

Upaya Khusus untuk Menggapai Penurunan AKI (Target MDG 5-2015)

Roy Tjong, dipresentasikan pada Diskusi & Peluncuran Buku: Mengapa Target MDGs Menurunkan AKI tahun 2015 sulit dicapai?
Hotel Kartika Chandra, 24 Maret 2010

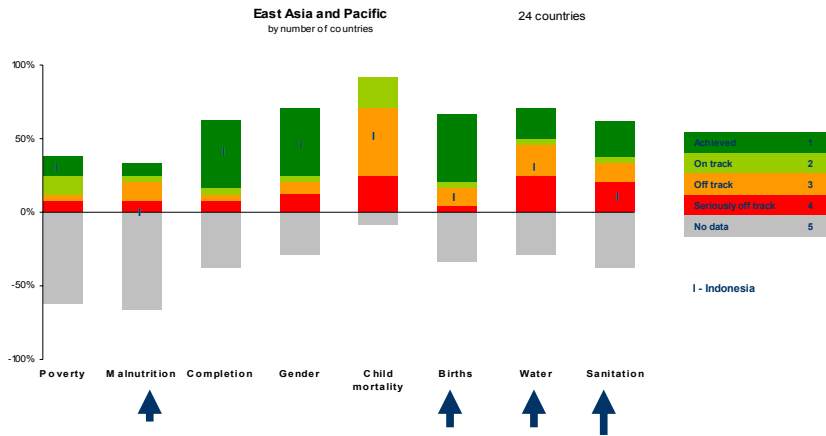
UN Millennium Development Goals (MDG)

The Goals Implementation

العربية 中文 English Français Español Русский

1	Eradicate extreme poverty and hunger	<ul style="list-style-type: none"> Reduce by half the proportion of people living on less than a dollar a day Reduce by half the proportion of people who suffer from hunger 	What's new? <ul style="list-style-type: none"> Human Development Report 2003 >>
2	Achieve universal primary education	<ul style="list-style-type: none"> Ensure that all boys and girls complete a full course of primary schooling 	Press Releases and News Stories <ul style="list-style-type: none"> 25 July 2003 - SECRETARY-GENERAL CALLS ON NEWLY LAUNCHED COMMISSION ON PRIVATE SECTOR AND DEVELOPMENT TO FOSTER MILLENNIUM DEVELOPMENT GOALS <ul style="list-style-type: none"> More press releases >> News Stories >>
3	Promote gender equality and empower women	<ul style="list-style-type: none"> Eliminate gender disparity in primary and secondary education preferably by 2005, and at all levels by 2015 	
4	Reduce child mortality	<ul style="list-style-type: none"> Reduce by two thirds the mortality rate among children under five 	
5	Improve maternal health	<ul style="list-style-type: none"> Reduce by three quarters the maternal mortality ratio 	
6	Combat HIV/AIDS, malaria and other diseases	<ul style="list-style-type: none"> Halt and begin to reverse the spread of HIV/AIDS Halt and begin to reverse the incidence of malaria and other major diseases 	
			Documentation (PDF format)

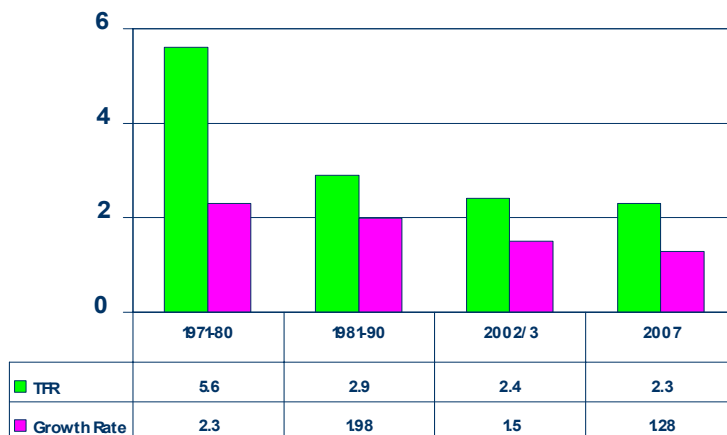
Indonesia's MDG Attainment



3

Source: World Bank, DEC, 2006

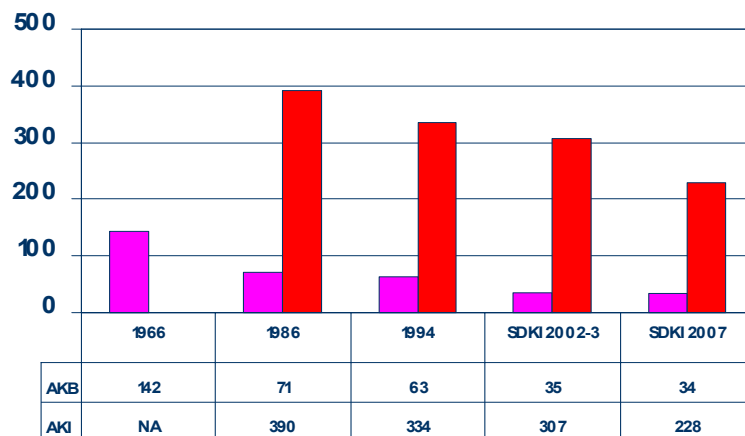
TFR & Laju Pertumbuhan Penduduk



4

Source: Terence Hull & Wendy Hartanto

Kecenderungan Angka Kematian Bayi vs Angka Kematian Ibu (1966-2007)



