

# Policy-in-practice case study: Indonesia

*The Strategic Plan of the Ministry of Health 2015–2019*



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**10%** of the Indonesian population were over the age of 60 years in 2019.

**one-third** of the population are predicted to be over 60 years by 2050.

**60%** of older people in Indonesia live with other family members.

With 273.5 million people, Indonesia has the world's fourth largest population. In 2019, an estimated 25.9 million Indonesians (about 10 per cent of the population) were over the age of 60 years. Indonesia is currently entering its 'demographic dividend' period, where the proportion of the working-age population is rising and outweighing 'dependants' aged under 15 years or above 65 years.

In recent years, accommodating the needs of this ageing population has become a national public policy issue. With one-third of all Indonesians predicted to be over the age of 60 by the year 2050, millions are vulnerable to poverty in older age, as many of them will have little extra income (such as from savings or pensions) to sustain themselves and live a healthy life.

About 11 per cent of Indonesia's older people live in poverty, and more than 60 per cent live with other family members. Support for older people has traditionally been provided by families or other social networks, most commonly through remittances from adult children living and working elsewhere, and through shared residence.

On average, families with an older person have monthly expenses which are 3 per cent higher than families without an older person. However, older people are increasingly unable to depend exclusively on assistance from their children or other family members, due to the declining fertility rate which means people are having fewer children. This is particularly problematic because Indonesia lacks a comprehensive range of social programmes and pension schemes to support older people. As well as demographic pressures, there are fears that modernisation will further weaken traditional family structures, for example, due to migration, changing female labour force participation, and changing preferences of older people and their families. Furthermore, with an ageing population, the health challenges facing the country are changing, with the epidemiological shift resulting in higher numbers of people living with long-term and more complex health and care needs. These changing health challenges are having a substantial impact on traditional family support systems and family structures, and on older people's welfare and wellbeing and their enjoyment of their human rights.



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In this context, it is increasingly acknowledged that Indonesia needs a more formal and comprehensive old-age security policy. The ageing population has implications for the healthcare system, notably universal health coverage that is inclusive of older people and which provides holistic and person-centred care across preventive, promotive, curative, rehabilitative, specialist, palliative and long-term care services which are responsive to their needs and rights. This equally requires system building blocks that promote older people's needs and rights, including in regard to: service provision; workforce; access to medicines, vaccines and assistive technologies; information systems; financing; and governance and leadership.

The World Health Organization (WHO) defines healthy ageing as “the process of developing and maintaining the functional ability that enables wellbeing in older age”. Functional ability is about having the capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to: meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships; and contribute to society. When promoting healthy ageing, it is essential to identify and address the most important determinants of health across the lifespan. This is mainly because the life-cycle factors that contribute to good health and wellbeing in later life are essential, not only to improve older people's quality of life, but also to mitigate the increase in economic costs associated with ill-health. Indonesia's *Strategic Plan of the Ministry of Health 2015–2019* → is addressing these challenges through a life-cycle approach to improving population health.

## Elements of the life-cycle approach integrated within the policy intervention

### Promoting healthy ageing

The Strategic Plan explicitly incorporates a life-cycle approach to healthy ageing because it focuses on improving public health across all age groups, from infants to older people, aiming to reduce morbidity and mortality and promote healthy lifestyles. This includes improving health promotion interventions and community empowerment, as well as funding promotive and preventive activities.

## Drivers in the enabling environment motivating policy implementation

### Macro- and regional-level interventions

The Strategic Plan of the Ministry of Health 2015–2019 prioritises universal health coverage (UHC) and human resources (capacity) for health. It aims to enhance health outcomes through increases in healthcare service

provision and community empowerment, supported by financial protection. The National Social Security System (SJSN), established in 2004, covers health insurance, employment injury, old-age (provident fund) pensions, and death benefits. The SJSN implements the UHC agenda and promotes private health practitioners' engagement with the public sector. This has given rise to a growth in demand for human resources for health and training. In this regard, the national government has demanded that local government entities meet the Minimum Service Standards by aligning with the UHC principles included within the national insurance scheme.

## Key areas addressed

The Strategic Plan has two main objectives:

- to improve community health status;
- to improve responsiveness and social and financial protection of the community in the health sector.

Improving community health status follows a life-cycle continuum, from infants through to under-fives, school-age children, adolescents, working-age people, expectant mothers, and older people. The Strategic Plan can be regarded as an impact- or outcomes-oriented policy. Indicators with 2019 targets for improving community health status are:

- reduction in the maternal mortality rate from 359 per 100,000 live births to 306 per 100,000 live births;
- reduction in the infant mortality rate from 32 per 1,000 live births to 24 per 1,000;
- reduction in the percentage of low birthweight infants from 10.2 per cent to 8 per cent;
- improvement of health promotion intervention and community empowerment as well as the financing of promotive and preventive activities;
- improvement of clean and healthy lifestyle intervention.

The Ministry specified 12 strategic targets divided into three groups: 1. input aspects (organisation, human resources, and management); 2. institutional strengthening; and 3. strategic intervention. The latter group includes ‘improving public health status’.

