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 Specialist
- 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 & examine more than 150 PhD dissertations
- National Health Research Committee, Expert Panel
- Research Committee in Hospital, Expert Panel
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”
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
• Overload works at hospitals
• Rush time incomplete exams

• Ineffective incentive system
• Low capacity in logistic mgmt

• Bureacratic reimburse process
• Limited package
• “Free curative” as political conundrum

• Weak in referral system
• Low acceptancy at primary care

• Moral hazard
• Non-holistic PH approach

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

NGO report on HC quality, 2011
Health centres limited accessibility, availability, and effectivity.

- Inadequate HC need assessment
- Substandard health care quality
- Inadequate drug supplies and logistics
- Barrier to access for poor people
- Health technology assessment & 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
  - Unstandardized HRH production system
  - 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

<table>
<thead>
<tr>
<th>Target</th>
<th>Thailand</th>
<th>Malaysia</th>
<th>Philippines</th>
<th>Indonesia</th>
<th>Viet Nam</th>
<th>Cambodia</th>
<th>Lao PDR</th>
<th>Myanmar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
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<td>Hunger</td>
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<td>Primary Education</td>
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<td>Gender Disparity (overall)</td>
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<td>MMR</td>
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<tr>
<td>HIV/AIDS</td>
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<tr>
<td>Infectious Disease</td>
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<td>A</td>
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<tr>
<td>Environment</td>
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<tr>
<td>Safe Water Sanitation</td>
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</tbody>
</table>
CONCLUSION: *Inefficient Health System*

**Misdirected & Overheated Personal Care**
- Budget orientation for curative only
- Educate for curative only
- Limited ability for healthy lifestyle regulations
- Failure in gatekeeping PHC system

**Neglected PHC priorities**
- Overloaded hospital care, anger and critics
- Soc Det of Health esp. Poverty
- Low capacity for PHC devt
- Unhealthy life styles
- Non-vitalized PHC infrastructures
- Limited synergy of Acad-Buss-Govt for Comm Empowerment
- Limited budget for PHC
- PHC considered not for profit only
- Low ability in health politics
- Low non-standardized PH profession's competencies

**Limitation**
- Limited understanding of community empowerment

*Modif: Bachtiar, 2011. WHO Meeting for CHW at Sri Lanka*
PUBLIC HEALTH PROFESSION VISION BASED ON SITUATIONS
Public Health Graduates Must Have

- **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

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

- **Enlightenment paradigm**
  - A comprehensive involvement in planning-monitoring and eval social cultural, politcal and economic development for people’s health
IMPORTANCE OF HEALTHCARE QUALITY CHAIN

1. Higher Education standards

2. Accreditation System

3. Certification System

4. PH continuing education system

Quality of PH graduates → PH services services

Health Outcomes
## Problems

<table>
<thead>
<tr>
<th># PH Study Program:</th>
<th># Accredited</th>
<th>Review for revisit</th>
<th>Not-accredited</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vocational &amp; BSc.PH</td>
<td>186</td>
<td>15</td>
<td>77</td>
</tr>
<tr>
<td>2. MPH &amp; DrPH</td>
<td>67%</td>
<td>5%</td>
<td>28%</td>
</tr>
</tbody>
</table>

### # PH Study Program:
- 1. Vocational & BSc.PH
- 2. MPH & DrPH

### Institutions:
- **278 institutions**

- **Source:** Min of Education and Min of Health

- **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**
First Domain:
Structurization of PH Competencies

(8 MAIN COMPETENCIES)
1b. Diagnose & Investigation

1a. Monitoring Health Status

2a. Information, Empowerment

2b. Alliances

3a. Health Policy & Regulation

3b. Rules enforcement

4. Standardized healthcare

5. Competence HRH

6. Money

7. Management System

8. Research
## Positioning Public Health Graduates

<table>
<thead>
<tr>
<th>M</th>
<th>MANAGER</th>
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</thead>
<tbody>
<tr>
<td>I</td>
<td>INNOVATOR</td>
</tr>
<tr>
<td>R</td>
<td>RESEARCHER</td>
</tr>
<tr>
<td>A</td>
<td>APPRENTICER</td>
</tr>
<tr>
<td>C</td>
<td>COMMUNITARIAN</td>
</tr>
<tr>
<td>L</td>
<td>LEADER</td>
</tr>
<tr>
<td>E</td>
<td>EDUCATOR</td>
</tr>
</tbody>
</table>
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
• Specific Theme for PH education
• Student participation & empowerment
• Periodic evaluation (Quality & Relevance)
• Infrastructures for PH education
• Certified graduates relevant to market
**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

SOFTSKILLS

Leadership for “Health in All Policies”

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
- DrPH/PhD
- MPH/MSPH
- BsPH specialist
- BsPH

Structural Career
- Str. 1
  - Senior PH profession
  - PH middle profession
- Str. 2
  - PH operator
- Str. 3
  - Entry level
- Str. 4

Functional Career
- Res Professor
- Senior Res
- Middle Res
- Research Interns

Research Career
- Teaching Professor
- Senior Lecturer
- Middle Lecturer
- Assistant Lecturer

Education Career
2nd Domain: Competencies Harmonization
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

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

- Identify various competencies of public health competencies globally.

