Data Collection Report

WHO PEN Disease Interventions
Economic Evaluation
Indonesia
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Objectives

The objectives of this visit are to:
- Provide support to the Ministry of Health (MOH), Indonesia, for primary data collection on the quantitative part of the WHO PEN Evaluation.
- Learn about the implementation, the conduct, and the evaluation (qualitative part) of NCD program at different levels of health sectors in Indonesia.

Summary of the second visit to Indonesia

As was agreed upon in the last visit, NIHRD is responsible for the “Assessment of Implementation of Integrated NCD prevention and control in Primary Health Care,” which is the qualitative part of the PEN program evaluation. The specific objectives of this survey were: (1) to assess the implementation of PEN programme within the system of NCDs prevention and control in Primary Healthcare Centres’ (PHCs) services; (2) to identify the development or changes of health workers’ knowledge and skills; (3) to identify the adequacy of the facilities and infrastructures on NCDs prevention and control in PHCs; (4) to identify the obstacles on implementation of NCDs prevention and control in PHCs; and (5) to identify gaps and future needs on strengthening NCDs prevention and control in PHCs. This survey included interviews from various levels of the health sector, specifically, the Provincial Health Office, the District Health Office, the hospitals, the Puskesmas (primary healthcare centres), and finally, the Posbindu, which is a community-based initiative for screening, monitoring and awareness of NCDs. The methodology will include compiling data from the recording and reporting of NCD patients and health facilities, and a questionnaire will be used for in-depth interviews with trained health providers and NCD patients.

As planned, HITAP requested to add the questionnaire for the quantitative data that will gather information about the coverage of the PEN program in the community, the adherence to the NCD guideline, and the out-of-pocket expenses paid by patients and their relatives for the services at Posbindu and Pukesmas. In the questionnaire, respondents will be asked to explain: their knowledge of the Posbindu; their awareness of their health status and results for hypertension and diabetes; their perception of the services in hospital, Puskesmas, and Posbindu; and the average time and cost spent in each location. This questionnaire will be asked only on the community level and so linked to the qualitative survey. Originally, the community survey for the quantitative data would be conducted in four provinces; however, due to administrative issues, only two provinces will gather quantitative data.
HITAP team participated in the training of community survey for quantitative part. The research team aimed to train enumerators the instruction of the interview, the criteria of participants, and the details of each question in the questionnaire. There are 8 enumerators per province, and they will interview 10 respondents each. The criteria for interviewing will be for respondents aged 15 and above who are permanent residents of the area and are willing to participate. There must be an even mix of male and female respondents for ages: 15-29 years old, 30-44 years old, 45-59 years old, and older than 60 years old. In addition, the enumerators will conduct the survey in their own communities given that a Posbindu exists in the area; if there is no Posbindu in their area, they will conduct it in area(s) with Posbindu. The HITAP team came to support the training, especially to assist in answering questions raised by the enumerators in order to ensure the quality of the data collected during the community survey.

Apart from the aforementioned support, the HITAP team participated in the interviews to learn more about the qualitative survey conduct. Due to the language barrier, HITAP staff was able to gather only some information on the proceedings. The evaluation team visited the District Health Office in Palembang city and interviewed the head, Dr. Anton Suwindro, to understand: his perception of NCDs and the NCD program; the risk factors and problems in the area; implementation of the NCD program; policies currently implemented and their strengths and weaknesses; aspects and improvements of the policy implementation; monitoring and evaluation; allocation, constraints, and process of budgeting; and plans for conducting an NCD program. Given that the Posbindu was only implemented in 2014, past activities may not have been focused on NCD programs and more geared towards communicable diseases. However, with the increasingly unhealthy lifestyles in Palembang, more attention is now on NCDs. They give priority to cancer, hypertension, and diabetes. An obstacle of implementation is that kader may sometimes not have authority, as they are not certified healthcare professionals, so the program even if implemented will not have as large an impact as expected. According to Dr. Suwindro, the Posbindu should belong to the community based on their desire to be healthy and not be enforced by the health office. They don’t believe they have a problem on the human resource or budget.

