Adang Bachtiar

- Born in Cirebon, West Jawa, Indonesia
- Medical Doctor from UNIVERSITAS INDONESIA
- Master of Public Health: HARVARD-USA
- Doctor of Science: JOHNS HOPKINS-USA
- Post Doc in Statistics: UNIV of MICHIGAN-USA
- Current Activities:
  - Indonesian Public Health Association, *President*
  - *Global Fund TB at FPH-UI, Director*
  - Health Profession Coalition for Anti Smoking, *Chairman*
  - *National Expert Panel on TB, Health Policy Spesialist*
  - Indonesian Strategic Plan for HIV/AIDS, *Head of Team*
  - *Country Coordination & Facilitation (CCF Indonesia) for HRH under Coord Minister of Welfare, Head of Secretariat*
  - Indonesian MCH-Nutrition Eval, *Head of Team*
  - Dept of Health Policy & Administration, UI, *Past Chairman; Advice & examnine more than 150 PhD dissertations*
  - National Health Research Committee, *Expert Panel*
  - *Research Committee in Hospital, Expert Panel*

Presenter Disclosures

Adang Bachtiar MD MPH ScD

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months: "No relationship to disclose"

Stantardardizing Public Health Profession in Indonesia

And Beyond

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Indonesia is the world's largest archipelago:

➢ 5 major islands and about 30 smaller groups

➢ Total number of islands: **18,110**

➢ Population: more than **238 million** people from over 300 distinct ethnic groups (with different dialects)

➢ 33 Provinces; **505** Districts/towns

➢ 4th largest country

➢ 41% of ASEAN pop.

Public Health Problems in Indonesia

- 1-Healthcare services

- 2-Health Sector Program & Policies

- 3-Other Sectors Development

Patients & Community Complaints

- Bureacratic reimburse process
- Limited package
- "Free curative" as political conundrum

- Moral hazard
- Non-holistic PH approach

Policies and procedures

Biz orientation

Poor provider-patient relationship

Sub-standards Health services

Substd competencies

- No systematic cont. educ for healt workers

- Overload works at hospitals
- Rush time incomplete exams

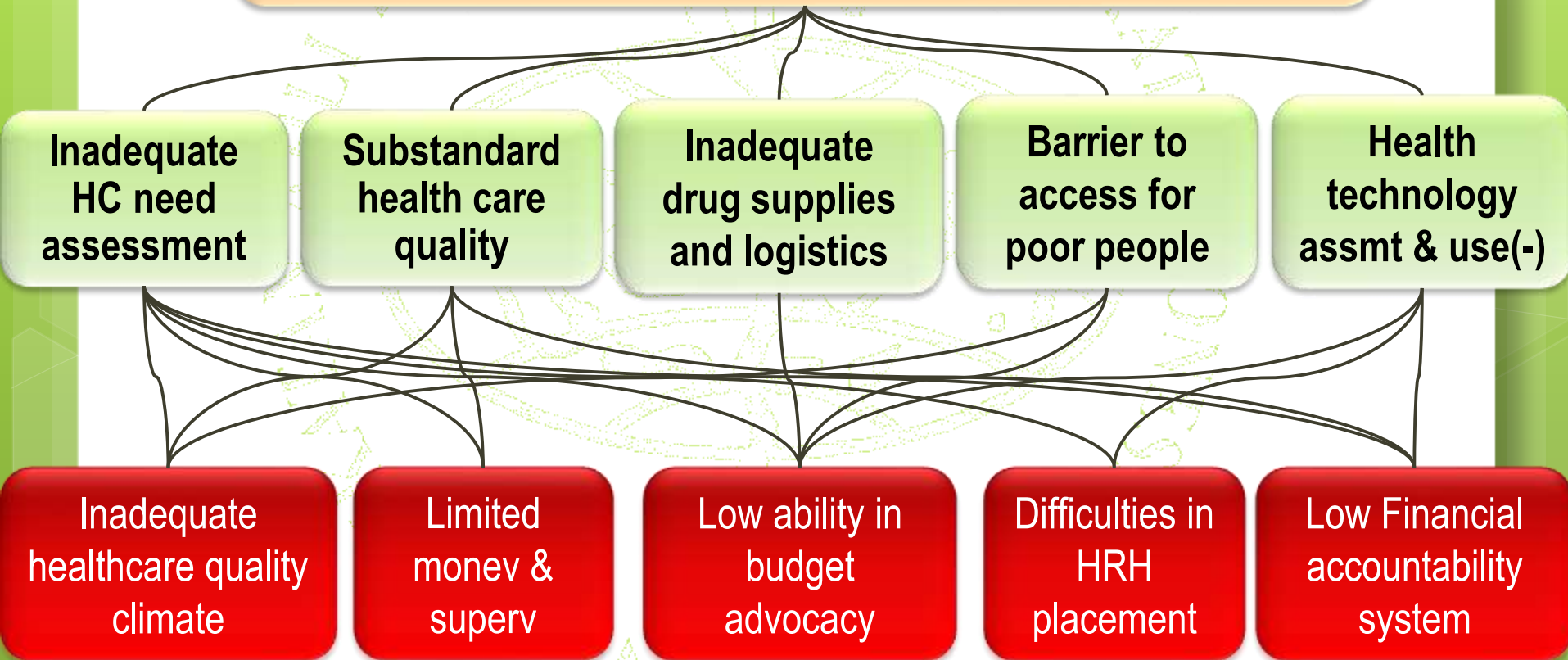**Problem in HRH and logistics**

No follow up

Ineffective tx

- Ineffective incentive system
- Low capacity in logistic mgmt

- Weak in referral system
- Low acceptancy at primary care

- Limited hc services with focus only curative & not empowering them

NGO report on HC quality, 2011

Health centres limited accessibility, availability, effectivity

Inadequate HC need assessment	**Substandard health care quality**	**Inadequate drug supplies and logistics**	**Barrier to access for poor people**	**Health technology assmt & use(-)**

