KEMENTERIAN
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INDONESIA

HEALTH EQUITY ASSESSMENT IN INDONESIA

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Presentation outline

- Capacity building for health inequality monitoring in Indonesia: enhancing the equity orientation of country health information system
- Report on State of Health Inequality in Indonesia
- Publication on Global Health Action Journal
- Key messaged and ways forward to address issues of health inequity

Total population : 237.556.363 people (119.507.580 males and 118.048.783 females) in 2010. Indonesia has 1128 ethnics, 17.504 islands (6000 inhabited)

Capacity building for health inequality monitoring in Indonesia

- Indonesia population characteristics
  - Diversity in cultural, social, economy and geography
  - High number of population
  - District level authorization
- There were no specific measurement of health equity lead to policy implication in Indonesia
- WHO introduced the components of health inequality monitoring tool, the HEAT plus, in collecting, analyse and reporting of data disaggregation

capacity building process

No.	acitivities	time	outputs
1	Training workshop using HEAT	April 2016	Outline for data source mapping exercise and health inequality report
2	Follow up technical meeting	May 2016	Data source mapping and list of indicators
3	Data preparation	May-Aug 2016	Disaggregated data using HEAT plus - 1st version
4	Follow up technical meeting	Aug 2016	Disaggregated data using HEAT plus - 1st version
5	Data preparation and import to HEAT Plus	Sept – Nov 2016	Master data for HEAT plus – 1st version
6	Training workshop using HEAT plus	November 2016	First draft of national report
7	Follow up technical meeting	February 2017	Revised report – 2nd version
8	Data clinic and paper/report write-up workshop	April 2017	Outline of papers; key section of report
9	Report review meeting	September 2017	Feedback and technical editing
10	Report finalizing	April-Nov 2017	print, e-report book, interactive visuals
11	Report launching	December 2017	Final report book
12	Submission of papers for publication	July 2017 – February 2018	Submission ready manuscript

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CAPACITY BUILDING

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Capacity building for health inequality monitoring in Indonesia: enhancing the equity orientation of country health information systems

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ABSTRACT

Background: Inequalities in health represent a major problem in many countries, including Indonesia. Addressing health inequality is a central component of the Sustainable Development Goals and a priority of the World Health Organization (WHO). WHO provides technical support for health inequality monitoring among its member states. Following a capacity-building workshop in the WHO South-East Asia Region in 2014, Indonesia expressed interest in incorporating health-inequality monitoring into its national health information system.

Objectives: This article details the capacity-building process for national health inequality monitoring in Indonesia, discusses successes and challenges, and how this process may be adapted and implemented in other countries/settings.

Methods: We outline key capacity-building activities undertaken between April 2016 and December 2017 in Indonesia and present the four key outcomes of this process.

Results: The capacity-building process entailed a series of workshops, meetings, activities, and processes undertaken between April 2016 and December 2017. At each stage, a range of stakeholders with access to the relevant data and capacity for data analysis, interpretation and reporting was engaged with, under the stewardship of state agencies. Key steps to strengthening health inequality monitoring included capacity building in (1) identification of the health topics/areas of interest, (2) mapping data sources and identifying gaps, (3) conducting equity analyses using raw datasets, and (4) interpreting and reporting inequality results. As a result, Indonesia developed its first national report on the state of health inequality. A number of peer-reviewed manuscripts on various aspects of health inequality in Indonesia have also been developed.

Conclusions: The capacity-building process undertaken in Indonesia is designed to be adaptable to other contexts. Capacity building for health inequality monitoring among countries is a critical step for strengthening equity-oriented national health information systems and eventually tackling health inequities.

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SPECIAL ISSUE
Monitoring Health Inequality in Indonesia

KEYWORDS
capacity building; Indonesia; health inequality monitoring; health equity; health information systems

Background

Inequalities in health outcomes, access/use of health services, and in health behaviors represent a recalcitrant problem in many countries, including Indonesia [1,2]. Addressing health inequality is a central component of the Sustainable Development Goals (SDG): the concept of 'leaving no one behind' is at the bedrock of the health-related SDG 3 and the corresponding Target 3.8 for Universal Health Coverage [3–6]. Linked to this is

disability, geographic location and other characteristics relevant in national contexts' [4].

