

[Indonesia]

Task Shifting in Rural Area

Prijo SIDIPRATOMO*1

TASK SHIFTING IN RURAL AREA

Prijo Sidipratomo
President of Indonesian Medical Association

Presented on CMAAO Meeting
Kuala Lumpur September 18th 2010

Introduction

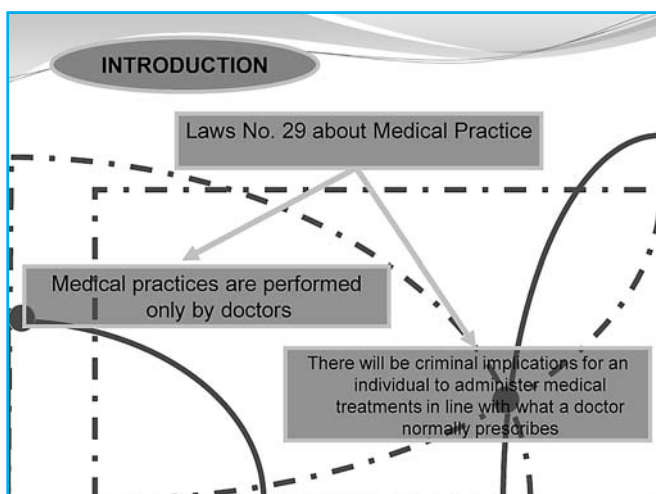
- World Health Organization (WHO) described task shifting as the rational redistribution of tasks among health workforce teams
- When feasible, healthcare tasks are shifted from higher-trained health workers to less highly trained health workers in order to maximize the efficient use of health workforce resources



Introduction

Introduction

*1 President, Indonesian Medical Association, Jakarta, Indonesia (pbidi@idola.net.id).
This presentation was made at the Symposium themed "Task Shifting and Medical Profession" held at the 46th CMAAO Mid-term Council Meeting, Kuala Lumpur, Malaysia, on September 18, 2010.



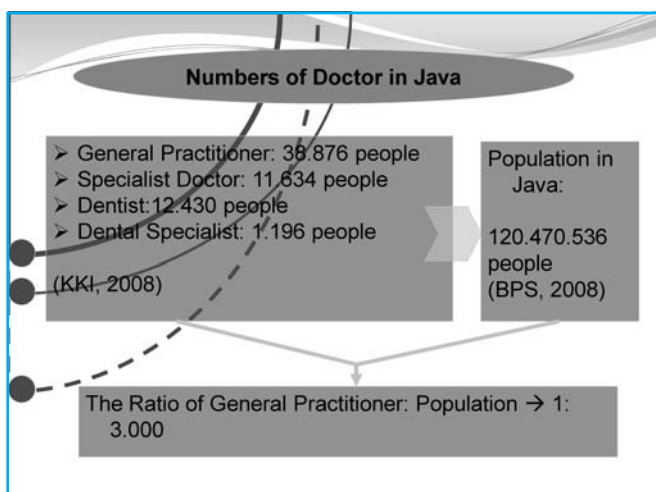
Tenth Provinces with most numerous Medical Doctor In Indonesia

NO	PROPINSI	Specialist	%	cumulative	General Practitioner	%	Cumulative
1	DKI	3884	23,6	23,6	10.383	17,1	17,1
2	Jabar	2416	14,6	38,2	9625	15,9	33
3	Jatim	2418	14,6	52,8	8364	13,8	46,8
4	Jateng	1731	10,5	63,3	6282	10,3	57,1
5	Sumut	942	5,7	69	4111	6,8	63,9
6	Sulsel	627	3,8	72,8	2379	3,9	67,8
7	Banten	506	3,1	75,9	2484	4,1	71,9
8	D.I.Y	679	4,1	80	1738	2,8	74,7
9	Bali	534	3,2	83,2	1726	2,8	77,5
10	Sumbar	328	1,9	85,1	1373	2,2	79,7

Indonesian Medical Councils 31 August 2008

- Total number General Practitioners and Specialist by 2008**
- Total Specialist 16451
 - Total General Practitioners 60413
 - Around 70 % Specialist staying in java island
 - Around 64 % General Practitioners staying in java island
 - In Sumatera Island staying 14,5 % Specialist and 19,1 % General Practitioners
 - Majority Medical Doctors living in Java and Sumatera Island
- Indonesian Medical Councils 31 Agustus 2008