5

Rencana Pembangunan Jangka Menengah

TARGET 2010-2014

Meningkatkan derajat kesehatan publik melalui peningkatan akses pada upaya kesehatan seperti yang tercermin pada indikator berikut:

1. Meningkatkan harapan hidup dari 70,5 tahun menjadi 72,0 tahun
2. Menurunkan angka kematian bayi dari 34 menjadi 24 per 1000 kelahiran hidup
3. Menurunkan ratio kematian ibu dari 228 menjadi 117,7 per 100.000 kelahiran hidup.
4. Menurunkan angka malnutrisi pada balita dari 18,5 persen menjadi 11 persen
5. Meningkatkan cakupan jaminan pelayanan kesehatan bagi seluruh penduduk

6

Program 100 hari Bidang Kesehatan & National Summit

- Pemenuhan hak setiap individu untuk mendapatkan pelayanan kesehatan dengan program jaminan kesehatan masyarakat;
- Peningkatan kesehatan masyarakat melalui percepatan dan pencapaian target Tujuan Pembangunan Millenium (MDGs): mengurangi angka kematian bayi, kematian ibu melahirkan, dsb.nya;
- Pencegahan penularan penyakit dan akibat bencana;
- Pemerataan distribusi tenaga kesehatan di daerah terpencil, kepulauan, perbatasan dan daerah tertinggal.

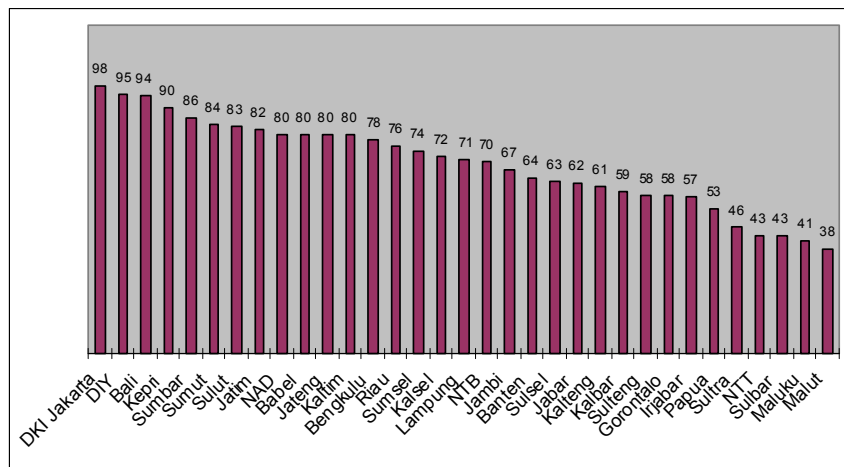
7

Tren Pertolongan Persalinan oleh Tenaga Medis, Indonesia 2000-2007 (BPS)

Tenaga Medis	2000	2004	2007
- Kota - Dokter	14.7	16.9	22.3
- Bidan +	66.8	68.9	66.5
- Desa - Dokter	4.2	4.6	7.3
- Bidan +	45.6	56.5	53.3
- Total - Dokter	8.5	9.8	13.6
- Bidan +	54.3	61.7	58.9

8

5.2 Disparitas Penolong Persalinan oleh Nakes Terlatih, Provinsi 2007



9

Tren Penolong Persalinan oleh Nakes Terlatih, Provinsi 2000-2007

Provinsi	2000	2004	2007	% perubahan	
				2000-2004	2004-2007
Jabar	53.6	60.5	62.8	12.9	2.1
NTB	48.2	58.7	69.9	21.8	19.1
NTT	34.2	46.1	42.5	34.8	(7.8)
Kalbar	53.0	56.2	59.2	6.0	5.3
Sulsel	53.2	57.5	62.8	8.1	9.2
Sultra	33.7	43.2	46.4	28.1	7.4
Banten	-	59.7	64.1	-	7.2
Gorontalo	-	59.4	57.6	-	(3.0)
Maluku	-	44.7	41.1	-	(8.1)
Malut	-	37.1	38.0	-	(2.9)

