WHO-MOH Meeting on Integrated Management for Emergency & Essential Surgical Care Towards Strengthening Primary Health Care Capacities

27-30 October 2010

Jakarta, Indonesia
Background:

The Republic of Indonesia consists of the five major islands of: Sumatra, Java, Kalimantan, Sulawesi and Irian Jaya or Papua, bordering Papua New Guinea. Indonesia has a population of 220 million people and is divided into 33 provinces which are subdivided into districts and municipalities. Over 80% of Indonesia is covered in water. Its 17,000 islands are inhabited by a population of 1.9 million.

In terms of health profile, infant mortality was 32 per 1000 in 2005. Child mortality remains 32 deaths per 1000 live births for children under 5. Maternal mortality, 307 per 100,000 live-births, is among the highest in SEAR (2002-3). Total expenditure on health per capita was US$ 33 in 2003. There is generally one public health centre for every 30,000 people. However, health services are disproportionately distributed and utilized by urban populations. There continue to be shortages in quantity and quality of trained health care providers.

Objectives:

- Field visits to health facilities selected by director of public health
- Presentation of the WHO Emergency & Essential Surgical Care (EESC) program in the WHO and Ministry of Health (MOH) meetings and WHO-MOH workshop on EESC
- Situational analysis of availability of EESC at various levels of health facilities during field visit
- Capacity building in EESC towards strengthening district health system in Indonesia

Health facilities visit:

Field visits to Kentalin Island were made by a team consisting of representatives of MOH in Jakarta, WHO country office, WHO HQ, and Kentalin Provincial MOH. Meetings were held with staff, and the WHO situational analysis tool to assess Emergency & Essential Surgical Care (www.who.int/surgery) was distributed and completed during the visits to Provincial Hospital and remote primary health facilities in Banjarmasin province.

The following health facilities were visited:

(i) **Puskemas Margasari Health Centre**
   Candi Laras Utara Subdistrict
   Tapin District - South Kalimantan
   Health center without beds and with one doctor.

(ii) **Puskesmas Baringin Health Centre**
    Candi Laras Selatan Subdistrict,
    Tapin District- South Kalimantan
    Health center with 10 beds and no doctors.

(iii) **Datu Sanggul Hospital**
    Tapin District, South Kalimantan
    District Hospital with 80 beds.

(iv) **Rsu Daerah Ulin Banjarmasin**
    Meetings were held with director and staff of emergency ward. General Hospital with 500 beds and all services included emergency, anesthesia, obstetrics, and surgical.

---

1. www.ino.searo.who.int
Meetings:
(i) WHO-MOH Facilitators meeting on EESC
Meeting was organized in Directorate of Public Health, in MOH under the leadership of Dr. Bambang Sardjono and Dr. Kartini with key policy makers, directors of medical education and academia. Health facilities were identified by the MOH and guidance provided to identify gaps using the WHO situation analysis tool to assess Emergency & Essential Surgical Care.

(ii) Meeting on EESC with Director Provincial Health Service Kalimantan
Meeting was organized in Directorate of Provincial Health Service Kalimantan under the leadership of Dr. Adhani. Update was provided on health facilities visited and the way forward to implement WHO Integrated Management of Emergency and Essential Surgical Care (IMEESC) tools for strengthening capacities in rural and remote health facilities.

(iii) WHO-MOH Workshop on EESC organized under the leadership of Dr. Trihono
There were 38 participants representing ambulatory emergency care, provincial hospital Jakarta, nursing association, MOH social welfare, Directorate Maternal Health, Directorate Child Health, National Institute of Health Research and Development (NIRHD), and academia.

Discussions:
- Medical Council of Indonesia (MCI) informed that during emergency and disaster (there are 6-8 earthquakes per month of various levels), a general doctor can perform life-saving surgical procedures.
- Due to diversity of Indonesia there is a need to define the need of availability and affordability of emergency and surgical services which requires a rapid assessment.
- Of all the EESC procedures mentioned in the WHO manual SCDH, there is a need to identify some EESC procedures for training of health providers posted in rural and remote health facilities.
- MCI, Nursing and surgical experts emphasized the need to increase competence of health providers in rural and remote health facilities.
- A General Emergency Life Support (GELS) course, complied using many international books, has been developed (2 week training) for doctors, nurses, midwives for disaster situation in Indonesia.
- There is a need for standards in place from medical and nursing schools to training programs of doctors and nurses before being posted in rural and remote health facilities.
• For the safety of the patient, there was a concern regarding doctors not competent in surgical interventions who may perform surgical procedures in non-urgent situations.
• A logbook for competency can be implemented in rural and remote health facilities.
• Medical 'Doctor Plus' program for general doctors to be posted in rural and remote health facilities will include training skills in anesthesia (3 months), obstetrics (6 months).