- Develop model of global standard and/or harmonization for public health competencies which meet the WFPHA standards.
SPECIFIC NEEDS

- 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
- Lessons Learned
- Policy development & implementation
- Pressure group activation
- Risk Control Mgmt
- Global Policy and Issues
- Policy & problem ramification
- Stakeholders’ acceptance
Closing Remarks
THE POWER OF “WE”

Reflection

Dialogue

ACTION

Thank You

Attachments
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.
<table>
<thead>
<tr>
<th>Competency #2</th>
<th>Ability to develop health plan dan policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to collect, to sort and to interpret data and information related to health problems</td>
<td></td>
</tr>
<tr>
<td>Capable to establish health policy and appropriate solution to health problem</td>
<td></td>
</tr>
<tr>
<td>Capable in describing health policy in health improvement implications, legal and administrative frameworks, and social political impacts</td>
<td></td>
</tr>
<tr>
<td>Capable in determining level of feasibility and expected outputs of each policy option</td>
<td></td>
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<tr>
<td>Capable to use new methods in health situation analysis and planning</td>
<td></td>
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<tr>
<td>Ability to make a decisive actions</td>
<td></td>
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<tr>
<td>Ability to develop activity plan to implement health policy</td>
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<tr>
<td>Ability to interpret and describe from policy to structures, management and programs</td>
<td></td>
</tr>
</tbody>
</table>
## 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 (interdisciplinary) team to elaborate health issues and their solutions
- Capable in applying and using media, communication technology and networks to spread health information
- Ability in deciding appropriate communication for effective solution
- Capable in presenting accurate information on demographic characteristics, statistical data, health program and scientific products to clients
# 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**

<table>
<thead>
<tr>
<th>Capability Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capable to synergize community members’ interaction with different backgrounds</td>
</tr>
<tr>
<td>Ability to identify social cultural background of healthcare behavior</td>
</tr>
<tr>
<td>Ability to response to wide spectrum health interests as a part of cultural variety</td>
</tr>
<tr>
<td>Ability to identify community leaders and maintain warm effective relationship with them</td>
</tr>
<tr>
<td>Capable to apply group dynamics processes to improve community participation</td>
</tr>
<tr>
<td>Capable to describe government roles in providing community empowered PH services</td>
</tr>
<tr>
<td>Capable to describe private sector roles in providing community empowered PH services</td>
</tr>
</tbody>
</table>
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

#### Competency #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
# 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 and program performances
- Capable in developing program proposal for financial support from external sources
- Ability in applying 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

<table>
<thead>
<tr>
<th>CORE COMPETENCIES</th>
<th>LEARNING OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Menciptakan kultur dari standar etik di dalam organisasi dan komunitas</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Membantu menciptakan nilai dasar dan visi bersama dan menggunakan prinsip-prinsip ini dalam petunjuk pelaksanaan</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Mengidentifikasi isu internal dan eksternal yang dapat berdampak terhadap penerapan pelayanan esensial kesehatan masyarakat (mis. Rencana strategis)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Memfasilitasi kerjasama kelompok internal dan eksternal untuk menjamin partisipasi dari stakeholder kunci.</strong></td>
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<tr>
<td>CORE COMPETENCIES AND LEARNING OUTCOMES</td>
<td></td>
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<tr>
<td>----------------------------------------</td>
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<tr>
<td>Competency #8 (cont’d)</td>
<td></td>
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<tr>
<td>Leadership skills and system thinking</td>
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</tbody>
</table>

| 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
LEADERSHIP

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

Madhi, Al Qiyadah Al Muatsiroh, 2002
LEADERSHIP

- **Skillful manager**
- **Decisive**
- **Creating conducive 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
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
- Self control
- Honesty
- Responsible
- Balance between hard work & achievement, with akhirat orientation
- Optimizing the works

Musa, 1995; Luth, 2001; Tasmara, 1996; 2001
Professional
Effective and efficient
Creative
Managing new knowledge
Teamwork
Serving others for service excellence

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