Inadequate healthcare quality climate	Limited monev & superv	Low ability in budget advocacy	Difficulties in HRH placement	Low Financial accountability system

Healthcare system workshop, 2008)

Problems in
Health Programming & Policies

- **Primary health care is neglected (2010 Health Facility Survey)**
  - No maintenance for health devices and appliances
  - Limited procedures for clinical pathway/governance
  - Limited local government's budget for operational and maintenance
- **HRH supply problems, related to**
  - Unstandadized <u>HRH production system</u>
  - Maldistributed
  - Limited health professional performance evaluation
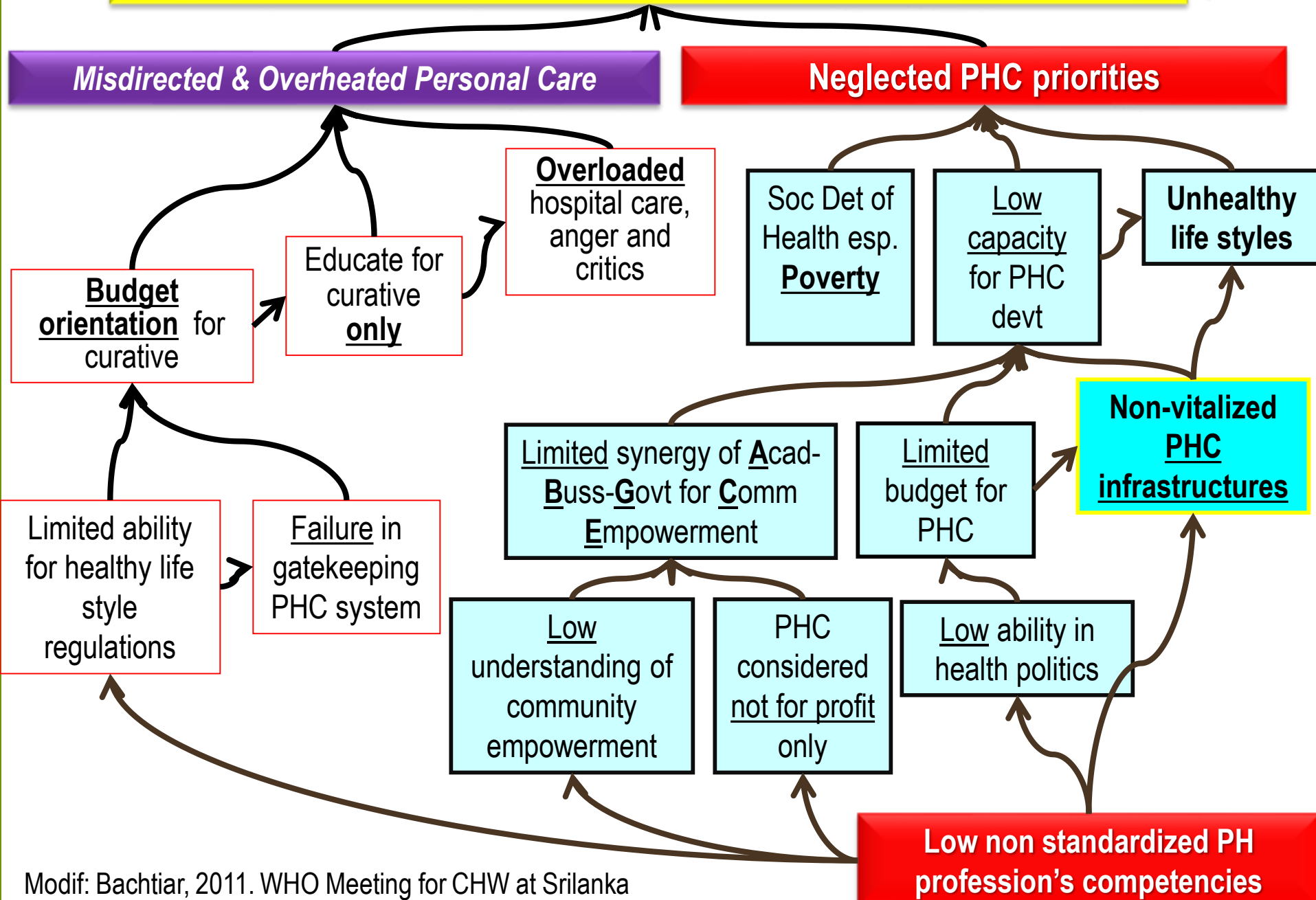 - Limited career path system

