

HEALTH UNIVERSAL COVERAGE FOR TACKLING CHILD HEALTH INEQUITY POST MDG IN INDONESIA

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International Seminar Social Determinant of Health: The MDGs and Beyond

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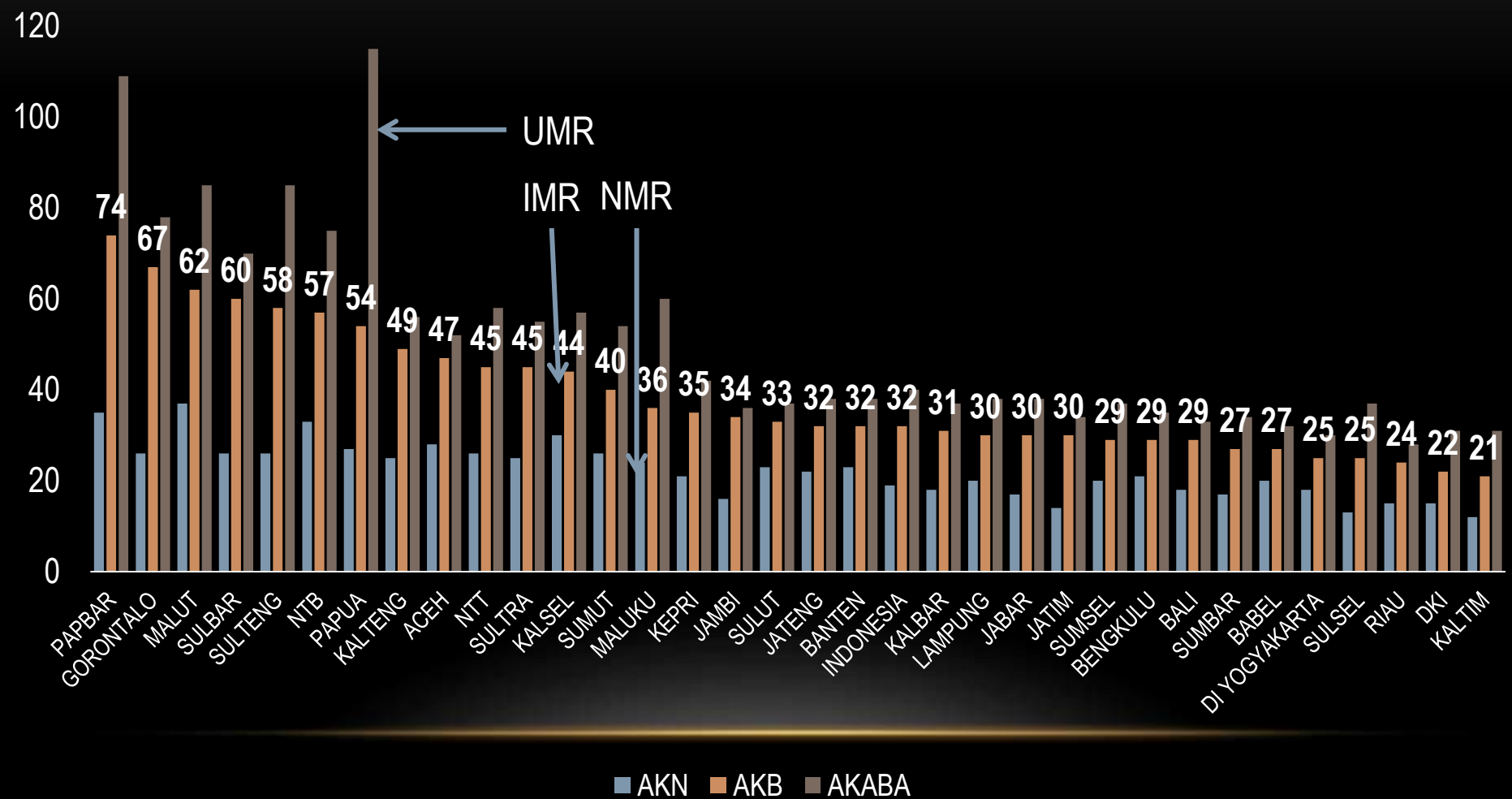
Indonesia

I. BACK GROUND

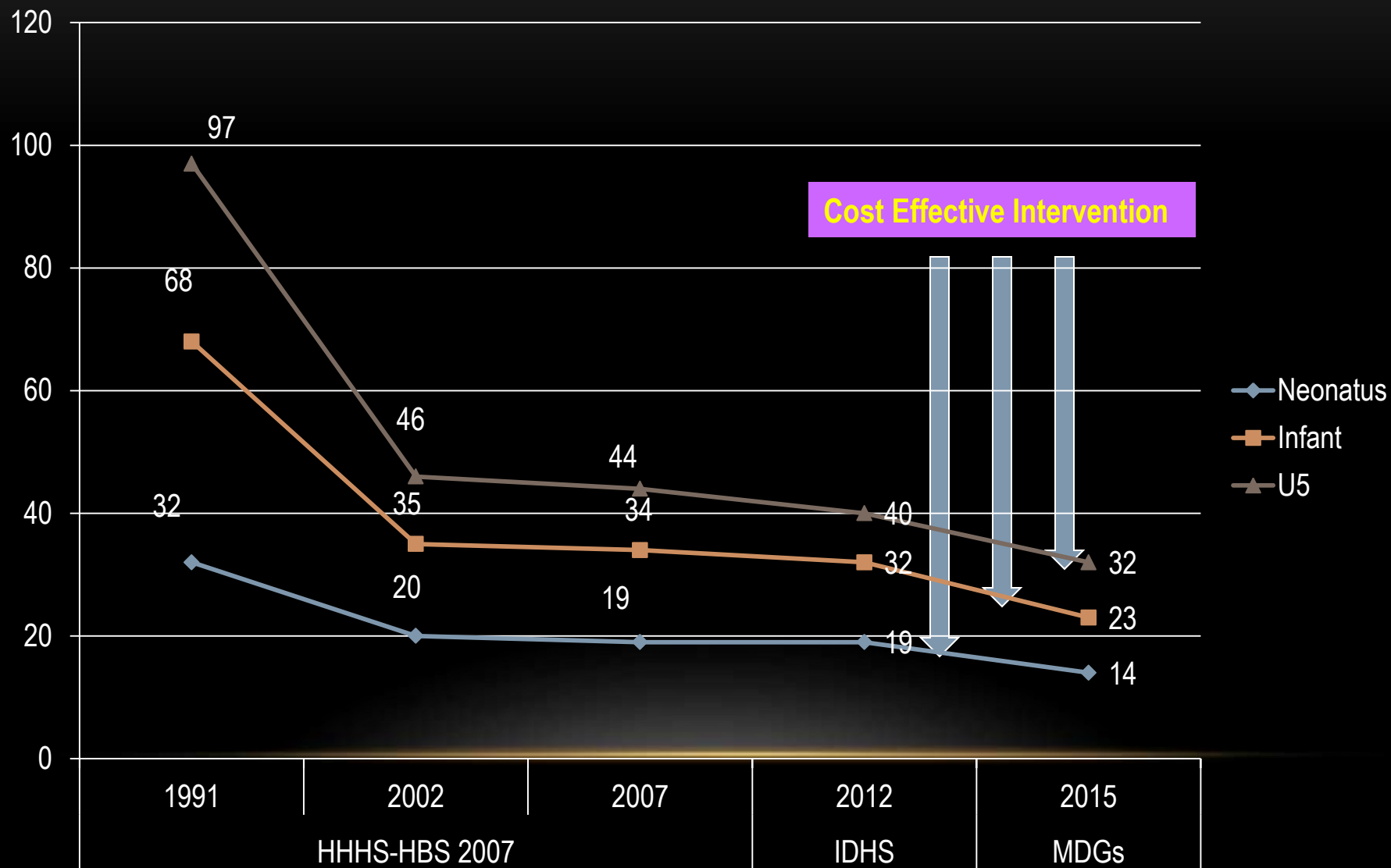
- At first glance, Indonesia will be easy for achievement Goal 4 of MDGs.
- Based on trend, slowing down in one decade
- MoH supported UNICEF Jakarta have developed the National Action Plan for Child Survival (RAN KHA) for accelerating of declining child mortality (IMR and UMR)