10

Tren Pertolongan Persalinan oleh Nakes Terlatih,
Indonesia 2000-2007

Tenaga Medis	2000	2004	2007
- Kota - Dokter	14.7	16.9	22.3
- Bidan +	66.8	68.9	66.5
- Desa - Dokter	4.2	4.6	7.3
- Bidan +	45.6	56.5	53.3
- Total - Dokter	8.5	9.8	13.6
- Bidan +	54.3	61.7	58.9

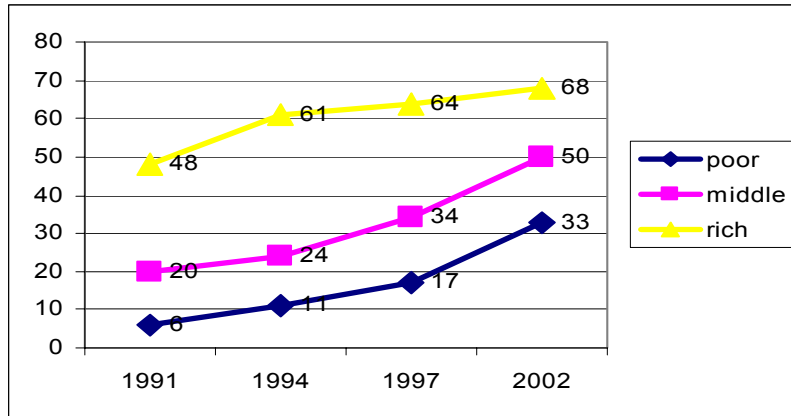
11

Disparitas Penolong Persalinan Berdasarkan Kuintil Pengeluaran,
Indonesia 2000-2007

Quintile	2000		2004		2007	
	Dokter	Bidan	Dokter	Bidan	Dokter	Bidan
Q ₁	3.8	44.1	4.2	52.5	6.2	50.9
Q ₂	5.4	53.8	6.5	60.1	9.2	59.2
Q ₃	6.6	58.6	8.6	64.7	12.5	61.5
Q ₄	10.2	59.7	12.3	64.8	17.6	62.9
Q ₅	18.0	57.7	21.7	63.0	28.6	57.3

12

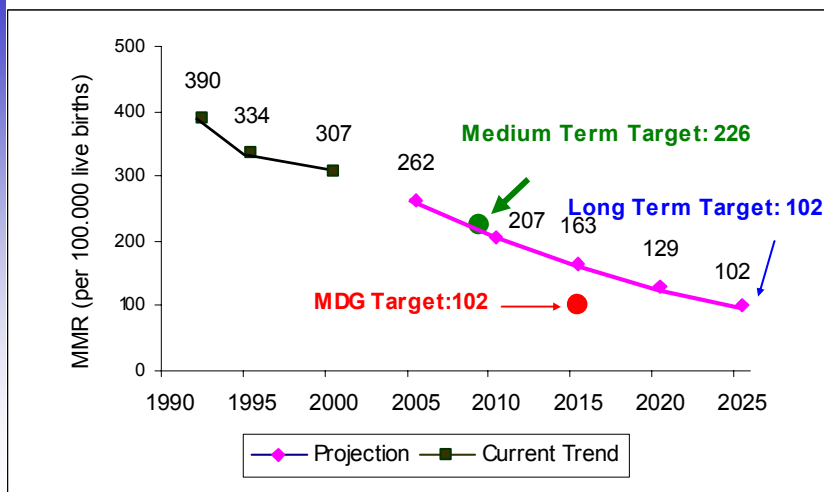
births assisted by a skilled birth attendant



birth assisted by skilled a attendant increasing but not enough for the poor...

