



# Capacity Building to Strengthen Health Workforce Governance in Indonesia: Qualitative methodology

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# **AusAID Projects, 2008-11**

**The University of Sydney**

**University of Indonesia**

**Indonesian Ministry of Health**

**Indonesian Medical Council**

**QUT and Griffith University**

**Centre for Asian Integrity**



# Methodology

These projects utilise a qualitative methodology encompassing stakeholder analysis and engagement:

- Document analysis
- Semi-structured interviews
- Key stakeholder workshops



***Selamat Siang***

**Good Day!**



# Public Sector Linkages Program (PSLP)

- The Project was an Australian Government AusAID-funded initiative managed by the University of Sydney.
- Multidisciplinary Collaboration between Australian & Indonesian researchers: Profs' Stephanie Short, Charles Sampford & Hasbullah Thabrany:, Drs' Yaslis Ilyas, Firman Lubis & Gabriella Quimson with Spency Dolly and Mr Valentin Hadjiev.



# The Partnership





# Proposals for Improving Medical Governance

- Current Strengths?
- Challenges and Constraints?
- What proposals for system change are desirable, feasible and sustainable?



# International Consortium for Research on Governance of the Health Workforce

- WHO Support
- Secretariat at York University, Canada
- Brings together regulators, professionals and researchers
- To enhance research on health workforce governance through bi-lateral partnerships





## Background

*In June 2007, in a Constitutional Court of Indonesia hearing, the Indonesian Medical Doctors Association admitted the “absence of standards for the medical doctor profession.”*



## Rationale

- NHS Indonesia establishes “the right to health” [1945 Constitution]
- Responsibility of the Ministry of Health for health workforce governance within the dynamic context of decentralisation
- Key priority for the AusAID program (2006) for health systems strengthening



## Aims:

- **Good Doctors:** professional and ethical standards in education and practice
- **Safer Patients:** regulatory systems to protect safety
- **Improved Access:** public health policies, programs and funding arrangements crucial to the achievement of the “right to health” [1945 Constitution]



## Objectives:

To provide proposals for relevant key stakeholders:

- **Education and Practice**

- i. Academics and Medical Schools
- ii. Indonesian Medical Association
- iii. Ministries of Education & Health, Indonesia

- **Regulation**

- i. Indonesian Medical Council
- ii. Ministry of Health, Indonesia

- **Access**

- i. Community and Consumer Organisation
- ii. Local Governments
- ii. Ministry of Health, Indonesia



# Strengthening Medical Governance in Indonesia - Research Undertaken in 2008

- Document analysis (Legislation, policies, protocols)
- Key stakeholder interviews (4 Provinces; Jakarta, Sumatra, Kalimantan and Bali)
- Key Stakeholder Workshop (September) --- involving discussion of proposals
- Report to AusAID Policy Forum (December 2008)



# Current Strengths

- ‘Inpres’ (Instruction of the President 1974) medical graduates in rural districts (1-3 yrs)
- Decentralisation reforms in health (1999)
- 2004 Indonesian Medical Council established
- Local initiatives of provincial and district health offices (Eg. Bali, East Kalimantan and South Sulawesi)



# Challenges & Constraints

- Maldistribution of doctors between rural and urban districts (349 Regencies & 91 Municipalities)
- Variation in the quality of medical schools
- Indonesian Medical Council needs time to work
- ‘The quality (of medical care) is very varied from Papua to Aceh’ (n=33 Provinces)
- Doctor: population ratios vary across regions (6 per 100,000 in Lampung and East Java, to 40 in Bali)
- ASEAN Framework Agreement on Services (AFAS) 2010
- Inequitable access



# Proposals for Improving Medical Governance

1. Ministry of Health to establish a task force to develop a medical governance scheme
2. Develop National Plan of Action covering medical practitioner, workforce and financing
3. Clearly defined roles and responsibilities of each institution (MoH, Local Health Offices, IMC & IMA)
4. District level “Medical Care Systems” initiatives
5. Conduct of special seminars & applied studies
6. Implementation: flexibility, by stages, monitoring, evaluation and demonstration projects





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- Spency Dolly, Madhan Balasubramanian , Suchaya Thongyoo and other Young Scholars
- Key Stakeholders



# Summary: Strengthening Medical Workforce Governance

- Review
- “In the context of decentralisation and transition – key stakeholders need to clarify roles and responsibilities *vis a vis* medical governance”
- Our research proposes ‘building blocks’ towards stronger medical governance in Indonesia

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***Terima kasih banyak***

**Thank you very much**



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