NEONATAL, INFANT & U5 MORTALITY IN PROVINCES, IDHS 2012

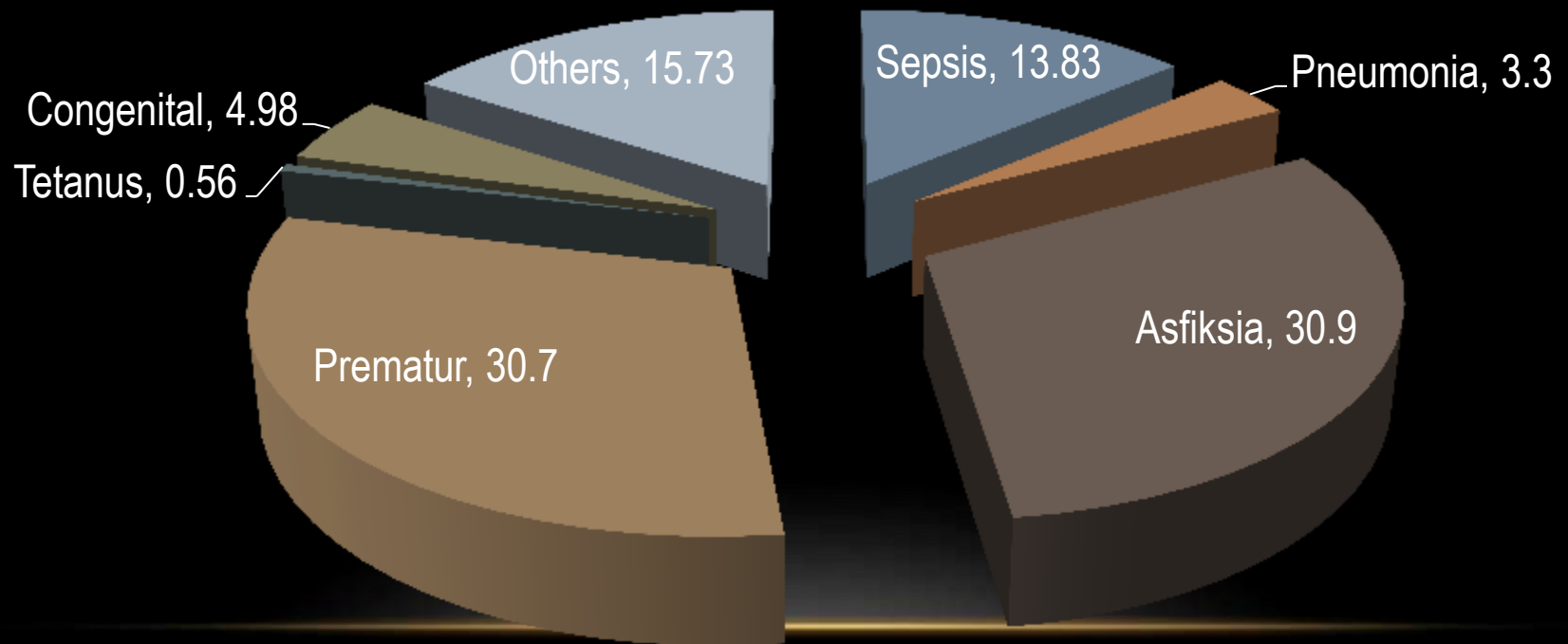


TREND OF CHILD MORTALITY IN INDONESIA



II. COST EFFECTIVE: A) DIRECT CAUSE OF CHILD MORTALITY (1)

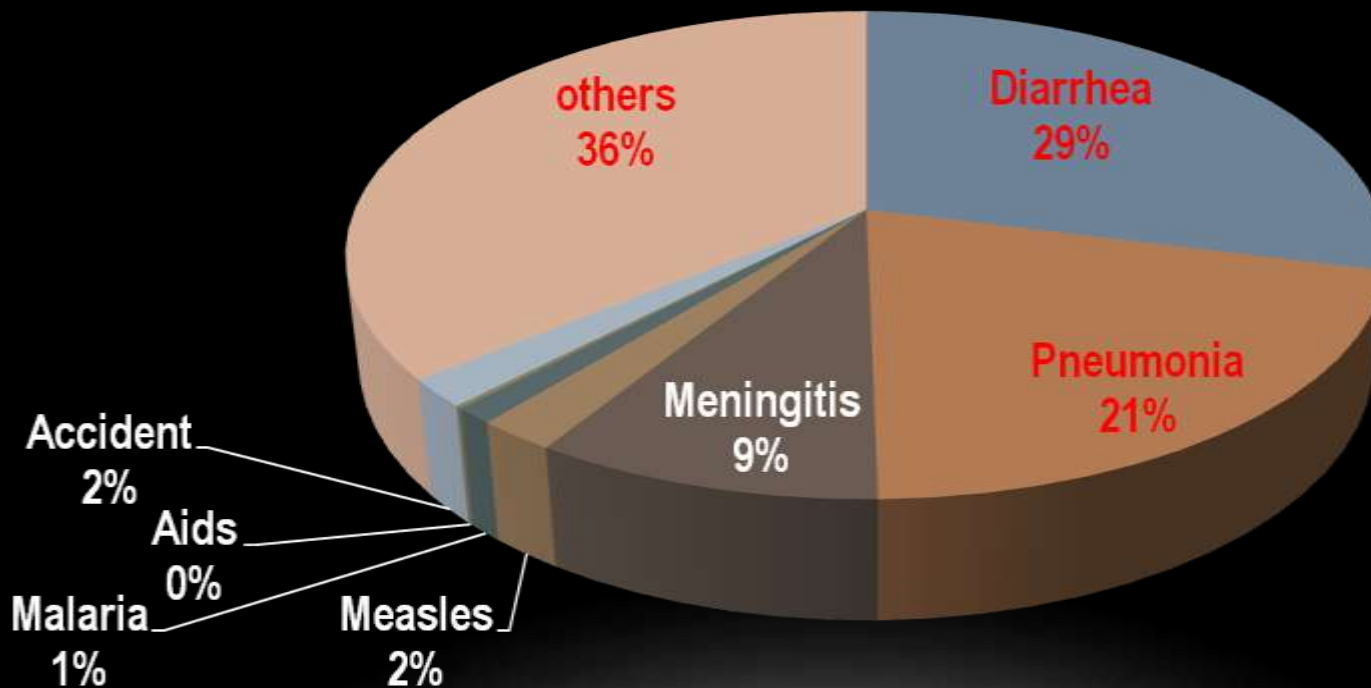
Cause of Neonatal Mortality (HHHS, 2007)



