Health promotion towards the 21st century—Indonesian policy for the future

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INTRODUCTION

Health promotion is the process of empowering people to live a healthy life. Enabling or empowering people cuts across various sectors of development which are inextricably interwoven. Since resources for health are usually scarce, we need to set priorities for health promotion programmes. Hence we must prudently identify which sectors have the greatest positive or negative impacts on health.

In empowering people, three areas have been identified as offering the greatest potential, namely education, economic development and health. These coincide with the indicators forming the Human Development Index (UNDP, 1996). Therefore, it goes without saying that empowerment in education will have a positive effect on empowerment for economic development and health, and vice versa.

In line with this concept, Indonesia has embarked upon various innovative approaches. For example, in the field of education, compulsory 9–year basic education was initiated in 1994. In the field of economic development, poverty alleviation was pursued by providing a revolving fund grant for poor villages through a special Presidential Fund, and in 1994 around 22,000 schemes were started for three consecutive years. Other measures include the establishment of Family Welfare Savings, Family Welfare Credit and economic partnership between big and the small businesses. In health, eradication of poliomyelitis, supplementary school feeding and control of iodine deficiency disorders are some of the interventions taken to improve the health of the community.

INVESTING IN HEALTH PROMOTION

A question to be asked of ourselves is: Why is health promotion gaining more and more momentum in Indonesia? Is it because the other aspects of health care, namely preventive, curative and rehabilitative intervention, fail or are losing their significance? The answer is of course not necessarily so.

The environment—whether physical, social, economic or political—is the most influential factor affecting health, be it supportive or damaging to health. Rapid changes of these environments—occurring at the local, national, regional or global levels—have brought about unprecedented impacts to health. These, in turn, have resulted in changes in disease patterns in developed and developing countries alike. Non-communicable diseases (NCDs)—such as cardiovascular diseases, cancer, diabetes, drug abuse, accidents—dominate the disease profile and are closely related to changes of healthy life styles. In addition, many developing countries are also still plagued by infectious diseases, and

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the picture is aggravated by new or re-emerging infections such as ebola virus, malaria, tuberculosis, cholera and HIV/AIDS.

These intricate phenomena are not totally due to the failure in our preventive, curative and rehabilitative efforts; they are more related to our inability to adapt to those rapid changes. As a consequence in Indonesia we have turned our heads to health promotion because we believe health promotion is more cost-effective. As welfare improved, the community as well as the political leaders became more health conscious. They were then willing to participate actively in health related matters, leading to various forms of partnership.

PROGRESS IN PARTNERSHIPS

Health is a social goal. Hence, a responsibility for it has to be shared among all concerned sectors. This was reflected in our primary health care approach as enunciated in the 1978 Alma Ata Declaration. This encompassed various issues such as community participation, intersectoral collaboration, equity, effectiveness and efficiency, which are all important to achieve the goal of ‘Health For All’. Implicit in the primary health care approach is the need to build partnerships among the various actors involved in health.

As time goes by, more and more potential partners have been identified in Indonesia. They include trade bodies, lifestyle and leisure industries (related to food, drink, sports, entertainment, fitness, tourism) and associations representing consumer interests. For example the ‘National Immunisation Week’, started in 1995, develops partnership with many new groups in mobilising around 23 million under-fives.

The theme of this Fourth International Conference—New Players for a New Era, Leading Health Promotion into the 21st Century—is thus fully in line with the recent progress of our health development. One of its objectives is to facilitate the development of partnerships to meet global challenges. At the very outset of Indonesian national development, launched in 1969, health has been enunciated as an integral part of the total development. Hence, it is realised that health does affect and is affected by other sectors.

INTEGRATED NATIONAL DEVELOPMENT

Our national development, is guided by the trilogy: ‘growth, equity and national stability’ with a different emphasis given to each component as development progresses. For instance, during the initial phase of the long-term development plan, emphasis was put on growth and national stability. Now, after achieving sustained substantial economic growth (an average of 7%) and national stability, emphasis is shifting to equity.

Indonesia is proud of her achievements after 52 years of independence, considering the various problems and constraints encountered. Firstly, Indonesia consists of more than 17 500 islands—the largest archipelago in the world. It stretches from the west to the east like ‘a string of pearls on the equator’, covering a land area of 1.9 million km² and 7.9 million km² of sea. Secondly, Indonesia is the fourth most populous country in the world, with a population of 200 million in 1997 and a growth rate of 1.66%, with a 36% urban population. Thirdly, more than 300 cultural groups, each with its own language or dialect, inhabit the country. To overcome these challenges, we are fortunate to have our national philosophy—‘Pancasila’—as well as our national motto: ‘Bhinneka Tunggal Ika’ or ‘Unity in Diversity’. These have facilitated the attainment of national stability and national resilience.

