

INDONESIA COUNTRY PROFILE

2010



CENTER FOR DATA AND EPIDEMIOLOGICAL SURVEILLANCE
MINISTRY OF HEALTH
2010

INDONESIA COUNTRY PROFILE 2010

**CENTER FOR DATA AND EPIDEMIOLOGICAL SURVEILLANCE
MINISTRY OF HEALTH, REPUBLIC OF INDONESIA
2010**

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FOREWORD

Indonesia Country Profile 2010 is a publication containing general information about Indonesia, the Ministry of Health, Republic of Indonesia and also includes data and information on health in Indonesia.

Information is presented in the form of pictures and/or diagrams/charts with brief narration.

Jakarta, September 2010
Director, Center for Data and Epidemiological Surveillance
Ministry of Health, Indonesia

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REPUBLIC OF INDONESIA



Provinces

1 Nanggroe Aceh Darussalam	8 South Sumatera	15 DI Yogyakarta	22 East Kalimantan	29 South East Sulawesi
2 North Sumatera	9 Bangka Belitung Islands	16 East Java	23 South Kalimantan	30 North Maluku
3 West Sumatera	10 Lampung	17 Bali	24 West Sulawesi	31 Maluku
4 Riau	11 Banten	18 West Nusa Tenggara	25 South Sulawesi	32 West Papua
5 Bengkulu	12 DKI Jakarta	19 East Nusa Tenggara	26 Central Sulawesi	33 Papua
6 Jambi	13 West Java	20 West Kalimantan	27 Gorontalo	
7 Riau Islands	14 Central Java	21 Central Kalimantan	28 North Sulawesi	

GENERAL INFORMATION

I. GEOGRAPHICAL FEATURE

Indonesia is the largest archipelago in the world. It consists of five major islands and about 30 smaller groups. The figure for the total number of islands is 17,508. The archipelago is on a crossroads between two oceans, the Pacific and the Indian ocean, and bridges two continents, Asia and Australia. This strategic position has always influenced the cultural, social, political and economic life of the country.

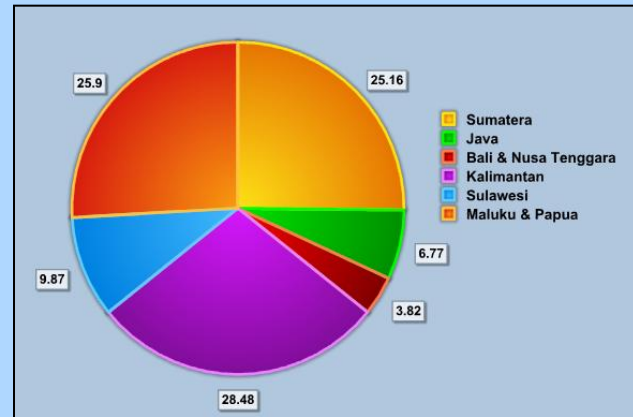
The territory of the Republic of Indonesia stretches from 6°08' north latitude to 11°15' south latitude, and from 94°45' to 141°05' east longitude. The Indonesian sea area is four times greater than its land area, which is about 1.9 million sq. km. The sea area is about 7.9 million sq. km (including an exclusive economic zone) and constitutes about 81% of the total area of the country.



The five main islands are: Sumatra, which is about 473,606 sq. km. in size; the most fertile and densely populated islands, Java/Madura, 132,107 sq. km; Kalimantan, which comprises two-thirds of the island of Borneo and measures 539,460 sq. km; Sulawesi, 189,216 sq. km; and Papua, 421,981 sq. km, which is part of the world's second largest island, New Guinea. Indonesia's other islands are smaller in size.



**PERCENTAGE OF ISLAND AREA
TO TOTAL AREA OF INDONESIA**



Source : Statistics-Indonesia 2009

The country is predominantly mountainous with some 400 volcanoes, of which 100 are active. Mountains higher than 9,000 feet are found on the islands of Sumatra (Mt. Leuser and Mt. Kerinci), Java (Mt. Gede, Mt. Tangkubanperahu, Mt. Ciremai, Mt. Kawi, Mt. Kelud, Mt. Semeru and Mt. Raung), Sulawesi (Mt. Lompobatang and Mt. Rantekombala), Bali (Mt. Batur and Mt. Agung), Lombok (Mt. Rinjani) and Sumbawa (Mt. Tambora). The highest mountain is the perpetually snow-capped Mandala Top (15,300 feet) in the Jaya Wijaya mountain range of Papua.