Neonatal mortality contributes 70% for IMR and 35 % for UMR

II. COST EFFECTIVE: DIRECT CAUSE OF CHILD MORTALITY (2)

Cause of U5 Mortality



II. COST EFFECTIVE: B) INTERVENTION

Program	Intervention		
	Lancet	WHO	RAN KHA
Nutrition	Exclusive Breast feeding	Exclusive Breast feeding	Exclusive Breast feeding
	Complementary feeding (6-9 month)	Complementary feeding (6-9 month)	Complementary feeding (6-9 month)
	BF (20-23 Month)	Routine Vit A (6-59 month)	
		Vit A – measles	
		Fe Supplement for 6-23 month	
		Feeding on HIV	
		Micronutrient fortification powder	
		Management of mild acute malnutrition	
		Management of severe acute malnutrition	
		LBW feeding	
		Counseling and feeding in emergency	
	Immunization	DPT	DPT
Measles		Measles	
Hib		Hib	
		Pneumonia	
		Rotavirus	
		Polio	
		BCG	
	HPV		

II. COST EFFECTIVE: INTERVENTION (2)

Program	Intervention		
	Lancet	WHO	RAN KHA
Neonatal	Skill attendant	Active management of the 3rd stage of labor	Clean delivery
	TT	resuscitation	Resuscitation
	IBF	Management of obstructed labor	IBF
	Preventive postnatal care	Kangaroo mother care	Clean practices and immediate essential newborn care (home)
	PMTCT	PMTCT (HIV)	Injection Vit K
		Clean practices and immediate essential newborn care (home)	Eyes Antibiotic
		IMD	Preventive PNC
		Antibiotic for PROM	Kangaroo mother care
		Induction of labor (beyond 41 weeks)	
		Newborn sepsis - Full supportive care	
		Newborn sepsis - Injectable antibiotics	
		Preventive postnatal care	
		Costicosteroid preterm labor	
		Treatment of local infections (Newborn)	

II. COST EFFECTIVE: INTERVENTION (3)

Program	Intervention		
	Lancet	WHO	RAN KHA
Case Management	Care seeking for Pneumonia	Zinc (diarrhea treatment)	ORS
	Antibiotic for Pneumonia	ORS Diare***	Zinc (diarrhea treatment)
	ORS Diarrhea	AB dysentery	Pneumonia treatment (children)
	Antimalarial fever	Treatment of severe diarrhea	Case management for asphyxia, diarrhea, pneumonia)
		Pneumonia treatment (children)	comprehensive case management for severe (asphyxia, diarrhea, pneumonia)
		Treatment of severe pneumonia	
		Malaria treatment (children)	
		Treatment of severe malaria (children)	
		Treatment of severe measles	
	Others preventive	Vitamin A	Air minum dalam 30 menit*
source drink water		pipe water	clean water and safe water
Sanitation facilities		toilet	
ITN		hand washing with soap	
		clean baby from stool	
		ITN	
		ITN for mother pregnancy	

III. Costing:

- RAN KHA has to be more realistic according cost effective intervention.
 - Providing tool and document to Decision maker (national and local) for allocating budget regarding cost effective intervention including health resources.
 - Providing costing tool where local government can conduct costing appropriate local condition.
-

IV. Review Tools

- International organization (WHO, UNICEF, USAID, WB) have developed several tools for costing achievement of MDGs.
- RAN KHA need simple tool and useful.
- The tools that have been developed in the world is:

1. MBB (UNICEF & WB, 2007)
2. CMYP (WHO, 2005)
3. CHOICE (WHO,2007)
4. CostIT (WHO,2007)
5. Indonesia MSS (MoH & GTZ, 2009)
6. Matrik (UNICEF Jakarta, 2011)
7. Reproductive Health Costing (UNFPA, 2007)
8. Planning and Budgeting for TB Control (WHO,
9. RNM for HIV (Futures Institutes, 2005)
10. Malaria Cost Estimation (WHO, 2006)
11. Integrated Health Model (UNDP, 2007)
12. The Integrated Health care technology package (WHO, 2007)
13. Planning, Costing and Budgeting Framework (MSH, 2007)
14. Spectrum: PMTCT (Futures Institute, 2002)
15. Goal Model (Futures Institute, 2002)
16. CORE plus (MSH,2007)
17. OneHealth Tool (OHT) (WHO, 2012)

CHOOSE: ONEHEALTH TOOL (OHT)

Indonesia for Jan5_13 - OneHealth (Programme Mode)

Home Health Services Health Systems Impact Modules

File Projection Display Window Information

Configuration Health status, mortality and economic status Coverage Effectiveness Results

File management

New projection
To get started, click here to create a new projection

Open existing projection
Browse to find and open a previously saved projection

Recently opened projections
Select a recent projection from the list provided

[Click here or on the application button above for additional file options](#)

Edit data and view results

Click one of the following links or corresponding tab on the menu above in order to edit data or review results.

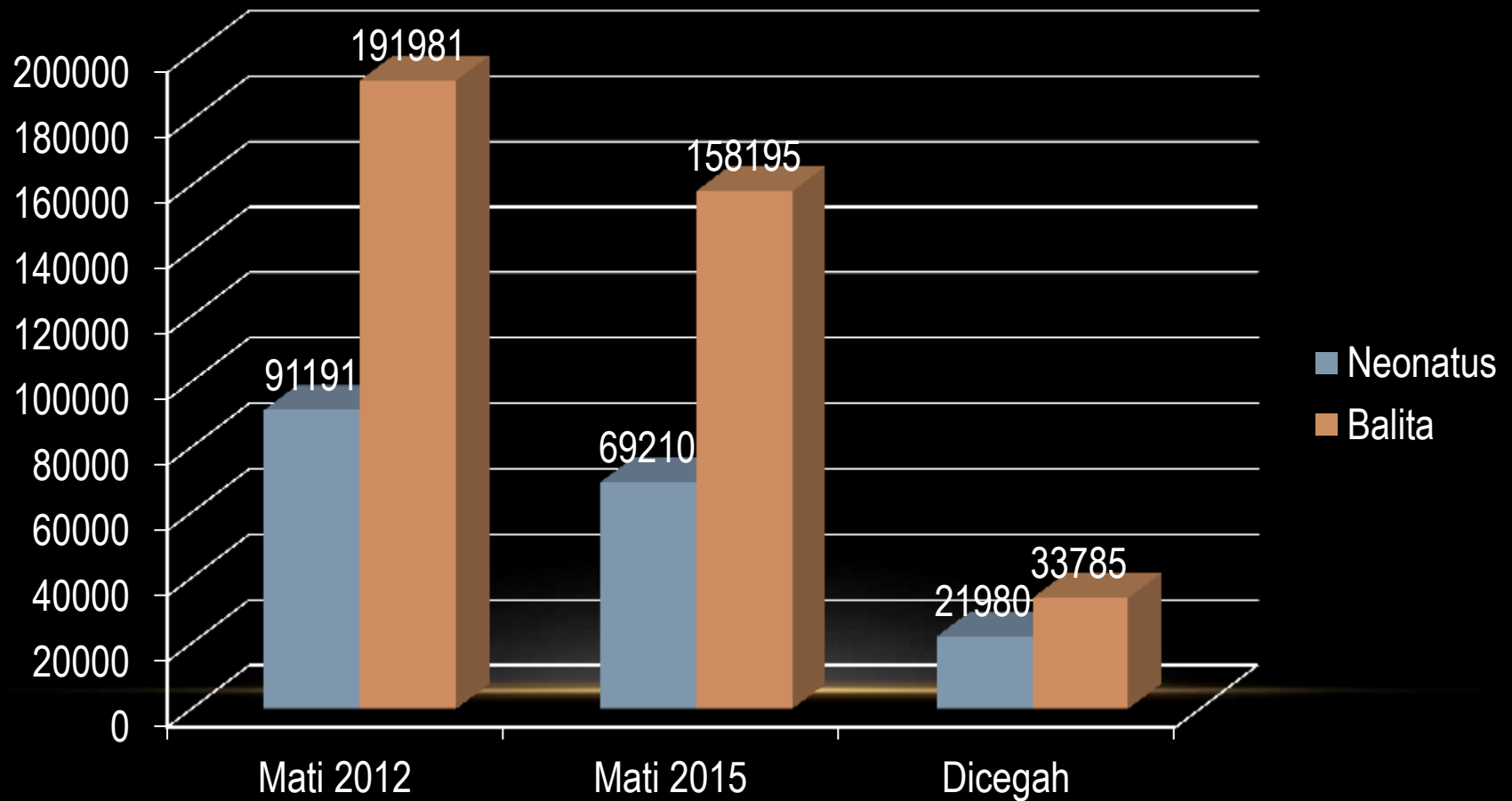
[Health Services](#) [Health Systems](#) [Modules](#)