The strategy aims to improve healthcare provision for all age groups, across the life-cycle, by:

- organising health consultation, advocacy and partnership development with various development actors, including local government;
- empowering the community and increasing the role of people in the health sector;
- increasing the number and enhancing the capability of public health counsellors/and others involved in human resources for health;
- developing methods and technologies for health promotion that are relevant to the dynamic changes in the community.



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## Implementation strategy of the policy intervention

The implementation strategies within the Strategic Plan cover the following areas:

1. Accelerating improved access to quality maternal, child, adolescent and elderly healthcare provision;
2. Accelerating nutrition status improvement;
3. Enhancing disease control and environmental health;
4. Improving access to quality primary healthcare provision;
5. Upgrading access to quality referral healthcare provision;
6. Increasing the availability, affordability, distribution and quality of pharmaceutical products and medical devices;
7. Strengthening monitoring of foods and medicines;
8. Improving the availability, distribution and quality of deployed human resources for health;
9. Reinforcing the promotion of health and community empowerment;
10. Enhancing management, research and development as well as the information system;
11. Stabilising the implementation of the National Social Security System (SJSN) for the health sector;
12. Developing and enhancing the effectiveness of health financing.

The Strategic Plan details three major components of the policy:

### 1. Strengthening primary healthcare provision

*Puskesmas* (community-based primary healthcare facilities) act as health gatekeepers through four types of intervention, including:

- improving and empowering the community;
- enhancing public health interventions;
- implementing individual healthcare provision;
- monitoring and encouraging health-oriented development.

### 2. Implementing the Continuum of Care approach

This involves expanding the scope, quality and sustainability of disease control interventions and healthcare provision for mothers, infants, children under five, adolescents, working-age people and older people, including social care and long-term care elements.

### 3. Health risk-based interventions

Specific programmes to address health-related issues affecting infants, under-fives, older people, pregnant women, refugees, disadvantaged families, at-risk groups, and communities living in remote areas, border territories, islands, and regions embed with health issues.

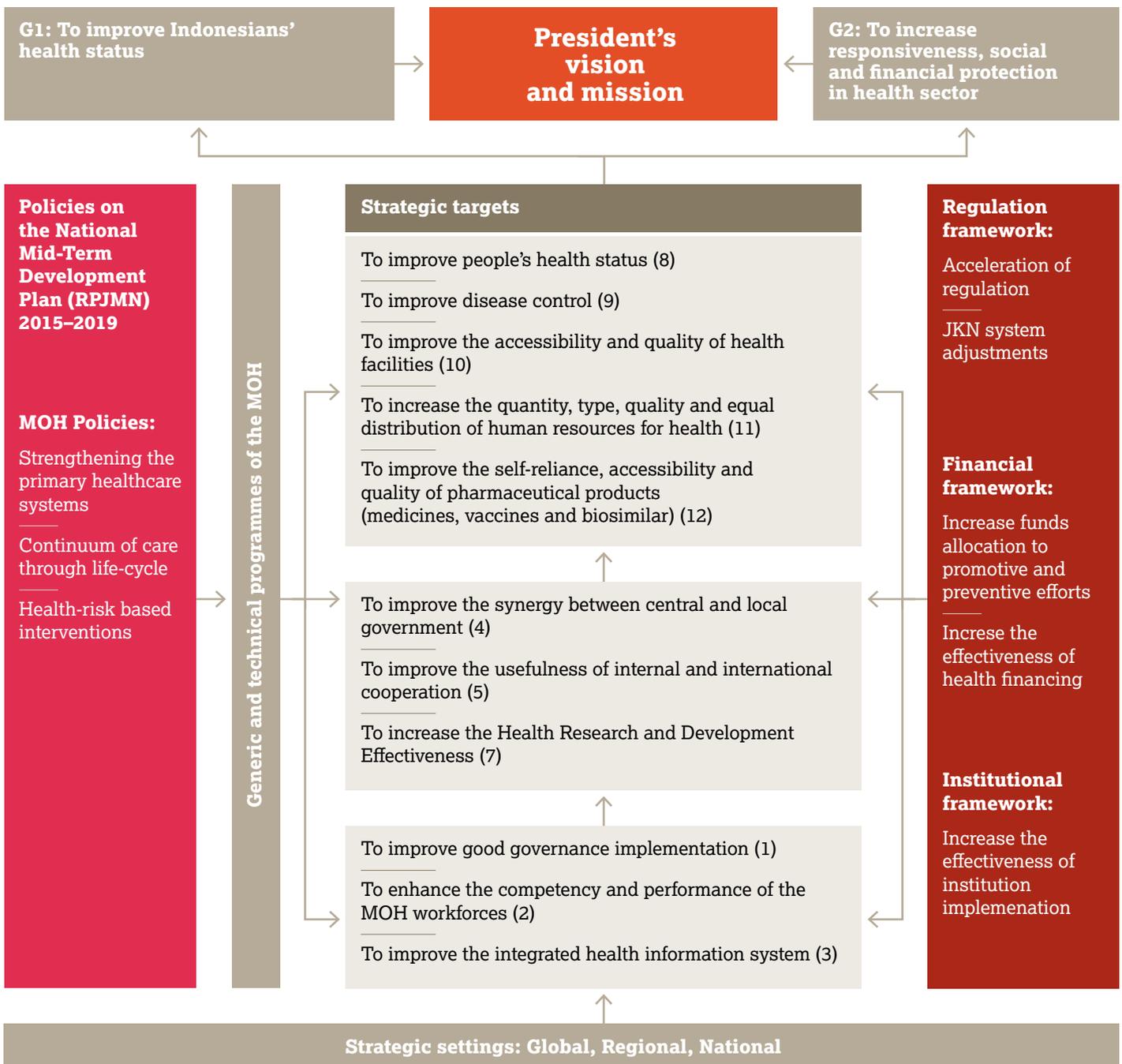
To achieve its vision and goals, the Ministry of Health elaborated a strategic map (see Figure 1 below).