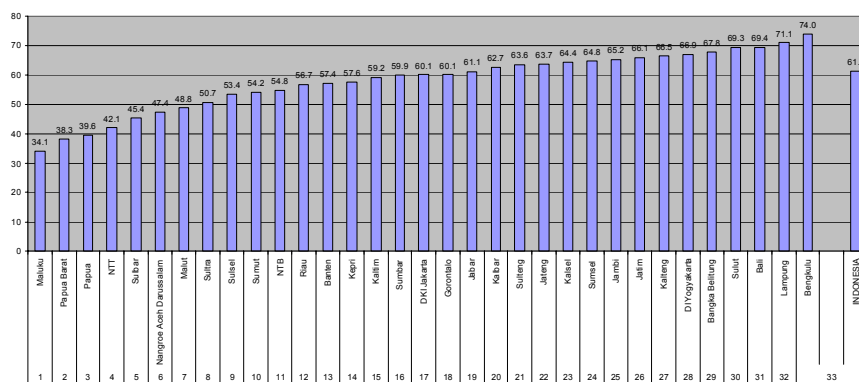
13

Maternal Mortality Ratio (MMR): Current Trend and Projection



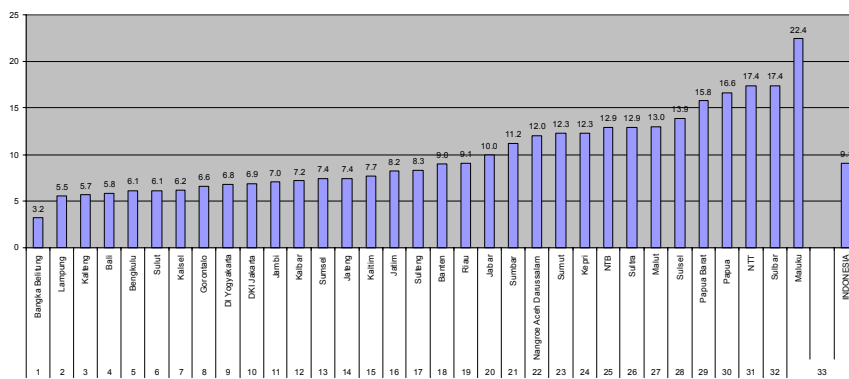
14

CPR menurut Propinsi (SDKI, 2007)



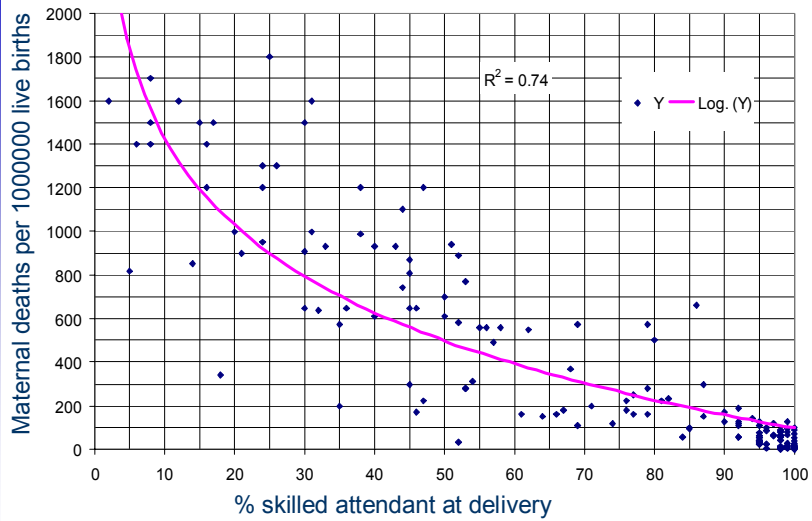
15

Unmet-need menurut Propinsi (SDKI, 2007)



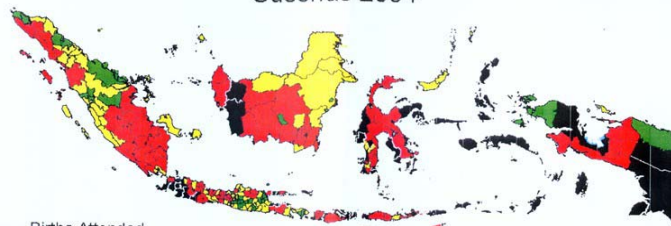
16

The higher the proportion of deliveries attended by skilled attendant in a country, the lower the country's maternal mortality ratio



17

Percent Births attended by Trained Personnel
Susenas 2004



Births Attended
By Trained Personnel

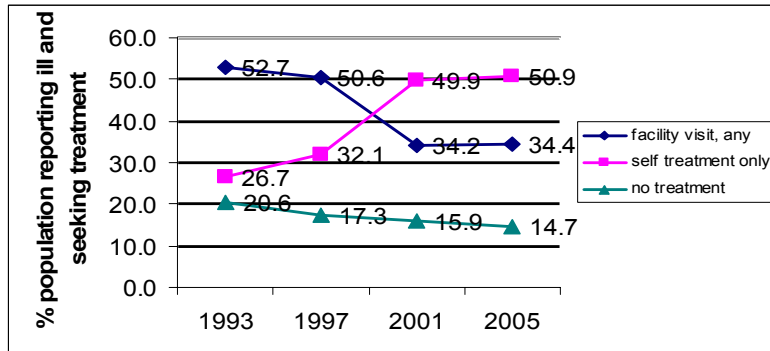
- MMR < 115 deaths per 100,000 births
- MMR > 115 but < 250
- MMR > 250 but < 475
- MMR > 475

Maternal Deaths

Bleeding	3,319
Eclampsia	2,766
Infection	1,328
Obstructed Labor	553
Abortion	553
Embolism	332
Purpural Complications	885
Other	1,328

