Innovating to increase health workers in Indonesia

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In Practice

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Indonesia, a middle-income country[1] consisting of approximately 17,000 islands, and one of the world's most populous countries, has a health system that has been crippled by a critical lack of human resources for health (HRH),[2] impeding progress to provide equitable access to essential primary health care services. The average number of HRH per 100,000 population is below the minimum level required to achieve the health-related Millennium Development Goals (MDGs) and Universal Health Coverage (UHC).[3]

Indonesia's most critical HRH challenges include inadequate HRH quantity and quality; mismatch between production and demand; mal-distribution between urban, rural, and remote areas[4] (an additional 11,000 midwives are needed in rural areas);[5] and poor retention strategies,[6] all linked to poor population health indicators. Hospitals and community health centers suffer from considerable shortages of nurses and mid-level providers.[7,8] HRH educational institutions have increased in number, but quality is questionable and only around one-third are accredited.[9] A lack of data is a challenge for decision-makers in policy-making, program planning, implementation, monitoring, and evaluation. Domestic and international HRH migration contribute significantly to this national crisis[10] as well as low government spending on the health sector (<3% of the national budget).[11] Despite some significant improvements, Indonesia is unlikely to achieve MDGs 5 and 6, mainly due to HRH challenges, particularly in remote areas.

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Reversing this crisis level shortage of HRH requires an inclusive approach to address the underlying challenges. Effective solutions depend on collaboration at global, regional, and national levels.[12] With this backdrop, the Indonesian Ministry of Health (MoH) introduced the initiative of multi-stakeholder coordination and engagement to address the HRH challenges.[12,13] The initiative aims at health system strengthening using evidence-based strategies as integral components of both national health policy and the development agenda toward attaining the MDGs and UHC.[14] Indonesia's 164-member multi-stakeholder committee represents government, health professional organizations, associations of health educational institutions and health care organizations, and international agencies.[15] The partnership process functions through subcommittees, working groups, and a secretariat, each with clearly defined roles.

Results show that since 2010,[16] Indonesia has mobilized a nearly 60% increase in investments in HRH[17] and significant annual budget increases[18] (the Ministry of Education and Culture, with 20% of the national budget, now shares its allocation with the MoH, particularly for HRH development). A National Health Insurance program was launched in 2014[19] to achieve UHC by 2019. The percentage of community health centers not having medical doctors decreased from 30% in 2006[20] to 9% in 2013,[3] and the number of registered and certified health workers has increased significantly since 2011.[21] Between 2008 and 2012, nurses receiving training scholarships increased from 110 to 1,754,[21] and regulations now exist regarding the recruitment of Indonesian nurses to work abroad.[19] Since 2010, HRH staffing levels have increased – especially in remote areas – and education capacity for doctors, nurses, and midwives has scaled-up. These combined efforts contribute to the gradual improvement of the HRH situation and to reducing inequities. In 2011, local governments were directed to implement the partnership process with multi-stakeholder committees and working groups at the provincial level. By 2013, three provinces had established multi-stakeholder committees, and five provinces are currently in the process of doing the same.[19]

Despite significant recent advancements in tackling the problem of HRH shortages in Indonesia, the country still suffers from a critical level shortage, and much remains to be done to achieve equity of access to health workers and basic health services. While the density of doctors, nurses, and midwives increased by 2011 from 0.95 to 1.19 per 1,000 population and then to 2.25 per 1,000 population by 2013,[2] approximately 29% of hospitals still lack pediatricians, 27% lack obstetric gynecologists, 32% lack surgeons, and 33% lack internists.[22] Re-distribution of health workers from oversupplied to undersupplied areas remains the biggest challenge.

Indonesia continues to face a HRH crisis, but the collaborative process provides an opportunity to achieve results. Through the multi-stakeholder coordination approach, more systematic and comprehensive HRH development exists in Indonesia. Advocacy helps decision-makers prioritize in health policy-making and increase investments. Indonesia's experience indicates that irrespective of geographical or economic status, countries can benefit from multi-stakeholder coordination and engagement to increase access to health workers, strengthen health systems, as well as achieve and sustain UHC.

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