

DETERMINAN SOSIAL KESEHATAN DAN SISTIM KESEHATAN

Prof dr DR Charles Surjadi MPH
FK Unika Atmajaya
Ikatan Ahli Kes Mas Indonesia

GLOBAL MOVEMENT

(“Reducing health inequities through action on the social determinants of health”), **resolution WHA62.14**

Health inequities arise from the societal conditions in which people are born, grow, live, work and age, referred to as social determinants of health. **CSDH 2008**

Action needed

- 1.to improve daily living conditions;*
- 2.to tackle the inequitable distribution of power, money and resources; and*
- 3.to measure and understand the problem and assess the impact of action.*

Action needed

1. to improve daily living conditions;

Improve the well-being of girls and women and the circumstances in which their children are born, put major emphasis on early child development and education for girls and boys, improve living and working conditions and create social protection policy supportive of all, and create conditions for a flourishing older life. Policies to achieve these goals will involve civil society, governments, and global institutions.

From the start / early child development and in the whole life cycle

2. to tackle the inequitable distribution of power, money and resources;

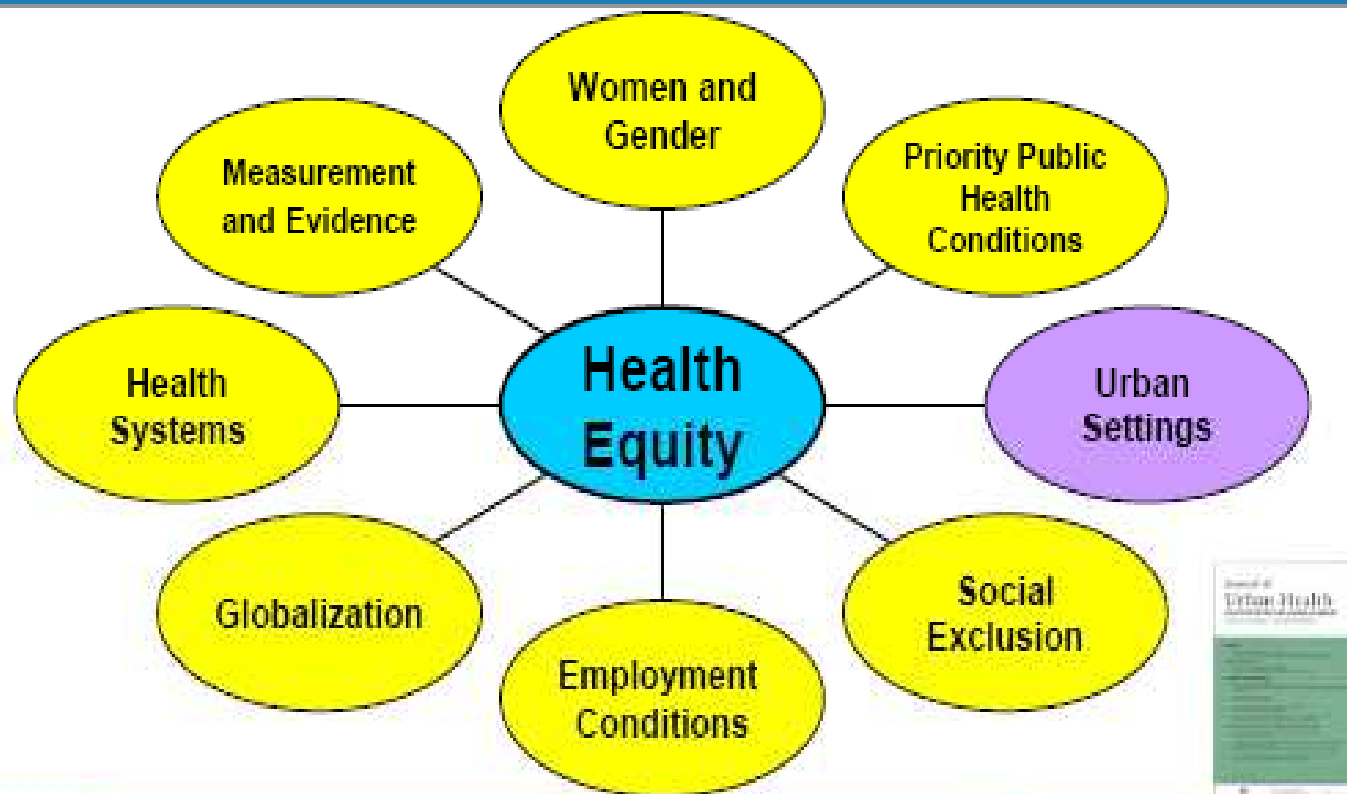
This requires a strong public sector that is committed, capable, and adequately financed. To achieve that requires more than strengthened government – it requires strengthened governance: legitimacy, space, and support for civil society, for an accountable private sector, and for people across society to agree public interests and reinvest in the value of collective action. In a globalized world, the need for governance dedicated to equity applies equally from the community level to global institutions