Ready 0% Indonesia for Jan5 13

RATIONALIZATION OF OHT:

- Strong recommendation from WHO
- Anyone can operate the tool because all health intervention are prepared.
- Interventions are appropriate cost effective interventions
- Tool provides drugs, consumables, infrastructure, equipment, human resources, information system and program management.
- OHT combines couple tool like MBB, LiST, CHOICE, and others
- The results can be used for advocating action.

JUMLAH KEMATIAN YANG HARUS DICEGAH



JUMLAH KEMATIAN YANG DICEGAH MENURUT PENYEBAB

Penyebab	Neonatus	Balita
Diare		8.865
Sepsis	1.940	1.940
Pneumonia	705	2.398
Asfiksia	10.283	10.283
BBLR	9.389	9.389
Tetanus	291	291
Congenital	282	282
Campak		1.770
Jumlah	22.890	35.218

Under five mortality rate (deaths per 1,000 live births)



Indonesia for Jan28

30

27

23

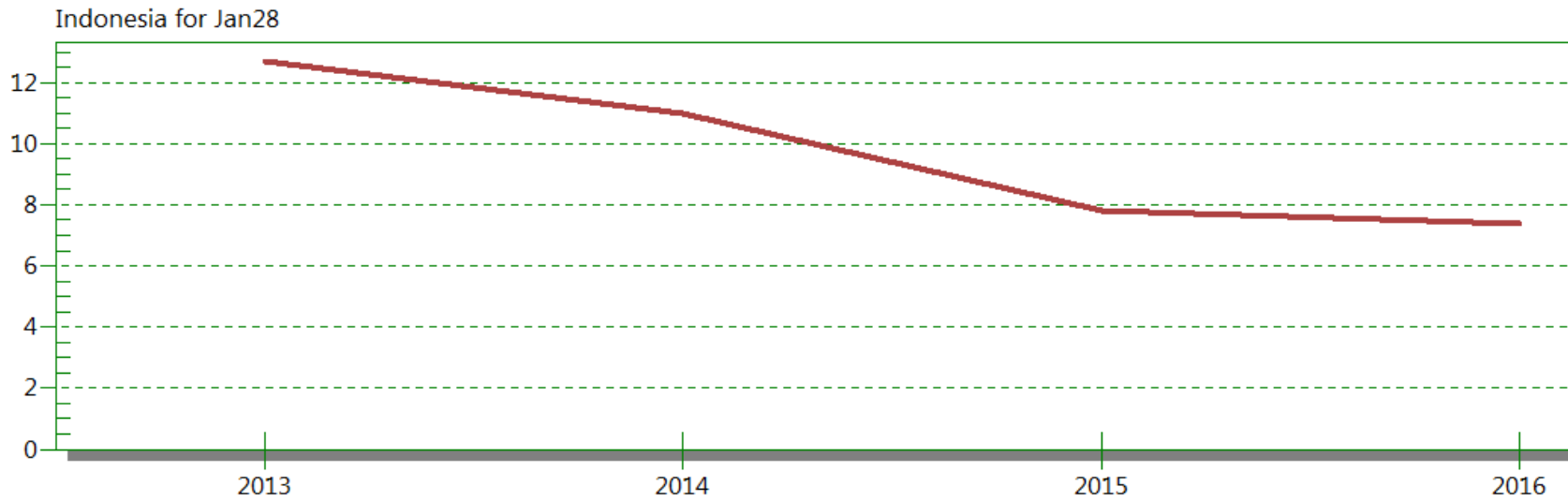
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MDG Goal for Under 5 Mortality

32

Neonatal mortality rate (deaths per 1,000 live births)

Indonesia for Jan28

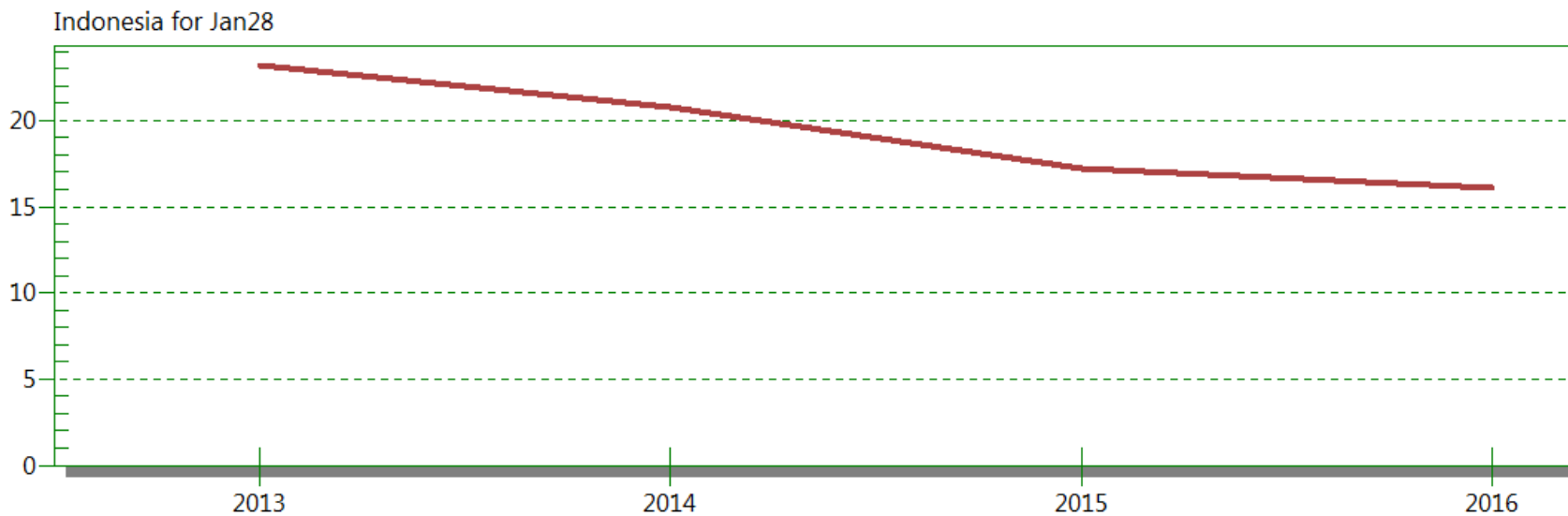


Indonesia for Jan28

13	11	8	7
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Infant mortality rate (deaths per 1,000 live births)