The next interview was with Mr. Zulfikri, one of the administrators of Bapeda, which is the regional body for planning and development. The team asked about their perspective on NCDs in the area, their collaboration with the health sector offices, and their contribution to the NCD program. He replied that it is sometimes hard to collaborate with the health offices as their responsibilities are broader than simply health concerns. In addition, their budget is limited and allocation to the health sector is smaller than other sectors. He believes that there is a problem with human resources in Puskesmas. Mr. Zulfikri also said that there is limited autonomy for hospitals, as they must follow Bapeda instructions, which come from the central government in Jakarta. He mentioned the Jamkesmas, which is a health insurance for the poor. However, it was not made clear what the criteria for qualification for this insurance is, as well as other information on Jamkesmas coverage.
On the second day, the team visited the Provincial Health Office and interviewed the head, Dr. Lesty Nurainy, as well as the program manager for the NCD programme, Ira Fitria Yuniarti. Dr. Nunik and the others asked about the prevalent NCDs (COPD, hypertension, and diabetes mellitus) as well as the local policy(ies) currently being implemented. The summary of the conversation is as follows: though NCD is not a priority for the office as they give more importance to communicable disease such as TB, in their program they give priority to hypertension, smoking, and screening for cervical cancer. One of the biggest challenges is lack of funding. Funding comes from the central government or national health unit, which is the major funding source (5:1 ratio of contribution for national to local funding). Most of these funds go to training health officers. Another concern is the lack of human resource, let alone qualified ones. They were able to provide data needed for the quantitative analysis, particularly training costs, number of staff who were trained, as well as incidence of NCD diseases in South Sumatra in 2014. There is no effective collaboration between the district and provincial health offices.

In the afternoon, the team visited the provincial office-run hospital. After the qualitative questions were asked, Dr. M. Ayus Astoni, the Deputy Director of Ministry, and Dr. Emmy Chidigah, the head of Medical Record Department, gave data on the prevalence of NCDs in their hospital (the highest is hypertension, second is diabetes, and finally COPD). The HITAP team inquired whether they have a Clinical Practice Guideline for the management and treatment of NCDs, and they replied that they use those provided by the national medical association (e.g. PAPDI or the Indonesian Society of Internal Medicine for diabetes mellitus). For treatment costs, they base it on the Indonesian INA-CBG. The HITAP team asked about the proportion of the population screened at the community level or Puskesmas and who adhered to the referral from their initial screening. The hospital staff explained that they are not permitted, generally, to conduct screening for the general population, since this responsibility falls on the primary healthcare centres. They only screen for treatment and monitoring of patients who have already been diagnosed by the Posbindu or Puskesmas. The hospital also has a program for patient counselling and awareness of NCDs, e.g. through informational materials and talks in the patient waiting area.

On the third day, the group split into two teams and went to two separate Puskesmas. A HITAP member went in each team. The first team went to Puskesmas Dempo, and in the last year, they treated 36,112 people. This Puskesmas is located in the Palembang city center. In Dempo, there are 3 staff members (2 doctors and 1 nurse) responsible for the NCD unit. They have a standard operational procedure (SOP) for treating patients with NCDs, with their own laboratory for doing tests related to these diseases. In the SOP, patients with hypertension must follow-up after 10 days; patients with diabetes must follow up every 2 weeks. The Puskesmas does not screen the general population – only those that have already been diagnosed or screened. In addition, only patients that have symptoms can be screened in this Puskesmas. The cost for blood glucose testing is Rp. 15,000, which is free for those already diagnosed. Otherwise, patients who want to be
screened will need to pay out-of-pocket. Only patients with diabetes or hypertension without complications are treated. For those that have complications, they must go to the hospital for treatment. There are two Posbindu under the Puskesmas, but the team was unable to visit them.

The other team went to Puskesmas Sematang Borang, which services on average 20 patients a day and where they interviewed the head of the Puskesmas and two nurses. The Puskesmas is located in a more secluded area further out and was mostly residential. In this Puskesmas, there is no screening for the general population; they only screen and treat those that have already been screened through the Posbindu. Funding for the Puskesmas comes from the national office, the district health office, and BPJS (national health insurance office). After the Puskesmas, the team visited a Posbindu, where there were about 20 kader in attendance. The evaluation team was able to interview 2 patients, kader, and the head of the Posbindu. In terms of non-medical costs, the patients interviewed generally walked from their homes to the Posbindu or Puskesmas and takes no more than 15 minutes. In addition, they usually go alone and spend about 2 hours getting their treatment. The general process for the Posbindu includes 5 tables – one for registration, two for a basic health information interview, three is for weighting and measuring the height, four is for taking the blood pressure and blood glucose, while five is for counselling. While blood pressure is free of charge, patients wanting to have a blood glucose measurement must pay out-of-pocket. However, this depends on the Puskesmas policy, as Puskesmas Dempo provides blood glucose measurement for free.