the structural drivers of those conditions of daily life – globally, nationally, and locally.

3. to measure and understand the problem and assess the impact of action.

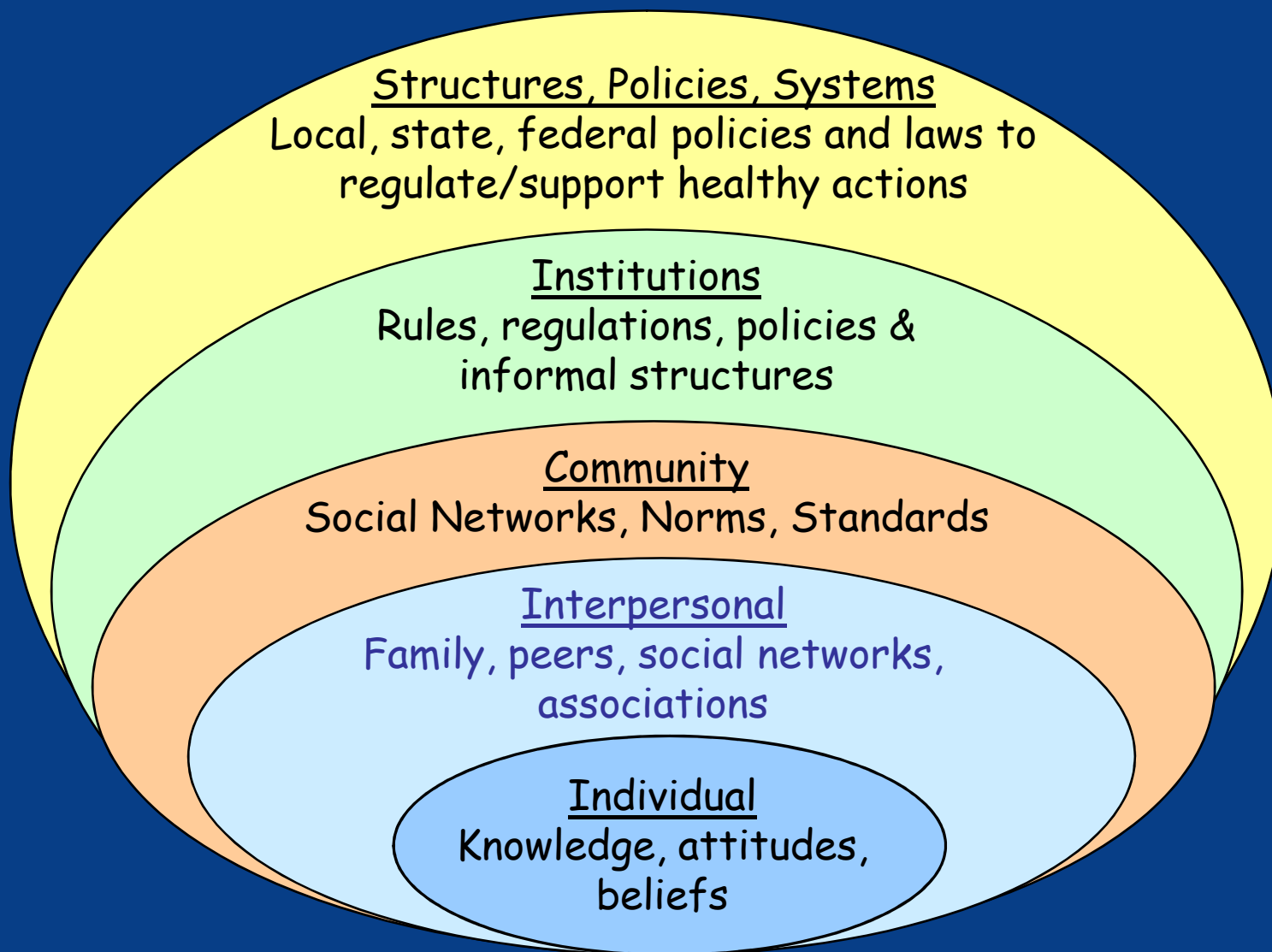
National governments and international organizations, supported by WHO, should set up national and global health equity surveillance systems for routine monitoring of health inequity and the social determinants of health and should evaluate the health equity impact of policy and action. Creating the organizational space and capacity to act effectively on health inequity requires investment in training of policy-makers and health practitioners and public understanding of social determinants of health. It also requires a stronger focus on social determinants in public health research.