Problems in
Other Sectors Related to Health System

- **Inappropriate, inadequate and delayed budget transaction implementation**

- **Limited budget accountability**

- **Low priority HRH mgmt at local governments**

Result? On MDG Progress

Target	Thailand	Malaysia	Philip-pines	Indon-esia	Viet Nam	Camb-odia	Lao PDR	Myan-mar
Poverty	A	A	←	←	A	←	→	?
Hunger	A	A	→	←	A	←	←	←
Primary Education	→	A	←	→	A	→	→	→
Gender Disparity (overall)	A	A	↔	↔	↔	↔	↔	A
U5 MR	A	A	→	→	→	→	→	←
MMR	A	A	←	←	↔	←	←	←
HIV/AIDS	A	←	→	←	←	A	↔	→
Infectious Disease	→	→	→	→	A	→	↔	A
Environment	↔	→	?	←	?	←	←	←
Safe Water Sanitation	→	A	→	↔	A	←	→	A

CONCLUSION: *Inefficient Health System*

Misdirected & Overheated Personal Care

Neglected PHC priorities

Overloaded hospital care, anger and critics

Educate for curative **only**

Budget orientation for curative

Soc Det of Health esp. **Poverty**

Low capacity for PHC devt

Unhealthy life styles

Limited synergy of **A**cad-**B**uss-**G**ovt for **C**omm **E**mpowerment

Limited budget for PHC

Non-vitalized PHC infrastructures

Limited ability for healthy life style regulations

Failure in gatekeeping PHC system

Low understanding of community empowerment

PHC considered **not for profit** only

Low ability in health politics

Low non standardized PH profession's competencies

Modif: Bachtiar, 2011. WHO Meeting for CHW at Srilanka

PUBLIC HEALTH PROFESSION VISION BASED ON SITUATIONS
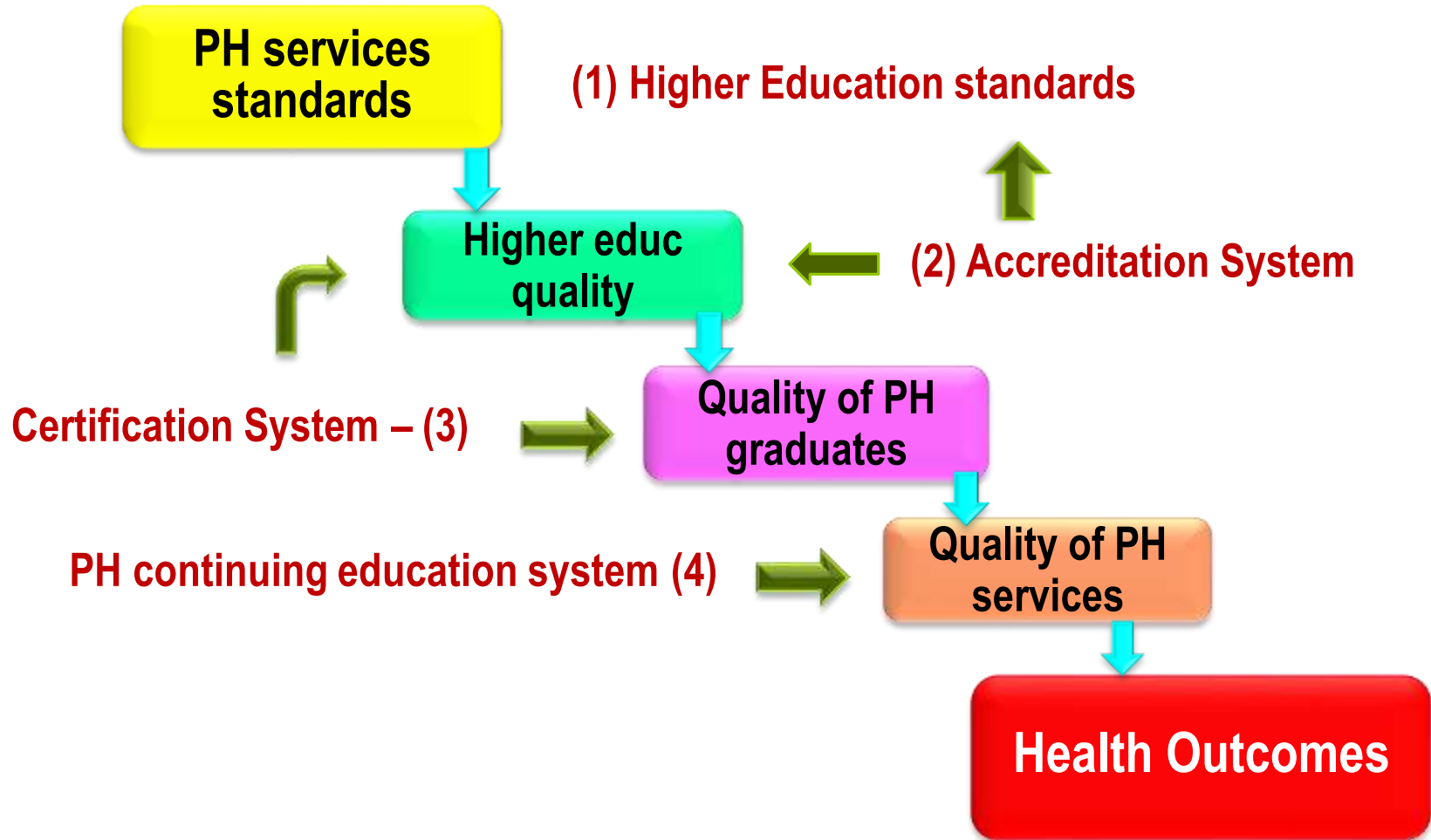
Public Health Graduates Must Have _1

