

# Scaling-Up NCD Interventions in South-East Asia



## Indonesia situation analysis on NCD prevention and control Recommendations for implementation research in SUNI-SEA

### Epidemiology

Country	Indonesia <sup>1</sup>
Death rate NCDs	71%
Cardiovascular diseases mortality	37% in NCD deaths
Diabetes	6.5%
Hypertension	29.1% men/26.6% women
Overweight/Obesity	Obesity: 4.8% 2.6% men/6.9% women
Smoking	67% men/3% women
Use of alcohol per month	23% men/2 % women
Physical activity not meeting standards	31.9% men/27.9% women
Remarks	Of 52 million people with diabetes and hypertension, 30 million do not receive adequate treatment.

### Ongoing interventions

#### National strategy

The government of Indonesia has acknowledged the health challenge of NCDs and has prioritised the fight against NCDs in the national health agenda. In line with the *WHO Global Action Plan for the Prevention and Control of NCDs*, the Ministry of Health and the national health insurance BPJS have implemented health interventions and programmes on the national and local level to reduce the disease burden in the country. Indonesia pursues a dual approach of focusing on community-based interventions and broader public health campaigns and programmes at the same time, combining efforts at all administrative levels. On the national level, the Ministry of Health leads the public health initiative *Germas*. The national health campaign that was launched in 2016 and aims to increase public health. It promotes healthy lifestyles and aims to raise awareness about NCD risk factors and unhealthy behaviour. It encourages fruit and vegetable consumption, physical activity, no smoking and regular health check-ups. Additionally, on lower administrative levels, some provincial and district governments have adopted smoking free policies, restricting smoking in public spaces such as health care facilities, schools, prayer places, playgrounds, public transports and workplaces. Until today, there is no national enforcement of smoking free policies in Indonesia.

<sup>1</sup> WHO factsheet NCDs Indonesia 2014

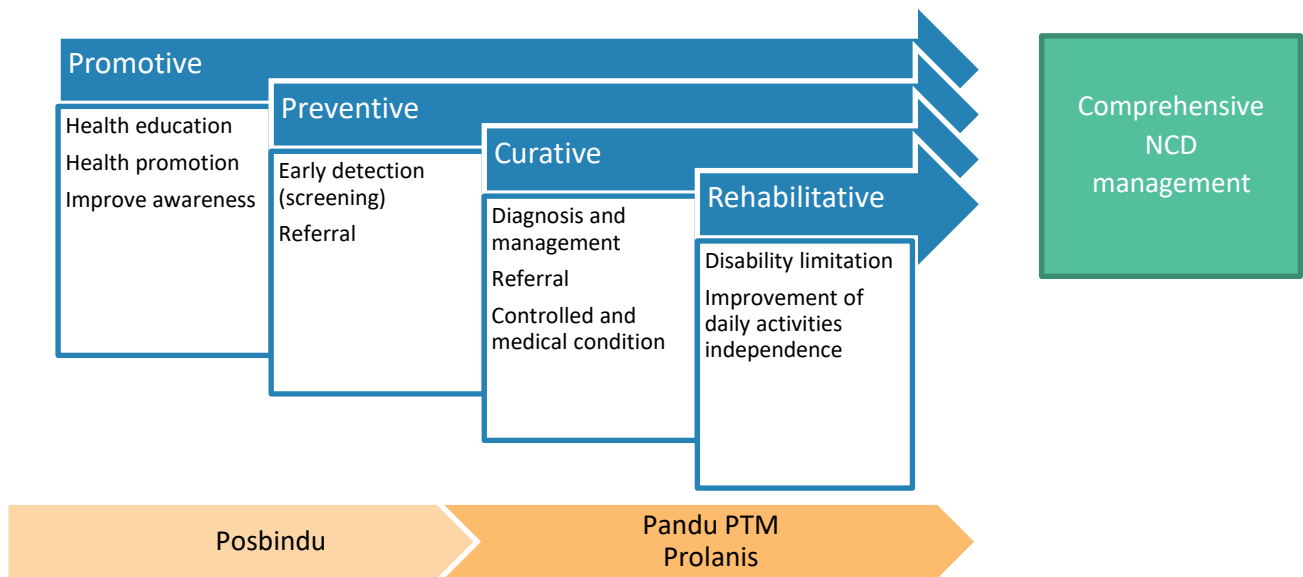


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### Community interventions

On the local community level, the provincial and district health offices implement the health programme *Posbindu PTM*. The programme is aiming to increase community participation in the process of NCD prevention and early detection. Official statistics from the Ministry of Health show that coverage was as low as 24.9 % in 2017, given a target coverage of 50%. Numbers for 2019 suggest that the coverage rate has not increased in the last two years. *Posyandu Lansia*, provide educational programmes to improve elderly quality of life, slowing down the degenerative process as well as preventing disease complications. Promotional and preventive measures that have also been implemented to date are campaigns to limit the intake of salt, sugar and fat. Additionally, community based diabetes patients groups called *Persadia* emerged, organised by an NGO - Indonesian Diabetes Association. It organises meetings, health screenings, seminars, conferences and workshops, with the aim to raise the awareness about diabetes in Indonesia and improve the welfare of diabetic patients.