Indonesia for Jan28



Indonesia for Jan28

23	21	17	16
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V. COSTING STEP IN OHT

5.1. COST OF DIRECT INTERVENTION

A. Intervention costing

Demography data

Epidemiology data

Coverage rate

intervention component and quantity

Unit costs each component
• drugs & consumables

Number of case

cost per case

Total Direct Intervention

=

intervention Cost

+

B. Program Management

training, supervision, monitoring, evaluation, infrastructure, equipment communication, outreach, advocacy, others)

Number of of activity

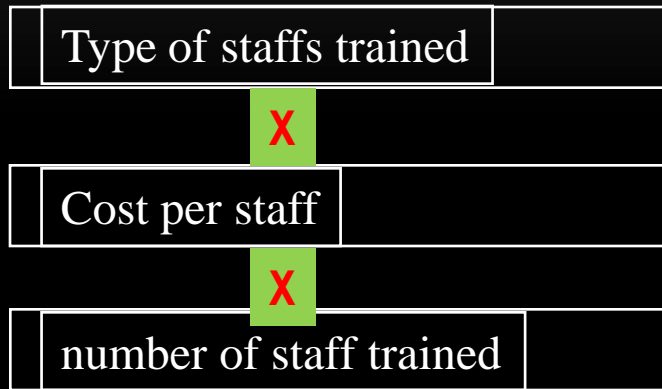
cost per activity

Management cost

5.2. COST FOR STRENGTHENING HEALTH SYSTEM

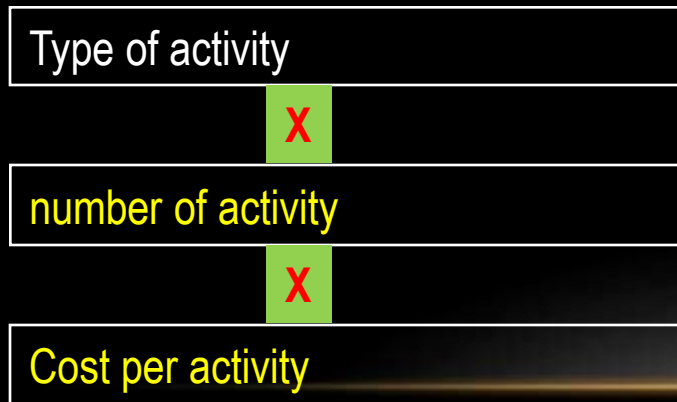
A. HR costing :

1) training

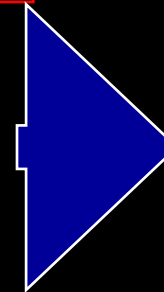
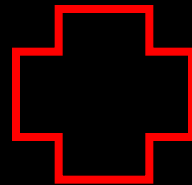