- ***Knowledge-driven paradigm***
  - **Adequate PH knowledge for understanding health problems**

- ***Problem-solving paradigm***
  - **Adequate PH skills to solve health problems**

Public Health Graduates Must Have $_2$

- ***Interactive paradigm***
  - **Adequate <u>softskills</u> for implementing PH solutions within social economic development frameworks and perspectives**

- ***Enlightenment paradigm***
  - **<u>A comprehensive involvement</u> in planning-monitoring and eval social cultural, poltical and economic development for people's health**

IMPORTANCE OF HEALTHCARE QUALITY CHAIN

PH services standards

(1) Higher Education standards

Higher educ quality

(2) Accreditation System

Certification System – (3)

Quality of PH graduates

PH continuing education system (4)

Quality of PH services

Health Outcomes

Problems

# PH Study Program: 1.Vocational & BSc.PH 2.MPH & DrPH	# Accredited	Review for revisit	Not-accredited
278 institutions	186	15	77
	67%	5%	28%

- **Fast growing with total graduates of 750,000 since 2001-now**
- **Disparity in graduates' competencies among schools**
- **Diversity in graduates' demand in more than 500 districts**
- **Unsecured career pattern and low productivity**

Source: Min of Education and Min of Health

First Domain:
Structurization of PH Competencies

(8 MAIN COMPETENCIES)
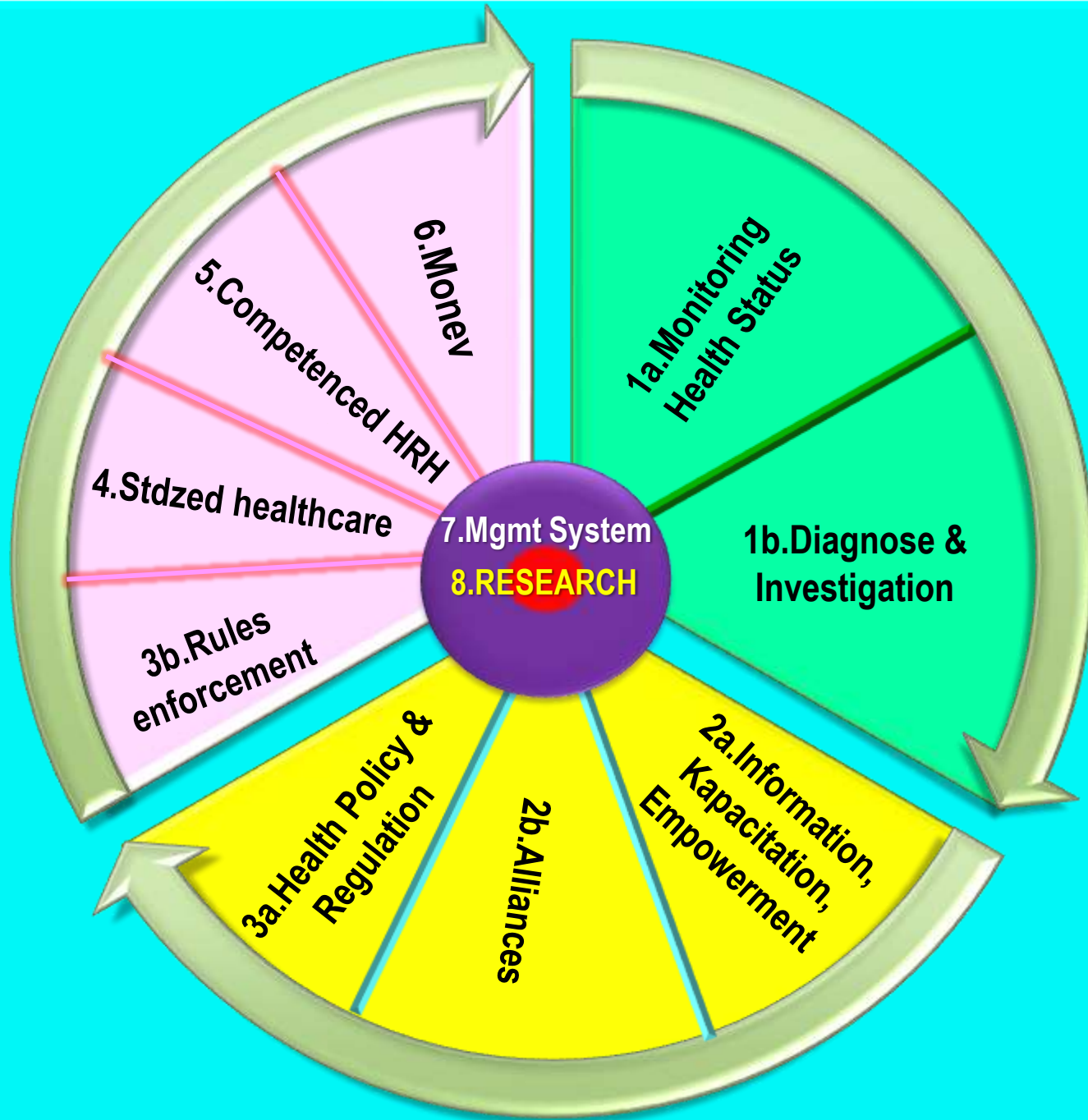
POSITIONING PUBLIC HEALTH GRADUATES

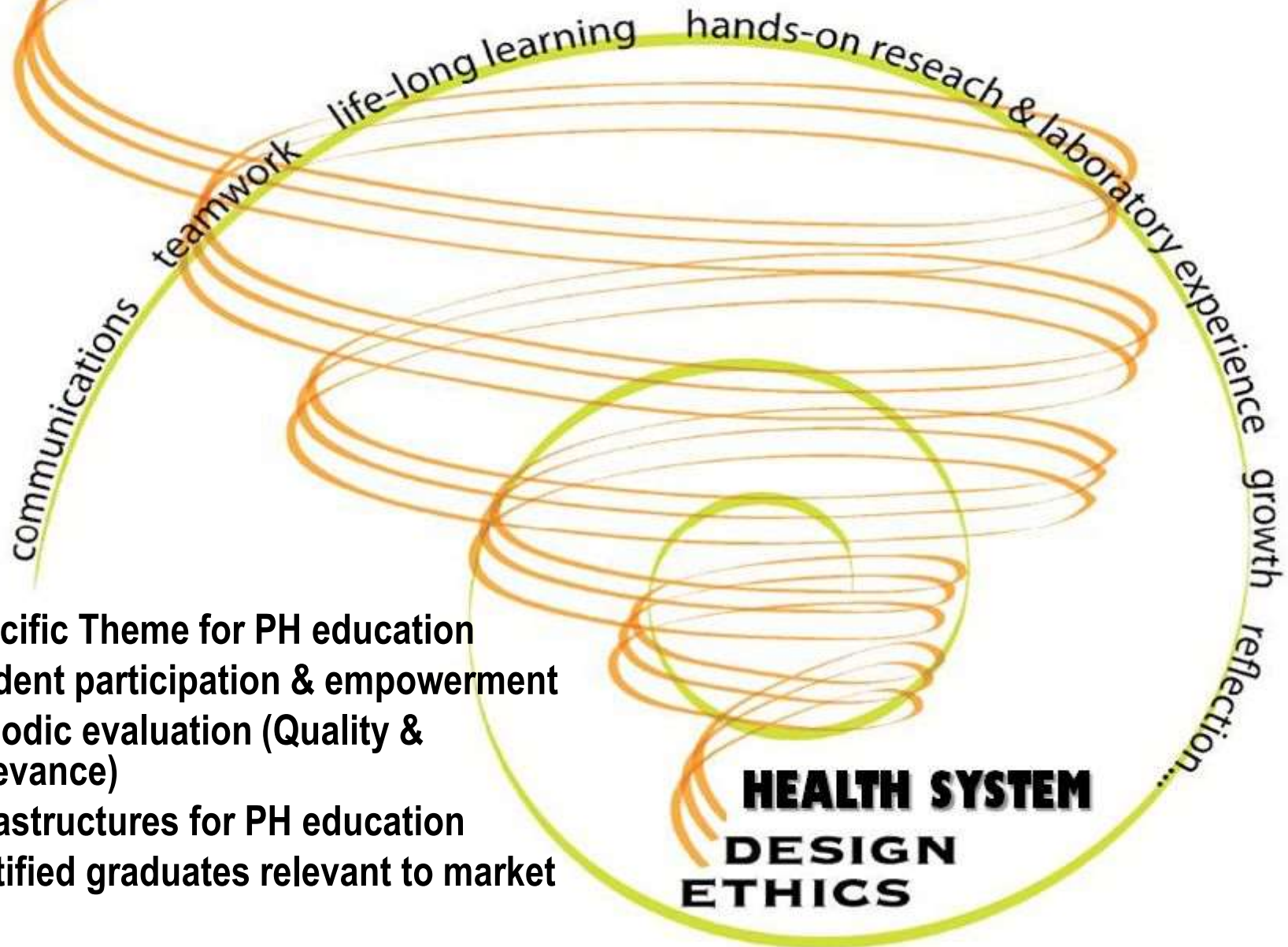| M	MANAGER
I	INNOVATOR
R	RESEARCHER
A	APPRENTICER
C	COMMUNITARIAN
L	LEADER
E	EDUCATOR

Public Health
Indonesian National Qualification Framework
established in 2012

National Strategies

- BScPH graduates certification and registration
- Law and regulation to include PH workers
- Establishment of Health Professions National Board
- National registration for PH education institutions
- National registration for all PH professional workers
- National information system for new PH graduates
- National PH Education Accreditation Board
- National PH Graduates Examination Board
- National testing for PH Graduates examination on the year 2014

PUBLIC HEALTH EDUCATION LINK & MATCH

life-long learning
hands-on reseach & laboratory experience
teamwork
communications
growth
reflection...