The mandate of the World Health Organization (WHO) includes providing technical support and building capacity for health inequality monitoring among member states [7–10]. Capacity building in health inequality monitoring at the country level includes development of both knowledge and skills, as outlined in Figure 1. Anticipating the capacity needed for health-inequality monitoring,

Key points for accomplishment

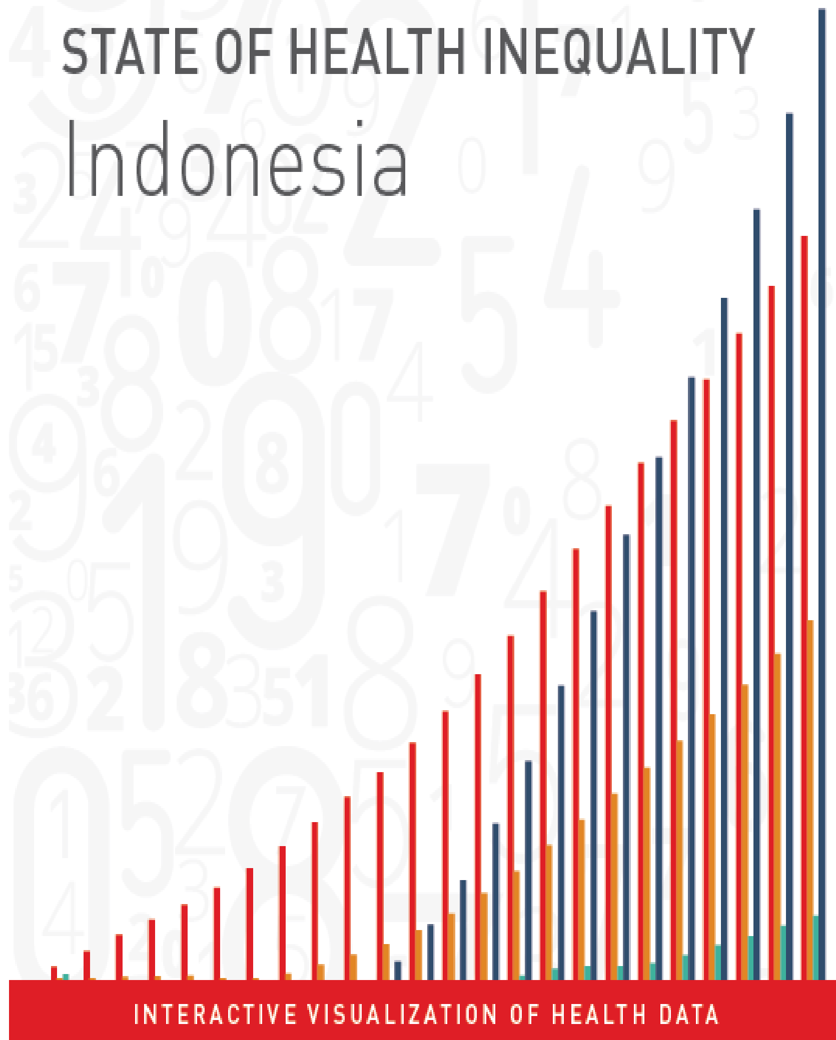
- Data availability
- Partnership from universities, statistic office and health programs
- High commitment and effective coordination and team work
- Substantial technical supports from WHO and other related organizations

Challenges

- National data quality
- Routine inequity report for trend analysis to measure progress
- Sufficient availability of data that covers input, process and outcome indicators of health development inequity
- Equity analysis:
  - More specific equity dimensions
  - Multivariate analysis of equity intervention modelling
- Data disaggregation format (survey data based vs HEAT)

Products of capacity building

- Health Inequity report
- Journal articles publication
- Gain knowledge and capacity in measuring health inequity
- Networking and collaboration to address health inequity issues



Report on equity assessment:

- 11 health topics
- Equity measurement results
- Disaggregated data by sub-national, sex, age groups, education, economy, occupation
- Policy implication
- National data: Riskesdas 2013 (Basic Health Survey), Social economy survey, Tuberculosis survey
- Facility report data: health personnel.
- Facility based survey: Rifaskes 2011

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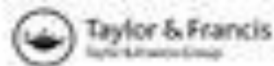

Special issues:
Monitoring health inequality in Indonesia

- Capacity building
- Short communication
- Method forum
- Original articles
- Current debates

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ORIGINAL ARTICLE

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Subnational regional inequality in the public health development index in Indonesia

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ABSTRACT

Background: Achieving the Sustainable Development Goal of 'ensuring healthy lives and promoting well-being for all at all ages' necessitates regular monitoring of inequality in the availability of health-related infrastructure and access to services, and in health risks and outcomes.

Objectives: To quantify subnational regional inequality in Indonesia using a composite index of public health infrastructure, services, behavioural risk factors and health outcomes: the Public Health Development Index (PHDI).

Methods: PHDI is a composite index of 30 public health indicators from across the life course and along the continuum of care. An overall index and seven topic-specific sub-indices were calculated using data from the 2013 Indonesian Basic Health Survey (RISKESDAS) and the 2011 – Village Potential Survey (PODES). These indices were analysed at the national, province and district levels. Within-province inequality was calculated using the Weighted Index of Disparity (IDISW).

Results: National average PHDI overall index was 54.0 (out of a possible 100); scores differed between provinces, ranging from 43.9 in Papua to 65.0 in Bali. Provinces in western regions of Indonesia tended to have higher overall PHDI scores compared to eastern regions. Large variations in province averages were observed for the non-communicable diseases sub-index, environmental health sub-index and infectious diseases sub-index. Provinces with a similar number of districts and with similar overall scores on the PHDI index showed different levels of relative within-province inequality. Greater within-province relative inequalities were seen in the environmental health and health services provisions sub-indices as compared to other indices.