Amount cost of training

2). Program management



Amount cost of Management



Total Cost HR

B. Health Facilities (infrastructure, vehicles, IT)

1) New Health facilities cost and maintenance cost

Target facilities – existing facilities

=

Yang dibutuhkan & Rehab

X

cost per facility

Number of facilities cost

2). Program management

Type of activity

X

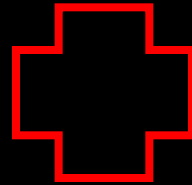
number of activities

X

cost per activity

number of
management cost

**Total of
health
facilities**

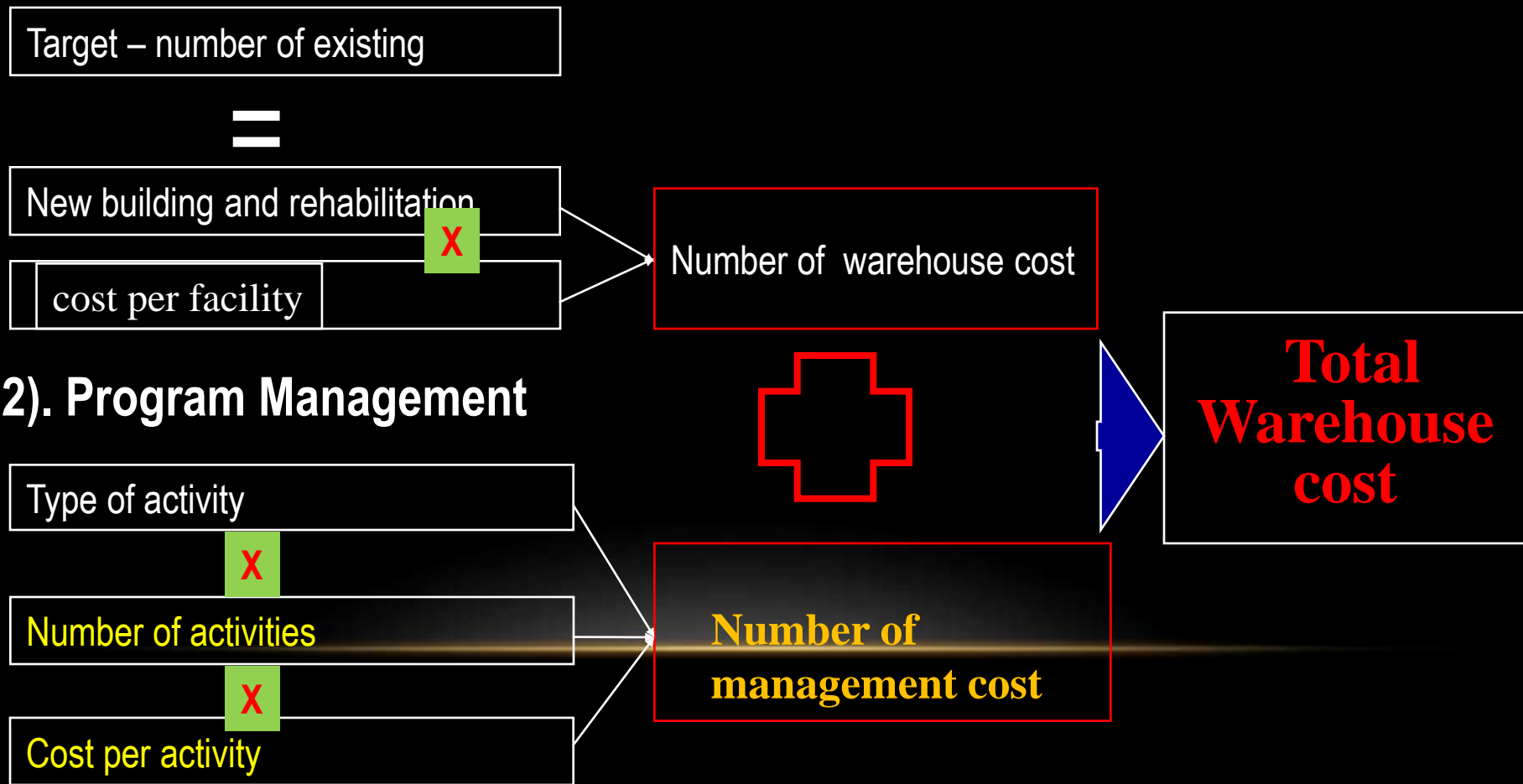


C. Logistic (drugs, consumables, warehouse, vehicles)

1) Drugs & Consumables →

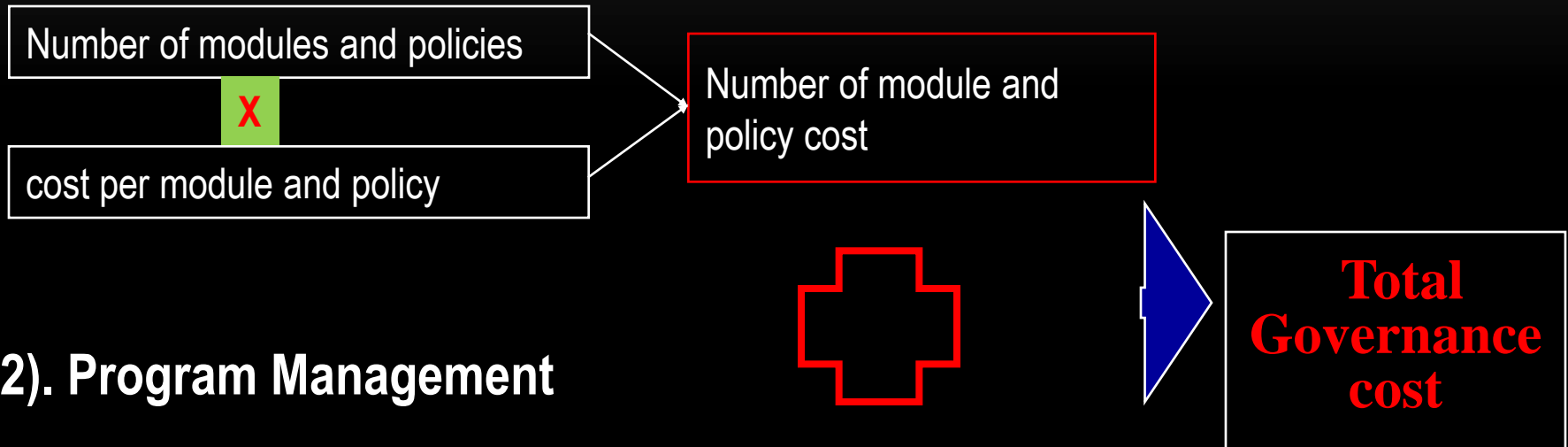
Number of each type of drug & consumables per year for knowing the vast warehouse