- Specific Theme for PH education
- Student participation & empowerment
- Periodic evaluation (Quality & Relevance)
- Infrastructures for PH education
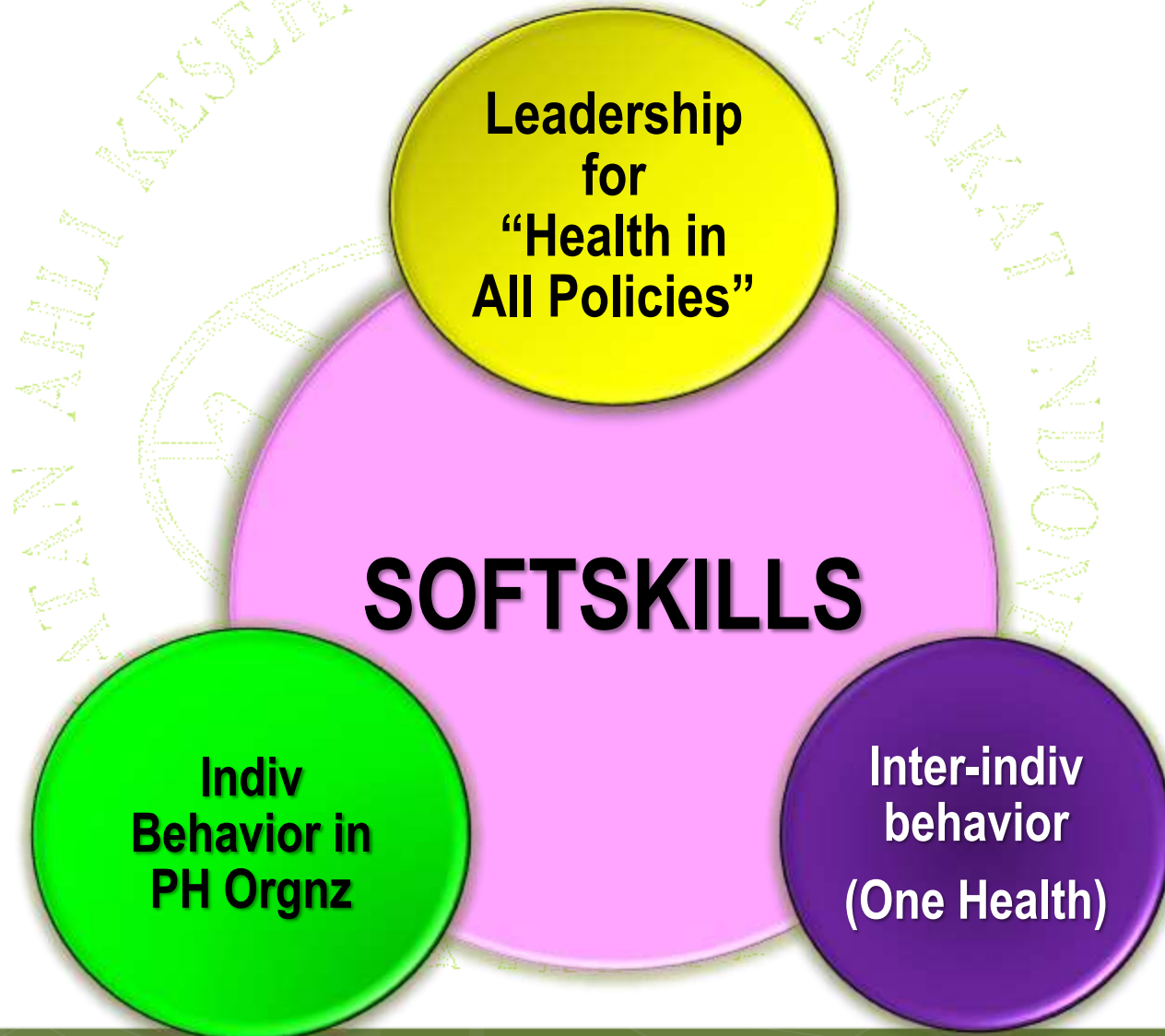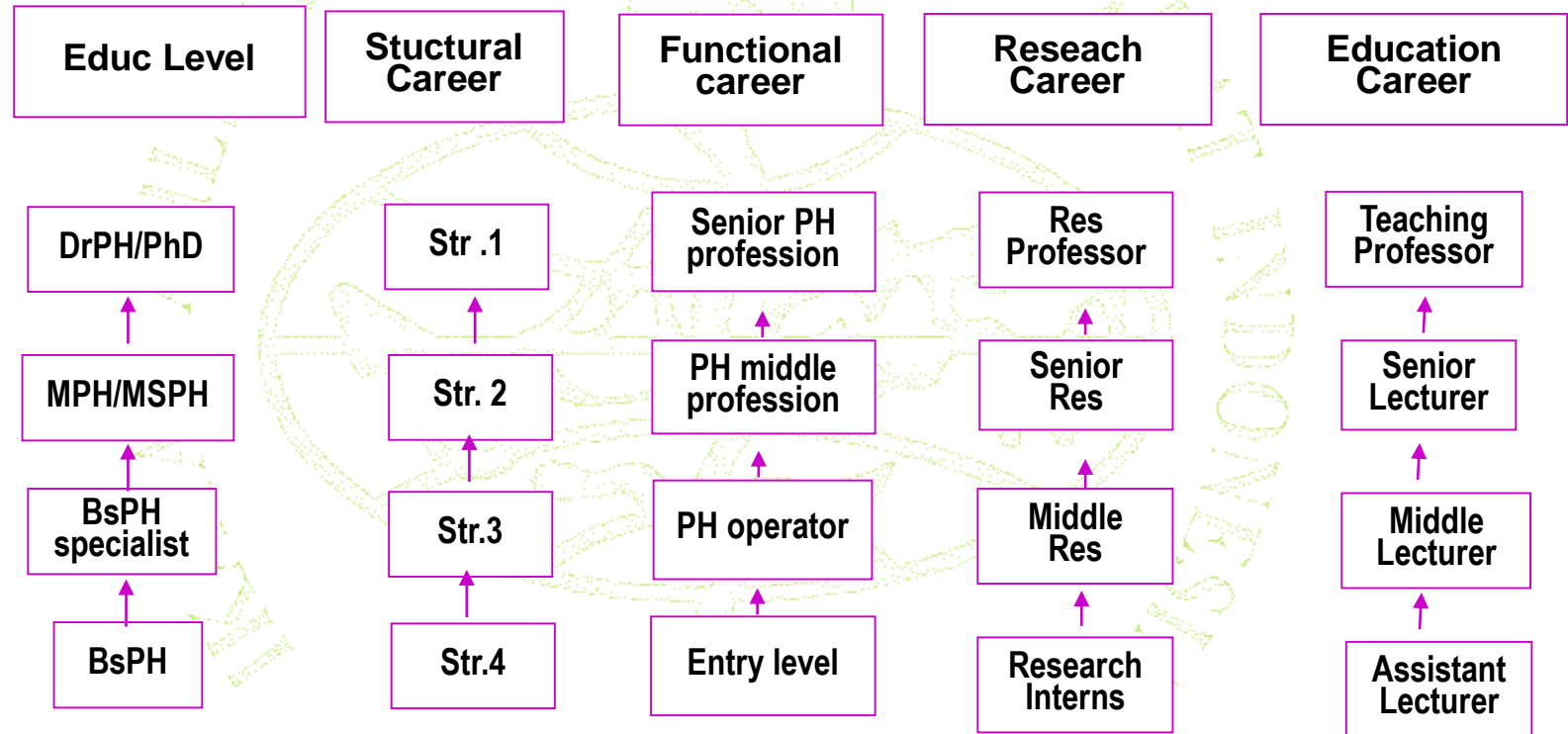- Certified graduates relevant to market