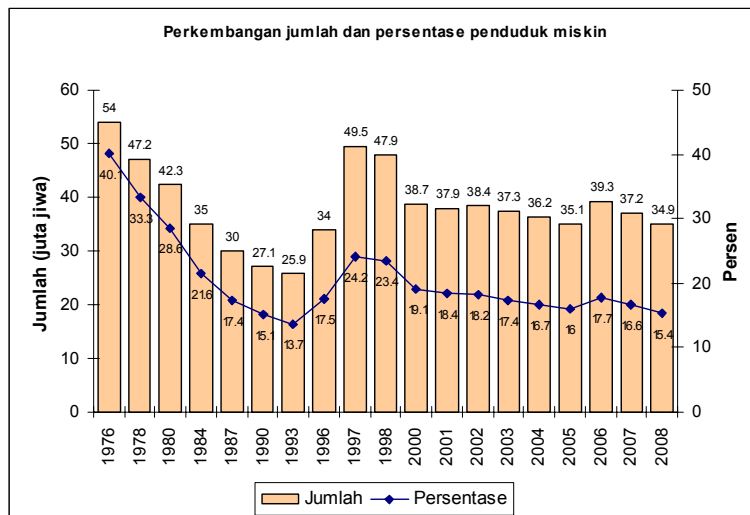
18

Utilisasi pelayanan kesehatan cenderung menurun – padahal investasi pemerintah terus meningkat (Susenas 93-05)



19

Perkembangan Jumlah dan Persentase Penduduk Miskin Di Indonesia Tahun 1976 - 2008



20

Tantangan AKI di Indonesia

- Penyebab utama AKI di Indonesia adalah perdarahan dan infeksi, di balik angka ini tersembunyi abortus
- Ditaksir 2,3 juta abortus (tidak aman) terjadi setiap tahun di Indonesia
 - 1 juta keguguran spontan
 - 700.000 karena tidak menggunakan alkon – kehamilan tidak diinginkan
 - 600.000 karena kegagalan KB
- 15% aborsi dilakukan oleh kelompok usia <20 tahun (remaja) – KTD dan tidak ada akses pada alat kontrasepsi – ASFR 15-19 adalah 53/1000 perempuan usia 15-19 tahun (ASFR <15?) - risiko kematian pada kehamilan remaja 2x lebih tinggi

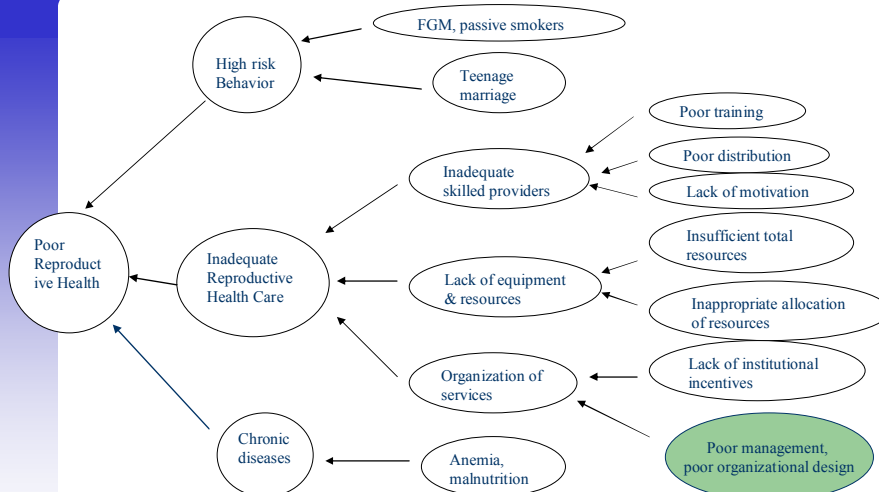
Pokok Permasalahan

- Rendahnya akses penduduk miskin pada layanan kesehatan yang berkualitas sehingga status kesehatan mereka tertinggal dibandingkan dengan kelompok masyarakat yang lebih mampu
- **Motivasi rendah sumberdaya kesehatan** khususnya untuk penempatan di daerah terpencil dan miskin
- Kebijakan **insentif yang lemah**, *disinsentif peserta KB → program PKH memberi insentif pada ibu hamil*
- **Dwi-fungsi** memberikan insentif yang lebih kuat bagi petugas kesehatan untuk bekerja di pusat-pusat pertumbuhan
- **Program PTT** dan berbagai insentif yang dikembangkan belum berhasil mengatasi kesenjangan geografis
- **Desentralisasi** secara nyata semakin memperburuk skema insentif dan semakin melemahkan sistem informasi kesehatan