II. CLIMATE AND WEATHER

Because of its proximity to equator, Indonesia has tropical climate. Generally, the weather is hot and humid. Indonesian climate is divided into two distinct seasons: dry and rainy seasons. Most of Indonesia has their rainy seasons from October through April, but certain places like Maluku have theirs from March to August. During the rainy season, rain starts around noon and lasts into the afternoon.

Due to the large number of islands and mountains in the country, average temperatures may be classified as follows:

coastal plains: 28°C

inland and mountain areas: 26°C

higher mountain areas: 23°C,
varying with the altitude.

Being in a tropical zone, Indonesia has an average relative humidity between 70% and 90%, with a minimum of 73% and a maximum of 87%.



III. CULTURE AND RELIGION

Across its many islands, Indonesia consists of distinct ethnic, linguistic, and religious groups. The Javanese are the largest and most politically dominant ethnic group. As a unitary state and a nation, Indonesia has developed a shared identity defined by a national language, ethnic diversity, religious pluralism within a majority Muslim population, and a history of colonialism and rebellion against it. Indonesia's national motto, "*Bhinneka Tunggal Ika*" ("Unity in Diversity" *literally*, "many, yet one"), articulates the diversity that shapes the country.

Indonesia consists of more than 300 ethnic groups, spread in the whole archipelago using more than 300 native languages. Whereas, Bahasa Indonesia (Bahasa) is the official language. Originally, it was the Malay language mainly spoken in the Riau islands. In its spread throughout the country, the vocabulary and idioms have been enriched by the great number of local languages, Sanskrit and Arabic. Many words or terms have been derived from other languages, such as Persian, Portuguese, Dutch and English. In fact, most Indonesians tend to mix aspects of some languages and dialects.



Other influences of external culture resembles on various arts such as dancing, poems, puppet show, etc. One of famous arts influenced by Indian epic novel, Mahabharata and Ramayana is puppet show.

(Source: Intercensal Population Survey, BPS-Statistics Indonesia, 2005)



Indonesia has the largest Muslim population (88.58%) in the world, while other religion are Protestant (5.79%), Roman Catholic (3.07%), Hindu (1.73%), Buddhist (0.61%), Kong Hu Chu (0.10%) and other (0.11%).

(Source: Intercensal Population Survey, BPS-Statistics Indonesia, 2005)

IV. GOVERNMENT SYSTEM

Indonesia is a unitary state in the form of republic based on Pancasila, as an “ideal” base, and 1945 Decree, as a constitutional base. As a democracy state, the highest power is on people’s interest.



The President, as the Head of the country and the Head of government, is the one who hold the highest executive and elected directly by people. The President is assisted by the Ministers to perform his duties.

“United Indonesia Cabinet” consists of 3 coordinator ministers, 19 Ministers as the Head of Ministry, 11 State Ministers and 4 government officials, the same level with the ministers. The Ministers have a responsibility to President, and Ministry of Health is one of the cabinet ministries.

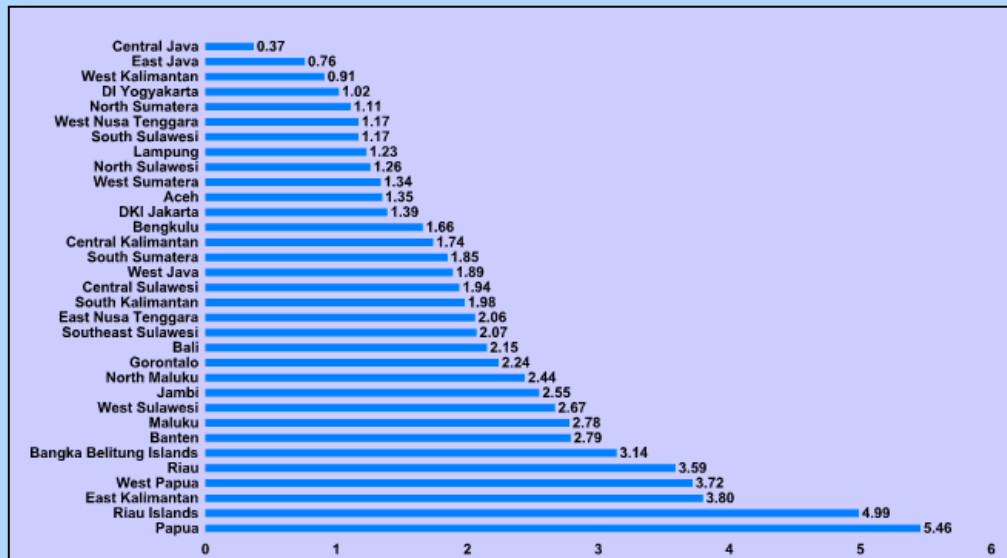
Administratively, Indonesia region has been divided into 33 provinces. It consists of 399 districts and 98 municipalities, 6,543 sub districts and 75,226 villages and hamlets.

