

Editorial

International collaboration for implementation of equal access to family-based primary healthcare in Indonesia

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Recently, Indonesian Minister of Health (MoH), Prof. Dr. dr. Nila F. Moeloek, provided a detailed overview about the Indonesian national health policy in the transition of disease burden and health insurance coverage.¹ Based on an analysis of main current disease patterns and promotive-preventive approaches her editorial described the key features of the ambitious governmental program for development of healthcare delivery. The GERMAS program and its supporting activities as well as the Sustainable Development Goals (SDG) formulated by the World Health Organization (WHO) are challenging scopes, especially to guarantee the equal access for the entire population in Indonesia.

International collaborations have been implemented during the last years to support this development in Indonesian healthcare. For example, the European Union agreed in Art. 31 of the its bilateral contract² to cooperate in the health sector in areas of mutual interest, with a view to strengthening activities in the fields of research, health system management, nutrition, pharmaceuticals, preventive medicine, major communicable and non-communicable diseases. Similarly, the bilateral Indonesian-German governmental contract (Jakarta Declaration, 2012)³ included in Chapter III Health (Art. 22, etc.) “Strengthening cooperation in the health sector particularly in the areas of medical equipment technology and industry, hospital management, healthcare providers, the development of traditional medicine, capacity building, as well as the insurance and standardization of health and food... Welcoming the German sponsored initiative on Healthcare Partnership to improve the healthcare infrastructure...”. Many of these activities have been followed up recently during the second meeting of Indonesia-Germany Bilateral

Steering Committee (BSC).⁴ Their joint report includes a review on the implementation of the Jakarta Declaration, and gives recommendation about the cooperation fields and activities in the future with special considerations on Healthcare and educational issues.

Soon after the Jakarta Declaration, the German-Indonesian Healthcare Development Group (GIHDG) consisting of academic, political, business and financial partners in both countries started activities to implement the healthcare-related topics of the contract. Academic bilateral co-operations supported by the German-Indonesian Medical Association (DIGM) as a binational society with longstanding focus on (bio) medical education and development of healthcare in Indonesia have been intensified. In addition to the established biomedical and clinical education and training programs supported by the German Academic Exchange Service (DAAD) and DIGM, a know-how transfer concept mainly requesting a healthcare train-the-trainer approach was worked out and numerous educational events have taken place at different Indonesian institutions for professional groups, e.g. doctors and nurses. The German Embassy in Jakarta and DAAD as well as the Indonesian MoH were guests in these events and supported the collaborations.

Joint healthcare research projects were performed as cooperation between universities in both countries (e.g. maternal mortality)⁵ and are currently continued with specific focus in public health issues. Based on these results the GIHDG provided a bilateral concept for the improvement of healthcare in Indonesia, especially for the equal access to family-based and primary care throughout the country. This concept considers

existing structures within the different Indonesian regions and suggests a nationwide eHealth-based solution that was presented at and discussed with the MoH in both countries.

Key issues of the concept target the poorly developed selection and referral system of patients between the healthcare providers at various levels of service (e.g. between primary care and hospitals or among different hospitals) and the limited availability of qualified medical staff, esp. in rural and remote areas. Cultural and regional characteristics, existing infrastructure and healthcare services as well as anticipated knowledge transfer are considered for an Indonesian model instead of exporting Western solutions. Therefore, the proposal for the management of primary healthcare also includes an educational concept that combines different joint approaches between Indonesian and German universities, such as Joint Master Course of Healthcare Management.

eHealth opportunities for GERMAS

GERMAS and other associated activities for health development in Indonesia currently face some major barriers:

- shortage of qualified medical personnel
- restricted distribution of primary healthcare facilities
- inefficient patient selection and referral system