2). Warehouse and vehicles

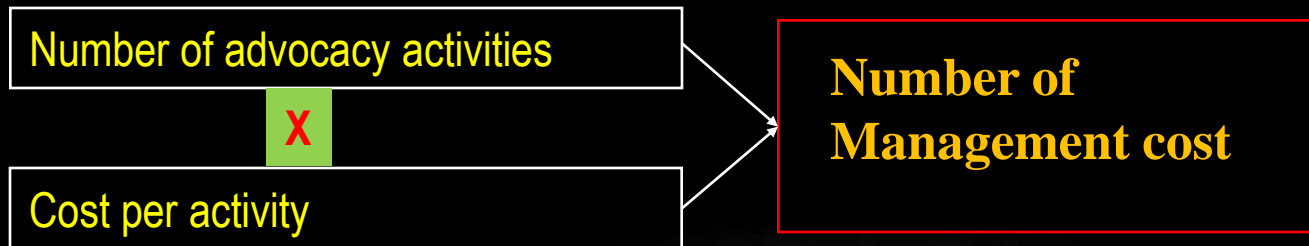


D. Governance (Module, policies) :

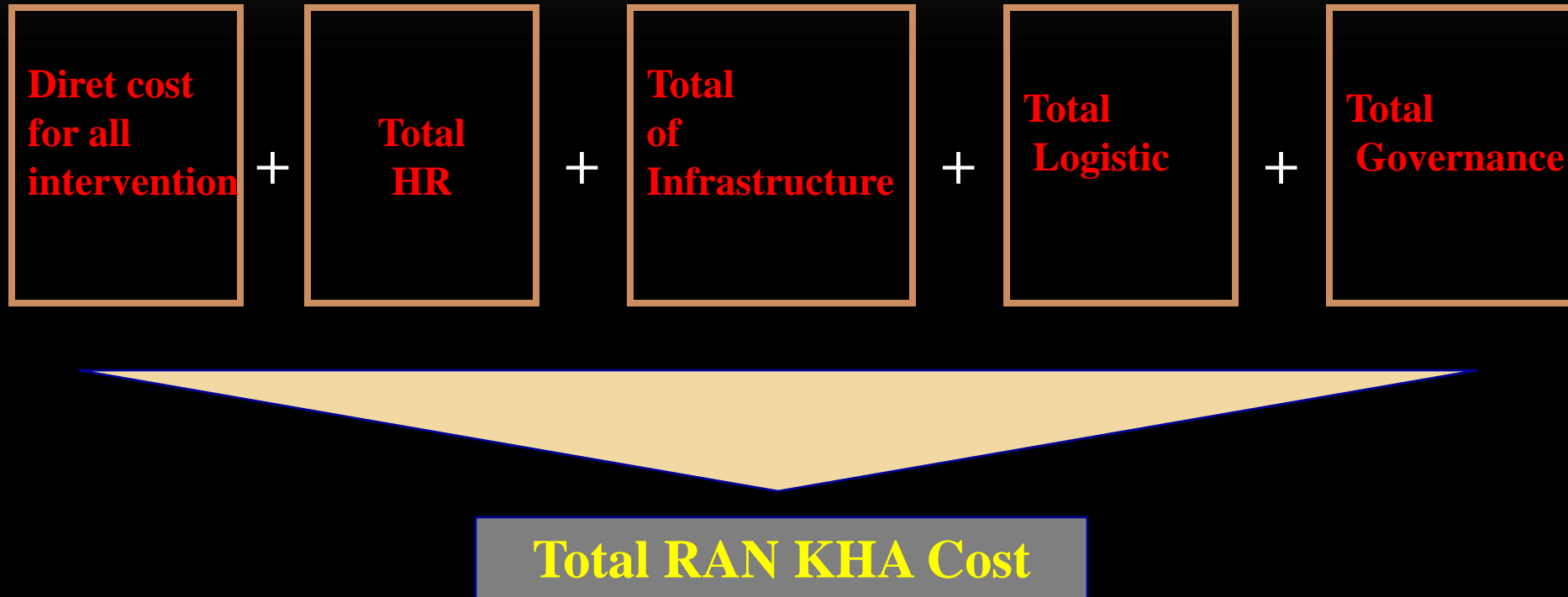
1) Module and policy



2). Program Management



5.3. TOTAL RAN KHA COST

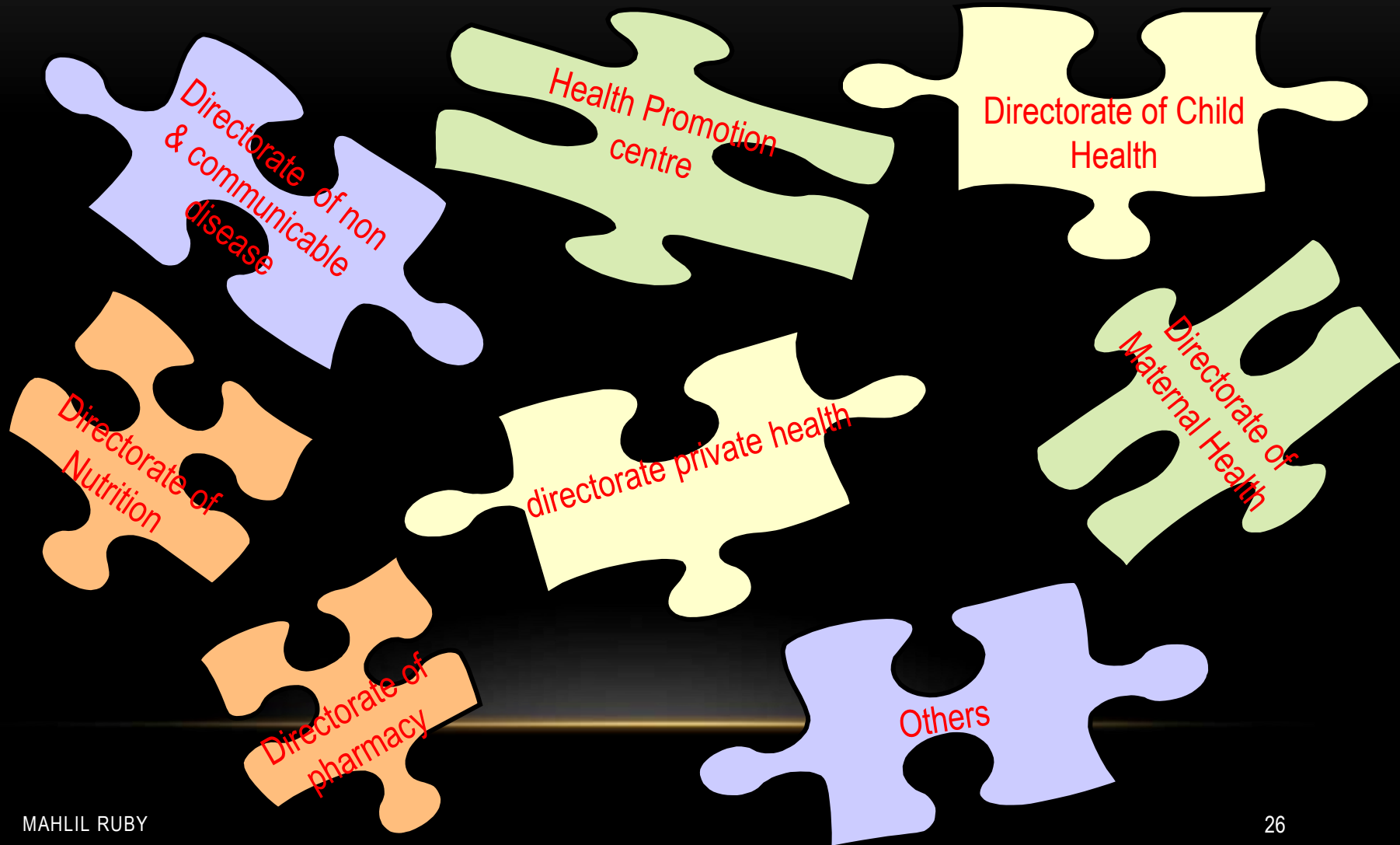


5.4. DATA CONSOLIDATION

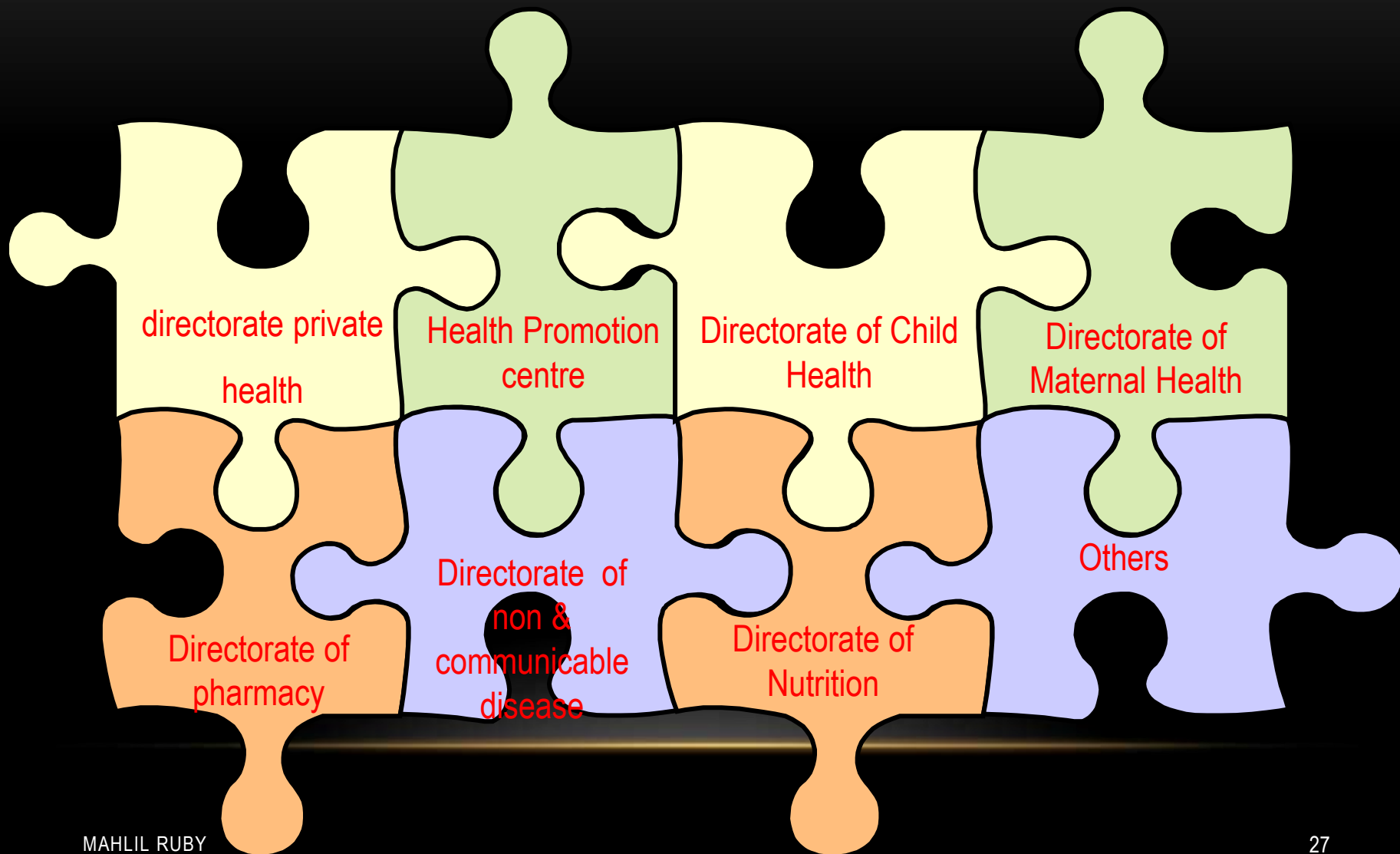
- FGD dengan Lintas program
- FGD dengan pakar dan praktisi di daerah untuk mendapatkan strategi yang sesuai dengan kondisi lapangan
- Pengumpulan data di setiap lintas program
- Seminar

