

Health development policy in Kupang district, east Nusa Tenggara, Indonesia, 2017-2022.

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Abstract

Introduction: Health development is the implementation of health efforts to increase awareness, willingness and ability to live healthy every person realize the optimal health of society. In its management, integrate elements of health and non-health resources in an integrated and mutually supportive one another, as regulated by Presidential Regulation Number 72 of 2012 regulates the National Health System. However, not all districts in Indonesia have a road map of health development policy.

Purpose: The establishment of Health Development policy as a road map of health development in 2017-2022 within the framework of Regional Health System.

Methods: A combination of qualitative research with quantitative meta-analysis. Implementation through the workshop of equality perception on health issues and Focuss Group Discussion develops policy agenda and recommendations. Focuss Group Discussion participants were 25 people. Duration of research for three months from October-December 2016.

Results: The establishment of Health Development Policy as a road map of health development of Kupang district in 2017-2022 based on seven sub health system of area that is health effort, management, information and health regulation, health human resources, pharmacy, health and food tool, Community empowerment and health research and development.

Conclusion: Success of health development in Kupang district is needed synergy of development actors from government, community, non-governmental organizations, religious leaders and health concerns Recommendation. Technical rules are required: (1) the draft of Kupang district regulation on standard operating procedures of individual and Public Health Efforts; (2) the Kupang district head's design on public health efforts; (3) Regulation of district of regional health information system of Kupang district, (4). Encourage village government to develop village regulation on village health system.

Keywords: Health policy, Regional health system, Health development.

Introduction

Health development is the implementation of health efforts by the Indonesian people to raise awareness, willingness and ability to live healthy for everyone to realize the optimal public health status. In its management, it is organized through national and regional health systems integrating elements; Health administration, health information, health resources, health efforts, health financing, community participation and empowerment, science and technology in the health sector and health law arrangements in an integrated and mutually supportive manner [1]. However, not all districts/municipalities

in Indonesia have a road map of health development policies that are encircled in the regional health system.

Various health problems in the regions have not been managed maximally in Kupang district due to the lack of involvement of actors supporting the development of health. The indicators seen from the impact of health development in 2015 in Kupang district have not reached the Minimum Service Standards in the health sector, [2] such as: (1) Infant mortality rate of 5.13/1,000 live births; (2) Maternal mortality rate of 96/100,000 live births; (3) Delivery assisted by health personnel is 83.95%; (4) Life expectancy (according to new method) 63.17 year [3]; (5) Prevalence of malnutrition of 3.03/1000 children under five; (6) Ante Natal Care visit, at visit-1 of 99%, visit-4 of 89.94%.

Neonates visit-1 of 98.06%, Neonates visit-3 of 95.89; (7) The ratio of physicians to the population of 4.56 per 100,000 population, the ratio of nurses of 48.88 per 100,000 population, the ratio of midwives to 105.17 per 100,000 population; (8) Universal Child Immunization coverage of 90.40% and (9) Public Health Development Index of 71.50 or 127 rank among district/cities in Indonesia [4].

The low public awareness of the importance of healthy living is marked by the average per capita health expenditure of 2015 of Rs. 244.414 per capita or 3.45% of the per capita expenditure of Kupang district in 2015 of Rs. 7,085,320. The number of poor people is 19.05% out of 328,688 residents of Kupang district [5].

This study aims to develop Kupang district health development policy as stated in the Regional Health System document as a reference for the preparation of development strategies and programs during 2017-2022.

Methods

A combination of qualitative research and quantitative meta-analysis.

Research design

In accordance with the method of formulating public policy is done through the stage of problem formulation, forecasting, recommendations, monitoring and assessment [6]. Implementation is divided into three sessions:

First

A workshop on the perception equation on the formulation of health issues and forecasting the impact of the issue if not addressed now.

Second

Focus Group Discussion to prepare the policy agenda, recommendations,

Third

Preparation of health development policy document 2017-2022 formulated in the frame of District Health System of Kupang district in years 2017-2022.

The health issue is complemented by a meta-analysis [7], quantitative analysis and uses a number of publications data from Central Bureau of Statistics Kupang district and Kupang District Health Profile of 2016 which has organized a number of information to underpin the development of health development policies in Kupang district 7 derived from a large sample whose function is to complement the intent - other purpose.

Implementation of research

The first phase is on October 30, 2016. The second phase of 30-31 November 2016 is followed by the preparation of policy documents. Participants 25 people, consisting of; doctor of

Public Health Center; head of Public Health Center, Kupang district level stakeholders are related seven health sub-systems.

Results

The arranged document of planning of "Policy for Health Development of Kupang district Year 2017-2022" is the reference for health development in Kupang district during the year 2017-2022. The document contains (1) health policy and (2) achievement targets until the end of planning period.

Health policy in Kupang district 2017-2022

The formulation of health development policy documents in Kupang district for five years, i.e., 2017-2022 year, with policy points;

(1) Increasing Health Efforts, consisting of Individual Health Enterprises and Public Health Enterprises conducted through; (i) improving the governance of the Oelamasi Public Hospital as a Regional Public Service Agency or Regional Public Service Agency) for secondary referral services; (ii) improvement of facilities and infrastructure of puskesmas, posyandu as central of primary health service in order to provide optimal and equitable service for rural community; (iii) improving the nutritional status of the community, especially the poor, infants, toddlers, pregnant women, lactating mothers and the elderly; (iv) access to quality maternal, child, adolescent and elderly Health Services; (v) improving the control of communicable and non-communicable diseases and environmental sanitation;

