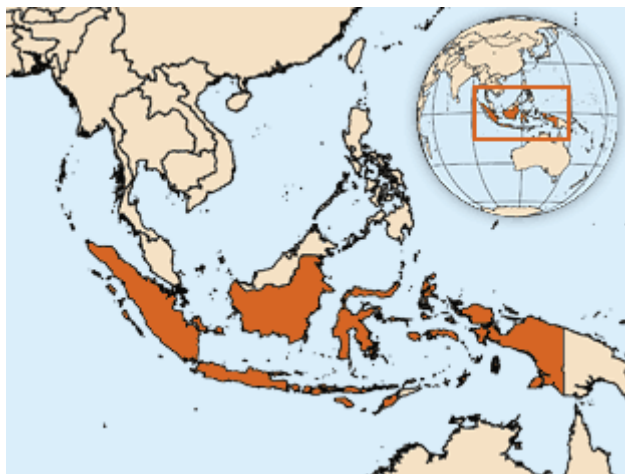


Indonesia



<http://www.who.int/countries/en/>

WHO region	South-East Asia
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2015)	29.5
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	93.3
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2016)	70.9
Population (in thousands) total (2016)	258,705
% Population under 15 (2016)	27.09
% Population over 60 (2016)	8.75
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2016)	10.9
Literacy rate among adults aged >= 15 years (%) (2016)	95.4
Gender Inequality Index rank (2014)	
Human Development Index rank (2014)	70.2
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	2.85
Private expenditure on health as a percentage of total expenditure on health (2014)	75.32
General government expenditure on health as a percentage of total government expenditure (2014)	5.73
Physicians density (per 1000 population) (2016)	0.4
Nursing and midwifery personnel density (per 1000 population) (2015)	1.78
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	22
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	26
Maternal mortality ratio (per 100 000 live births) (2015)	305
Births attended by skilled health personnel (%) (2016)	87
Public health and environment	
Population using safely managed sanitation services (%) (2016)	67.8
Population using safely managed drinking water services (%) (2016)	71.14

Sources: Indonesia Health Profile 2017, Ministry of Health Republic of Indonesia (1), Statistics Indonesia 2017 (2), World Health Statistics Report 2017(3), World Bank's Statistic Report 2017 (4), Inter-census Population Survey 2015, Statistics Indonesia (5)

Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

In line with SDG goal 3.3 Indonesia is committed to end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases by 2030. Emerging and re-emerging communicable diseases place immense strain on health systems, so concerted efforts are required to respond rapidly to urgent needs and to strengthen the development of effective disease control programmes including zoonotic diseases. It has been realized that while emphasizing improved access to services, equal attention also needs to be given to ensure quality, comprehensive and integrated health services for women, children and adolescents. Nutrition, a critical common factor in both mortality and morbidity, remains a key public health problem; further triggered by inadequate food safety and quality. Public health risks posed by tobacco, unhealthy diets, lack of physical activity, unsafe water, inadequate sanitation, traffic congestion, and use of solid fuels for cooking place further demands on the need for integrated health promotion and healthy settings.

The linkage between climate change and human health requires increased advocacy, and the health sector needs to be better prepared to mitigate and adapt to climate change effects and impacts. Building on the experience gained during the emergency response to the tsunami and subsequent quakes, it is equally important to further develop national capacity for emergency preparedness and response to public health needs.

HEALTH POLICIES AND SYSTEMS

Indonesia is engaged in the process of ensuring effective decentralization and functioning of the health system while at the same time responding to urgent health needs brought about by natural disasters as well as emerging and re-emerging communicable and non-communicable diseases. In line with the national development plan, Indonesia has developed its longer-term Health Strategy document 2005-2025. The third medium-term health strategy 2015-2019 is on-going. National strategic planning document 2011-2025 on HRH is in place. Implementation of universal health coverage (UHC) through national health insurance system (JISN) is in place since January 2014 with the aim of reaching the entire population of Indonesia by 2019.

Prevention of non-communicable diseases (NCDs) is being given special priority and a national policy, strategy and action plan is under implementation. Increased level of maternal mortality is a great concern and the government is putting emphasis on improving access and quality of maternity services. While Indonesia accession to the Framework Convention Tobacco Control (FCTC) is still awaited, progresses are being observed from the government part with the number of tobacco control related legislations and presidential decrees and also continued persuasion toward FCTC accession. Inter-ministerial collaboration is more visualized in working towards public health aspects of road safety and road traffic injuries.