5.4. DATA CONSOLIDATION

5.4.1. RAN KHA PROGRAMS SCATERED



ACHIEVEMENT OF MDGS DEPEND ON CROSS PROGRAM COMMITMENT AND RESPONSIBILITIES



5.4.2. ASSUMPTION AND LIMITATION

Assumption

- For national
- Cost is based on data / prevalence / national coverage
- Synergy relationships between programs and intervention, automatically calculated by tool;
- there is no extraordinary conditions (disasters, wars, pandemics)

Limitation

- Integration among cross program
- Each program has not provided yet information in accordance with the RAN strategy especially the management program
- This cost has not clarify yet with real cost (using default cost)
- HR incentive fee/incentive does not count because it gets salary.
- Infrastructure and salary did not count

VI. RESULT OF COSTING

6.1. NEONATAL INTERVENTION

No	Neonatal intervention	2012	2013	2014	2015	2016	Total
1	Labor and delivery management	145,949,950,872	151,032,789,650	156,226,591,999	161,453,762,097	166,623,066,683	781,286,161,301
2	Active management of the 3rd stage of labour	7,997,658,890	9,699,868,760	11,407,679,396	13,117,767,882	14,822,830,822	57,045,805,749
3	Pre-referral management of labor complication	19,823,137,295	25,993,397,075	29,701,732,397	30,940,822,405	29,694,243,867	136,153,333,038
4	Management of eclampsia	787,051,281	954,566,235	1,122,632,182	1,290,922,349	1,458,717,992	5,613,890,039
5	Neonatal resuscitation (institutional)	125,288,642	164,962,758	204,720,199	244,517,440	284,219,015	1,023,708,054
6	Management of obstructed labor	24,956,943,258	38,439,100,303	51,935,974,774	65,442,538,545	78,922,778,282	259,697,335,162
7	Treatment of local infections (Newborn)	901,844,024	1,242,410,891	1,583,559,014	1,925,010,980	2,265,702,698	7,918,527,606
8	Kangaroo mother care	0	0	0	0	0	0
9	Feeding counselling and support for low-birth-	10,188,881,895	12,724,123,663	15,266,374,790	17,811,644,352	20,350,034,354	76,341,059,053
10	Clean practices and immediate essential newb	40,660,737,445	44,697,630,335	48,764,545,204	52,841,586,110	56,899,093,387	243,863,592,480
11	Antenatal corticosteroids for preterm labor	96,015,792,746	116,451,651,832	136,954,750,849	157,485,196,564	177,955,308,138	684,862,700,128
12	Induction of labor (beyond 41 weeks)	241,851,105	328,237,358	414,781,215	501,404,974	587,831,280	2,074,105,932
13	Antibiotics for pPRoM	40,518,784,648	49,142,742,746	57,795,076,179	66,458,949,953	75,097,362,644	289,012,916,171
14	Newborn sepsis - Full supportive care	272,469,229	696,280,265	1,120,158,730	1,544,230,308	1,967,654,161	5,600,792,694
15	Newborn sepsis - Injectable antibiotics	1,431,784,014	1,907,249,835	2,383,660,457	2,860,532,874	3,336,283,269	11,919,510,449
16	Preventive postnatal care	1,589,100,852	2,045,061,272	2,526,311,789	3,032,273,054	3,561,256,012	12,754,002,979
	Total	391,461,276,196	455,520,072,978	517,408,549,174	576,951,159,887	633,826,382,604	2,575,167,440,835

6.2. INFANT AND UNDER FIVE

No	Pelayanan Kesehatan Anak	2012	2013	2014	2015	2,016	Total
1	Vitamin A (children 6 - 59 months)	6,458,610,842	6,612,222,069	6,782,605,573	6,974,236,824	7,191,501,576	34,019,176,883
2	ORS	96,100,475,105	152,426,015,026	145,696,382,775	135,002,249,394	108,998,665,647	638,223,787,946
3	Antibiotics for treatment of dysentery	34,060,195,824	30,838,631,936	29,454,835,021	27,491,640,611	23,682,234,821	145,527,538,213
4	Treatment of severe diarrhea	9,227,811,987	11,275,007,445	13,172,259,080	14,270,271,395	13,819,722,892	61,765,072,798
5	Zinc (diarrhea treatment)	575,270,532	944,138,060	933,486,565	895,771,067	749,937,436	4,098,603,661
6	Pneumonia treatment (children)	4,112,041,842	4,046,099,235	4,022,439,475	3,950,673,338	3,706,296,054	19,837,549,944
7	Treatment of severe pneumonia	28,369,769,016	30,985,739,900	33,179,570,937	34,953,968,054	35,714,277,174	163,203,325,080
8	Malaria treatment (children)	1,308,883,694	1,414,166,638	1,453,874,102	1,442,153,860	1,433,542,066	7,052,620,359
9	Treatment of severe malaria (children)	356,106,613	529,180,833	746,272,649	952,575,724	1,162,844,221	3,746,980,040
10	Treatment of severe measles	36,176,250,662	49,230,112,361	52,483,664,554	18,124,210,334	13,713,404	156,027,951,315
11	Vitamin A for measles treatment (children)	11,035,406,415	11,029,043,849	9,329,122,057	2,679,166,610	1,740,002	34,074,478,934
	Total	227,780,822,531	299,330,357,351	297,254,512,787	246,736,917,211	196,474,475,293	1,267,577,085,174

6.3. IMMUNIZATION

No	Immunization	2012	2013	2014	2015	2016	Total
1	Measles	22,028,749,264	22,569,976,491	24,158,513,903	25,816,488,278	26,328,790,857	120,902,518,792
2	DPT	26,283,234,804	27,324,788,027	30,601,141,895	33,936,882,904	34,947,805,460	153,093,853,091
3	POLIO	11,005,780,364	11,798,588,922	14,293,636,705	16,821,399,101	17,604,766,854	71,524,171,946
4	BCG	20,467,967,443	20,808,526,965	21,791,045,944	22,785,803,183	23,097,939,761	108,951,283,296
	Total	79,785,731,875	82,501,880,405	90,844,338,447	99,360,573,466	101,979,302,932	454,471,827,125

6.4. BREAST FEEDING

	2012	2013	2014	2015	2016	Total
Counselling BF	2,225,557,139	2,073,316,586	1,885,199,750	1,663,704,974	1,401,744,149	9,249,522,597

6.5. MALARIA

	2012	2013	2014	2015	2016	Total
ITN	19,767,589,170	0	0	19,767,589,170	0	39,535,178,340

	2012	2013	2014	2015	2016	Total
Total direct intervention	721,020,976,911	839,425,627,320	907,392,600,158	944,479,944,708	933,681,904,978	4,306,465,875,731

VII. FINANCING STRATEGIES

- Direct intervention especially curative intervention will be covered by social health insurance around 50% from total direct intervention cost since 2014 until 2018.
- National and local government focus to strengthening health system (human resources, infrastructure, etc)
- Strengthening health operational fund (BOK)
- Focus on the areas that contribute to child health problems

VIII. CONCLUSION

- The result of costing can not be used as child costing because many cost information have not been provided yet by MoH
- However, this costing approach has shown that national and local governments can use OHT for allocating the budget to cost effective intervention.
- Child health and other MDGs health goal are still inequity until 2018
- Indonesia will be more equity in post MDGs (2019 and over)
- Indonesia is still inequity in management program and health system because fiscal capacity of local government still difference cross country
- OHT can be used by local government for calculating cost effective intervention (preventive), advocacy, as well as improving integration planning and budgeting..