WKC acted as a hub of the Knowledge Knowledge Network on Urban Setting (2005-2007)

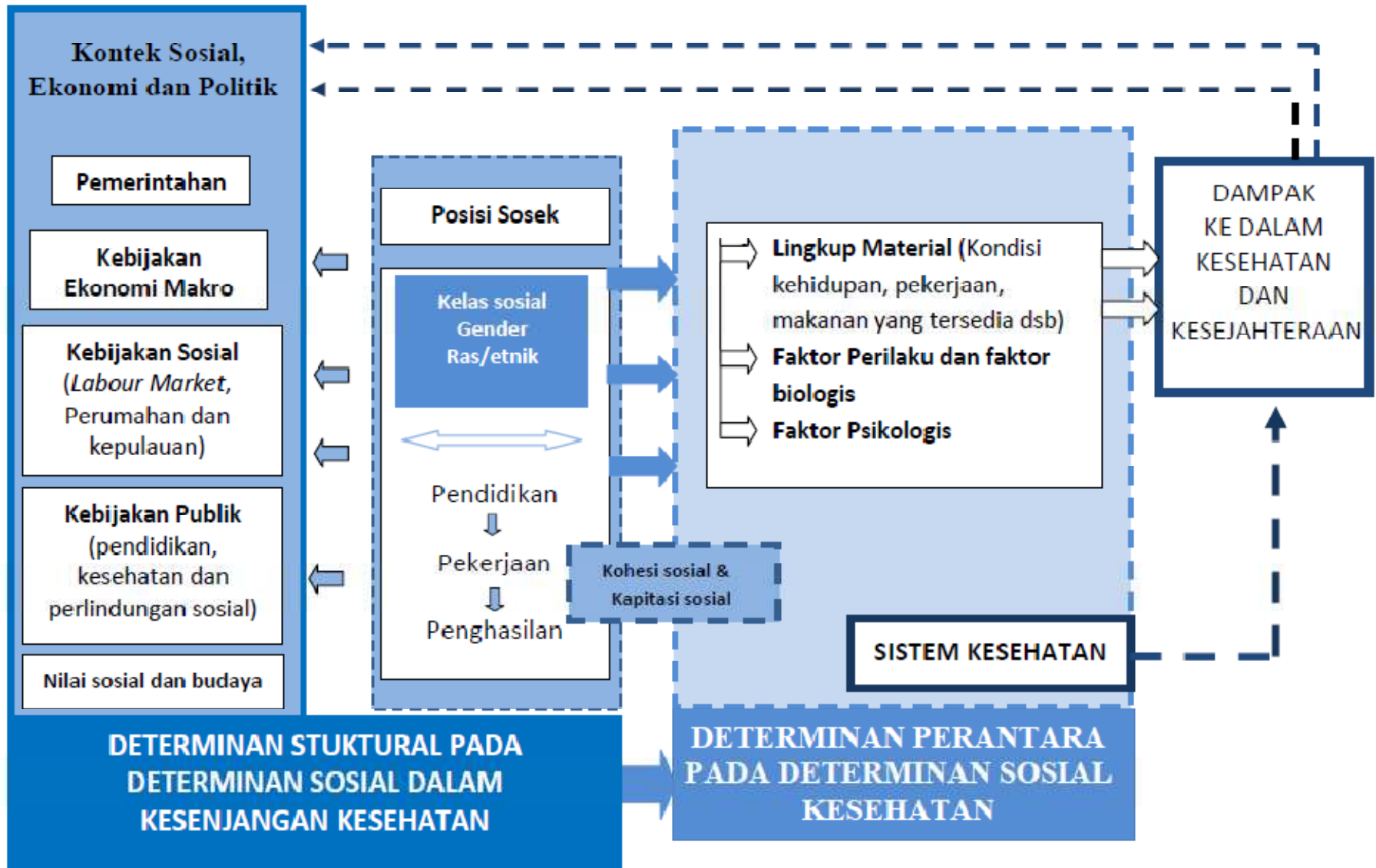


"...most public health challenges...are too complex to be understood adequately from single levels of analysis and, instead, require more comprehensive approaches that integrate psychologic, organizational, cultural, community planning, and regulatory perspectives."
Stokols, D. (1996). "Translating Social Ecological Theory into Guidelines for Community Health Promotion." American Journal of Health Promotion, 10(4), 282-293.