HEALTH SYSTEM
DESIGN
ETHICS

3C
Competency Based Curriculum

- **Comprehensive health system**
  - **Direct, indirect risk factors & contextual determinant of health**
- **Continuity of education**
  - *Smart learning environment*
    - *Tell me, and I will forget.*
      Show me, and I will remember.
      Involve me, and I will understand.
- **Centred in 5 level preventions**
  - **Promotive-preventive-early diagnosis-promptly treatment-rehabilitative at community level**

Needed Softskills for Graduates

Leadership for "Health in All Policies"

SOFTSKILLS

Indiv Behavior in PH Orgnz

Inter-indiv behavior (One Health)

Musa, Nadhoriyah As Suluk At Tandzimi min Mandhuril Islam, 1995

Career Patterns as PH professional

Educ Level	Stuctural Career	Functional career	Reseach Career	Education Career
DrPH/PhD	Str .1	Senior PH profession	Res Professor	Teaching Professor
MPH/MSPH	Str. 2	PH middle profession	Senior Res	Senior Lecturer
BsPH specialist	Str.3	PH operator	Middle Res	Middle Lecturer
BsPH	Str.4	Entry level	Research Interns	Assistant Lecturer

2nd Domain:
Competencies Harmonization

RELEVANCE_1

- **Global market demands higher quality of public health services**
  - **More complex PH issues**
  - **More burden and borderless**

- **International standard of public health competencies is needed**

RELEVANCE_2

- **For APEC:**
  - **Bogor Declaration in 1994 to intensifying Asia Pacific Development Cooperation to improve human resources capacity**

  - **APEC 2014 priority to strengthen health system**

SPECIFIC NEEDS_1

- Identify various competencies of public health competencies globally

- Develop model of global standard **and/or** <u>harmonization</u> for public health competencies which meet the WFPHA standards.

SPECIFIC NEEDS 2

- Share experiences within countries on best practices of competency for public health profession to improve quality of public health services

- Discuss and dialogue effective strategies to promote global standard and/or harmonization for public health competencies

STEP BY STEP AS ALWAYS

Synergizing mindset For PUBLIC HEALTH

Global Policy and Issues

Lessons Learned

Policy & problem ramification

Policy development & implementation

Stakeholders' acceptance

Pressure group activation

Risk Control Mgmt

Closing Remarks

THE POWER OF "WE"

Reflection

Dialogue

ACTION

ThankYou

Adapted fr: Freire, P. (1995) Pedagogy of the Oppressed. New York: Continuum Publishing Co

Attachments

CORE COMPETENCIES AND *LEARNING OUTCOMES*

Competency #1
Ability to Understand Health Problems & Situations

Ability to define health problems and situations

Determine usability and limitation of (existing) variety of data

Identify data sources accurately as a relevant source of information

Ability to evaluate data integrity and comparability

Ability to abide to principles of ethics in data collection and the use of information

Ability to establish data inference, quantitatively & qualitatively

Ability to evaluate existing data, in terms of risks and benefits

Ability to apply skills in data collection processes, and using IT based information mgmt.