- Distribution of peoples in Indonesia**
- Majority people about 57% live in Java island
 - Around 20 % staying in Sumatera Island
 - The rest 23 % distributes in Kalimantan, Sulawesi, Bali, Nusatenggara, Maluku dan Papua



Province	General Practitioner (n)	Specialist Doctor (n)	Dentist	Dental Specialist	Population	Ratio of doctor and population
West Sumatera	1.373	328	387	7	4.566.126	1 : 3.300
Jambi	504	89	121	1	2.635.968	1 : 9.126
West Kalimantan	444	118	135	11	4.052.345	1 : 3.000
East Kalimantan	931	25	296	1	2.848.798	1 : 3.000

Problem

- Lack of medical doctor in Indonesia
- Disparity of medical doctor in Indonesia
- Still high rate MMR and IMR
- High prevalences of malnutrition in toddler
- Low life expectancy

RECOMMENDATIONS

1. Add doctor's production distribution in rural area with some compensation given. Scholarship-welfare
2. Regulation about working in rural area as an obligation
3. Authority delegation to nurses and midwives in isolated area to do medical action, while giving them some extra medic competency (Task shifting)

Add doctor's production distribution

- Will be fulfilled in 4-5 years
- Awarded by incentive, welfare, and career
- Voluntary

Regulation about working in rural area as an obligation

- Contradict with constitution (amandment), clause 28c ,28d-----judicial review
- ILO ratification: 1. **Anti-discrimination (ILO Convention no. 100 and no.111)** 2. **Anti-forced labor (Konvensi ILO no. 29 dan 105)**
- Can be done if :
 - conscription
 - Official ties agreement

Authority delegation to nurses and midwives in rural area to do medical action, while giving them some extra medic competency (Task shifting)

- Uncommon (especially in other countries)
- Method used in transition time, while waiting for the optimal amount and distribution of doctor
- Temporary regulation
- A lot of conflicts with other regulations
- Keeping time-bomb

TASK SHIFTING

- Requirements :
- Not enough doctors
- There must be a doctor who fulfill the requirements to give the authority
- It's temporary for the time being, until there are enough doctors to handle the cases or situations
- Supported by regulations and laws
- Medical officers who received delegation of authority must be competent.
- Only valid for remote or isolated areas and only in government-owned facilities

TASK SHIFTING PROBLEMS

- It's against government regulations number 29 year 2004 regarding medical practices
- It's against regulations about strong medicines and psychotropics
- There's no desire from the Government to place doctors in remote or isolated areas
- Competency of medical experts vary significantly
- Disciplinary issues present as an obstacle

Burden challenges of TASK SHIFTING

- Medical practice Law
- Drugs Law
- Psychotropics Law
- Health Law

The way in which authority was delegated

- Medical actions or treatments are more associated with individuals who are in the medical profession, hence they are linked to the individual
- Other than doctors, medical actions or treatments can be carried out by a delegation of authority, but with certain conditions that apply
- For midwives and nurses, the methods used is by TASK SHIFTING, which is a limited delegation of authority

Requirements for midwives/ nurses

- Must have competence (has undergone trainings as facilitated by health distric office or IMA)
- Vocational education stage

Place requirements

- Represents medical service facilities owned by the Government
- Rural area is adjusted with regulations (ministry regulations) and agreement between distric health office and IMA
- Outside Java Island
- Adjusted with need

Medical action that can be delegated

- Non-interventional medical action (non invasive)
- Limited interventional medical action (invasive)
- Adjusted with prevalence of diseases in certain area
- Agreement between district health office and IMA

MEDICAL STOCK

- OTC (Over the counter) drugs and restricted OTC drugs
- Except vaccine and contraception
- Order or procurement of medicines can be carried out or done by doctors with the designated authority through health center (Puskesmas).

Time

- Regulations on delegation of medical authority is temporary , or as long as lack of medical doctors and based on agreement between District Health Office and IMA
- Delegation of authority will be cancelled if
 - Doctors are already present in that area
 - Midwives and nurses who gets the delegation of authority move to other area.
 - Midwives and nurses that receive certain authority perform medical actions beyond the authority assigned to them
 - The authority that's been delegated are withdrawn by the person giving the authority

- Thank You