Implementation of the Healthy Indonesia Programme, which takes forward the Strategic Plan over 2015–2019, is based on three pillars:

1. **health paradigm** (mainstreaming the health sector in national development, and strengthening promotive and preventive interventions and community empowerment);
2. **strengthening healthcare provision** (improving access to services, optimising the referral system, improving quality of healthcare provision, and following the Continuum of Care approach); and

3. **the National Health Insurance scheme** (expanding targets, benefits, quality and cost control).  
The Healthy Indonesia Card<sup>1</sup> is one of the main ways to encourage health reform and promote uptake of healthcare provision, including enhancing promotive and preventive interventions. The card guarantees provision of healthcare services to the disadvantaged, and is implemented through the National Health Insurance scheme. It provides preventive, promotive and early detection services that are integrated, and ensures health service facilities do not differentiate between participants, based on their social status.

**Figure 1: The Strategic Map to achieve the vision of the Ministry of Health**



Source: Ministry of Health of the Republic of Indonesia, *Strategic Planning Ministry of Health 2015–2019*.



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## Outcomes of the intervention

The health development policies contained within the Strategic Plan cover all stages of the life-cycle. The strategies focus on strengthening the quality of primary healthcare (especially through enhancing health insurance), and improving access to and quality of primary healthcare and referrals, supported by health system strengthening and increased health financing.

Evidence of the positive outcomes of the Strategic Plan is emerging. Indonesia has seen a growth in demand for human resources for health and training, partly due to implementation of the National Health Insurance scheme and the resulting increase in demand for service provision. In 2019, the national government instructed local government entities to fully comply with the Minimum Service Standards.<sup>2</sup>

The Strategic Plan has also given rise to community-based programmes to support older people. Promoting healthy and active ageing requires empowering older people with the knowledge they need to make healthy decisions, and engage in disease prevention and health promotion behaviours that support their intrinsic capacity and functional ability. A good example of this is the Indonesia Ramah Lansia (IRL) Foundation, which has been leading the development of a range of community-based education programmes for older people and their caregivers, with a focus on creating age-friendly communities. These programmes have achieved considerable success in enabling older people to live healthy, independent lives, and have been implemented in numerous areas of the country. They have worked with *Puskesmas* to disseminate information about the need to improve people's knowledge on health and other issues affecting older people. By involving the community and having them act as facilitators for the interventions, the IRL Foundation has also made the programmes more sustainable.

## Conclusion

**The Strategic Plan of the Ministry of Health explicitly incorporates a life-cycle approach to developing a healthy ageing society. It clearly recognises the importance of improving health from conception and childbirth through to childhood, adulthood and older age.**

The Strategic Plan also emphasises the importance of accelerating improved access to quality maternal, child and adolescent healthcare provision, and provision for older people too. The Strategic Plan integrates a wider life-cycle approach to population ageing that emphasises the sequential events and developmental steps throughout a person's life, which is very similar to one proposed by UNFPA as an effective policy option.

The Strategic Plan states that it was prepared by utilising technocratic, political, participative, top-down and bottom-up approaches. However, it is not clear whether older people and their representative organisations were involved in designing, implementing and reviewing the Plan. Further research is needed to explore this and the extent to which the policy adopts and promotes a rights-based approach and the principles of participation, accountability, non-discrimination and equality, empowerment and legality. To conclude, the Strategic Plan of the Ministry of Health 2015–2019 in Indonesia meets some of the good-practice criteria for national ageing policy interventions, as it protects the entire population; it targets older people and ageing; it promotes healthy ageing; and adopts a life-cycle approach.





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## Endnotes

1. The Healthy Indonesia Card is a key tool for encouraging optimum healthcare provision including promotive and preventive interventions.
2. Minimum service standards (SPM) for primary healthcare services are set within the Strategic Plan and define the minimum quality of mandatory services at district level for 12 target populations which include older persons (eg. including standards for NCD services, such as hypertension and diabetes) along with detailed technical standards for equipment, supplies, and human resources to accomplish full health service coverage within each fiscal year.

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## Key informants

This case study was prepared on the basis of the literature available from internet sources rather than through discussions with key informants. The latter were attempted many times but ultimately did not take place.

**HelpAge International is a global network of organisations promoting the right of all older people to lead dignified, healthy and secure lives.**

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