Levels of Influence in the Social-Ecological Model



Gambar 1. Bentuk Akhir Kerangka Konsep CSDH



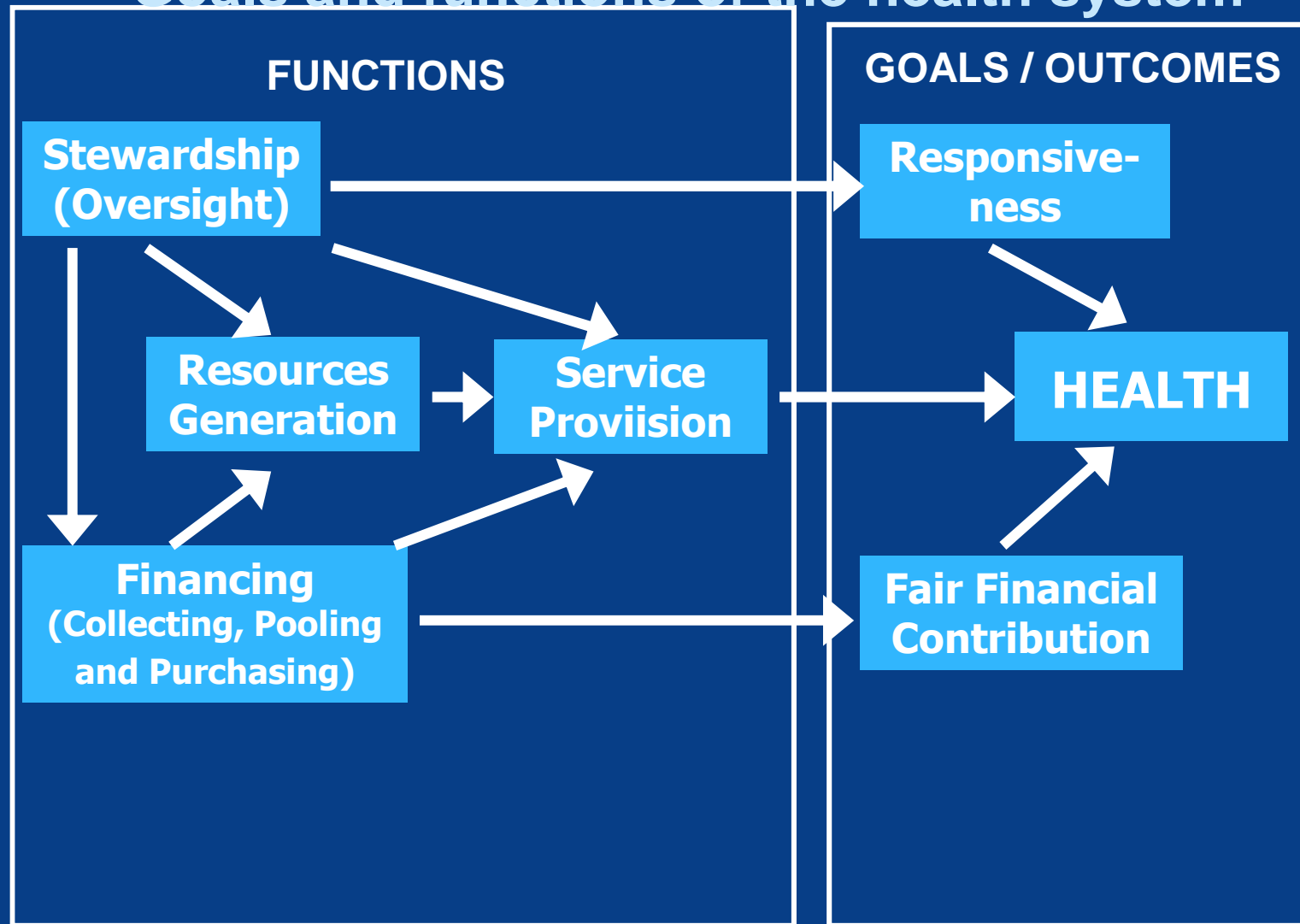
Tujuan utama sistim kesehatan

- 1, Meningkatkan kesehatan populasi
2. Responsive pada kebutuhan populasi yang dilayani
3. Fair dalam kaitan kontribusi keuangan dan memberikan proteksi akan biaya dari sakit dan upaya menjaga kesehatan