### Primary healthcare facility interventions

The national health insurance BPJS established a programme named *Prolanis*. *Prolanis* is a chronic disease management programme within *Puskesmas* (primary healthcare facilities). The programme provides medical consultation and health status monitoring for patients diagnosed with diabetes, and other chronic diseases. It offers health education to increase the patients' knowledge about their diseases and to prevent adverse health consequences. The *Prolanis* programme faces implementation barriers. For example, home visits often do not take place because of shortages in funds and medical personal. Patients are not aware of the programme; *puskesmas* do not have space or are missing guidelines for *Prolanis*.

## Alignment with findings from the literature review

Indonesia's dual approach of focusing on community-based interventions and broader public health campaigns and programmes at the same time aligns well with the reviewed literature. Both, local community interventions and public health campaigns were found to be effective, public health campaigns also cost-effective.

The evidence for community-based interventions shows that making use of group resources can help to increase smoking abstinence, reduce alcohol consumption and some metabolic risk factors of NCDs. The Indonesian community programme *Posbindu* with its focus on disease prevention through risk factor screening is consequently likely to be effective if correctly implemented and executed. Yet, other findings from the literature could be taken into account for further improving the programme, such as making use of positive peer effects by offering group diet counselling sessions. Additionally, we found counselling for smoking cessation to be highly effective. Offering such counselling sessions might be useful to consider in the future, since Indonesia is currently aiming for a better integration of the male population into the *Posbindu* programme, and almost 80% of the male population smoke.

The evidence for community-based interventions in South East Asia also shows that increasing the level of physical activity in communities is often difficult. This highlights the particular need of emphasising exercises in the communities; introducing weekly group exercises in the community through *Posbindu* could therefore be a possible approach.

On the primary health care level, Indonesia has implemented the *Prolanis* programme for patients with a diagnosed NCD. A specific obstacle for this programme is the low patients' awareness of the programme itself and the need for constant monitoring and regular screening of further disease related risk factors. In this respect, the literature shows that using phone call reminders for screening events and providing information about the diseases could increase participation rates. This might be a tool to be considered for the *Prolanis* programme. For patients who attend *Prolanis*, the complications of diabetes reduce, and health care costs reduce as well. It is necessary that *puskesmas* invest sufficient funds in running this programme, to achieve effectiveness.

With respect to interventions on national level, mass media campaigns have been proven to be effective and cost-effective. The Indonesian media health campaign *Germas* aligns well in this respect and is therefore likely to be cost-effective. Also, the Indonesian Policy on the development of smoking free areas is, supported by the literature, thought to be cost-effective. Up-scaling this policy to the national level would provide additional benefits.

Overall, the Indonesian approach is well supported by the literature. The main obstacles, which might possibly reduce the interventions effectiveness and cost-effectives, remain from inadequate implementation.

### ***Lessons learned for SUNI-SEA***

*Indonesia is ahead in developing screening programmes for NCDs. Posbindu has relevant elements and provides individual counselling to persons participating. Most important is to enhance adherence. Group counselling and peer support are other topics to be considered.*

## SUNI-SEA activities in Indonesia 2020 - 2022

Intervention Component	Activity
Development of guidelines for integrated NCD screening and linkage (referral system)	<ul style="list-style-type: none"> <li>• Development of simplified integrated NCD screening</li> <li>• Development of referral system for NCD</li> </ul>
Policy brief for NCD budgeting at PHC level	<ul style="list-style-type: none"> <li>• Development of NCD budgeting guidelines at PHC level</li> </ul>
Integrated <i>Posbindu</i> screening of hypertension to Improve coverage to younger and male population	<ul style="list-style-type: none"> <li>• Guidelines for workplace <i>Posbindu</i></li> <li>• Extension of integrated <i>Posbindu</i> into workplaces and schools</li> <li>• Development of simple screening methods for workplace <i>Posbindu</i></li> </ul>
Development of cadres training materials including for referral	<ul style="list-style-type: none"> <li>• Development of cadres training materials to:</li> <li>• motivate people in coming to <i>Posbindu</i></li> <li>• Provide health education</li> <li>• Reporting and referral system</li> </ul>
Development of health education materials (app-based, leaflet, booklet)	<ul style="list-style-type: none"> <li>• Development of leaflet/booklet for health education materials</li> <li>• Development of app-based health education materials</li> </ul>
Development of simpler reporting, monitoring, and evaluation procedure and system	<ul style="list-style-type: none"> <li>• Development of simplified reporting systems</li> </ul>
Integrated database system	<ul style="list-style-type: none"> <li>• Integration of community-based NCD data into PHC data</li> </ul>