On the fourth day, the team interviewed 3 more patients in Puskesmas Dempo. One has diabetes without complications, while the other two have hypertension (one with complication, the other without). The evaluation team interviewed the patients about the service from the Puskesmas and their health information; the HITAP team asked more about screening and direct non-medical costs. For example, the team found out that patients were screened in the Puskesmas free of charge because the doctor prescribed it; all 3 patients did not know about the Posbindu. It does not take them long to get to the Puskesmas – one-way 15-20 minutes on foot and around 5-10 minutes by public transportation (Rp. 4000-8000), tricycle (Rp. 5000), and motorbike (Rp. 3000). Patients usually go along and generally spend about 15 minutes seeing the doctor and getting treatment and wait for 1-2 hours for their lab results. For both diabetes and hypertension patients, they usually come every week to receive their medicine; they are screened every two months or so based on the doctor’s prescription. Household income ranges from Rp. 1million to Rp. 7million with 5-6 family members, and the patients are covered under the government health insurance through their spouses. They do not have to pay anything, and even laboratory procedures or tests are covered (often is not) as long as it is prescribed by the doctor. However, if they need to be hospitalized in a private hospital, they will have to pay a percentage of the total cost depending on their insurance type. Insurance classes and subsequent cost coverage can be found on the BPJS website.
For more detailed information, the qualitative data will be available post-study implementation.

**Summary of the meeting with WHO Indonesia**

After the field trip, HITAP team had a meeting with Dr. Dewi Indriani and Priska Apsari Primastuti, WHO Indonesia. Three main topics discussed are the following:

1) **The completeness of the data collection**

Dr. Nunik Kusumawardhani sent the data input for the community survey for the quantitative part. The total number of respondents in two selected provinces (South Sumatra and Central Kalimantan) was 163. Since some data was written in the Indonesian language, HITAP requested an English version. The data extracted from the community survey covers the information about the coverage of the PEN program in the community, the adherence to the NCD guideline, and the out-of-pocket expenses paid by patients and their relatives for the services at the Posbindu and Pukesmas. This data will be used in the economic evaluation of the PEN intervention in Indonesia. In addition, Dr. Dewi and Priska will help gather all the data (e.g. epidemiological data, treatment costs, and the treatment guideline) that is required for the economic evaluation by the end of February. HITAP and WHO partners agreed that both national and local data (obtained from Posbindu and Pukesmas) will be adapted to the model.

2) **Plan for the analysis of the economic evaluation of the PEN intervention**

A model-based economic evaluation for the PEN interventions on diabetes and hypertension will be constructed as planned in the previous visit. HITAP team is responsible for developing the model and take the first steps for the economic evaluation. Meanwhile, HITAP will share the decision tree and Markov model to WHO Indonesia and the research team from NIHRD and NCD Directorate of the MoH for comments. The preliminary results of the economic evaluation will be shared to Indonesian partners 2 weeks in advance of the third visit to Indonesia, which is planned tentatively on April 27-30, 2015.
3) **Plan for stakeholder consultation meeting**

The tentative date for a consultation meeting is April 29, 2015. The meeting will be held in Indonesia with the aim of presenting the results of economic evaluation of PEN interventions to all stakeholders. Stakeholders are welcome to give comments and suggestions on the analysis and results. This is to ensure that the analysis is relevant in the Indonesian context and the results can be used to inform decision making. Dr. Dewi and Priska will list the stakeholders who should participate in the consultation meeting, and the Indonesian partners will present the results of the economic evaluation with the support of the HITAP team.
Appendix 1: List of Participants

**Venue:** Palembang, South Sumatra  
**Date of mission:** January 19th – 22nd, 2015  
**Responsible agency:** National Institute for Health Research Development (NIHRD) of the Ministry of Health (MoH)  
**Counterparts:** Health Intervention and Technology Assessment Program (HITAP) and WHO Indonesia  

**List of HITAP team:**

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<th>Name</th>
<th>Designation / Title</th>
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<td>Researcher</td>
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<td>2 Ms. Alia Luz</td>
<td>Project Coordinator</td>
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**List of WHO and NIHRD team:**

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<tr>
<td>1 Dr. Nunik Kusumawardhani</td>
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<td>3 Yetty Azriani</td>
<td>Researcher (the department of human resource development, Ministry of Health)</td>
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<tr>
<td>4 Dr. Dewi Indriani</td>
<td>National Program Officer (WHO)</td>
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