**Recommendations:**

• Explore possibilities of utilizing the existing low cost edition of WHO manual *Surgical Care at the District Hospital* (SCDH) to be made available at provincial and district level health facilities and incorporate within GELS training course.
  - WHO IMEESC toolkit to be produced locally by MOH-WHO Indonesia for dissemination to provincial and district hospital level health providers as reference guidelines at point of care (www.who.int/surgery).
  - Consider translation in Bahasa of the WHO manual SCDH and IMEESC tool.
  - A quick situation analysis of needs assessment of EESC in remote and rural health facilities is required.
  - As part of the service availability mapping in 2011 by MOH, incorporate the WHO situation analysis tool to assess EESC in district and subdistrict health facilities of Indonesia.
  - Completed situation analysis tool for EESC will be sent by MOH-WHO Indonesia to WHO EESC for data entry in the WHO EESC global database.
  - Analysed data to be shared with MOH and if required will be prepared for a scientific publication for evidence based planning to fill gaps in district and sub-district level of care.

• There is a need to make both short-term and long-term plans. In the short term, doctors should be trained in some life-saving surgical, obstetrics and anesthesia interventions, as identified by a group of experts to address immediate shortage of specialists in rural and remote health facilities.
• For the long-term plan, medical and nursing school training should emphasize life-saving surgical skills, in order to enable doctors and nurses to provide effective services during their posting in rural and remote health facilities.
• Consultation will be held with relevant departments in MOH, Medical Council of Indonesia, professional societies responsible for capacity building of doctors (doctor plus, internship period) and nurses before they are posted in remote and rural health facilities.
• Planning tool will be utilized for integration of EESC in existing national health plans for strengthening district health systems.
Meeting participants:

1. Director of Medical Services Dasa
2. Director of Medical Services specialistic
3. Head of the Center
4. Director of Community Health
5. Head Pusdiklat PPSDM
6. Medical Council of Indonesia (KKI)
7. CEONC Hospital in Jakarta (RS Fatmawati)
8. Field Hospital (Linga Kepuulanai Riau)
9. Director of Maternal Health
10. Director of Child Health
11. Deputy Assistant Regional Disaster
    Ministry of Development of
    Disadvantaged Regions
12. Director of Social Assistance Social
    Ministry of Natural Disaster Victims
13. Director of the Jakarta health office AGD
14. Surgical faculty, University of Indonesia
15. UKI Hospital Surgery
16. Indonesian Nurses Association Chairman
17. IDI Chairman
18. Head of Central Jakarta Health Office
19. Head of Health Sudin Central Jakarta
    P2M
20. Nirmala Ahmad Ma `ruf, SKM, MSI
21. Drs. M. Socheh, MM
22. D. Anwar Mushadad, SKM, M. Kes
23. Prof. Supratman Sukowati, Ph.D.
24. Dr. Amrul Murif, APU
25. Drg. CH. M. Kristanti, MSc
26. Joko Irianto, SKM, M. Kes
27. Suhardjo, SH, M. Kes
28. Bambang Sukana, SKM, M. Kes
29. Dra. Rachmalina S, MScPH
30. Dr. Titi Tedjuyanti
31. Fachrurozi Hasnawi, SH
32. Ratna Totih Sondari, SKM
33. Sumarsih, SE
34. Anggraeni, Amd
35. Ani Rahmah, SKM
36. Suprapto
37. Dedi Kofawenda
38. Akrial Akwina
39. Endang Sudstati
40. Sri Indarini
41. R. Suharton
42. Schandra Purnamawati
43. Dr. Farsely Mranani
44. Drg. Anggar Rina W., MKM
45. Dr. Surya Andy Pozwan
46. Onnt. T. Prbowd
47. Dr. Kartini
48. Dr. Bambang Sardjono
49. Dr. Rosihan Adhani
50. Dr. Fitriyanti
51. Dr. Ockti Palupi
52. Dr. Hamidun
53. Dr. Hernani

Who Indonesia (Jakarta, Indonesia)
tel: +62215204349
djarirh@searo.who.int

55. Dr. Shah Jahan
Who Indonesia (Jakarta, Indonesia)
tel: +62215204349
shahjahanm@searo.who.int

56. Dr. Meena Cherian
Emergency and Essential Surgical Care
Clinical Procedures Unit
Essential Health Technologies
Health Systems & Services
WHO HQ (Geneva, Switzerland)
tel:0041 22 791 4011
cherianm@who.int