V. POPULATION

Based on Indonesia Census 2010 there were 237,556,363 population in 2010. They consist of 119,507,580 male population and 118,048,783 female population with sex ratio of total population 101. It means that male population are 1% higher than that of female. It can be also indicated that on every 100 females there are 101 males.

Population growth per year in recent 10 years (2000-2010) is 1.49%. Papua has the highest population growth with 5.46% while the lowest is Central Java with 0.37%.

POPULATION GROWTH IN 2000-2010

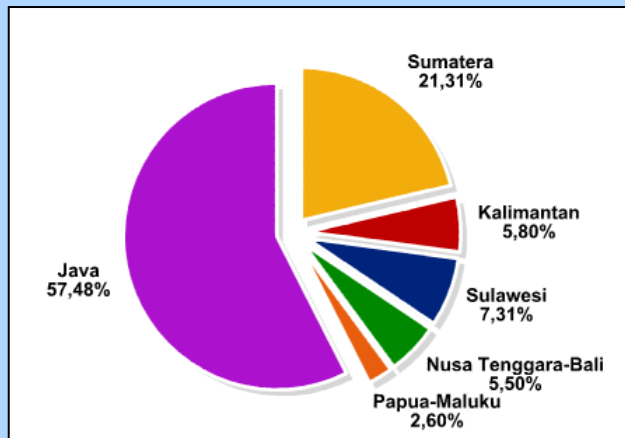


Source : Statistics Indonesia 2010

Indonesia has population density 124 people/km² in 2009. Most of population live in Java and Sumatera. It leads to disparity of population density among regions in Indonesia. There were 57.49% of total population live in Java, the remain population distributed on Sumatera (21.31%), Sulawesi (7.31%), Kalimantan (5.8%), Nusa Tenggara-Bali (5.5%), and Papua-Maluku (2.6%).



POPULATION DISTRIBUTION IN 2010



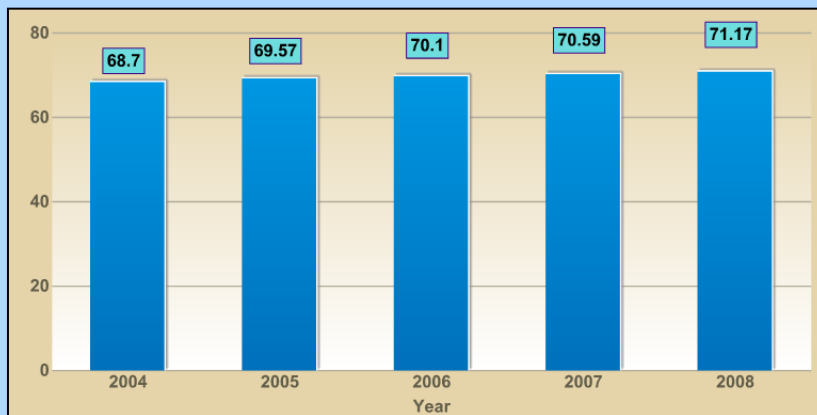
Source : Statistics-Indonesia 2010

Province with the highest population density was DKI Jakarta with 14,440 people/km². While province with the lowest density population was West Papua, which is only 8 people/km².