Health Systems : improving Performance

(World Health Report 2000)

Goals and functions of the health system



Health System Functions

Health System Performance

Impact

Stewardship:

1. Stewardship/
governance

Creating Resources:

3. Human resources
management
4. Pharmaceuticals
management

Financing:

2. Financing

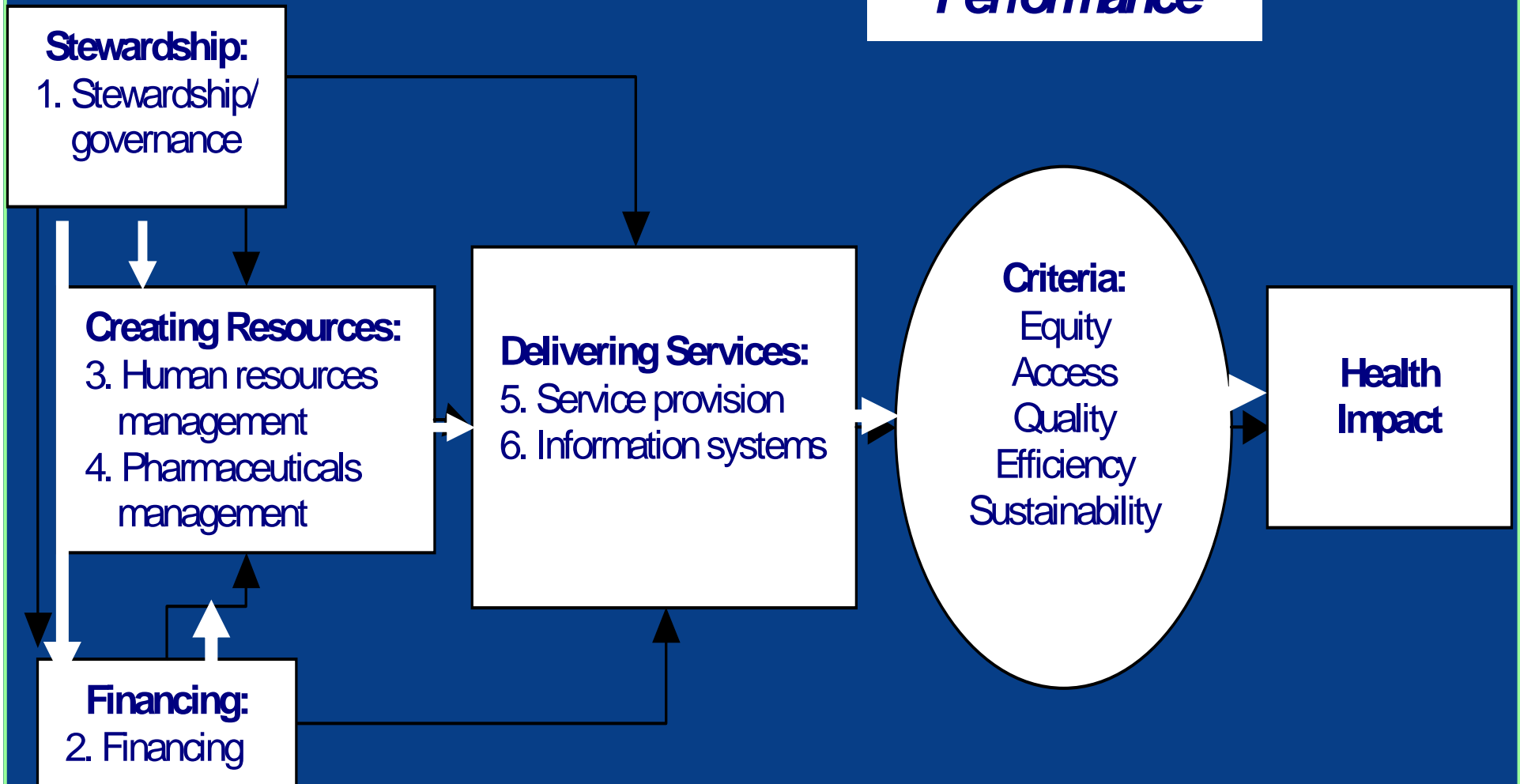
Delivering Services:

5. Service provision
6. Information systems

Criteria:

- Equity
- Access
- Quality
- Efficiency
- Sustainability

**Health
Impact**



Chapter 3: Health systems to promote health equity

CSDH Recommendations:

- Build health systems based on principles of equity, disease prevention, and health promotion.
- Ensure that health system financing is equitable.
- Build and strengthen the health workforce, and expand capabilities to act on the social determinants of health.

Pathways to health inequity through health systems in Asia Pacific

The World Health Organization (129) describes six “building blocks” that make up health systems:

1. Information
2. Financing
3. Service delivery
4. Health workforce
5. Medical products, vaccines and technologies
6. Leadership and governance (stewardship)

Actions to Improve Daily Living Conditions

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graph TD; A[Actions to Improve Daily Living Conditions] --> B[Balanced urbanisation]; A --> C[Labour and social protection policy]; A --> D[Health systems];
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Balanced urbanisation

- Urban planning and design for health
- Slum reduction and upgrading
- Improving access to services
- Creating environments for healthy living
- Investing in rural development

Labour and social protection policy

- Creating employment opportunities
- Improving working conditions
- Skills to reduce workers vulnerability
- Increasing social protection across the lifecycle

Health systems

- Primary Health Care
- Universal coverage
- Reducing out-of-pocket costs
- Equity at all levels of service delivery
- Equitable access to medicines and new technologies
- Interventions to address social barriers

KARAKTERISTIK SISTIM KESEHATAN YG MENJAMIN PEMERATAAN KESEHATAN

- 1. Adanya kepemimpinan yang membawa setiap sector pemerintah berusaha meningkatkan kesehatan penduduk melalui sub sistim kesehatan di setiap sector**
- 2. Mekanisme organisasi yang menggali partisipasi dan memberdayakan masyarakat terutama kelompok marginal dan miskin**
- 3> Pembiayaan kesehatan dan penyusunan pelayanan yang bertujuan mencapai jangkauan pelayanan kesehatan yang menyeluruh terutama pada kelompok miskin mencakup akses pada pelayanan kesehatan ,**
- 4. Jaminan agar orang tidak jatuh miskin karena sakit, distribusi sumber daya kesehatan untuk kelompok miskin / marginal yang mempunyai kebutuhan kesehatan yang tidak dipenuhi**
- 5. Revitalisasi pendekatan primary health care yang komprehens**

MENGEMBANGKAN
JANGKAUAN PELAYANAN KESEHATAN YANG
KOMPREHENSIP

Di Thailand hal itu tercapai karena

- 1) Pengalaman pengembangan sistim asuransi kesehatan**
- 2) Gerakan masyarakat sipil yang mendukung undang undang**
- 3) Kepimpinan Politik**

SISTIM KESEHATAN BERKAITAN DENGAN UPAYA DETERMINAN SOCIAL UNTUK PEMERATAAN KESEHATAN

1. Sistim kesehatan tidak hanya pengobatan dan pencegahan penyakit akan tetapi

a. kendaraan agar supaya peningkatan kehidupan masyarakat agar tidak rentan sakit dan mempunyai rasa aman dan membangun tujuan yang solid sebagai masyarakat yang membangun

b. semua masyarakat merasakan manfaat pembangunan termasuk pembangunan kesehatan

2.Sistim kesehatan hrs menjamin terjadinya pemerataan kesehatan

a. harus memperhatikan kelompok marginal dan miskin

b. Menunjukkan manfaat misalnya terlihat dengan pencapaian sasaran MDG

TERIMA KASIH