Keynote Speech (3)

CURRENT STATE OF THE ART HEALTH POLICY IN INDONESIA: THE ROLE OF UNIVERSITY

Adang Bachtiar [1,2]

[1] *Faculty of Public Health, Universitas Indonesia*
[2] *Indonesian Public Health Association (IPHA)*

* Corresponding author's email: adang@post.harvard.edu

THE CHALLENGES

There are at least 10 dimensions of global dynamic changes to 2030 that also influence how we develop health policy programming and shaping up the roles of university. First is the population growth. We are witnessing the progressive population growth in just couple decades compare to hundred and thousand years before. According to UN estimate, in 2018 Indonesia has 266 million population with 1.06 percent growth and we will have 2905 million in 2030. This population increase will influence the health sector and university support to produce intellectualism.

The 2nd dimension of mega trend is changes in economic landscape, and Indonesia is considered as one of the E7 i.e., the largest emerging market economy. Minister of finance predicts that in 2030 Indonesia position as 10th largest market economy in the world. This of course will impact to population growth and we need to strengthen and or innovate our health strategies, then also higher education in health. Health is not only a social sector but also play an important role in economic development.

The 3rd dimension of mega trend is evolving media social in our life. A simple math of how we involve deeply with social media, which is we are close physically but we don't communicate each other except with other creatures thru internet things. The 4th dimension of mega trend is related how we deal with customers including our patients, family, communities and others. They are getting tougher and even tougher. Easily we are witnessing health providers being slapped their faces by their patients. Globalisation opened customers' eyes of the best options and when they get less they express dis-satisfaction. The 5th dimension of the trend is students of the future leaders, of the intelligent people, is getting restless and loud in their criticism. We are witnessing here in Indonesia graduates complaining their opportunity to get job, complaining national exam, certification etc. Certainly this trend will influence how we deal the health system for their health mentally, socially and physically.

The 6th dimension of mega trend is every aspect of our life is related to internet and it change of mode of decision. Before we can't analyze big data of 80 million of data, but now the Cambridge Analytica used it to influence people's minds in election and Soviet is in charge of cyber-attack US in the election. Certainly we in health sector and higher education arena have to alert and to use this approach

The 7th dimension of the mega trend is changing landscape of education and health. In health development we trace the history of the Health for All (HFA 2000), then move to MDG 2015 and now to SDG 2030. Those development paradigms certainly have sustainability concern in their dimensions. In Health sector we sometime frustrated because the problem can't be solved simply because the causes are beyond health, namely beyond health determinants. We in higher education need to be more creative to capture this changes. The 8th dimension of mega trend is we have facts that cities in the world are growing very fast in terms of its population. The word is urbanization and worsening the quality of life. This certainly a critical issue for the future of health strategy. The 9th dimension is everything is very much related to security. Political view of populism worse the security situation. The last but not least,

the 10th trend is the gig economy. The terms is related to person very much affected to gadget and or instrument. Now everybody use gadget in their social and economic life. Those 10 mega trends certainly influence Indonesia and to be specific to the health strategies.

NATIONAL STRATEGIC ISSUES

Indonesia has at least 4 pillars of strategy i.e., One pillar of the strategies is glorecalisation with a leadership's skills of globally engaged leadership. PH workers need to always capacitate and never satisfy with the skills and experiences. Increase your challenges and get more support for PH decisions The 2nd pillar of strategies is PH workers need to develop efficient policy i.e., effectively achieve goals with existing resources. For example, the Social insurance system in Indonesia need our (PH professionals) help to establish promotive-preventive system and not only curative and rehabilitation. These broad spectrum services that develop community accountable rights is very critical for the family health and reserve their potentials for achieving and maintaining health status. The 3rd pillar of strategies is to establish empowered network starting from the government. It is a Health in All Policy paradigm (HiAP). Network then is also needed with the community. The 4th pillar of strategies is improving health professionalism. All hard-skills and soft-skills should directly deal with developing health life style in every family, and capacitate social capital for engagement in health efforts in the community. University should focus on these competencies and changes the way to educate students from only-class approach to competency based, team learning, blended learning with students' structured-portfolio. These portfolios show the graduates ability and ready for use in the human resource market.

CURRENT STATE OF THE ART POLICY DEVELOPMENT AS ENCOUNTERS

Indonesia is moving to right direction in terms of the **Glorecalisation strategy** with many policies, such as (a) Global standard for healthcare accreditation with an emphasis of health patient safety (the policies of Akreditasi Puskesmas and Rumah Sakit); (b) Regional collaboration within new International Health Regulation (reposition of IHR 2005 to Global Health Security Alliance - GHSA); (c) Interpreting correctly the public health version 3.0 of SDG 2030 with the policy of Development of Health Indonesia with Strengthening Family Health (PIS-PK policy). In terms of increasing **efficiency of healthcare system**, there are many policies such as (a) Universal Health Assurance (JKN) policy; (b) Medical-health tourism policy; and (c) JKN cadre initiative. In terms of **health in all policy (HiAP)** paradigm, there are many strong policies to support health development, including (a) People's Movement for Healthy Life (Germas HS); (b) Family planning and health village (Kampung KB with Desa Membangun Hidup Sehat); (c) Family welfare program (Program Keluarga Sejahtera – PKH). The last pillar of strategies is **improving human resource for health (HRH) professionalism**, and there are many state of the art policies such as: (a) Accreditation of higher education for HRH; (b) National board HRH exam; (c) HRH Continuing professional development for work certification; (d) Recruitment and placement of HRH through Nusantara Sehat Program; (e) HRH National Training Roadmap.

ROLES OF UNIVERSITY FOR FURTHER ACHIEVEMENTS

Those state of the art policies are certainly involving the universities as the knowledge creator, holder, and distribution, and therefore it is imperative their roles should be developed and strengthened. The university should develop their capacities and capabilities. Below are indicators for monitoring their development, i.e., (1) University policies that capture HRH dynamics; (2) Strategic plan with costed activities; (3) Activities that ensure relevancy, accessibility, effectivity, quality, and sustainability for HRH supplies; (4) Creating and maintaining university's talents for research and education; (5) university decentralization for autonomy of creation; (6) involving university's clients and empowerment them for effective knowledge economy; (7) University information system to support digital intelligence in the market; and (8) stimulate research for innovation.