Conclusions: Achieving the goal of ensuring healthy lives and promoting well-being for all at all ages in Indonesia necessitates having a more focused understanding of district-level inequalities across a wide range of public health infrastructure, service, risk factor and health outcomes indicators, which can enable geographical comparison while also revealing areas for intervention to address health inequalities.

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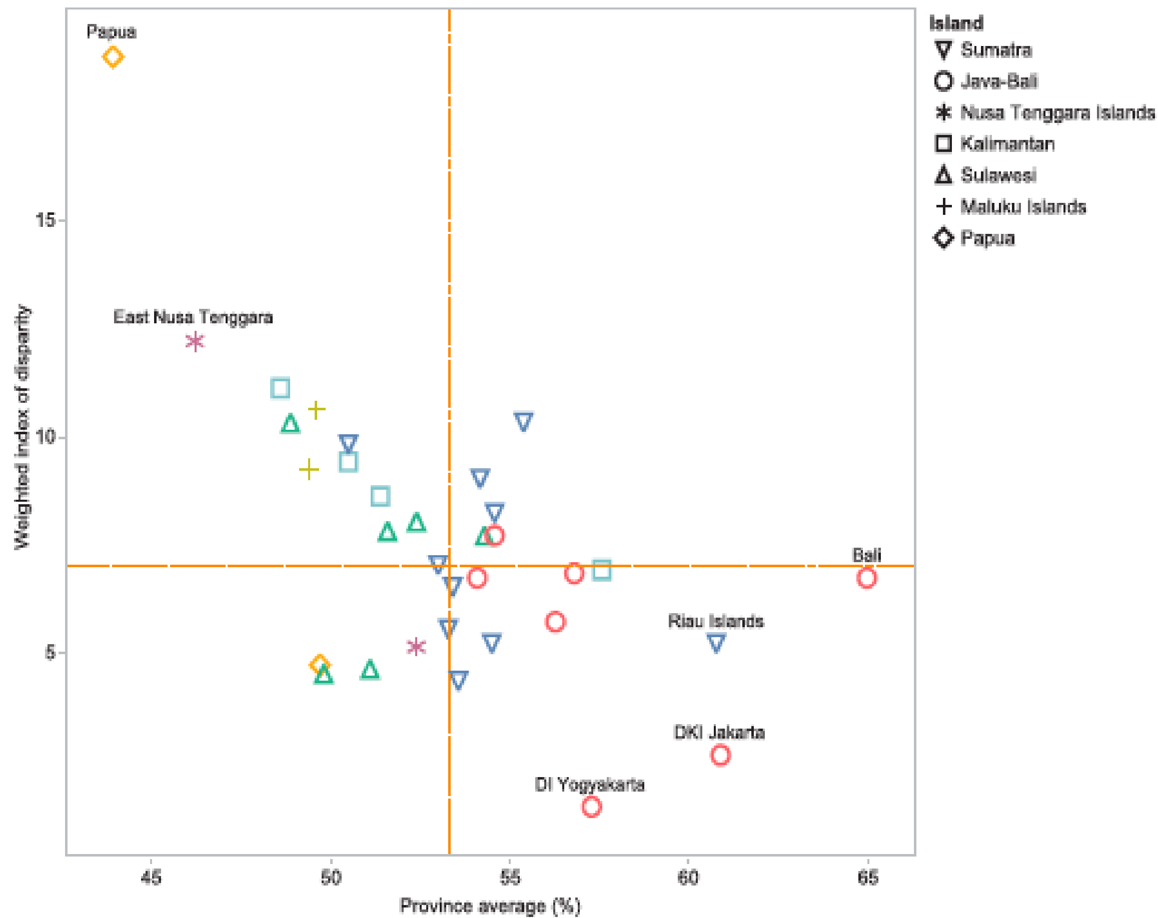

Figure 4. Public Health Development Index (overall index): province average and relative within-province inequality, Indonesia, RISKESDAS, 2013.

Note: Dashed orange lines indicate the median values.

Key messages

- Inequity still occurred in Indonesia health development, in term of issues magnitude as well as health resources. This fact lead to strengthen utilization of financial support from central Government as well as to direct the technical support for district health development.
- Data disaggregation and health inequity should be incorporated in the national information system for routine monitoring

Ways forward to address issues of health inequity

- Routine monitoring on health inequity
- More specific and sensitive intervention to close the health inequity towards positive health outcome
- Stronger collaboration with non health sectors to improve health status among specific population groups
- Technical supports for certain geographical areas with poorer health outcome.

Reproducibility of the capacity building process

The capacity building process can be replicated by other countries that have required data sources for health inequality monitoring

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Example of disparity in Health Facility

Well-built facility of PHC in Cibodas- West Java - 2015

Limited facility of PHC in Murung Raya – Central Kalimantan - 2015

Thank you very much

Terimakasih