Human Development Index

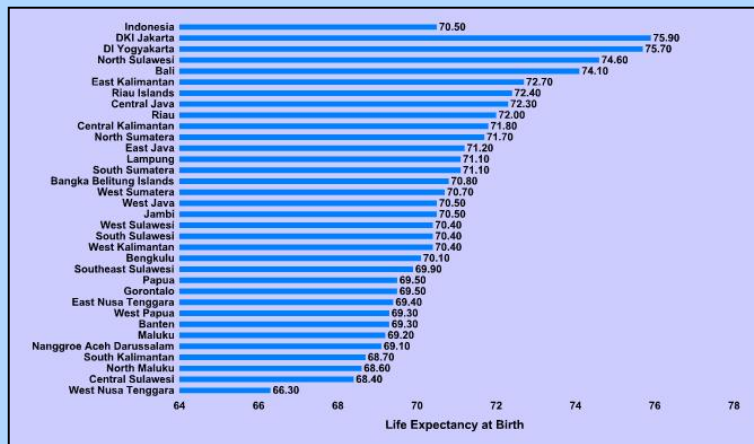
Since 1990 The United Nation Development Program has developed a composite index to measure progress of human development of countries. It combines three aspects to have the index, life expectancy at birth, knowledge and education and standard of living. In the last five years, HDI showed rising trend from 68.7 in 2004 to 71.17 in 2008.

HUMAN DEVELOPMENT INDEX IN 2004-2008



Source : Statistics-Indonesia 2009

LIFE EXPECTANCY AT BIRTH IN 2008



Source : Statistics-Indonesia 2009

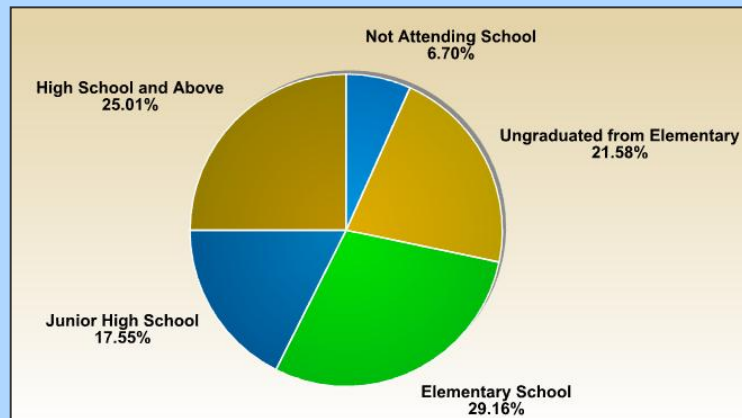
Life expectancy at birth may describe longevity and health status of population. Knowledge and education can be measured through literacy rate and combination of primary, secondary and tertiary gross enrolmmment ratio. Gross domestic product per capita may describe the standard of living.

VI. EDUCATION

Evaluating human development program can be measured through several indicators of education. Illiteracy rate may describe education situation. Based on Statistics-Indonesia report, Illiteracy rate of 15-44 years of age in 2005 was 3.09. It declined to 1.8 in 2009.

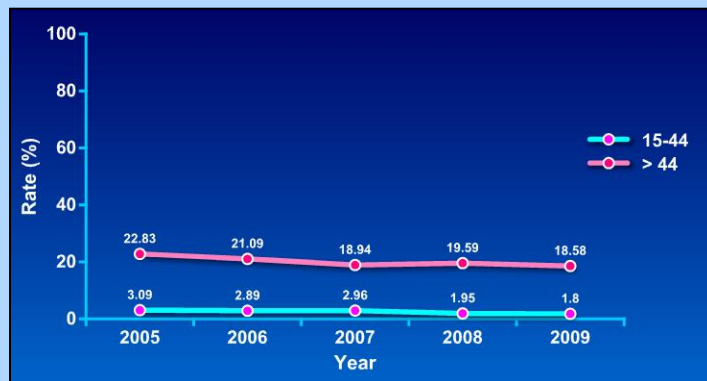
(Source: Statistics-Indonesia, 2009)

PERCENTAGE OF 10 YEARS OLD AND OVER POPULATION BY GRADUATION STATUS IN 2009



Source : Statistics-Indonesia 2009

PERCENTAGE OF ILLITERACY RATE IN 2005-2009



Source : Statistics-Indonesia 2009

Ownership to graduation certificate can illustrate education situation of a country. Percentage of 10 years old and over population graduated from high school and above in 2009 was 25.01%. Meanwhile percentage of population graduated from junior high school was 17.55%.