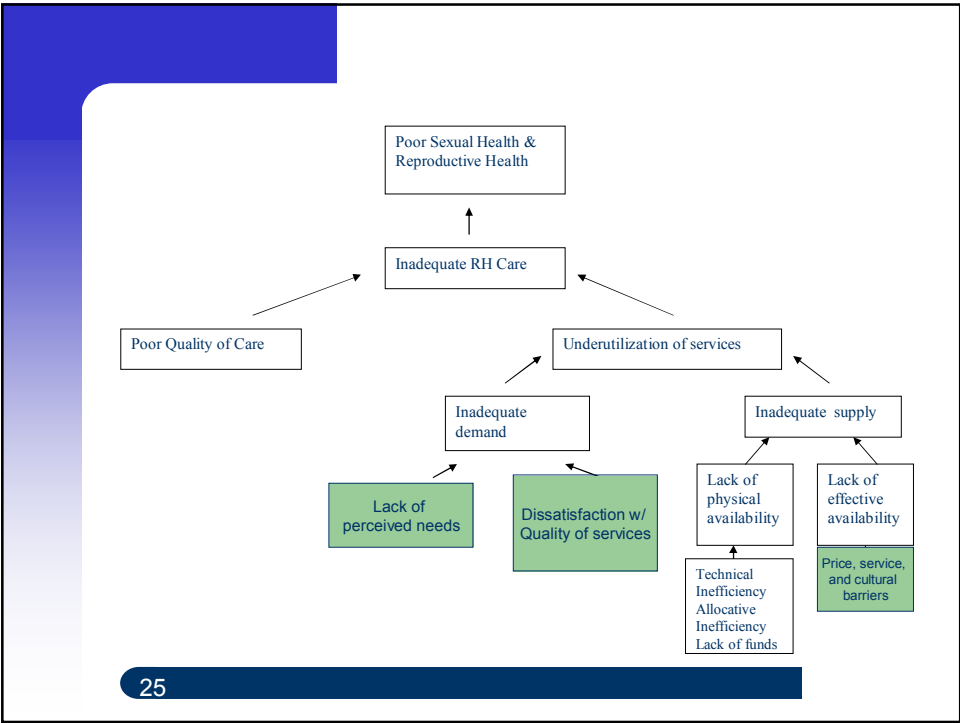
Kendala Penurunan AKI

- Desentralisasi: peluang atau ancaman?
- Berkurangnya tenaga lapangan (PLKB) dan Bidan di Desa
- Rendahnya alokasi untuk kesehatan reproduksi, lebih mementingkan politik pencitraan (*pro-poor?*) yang masih berbasis *fee for service* vs. pembiayaan semesta berbasis sistem kapitasi
- Puskesmas PONEK masih belum memadai (2.2 per 500.000 penduduk) dan RSUD PONEK 24 jam (1,1 per 500.000 penduduk) masih terbatas
- Tingginya *unmet need* ber-KB (9,1% - SDKI 2007), dan masih banyak PUS yang tidak ingin ber-KB