The Indonesian health system was decentralized to district level in 2000. An updated national health system document is in place. Annual operational plans for each technical unit of health ministry, provincial and district health offices are developed based on national medium-term strategy. Out-of-pocket expenditure is still high with growing private health sector. With the implementation of UHC, the private health institutions are encouraged to enroll within the UHC scheme under national social security management agency for health (BPJS). The government is promoting private health practitioners' engagement with the public sector through UHC to improve access to health care services.

There is a clear need to define roles and functions of the health system at the different levels of government in the areas of human resources for health, health sector performance, increasing and redirecting health sector financing, institutionalizing the newly introduced social health insurance, i.e. Indonesian version of Universal health Coverage (UHC), and determining how health institutions could develop to foster effective community participation.

COOPERATION FOR HEALTH

The international community has shown continued interest in health development in Indonesia. The two largest bilateral grant providers are USAID and AusAID, who account for nearly two-third of all grants given. Since 2003, the Global Fund to fight Aids, Tuberculosis and Malaria (GFATM) started supporting Indonesia. WHO has displayed a leadership role in assisting the Ministry of Health in the preparation of GFATM proposals. WHO is also assisting the Ministry of Health in "making the money work" by actively participating in the Country Cooperation Mechanism as well as providing technical support to the TB and HIV programmes through the "intensified support and action" programmes, which GFATM funds through WHO to provide technical assistance. Support from Global Alliance for Vaccine Initiative and Immunization (GAVI) country has been able to introduce new life saving vaccines such as Pentavalent, Measles Rubella, IPV. Indonesia has graduated from GAVI support in 2016. Furthermore, currently there are 25 UN agencies, funds and programmes operating in Indonesia. WHO is a member of the UN country team, and actively involved in the UN Partnership and Development Framework (UNPDF), a common strategic framework for operational activities of the UN system at country level. WHO is currently the lead agency for a number of UNPDF outputs related to improved health and nutrition.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Address the challenges of communicable diseases and reach the national Sustainable Development Goal targets	1.1 The SDG 3 HIV targets and control of hepatitis and sexually transmitted infections (STIs) 1.2 Implementation of the End Tuberculosis Strategy 1.3 A decentralized and effective system for elimination/eradication of malaria and neglected tropical diseases (NTDs) 1.4 Strengthened immunization systems enabling highly equitable vaccination coverage by reaching everyone, everywhere and the timely introduction of new, life-saving vaccines
STRATEGIC PRIORITY 2: Address the challenge of noncommunicable diseases, their modifiable risk factors and mental health disorders in line with global commitments under UNGA resolutions and SDGs	2.1 Support to develop appropriate multisectoral policy frameworks for the prevention and control of major noncommunicable diseases (NCDs), mainly cardiovascular, respiratory diseases, diabetes and cancers. 2.2 Support effective population-based interventions to address the behavioral (e.g. physical inactivity, unhealthy diet, tobacco use and alcohol use), dietary, biological, and environmental risk factors associated with NCDs 2.3 Health system capacity to respond more effectively to prevent and manage NCDs and risk factors, and mental health and substance use disorders 2.4 Determine trends in four major NCDs and their risk factors, mental health and substance use disorders, as well as the effectiveness and impact of interventions
STRATEGIC PRIORITY 3: Improve reproductive, maternal, newborn, child and adolescent health through increasing access to quality services	3.1 Quality of reproductive, maternal, newborn, child and adolescent health (RMNCAH) care with special attention to under-served and remote areas 3.2 Human resources development and deployment for RMNCAH especially in under-served and remote areas 3.3 Effective evidence-based interventions on adolescent and reproductive health, with special attention to pre-conception care
STRATEGIC PRIORITY 4: Strengthen the health system to enable Indonesia to achieve Universal Health Coverage (UHC) in 2019	4.1 Quality and coverage of health services with an emphasis on prevention and promotion using the family-based approach 4.2 Comprehensive national health policies, strategies, and plans 4.3 Public sector health information systems at district, provincial, and national levels for measurement of SDGs
Strategic Priority 5: Enabling capacity for preparedness and response to public health emergencies and disasters	5.1 Capacity to prevent, detect, verify, assess, inform, and respond to public health events 5.2 Laboratory capacities for disease surveillance to promote evidence based decision-making 5.3 All-hazard approach in improving preparedness plan for emergencies and disaster risk reduction activity 5.4 Emergency preparedness and post disaster response

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