All factors affect the availability esp. for primary healthcare and can be found mainly in (but not limited to) rural and remote areas. Although grown on historical circumstances and influenced by national and cultural background, such problems are known not only in Indonesia with its specific geographical challenges, but also in other countries around the world. Improved distribution of healthcare access points may be solved in collaboration with investment partners and might even include novel ways of healthcare delivery, such as mobile stations, boats and container-based facilities. Improved patient selection and referral processes can be also achieved in short terms, if modern technologies are combined with community empowerment. International experience demonstrates that more effective and efficient usage of available healthcare resources by reorganizing referral and selection processes appear necessary to strengthen the health system within the given

financial framework, such as by national health insurances. In contrast, shortage of qualified medical personnel cannot be solved within short periods of time. Therefore, innovative approaches to provide medical expertise esp. to rural and remote areas may be necessary and combined with preventive and early detection action plans handled by healthcare workers.

Internationally, eHealth-based solutions have been started to overcome the above-mentioned limitations at varying understanding and extent, but not restricted to exchange of diagnostic images for teleradiology or telepathology. Several eHealth initiatives were already piloted in Indonesia.

In a comprehensive approach, eHealth can provide better opportunities for integrated healthcare delivery processes and improved patient referral structures. Modern technologies enable combinations of electronic, web-based health records, medical data exchange, (semi)automatic basic diagnostic procedures, videoconferencing, assisted patient guidance and healthcare reporting. By adjusting medical processes and selecting suitable tools within such systems eHealth can integrate disease prevention, early detection of risk factors, family-based approaches and community health education, and at the same time significantly contribute to equal access to primary healthcare throughout the country.

Furthermore, eHealth medical records can provide a very valuable source for healthcare and public health research, analysis and reporting of health-related issues, quality assurance within the medical delivery chains, if used as regional or even national platforms.

Medical education and training

One major conclusion of the analysis of the GERMAS targets and supporting programs is the requirement to overcome the limited availability of qualified staff and to newly implement educational opportunities and knowledge transfer for healthcare management. Joint venture structures can provide a solid basis to resolve various barriers for education, such as licensing, international accreditation, organizational aspects, selection of participants and start-up financing. In addition, ensured continuation and sustainability of training and education programs

need to be guaranteed. As an initial realization, the German system-accredited Nordakademie Hamburg-Elmshorn, which is specialized in academic management education will provide an internationally accredited licensing and development process for the implementation of specific master programs: a joint Master Course for Healthcare Management shall be implemented as pilot project for bilateral collaboration with Indonesian governmental educational institutions (e.g. Universitas Indonesia – Faculty of Public Health). This Master program is planned to become available for Indonesian participants by a specific organizational format, lecturing in English and offering broad accessibility.

Political support will be necessary to ensure the adaptation of the program as much as possible according to legal frameworks, the regional achievements and requirements in Indonesia but also for international recognition and accreditation of participants' graduation. Furthermore, governmental support is needed to overcome potential barriers towards assuring broad accessibility for applicants, financing and fast spreading of the program throughout the country.

Current tasks for bilateral collaboration

GIHDG and DIGM currently aim towards the following topics as continuous and intensified implementation of the Indonesian-German Jakarta Declaration in health and education:

- Providing a detailed medical concept and implementation roadmap for eHealth-based healthcare delivery grounded on reimbursement structure of the national healthcare insurance BPJS and Indonesian legal framework;
- Starting step-by-step roll-out of this eHealth concept in initial implementation regions in collaboration with Indonesian MoH and other stakeholders;
- Implementing joint educational programs to train and provide the necessary personnel (academic cooperation; acceptance of achieved degrees must be guaranteed);

- Integrating associated joint research projects and academic knowledge transfer.

In this context, GIHDG has identified a high-potential German investment group willing to fully finance nationwide roll-out of the primary care concept. Furthermore, the Asian Development Bank (ADB) confirmed their willingness to participate in this project, which was discussed during the Annual ADB Conference in Frankfurt/Main, Germany, in 2016 where Indonesia was one of the key countries.

The Medical Journal of Indonesia – in the frame of its cooperation with DIGM - would continue to accompany these activities and developments as the scientific platform for related analyses and research topics and as an important partner to spread information about international healthcare collaboration and knowledge exchange.

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