23

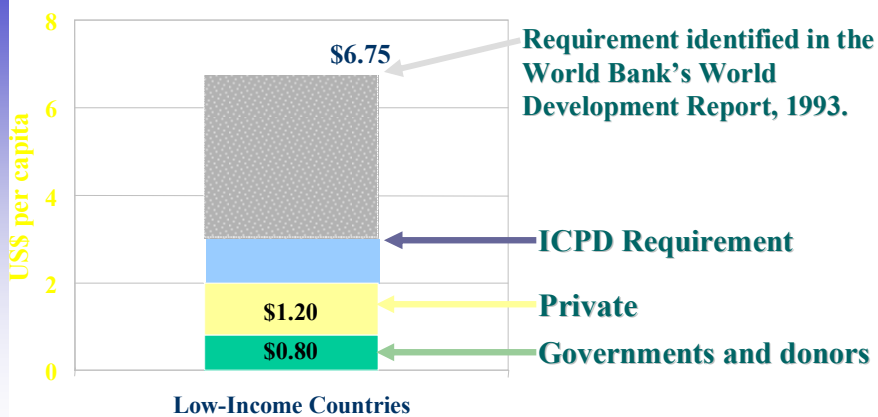


24



Pembiayaan Kesehatan Reproduksi Global

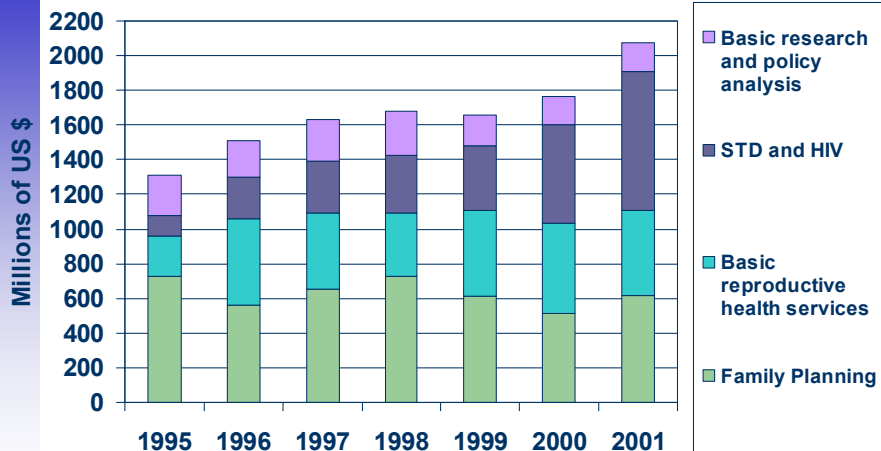
Available funds fall below requirements



27

$\leq \\$1000 \text{ GNP/capita}$

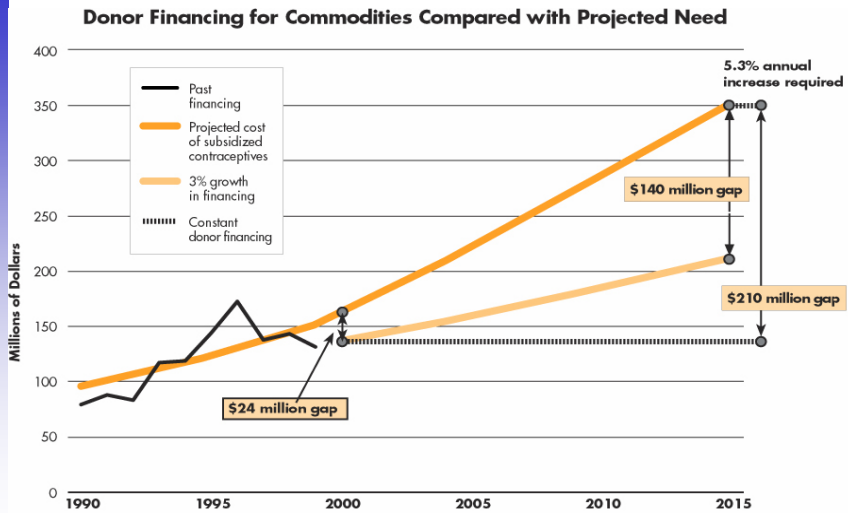
All Donor Population Assistance 1995 - 2001



28

Source: Financial Flows for Population Activities in 2001.

Figure 7: Donor Funding Gap



29 Source: Population Action International, 2001.

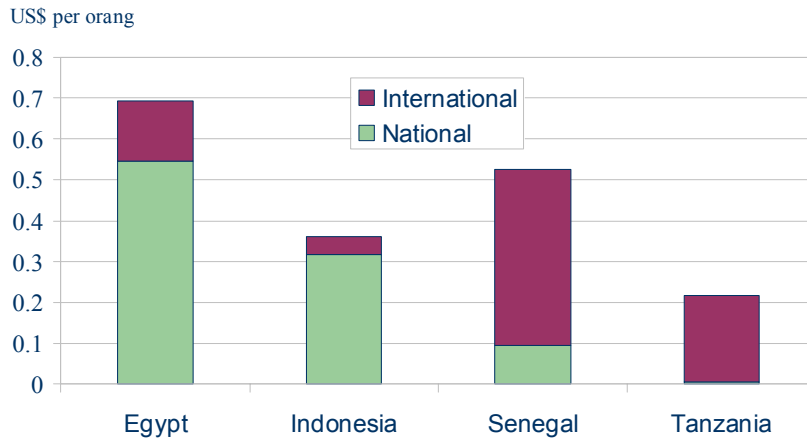
Health Expenditures

	Low Income Countries	Middle Income Countries
GDP (\$ billion) 1996	1,632	3,754
Population Size (billions) 1996	3.47	1.30
GDP per capita (US \$)	470	2,885
Government Consumption % of GDP	11	14
Health Expenditure		
Public health expenditure per capita (US \$)	7	124
Private health expenditure per capita (US \$)	13	69
Total health expenditure per capita (US \$)	20	193

World Bank 1997, adjusted by POLICY Project staff for GDP, population; World Bank 1998 for percentage government consumption of GDP and health expenditure per capita.

30

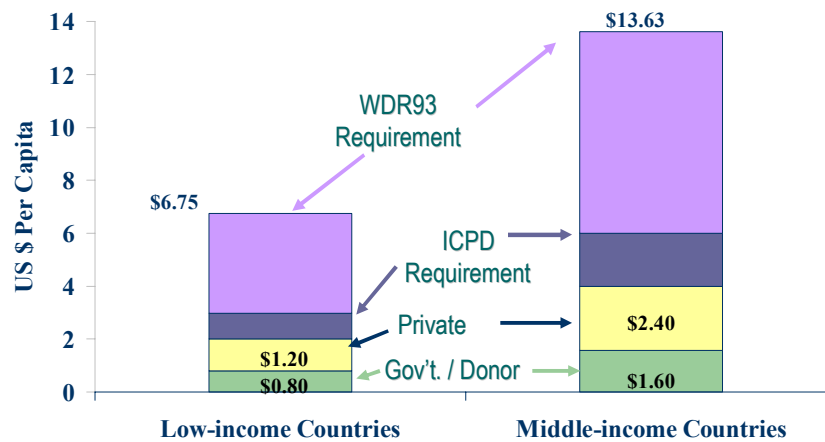
Sumber Pembiayaan Kesehatan Reproduksi di 4 Negara



31

Source: UNFPA/NIDI (Vlassoff et al. 1998, Table 8).