(2) Sub Management System, Information and Health Regulation, done through: (i) managerial capacity building in health offices, Community Health Centers and their networks; (ii) Strengthening Local Health Information System and reporting at Regional General Hospital as well as in community Health centers; (iii) the preparation of District-level health regulations, at the village level; (iv) improving health care quality standards; (v) accreditation of puskesmas and (vi) improvement of supervision and coaching and training of health personnel and improvement of health information system coordination;

(3) Human Health Resources Sub-System, through; (i) improving the quality of health human resources through education from Diploma to undergraduate and magister education programs [8]; (ii) an increase in the number, type of health Human Resources distribution to health care centers throughout Kupang district; (iv) providing fair and transparent incentives (medical services);

(4) Sub System of Pharmaceutical Preparation, Medical Device and Food, through; (i) providing essential medicines and ensuring access to drugs to the public; (ii) repair and calibration of health equipment and facilities and laboratories to support health services; (iii) supervision of food and food products containing hazardous substances (fertilizers, pesticides and formalin); (iv) supervision of the sale and distribution of drugs [9]; (5) Healthcare Sub-System, through (i) coordination of various sources of health financing in health [10] (ii) balancing health financing in Regional income and

expenditure budget between promotive, preventive, curative and rehabilitative;

(6) Community Empowerment Sub-System is implemented through: (i) revitalization and development of Community Based Health Efforts Integrated Health Service Post, (ii) changing the paradigm of culture/kinship in financing the care of sick members, (iii) strengthening the institutional capacity of culture, religion and society in health financing and an effective and integrated referral system, (iv) increasing promotion to create clean and healthy living behavior to the community, and

(7) Sub-System Research and Development of Health Science and Technology is done through: (i) enhancement Tan research activities and policy development based on evidence based policy); (ii) research on health-care tariff-based capability and willingness to pay the community; (C) strong institutional and human resources strengthening of researcher and professionals.

Target of health development performance in 2022

Performance targets planned until 2022 are the result of policy and program implementation during 2017-2022. Based on the results of focus group discussions, performance achievement indicators were agreed as instruments to evaluate the implementation of policy programs and health development at the end of the planning period. Based on a target-setting analysis based on the conditions achieved until 2016, it obtained a plan for achieving performance targets in 2022; the ratio of integrated health care per 1,000 children under five is 20,34% to 55%; Primary health care ratio was 48.88/1.000 population to 75/1.000 population; the ratio of midwives to 105.17/100,000 population to 110/100,000 population; the polyclinic ratio is 0.17/1.000 population to 25/1.000 population; the ratio of sub-primary health care is 1.2/1,000 residents to 25/1,000 residents; Hospital ratios are 0.002/1000 population to 0.002/1.000 population, the percentage of health workers per health facility is 11.11/10.000 population to 88.89/1.000 population.

The coverage of obstetric complications handled was 57.06% to 82.19%; coverage of delivery assistance by health personnel with midwifery competence is 87.09% to 100%; the coverage of the village/sub-district of Universal Child Immunization is 90.40% to 100%; Coverage of underweight under-five children receiving treatment is 100% to 100%; The healing rate of pulmonary TB and AFB+patients was 63.33% to 89%; coverage of findings and treatment of dengue patients is 100% to 100%; The range of referral health services for poor patients was 0.14% to 25.02%; the coverage of infant visits (neonatal visits) third was 95.89% to 100%; The percentage of population using primary health care is from 8.35% to 52.50%. Percentage of malnourished children under five is from 0.54% to 0.34%; Life expectancy is 63.17 years to 66.50 years.

The percentage of houses with sanitation was 27.38% to 44.71%; Households that use clean water 47.59% to 75%. Slum neighbourhoods are 29.6% to 0%; households with proper sanitation from 27.38% to 44.71%; the percentage of people with access to drinking water is 9.14% to 25%; water

quality status contamination is from 15% to 0%; waste disposal per unit of population is from 0% to 3.00%.

The average number of children per family is 4.4 to 4; coverage of active KB participants was 59.8% to 85%; the percentage of unmet needs is 15.33% to 9.50%; Public health service satisfaction index is from 67% to 100%; Active integrated health care is 52% to 100%; non-food consumption per capita consumption was 42.60% to 48.8%; Health spending comes from 3.45% of expenditure per capita to 15%. The number of poor people decreased from 19.05% to 12.50% of the total population of Kupang district.

Limitations of Research

The analysis of research data is taken from publication data of Central Bureau of Statistics of East Nusa Tenggara Province and Central Bureau of Statistics of Kupang Regency and East Nusa Tenggara Provincial Health Office and Kupang District Health Office with the assumption that data collection and data analysis is produced through correct scientific methodology process. Thus, the conclusion of secondary data becomes the basis for policy making of district health development of Kupang in 2017-2022.

Conclusion

The success of community health development in Kupang district is not only the responsibility of Kupang district health office, but it needs synergy between the government, society, religious leaders, non-governmental organizations, professional associations and other development actors within the framework of seven sub-regional health systems district of Kupang.

Recommendation

To support the implementation of the Kupang district community health development policy 2017-2022 needs to be developed; (1) Regulation of the District of Kupang on Standard Operating Procedures of Individual Health Efforts and Public Health Efforts; (2) Regulation on minimum service standard of Kupang district; (3) the draft of Kupang district regulation on the implementation of public health effort for secondary level of Kupang district; (4) District regulation on regional health information system of Kupang district; (5) Decision of district on regional health consideration board, supervisory board of regional general hospital and board of public health support; and (6) Village head's decree on the duties, functions and roles of community health care community organizations. Also, encourage the village government in Kupang district to issue village regulation on village health system [11,12].

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