted routinely every three years (2007, 2010, 2013) and will be conducted again in 2018.

To strengthen evidence base data for NCD, MOH also initiated the establishment of NCD web – based surveillance system at Posbindu PTM and Primary Health Center. The NCD web-based surveillance system is synchronized with health information system, P-Care (NHI mobile application) and Population based Information system. In addition to that, Mobile application surveillance system is also being developed.

Operational research and NCD research agendas are developed in collaboration with Public Policy Networks lead by UGM, NIHRD (National Institute of Health Research and Development).
Bottleneck for the achievement of national targets are due to insufficient access of the community for health care. To overcome this bottleneck Gova now launches family health approach to ensure that health status of every household and family members are monitored and referred immediately to the PHC if there is health problem.

In response to the above challenges, several needs for future plan has been identified which are: stronger advocacy to policy makers and integrated healthy public policy to improve funding supports and multi sector supports; more effective education and promotion approaches; integrated NCDF surveillance and data based system; capacity building for health workers and volunteers, stronger partnership and networking; more focus on risk factors and directed to sustainable community-based intervention approach (strengthening the Posbindu NCD activity) that covers all population settings (households, schools, workplaces); and obtain more evidences on population and clinical based research.

To document the progress report on the efforts to achieve the global and regional targets of NCD prevention and control is quite challenging.

In general, countries at this region face the same challenging situation and countries still need routine and integrated data collection; build or enhance their NCD surveillance system to monitor the progress; establish NCD standardized information system; and introduce common template to report the progress. External supports – including from WHO – are needed for technical assistance to enhance the countries’ surveillance system and to strengthen the population based registries in order to capture the mortality and morbidity data. With the system in place, it will be easier for countries to monitor and to report the progress in achieving NCDs Global Target.
### 2013
- Conducting NCD STEP survey integrated under RISKESDAS 2013 to enhance Evidence based policy decision making
- Expanding NCD Community Based Intervention Initiatives with the target of establishing 1 NCD POSSIBINDU at Village level to increase early detection of common risk factors and major NCDs, intensify behaviour modification by community and increasing referral and access to NCD treatment at PHC level
- Advocating inclusion of NCD packages (DM, Hypertension, COPD, asthma etc) under National Health Insurance scheme at Primary, secondary and tertiary care
- Strengthening Capacity and infrastructure of health system in respond to cope with increase burden of NCD
- Ensuring quality care for NCD by implementation of accreditation for PHC and hospitals
- Increasing efforts to promote healthy life styles
- Building Public private partnership effort to increase HR capacity in managing Diabetes at primary care and develop mentoring mechanism by specialist
- Initiation of bi-directional screening on TBDM
- Initiation of smoke free areas (KTR) through regulation (Domestic law/PERDA)
- Initiating the establishment of web-based NCD surveillance system

### 2014
- Analysed NCD STEP survey, reporting on the prevalence of physical inactivity, insufficient intake of fruits and vegetables, smoking, DM, Hypertension, stroke etc.
- Inclusion of NCD package under NHU Scheme (Permenkes 59/2014)
- Expanding NCD Community Based Intervention Initiatives with the target of establishing 1 NCD POSSIBINDU at Village level and other setting based (school, workplace, religious setting, public setting etc)
- Implementation of accreditation for PHC and hospitals
- Engaging NSA to boost awareness of community and increasing efforts to promote healthy life styles
- Continuing Public private partnership effort to increase HR capacity in managing Diabetes at primary care and develop mentoring mechanism by specialist
- Implementation of bi-directional screening on TBDM at PHC
- Expanding smoke free areas (KTR) initiatives through regulation (Domestic law/PERDA)
- Signing MOU between Health Minister and Education Minister for the implementation of smoke free initiatives at school setting
- Implementation of Tobacco tax for supporting promotive prevention efforts in NCD
- Conduct SARA (Service Availability and Readiness Assessment)
- Conducting Sample Registration System (NHIRD)
- Enhancing the web-based NCD surveillance system
- Implementation of Nation wide VIA and CBE screening among women 35-50yrs.

### 2015
- Indonesia putting 3 NCD Global as national targets under Midterm Development Plan (RPJMN) 2015-2016 Reducing prevalence of Hypertension, controlling the increase of Obesity and reduction of smoking prevalence <18 yrs.
- Conducting multisectors workshop to develop Multisectors NCD action Plan
- Setting national targets for NCD
- Finalization of Multisectors NCD Action Plan
- Happens coordinating the allocation of budget for NCD across sectors and governance level
- Launching report of SRS, Total Diet Study and Service Availability and Readiness Assessment
- Enhancing HAP through Ministry of Human Right > Raising Health as human right issues
- Increase allocation of NCD budget allocation at MOH (2009s)
- Advocating NCD indicators to be included under Minimum standard services at District level
- Intensifying promotion of healthy lifestyle through multi media approach including social media (blogger, FB, twitter, streaming, YouTube etc.)
- Engaging NSA for development of mobile application for NCD
- Intensifying engagement with media relation through periodic media briefing/workshop
- Expanding NCD web based surveillance and establishing linkage between POSSIBINDU and facility based surveillance

### 2016
- Revitalization of cancer registry
- Building linkages between NCD web based surveillance system with other information system (Health information system/ SK and SIDDA, MIS at PHCS/R, Population information system/ Dukcapil, NHU information system/ P-Care)
- Developing electronic version of WHO Charta
- Improving and including data analysis and report at NCD web-based surveillance
- WHO review of Multisectors NCD Action Plan
- WHO review on current stage PEN implementation and coverage under NHU
- WHO review on Indonesia NCD web-based surveillance system
- Expansion and enhancing the implementation of NCD POSSIBINDU
- Establish cessation clinic in PHC and toll-free Quit-line to offer help to quit tobacco use
- Launching healthy Lifestyle movement by President of Indonesia (GERMAS), strengthened with presidential instruction, focusing on early detection through health screening, promoting consumption of fruits and vegetables, promoting active lifestyles
- Inclusion of 4 NCD indicators under RPP (draft of government regulation) on Minimum service standards at districts standardized Health screening including BMI, BP, BG at least once a year for age 15-59 and >60, access to standard treatment for all people affected with Hypertension and DM
- Initiating annual report on the Indonesia progress achievement towards NCD global targets and SDGs (data triangulation and model-fitting estimates)
- Initiating cost effective model intervention for NCD (domestic approach)
- Intensifying promotion of healthy lifestyles through multimedia approach, social media and media engagement
- Engaging large NGO in the efforts to beat NCD, LKNU, PKK, Pramuka, Dhimopet Dhiusaha, Women organization, YPU etc.