Pembiayaan Kesehatan Reproduksi per kapita, 1996



32



**Commemorating Advances,
Calling for Greater Accountability**

33

Nancy Northup, President of for Reproductive Rights

- "Fifteen years ago, world leaders recognized that reproductive rights are human rights and promised to take real steps to address the reproductive health needs of women. Some progress has certainly been made. Today, more countries include access to reproductive healthcare and the reduction of **maternal mortality** in their national policy agendas.

34

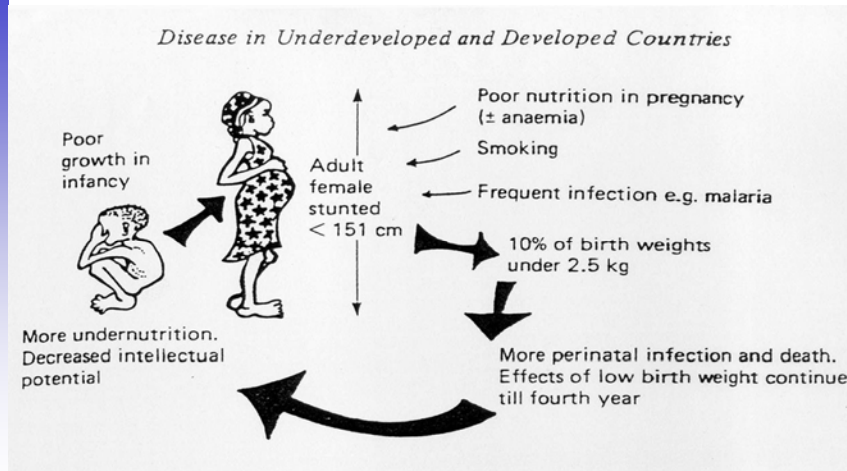
Nancy Northup, President of for Reproductive Rights

- "Still-progress has been slow. Women around the world are robbed daily of their ability to make healthy decisions about their reproductive lives and to obtain safe reproductive services. Unacceptable numbers still die during childbirth and pregnancy-although almost all of these deaths are preventable. Unsafe abortion kills nearly 70,000 women every year-even in countries where the medical service is legal. And millions of people have no access to **contraception**-exposing countless numbers to disease and driving already struggling families further into poverty.

Nancy Northup, President of for Reproductive Rights

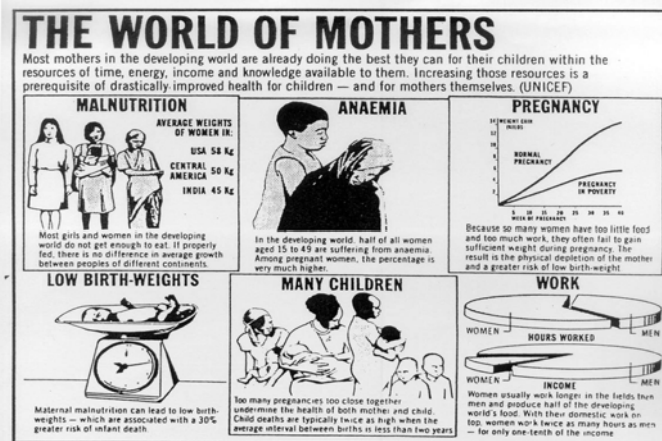
- "The Center calls on governments worldwide to take the following steps as part of their efforts to fulfill their commitments made in Cairo and to ensure women the full enjoyment of their reproductive rights:
 - Take action to strengthen legal norms and accountability mechanisms that protect women's reproductive rights.
 - Repeal discriminatory laws that interfere with women's reproductive rights, including those that criminalize health care that only women need.
 - Bring national laws addressing sexual and reproductive health and rights in line with evolving international standards and norms.
 - Ratify international human rights treaties that promote and safeguard women's sexual and reproductive health.

Kesehatan Reproduksi Bukan Hanya Keluarga Berencana



37

Menurunkan AKI tidak dapat hanya dengan memperbaiki PONED & PONEK



38



Women carry an undue burden of reproductive factors which makes their reproductive needs unmet

“Women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.”

Prof. Mahmoud Fathalla 1997
Former President of FIGO
Professor of Obstetrics and Gynaecology,
Assiut University, Egypt.

Epilog

. . . Soal kesehatan sulit didahulukan
Sebab bisa makan sehari saja sudah hebat
Jangan tanya soal sandang dan papan
Loakan dan kontrakan lah jadi jawaban
Juga kolong jembatan . . .

Iwan Fals
(Dan Orde Paling Baru)



T E R I M A K A S I H
S E M O G A B E R M A N F A A T