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competency #2
Ability to develop health plan dan policy

Ability to collect, to sort and to interpret data and information related to healtjh problems

Capable to establish health policy and appropriate solution to health problem

Capable in describing health policy in health improvement implications, legal and administrative frameworks, and social political impacts

Capable in determining level of feasibility and expected outputs of each policy option

Capable to use new methods in health situation analysis and planning

Ability to make a decisive actions

Ability to develop activity plan to implement health policy

Ability to interprete and describe from policy to structures, management and programs

CORE COMPETENCIES AND *LEARNING OUTCOMES*

Competency #3
Capability in establishing effective communication

Ability in communication skills either in-writings, oral or other means

Capable in asking inputs from others effectively

Capable in structuring advocacy activities

Ability in leading and participating in (interdisciplibary) team to elaborate health issues and their solutions

Capable in aplying and using media, communication technology and networks to spread health information

Ability in deciding appropriate communication for effective solution

Capbale in presenting accurate information on demographic characteristics, statistical data, health program and sicentific products to clients

CORE COMPETENCIES AND *LEARNING OUTCOMES*

Competency #4
Ability to adapt local culture

Capable to apply effective, sensitive method professionally to interact with others who have different cultural background

Capable to develop and adopt-adapt specific PH solutions that accommodate cultural differences

Ability to understand social cultural dynamics that contribute to PH problems

Ability to accept different background of health providers

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competency #5
Ability to empower community

Capable to synergize community members' interaction with different backgrounds

Ability to identify social cultural background of healthcare behavior

Ability to response to wide spectrum health interests as a part of cultural variety

Ability to identify community leaders and maintain warm effective relationship with them

Capable to apply group dynamics processes to improve community participation

Capable to describe government roles in providing community empowered PH services

Capable to describe private sector roles in providing community empowered PH services

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competency #6
Basic Public Health Skills Mastery

Ability to identify individual and organizational responsibility in relation to basic PH services

Ability to define, diagnose, and evaluate health status in a population, determine risk factors and other causes, and define health promotion and prevention solutions

Ability to understand historical background, structures and dynamic interactive of PH system with other system

Ability to identify and capable in applying basic research methods in PH program

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competensy #6 (cont'd)
Basic Public Health Skills Mastery

Capable in applying group dynamics process for community participation

Capable in applying PH sciences and knowledge, including social behavior applied science, chronic and infectious diseases, accident and disasters

Ability to identify research limitation, the importance of accurate observation and interrelationship concept

Ability in self interest and commitment for PH services and development by using critical thinking approach

CORE COMPETENCIES AND *LEARNING OUTCOMES*

Competency #7
Financial Planning & Management

Capable to develop and to present health budget and financing

Capable to manage health program with limited budget

Capable to apply budget process and procedures

Capable in developing strategies for budget priorities

Capable in monitoring financial andprogram performances

Capable in developing program proposal for financial support from external sources

Ability in appling human interrelationship skills, motivating others, and conflict resolution in organization

Ability to negotiate many interests and establishing contract and documents in providing community based PH services

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competency #8
Leadership skills and system thinking

Menciptakan kultur dari stardar etik di dalam organisasi dan komunitas

Membantu menciptakan nilai dasar dan visi bersama dan menggunakan prinsip-prinsip ini dalam petunjuk pelaksanaan

Mengidentifikasi isu internal dan eksternal yang dapat berdampak terhadap penerapan pelayanan esensial kesehatan masyarakat (mis. Rencana strategis)

Memfasilitasi kerjasama kelompok internal dan eksternal untuk menjamin partisipasi dari stakeholder kunci.

CORE COMPETENCIES AND
LEARNING OUTCOMES

Competency #8 (cont'd)
Leadership skills and system thinking

Capable to contribute to the development, implementation and monitoring standardized organization performances

Capable in applying law and regulation system and political mechanism to stimulate changes

Ability to apply theories for organizational changes and professional practices development

Capable in creating conducive environment to comply to ethical standards in organization and/or in community

SOFTSKILLS NEEDED

LEADERSHIP₁

- *Fairness*
- *Leading "walk the talk"*
- *Visioner*
- *Honesty*
- *Responsible*
- *Intelligent/smart*
- *Orator/Communicator*
- *Knowledgable/transfering know-how*

LEADERSHIP$_2$

- *Skillful manager*
- *Decisive*
- *Creating condusive working climate, i.e trust, warm, peaceful, outcome focus*
- *Caring interaction, i.e to subordinates, clients etc*
- *Empowering and participation*
- *Effective-efficient*

Individual behavior

- *Self evaluation & correction*
- *Honesty*
- *Optimistic*
- *Managing Knowledge*
- *Humble*

Inter-individual behavior

- *Team work for the benefit of client/community*
- *Individual advices (Amar ma'ruf nahi munkar)*
- *Empathy and caring*
- *Obey to the leader*
- *Positive attitudes*

Musa, 1995; Luth, 2001, Tasmara, 1996; 2001

- *Group decision (Musyawarah)*
- *Hard work for helping others*
- *Patience (for solving others' problem)*
- *Continuous positive improvement*
- *High/best achievement orientation*

Musa, 1995; Luth, 2001, Tasmara, 1996; 2001

- *Self control*
- *Honesty*
- *Responsible*
- *Balance between hard work & achievement, with akhirat orientation*
- *Optimizing the works*

Musa, 1995; Luth, 2001, Tasmara, 1996; 2001

- *Professional*
- *Efective and efficient*
- *Creative*
- *Managing new knowledge*
- *Teamwork*
- *Serving others for service excellence*

Musa, 1995; Luth, 2001, Tasmara, 1996; 2001