(Source: Statistics-Indonesia, 2009)

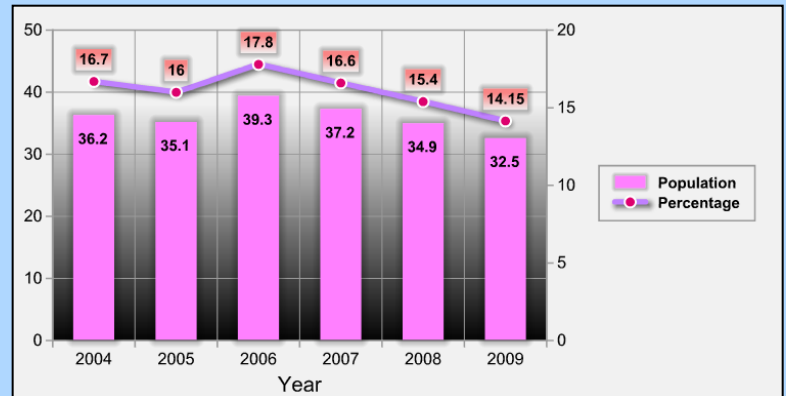
VII. ECONOMICS



Appraising economic condition involves poverty issue. According to National Social and Economic Survey, poor population defined as population with monthly expenditure by GDP under poverty line consisting of food and non-food. During March 2008-March 2009, number of poor population was 32.5 million of people with the percentage of 14.15%.

Economic growth significantly influences human development condition of a country. The Statistic Indonesia indicates that Gross Domestic Product (GDP) at 3rd trimester in 2009 grew 4.2% compared to GDP at 3rd trimester in 2008. Transportation and communication sectors gave highest contribution with 1.4%. Meanwhile, inflation rate during January-December, 2009 was 2.78%.

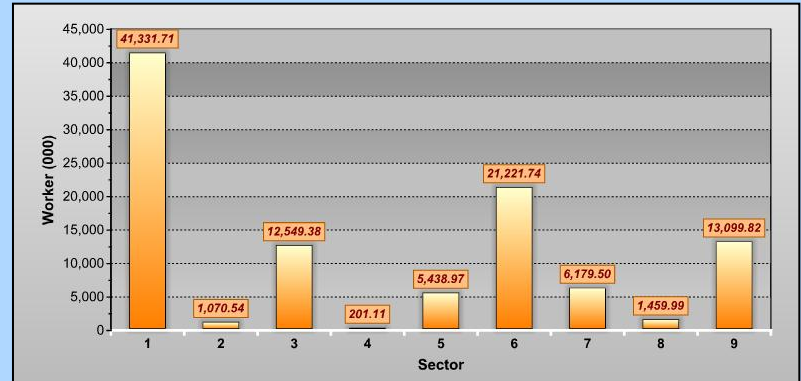
POOR POPULATION IN 2004-2008



Source : Statistics-Indonesia 2010

One of issue remains as economic burden in low-middle income countries is unemployed population. Open unemployment rate in 2009 was 8.14. The rate was lower than that of unemployment rate in 2008 with 8.39. Distribution of work force in Indonesia shows that most of workers are concentrated on agriculture, forestry, hunting and fisheries.

POPULATION 15 YEARS OF AGE AND OVER WORKING ON MAIN JOB AND INDUSTRY, 2008



1. Agriculture, forestry, fisheries; 2. Mining; 3. Manufacturing Industry; 4. Electricity, gas and water; 5. Construction; Wholesale trade; retail trade, restaurants and hotel;
7. Transportation, storage, communication;
8. Financing, insurance, real estate, and business services;
9. Public services

Source : Statistics-Indonesia 2009

Statistics-Indonesia in 2009 indicates that number of population economically active were 111,947,265. Meanwhile there were 91.61% people working among those group.