In the field of health, remarkable results were achieved. The infant mortality rate dropped to 55 per 1000 live births while life expectancy at birth reached 63 years. Blindness due to vitamin A deficiency was eliminated. Polio will soon be eradicated. Despite these encouraging results, many problems linger on. For example, the maternal mortality rate is unacceptably high—390 per 100 000 live births. Around 40 million live in iodine-deficiency-susceptible areas. Cardiovascular disease is now the number one killer and cancer, accidents and drug abuse are increasing.

This double burden has prompted the Government of Indonesia to reform or to reorient its health sector. Emphasis is given to a set of the most cost-effective interventions which have the greatest leverage on health status. Known as the ‘Basic Health Package’, they are mostly preventive and promotive in nature. Health education, immunisation, nutrition, STD control, maternal and child health (MCH), tuberculosis control and school health are some of the components of the package.
A pre-paid managed care programme known as the ‘Community Health Maintenance Assurance Program’ or ‘JPKM’ has been established. To date, its coverage reaches 20% of the total population. JPKM emphasises preventive and promotive measures delivered in an integrated manner with curative and rehabilitative care. In the long term, it could curb spiralling health costs, as well as improving the equity and quality of health care.

INTERNATIONAL LEADERSHIP

Since this is the Fourth International Conference on Health Promotion, it is worthwhile looking back at the three previous conferences and reviewing the consistency of themes. The first conference in Ottawa in 1986 selected the theme ‘The Move towards a New Public Health’. It yielded the Ottawa Charter, with five health promotion action programmes, namely: build healthy public policy; create supportive environments; strengthen community action; develop personal skills; and reorient health services. Healthy public policy was discussed at the Second International Conference held in Adelaide, Australia in 1988, while supportive environments were further discussed at the Third International Conference convened in Sundsvall, Sweden in 1991. The five action programmes are interdependent, but healthy public policy is of utmost importance since it creates the environment that makes the other four possible.

In building healthy public policy, the Government of Indonesia has made the analysis of environmental impact compulsory to all new developmental projects, whether owned by the government or the private sector. Work is now underway to incorporate also the health impact. More and more governmental offices have been declared non-smoking areas. Preservation of mangrove forest, which among other things will reduce malaria transmission in some areas, is strongly pursued. Other examples are: food and nutrition diversification programmes of the Department of Agriculture; and construction of safe water supplies for rural areas as well as the urban slums by the Department of Public Works. In the West Java province, the governor collects a marginal amount of money from all households to be used for building safe water supplies and sanitary facilities. Of special interest is the work of the Family Welfare Movement or ‘PKK’ in delivering preventive and promotive health care through the so called ‘Posyandu’ or ‘Integrated Health and Family Planning Post’. Services delivered are MCH, immunisation, case management for diarrhoea, health education and family planning.

In building supportive environments, the Government of Indonesia has taken various steps, such as enacting a new health law in 1992, a law on psychotropic substances and a law on narcotics which is being discussed by the Parliament. Gender equality is strongly pursued to promote better opportunities for women to participate in national development. Decentralisation to the district level has facilitated better cross-sectoral collaboration conducive to health promotion.

LOOKING TO THE FUTURE

In setting the policy for health promotion in the 21st century, it is indispensable to consider: the nature of health promotion across various sectors; trend analysis of health problems; and the environment which influences it. Trend analysis conducted in Indonesia so far has revealed, among other things, rapid urbanisation and ageing of the population. By the year 2010, around 50% of the population will live in urban areas and the number of the elderly—those aged over 60—will equal the number of the under-fives. Healthy cities and care of the elderly are therefore among the main targets for health promotion.

Some of the health promotion policies for the 21st century in Indonesia are as follows.

(1) Continue the development of healthy public policy. As many sectors as possible will be requested to pursue this.

(2) Select priority sectors or actors to work with. Since resources are always scarce, the greatest positive impact on health can not be achieved if those resources are spread out thinly to many sectors or to many actors.

(3) Create alliances with old as well as with new partners at all levels.

(4) Increase individual skills through education and training to increase the awareness, willingness and capability for self-help by individuals.

(5) Strengthen community action through community development to enable them to take control over and to improve their health.
(6) Sustain reform of the health sector. To enable the health sector to cope with the rapid changes occurring at all levels, continual reform is justifiable.

Excellencies, honourable and distinguished participants, evidence is accumulating worldwide that health will deteriorate whenever the economic development of a country is hit by political turmoil. In contrast, countries making heavy investments in education are achieving high health status. To conclude, therefore, I wish to reiterate the importance of economic and educational empowerment in health promotion.

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