VISION & MISSION

MINISTRY OF HEALTH

VISION

SELF RELIANCE HEALTHY PEOPLE, WITHIN A JUST HEALTH CARE SYSTEM

MISSION

- To improve the health status of the community through community empowerment, including private sectors and civil societies
- To guard health status of community by ensuring the availability of comprehensive, equitable, qualified, and just health care
- To ensure the availability and equity of health resources
- To create good governance

PURPOSE

Implementation of health development in effective and efficient ways in order to achieve the highest level of health status of the community

VALUES

Pro People
Inclusive
Responsive
Effective
Clean

PROGRAM

I. Generic Program:

- Program of management support and other task implementation
- Program of health devices and infrastructure management
- Program of MOH personnel accountability and monitoring improvement
- Program of health development and research

II. Technical Program:

- Program of nutrition status and child & maternal health improvement
- Program of health service
- Program of diseases control and environmental health
- Program of pharmaceutical and health supply
- Program of health resources empowerment and development

STRATEGIC TARGETS

- Increased of community health and nutritional status
- Decreased of morbidity rate as a result of communicable disease
- Decreased of disparities of health and nutritional status among regions and socio-economic levels as well as genders
- Increased of public budget for health in order to reduce financial risks as a result of health problems for the entire communities, particularly the poor
- Increased of Clean and Healthy Life Behavior (PHBS) at the domestic level from 50% to 70%
- Fulfillment of needs of the strategic health manpower in the DTPK
- The program of non-communicable diseases control is implemented throughout provinces
- SPM is implemented throughout Regencies/Municipalities

8 Main Priorities of Health Development 2010-2014

- Increase in health status of mothers, infants, under-five children, and Family Planning;
- Increase in community nutritional status;
- Control of communicable and non-communicable diseases followed by environmental health;
- Fulfillment, development, and empowerment of health manpower;
- Increase in availability, affordability, equity, security, quality, and use of medicines as well as drugs and food control;
- Development of Social Health Insurance (*Jamkesmas*) system;
- Community empowerment in health crisis and disaster management;
- Increase in primary, secondary, and tertiary health services;

HEALTH SITUATION

I. HEALTH STATUS

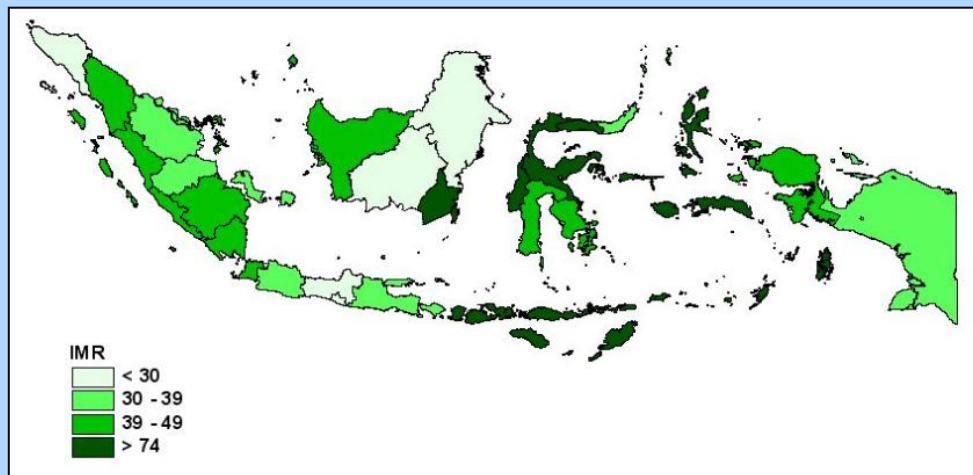
IMR (Infant Mortality Rate)

IMR is one of critical indicator used to measure public health status of a community and defined as a number of infants who died on the phase since birth to 1 year per 1,000 live births. The 2007 IMR was 34 per 1,000 live births.

MMR (Maternal Mortality Rate)

Together with IMR, the indicator may significantly describe achievement of health development programs. It indicates number of maternal mortality connecting to pregnancy, delivery and post partum. In 2007, the IMR was 228 per 100,000 live births

INFANT MORTALITY RATE ESTIMATION BY PROVINCE IN 2007



Source : Indonesia Demographic Health Survey, 2007

E_0 (Life Expectancy at Birth)

Improvement on health sector can be identified through E_0 . The indicator is also used to measure human development index. Estimation of Life Expectancy at Birth in 2008 was 69.

CDR (Crude Death Rate)

Population projection based on intercensal survey indicates that Crude Death Rate in 2007 was 6,9 per 1,000 population.



TFR (Total Fertility Rate)

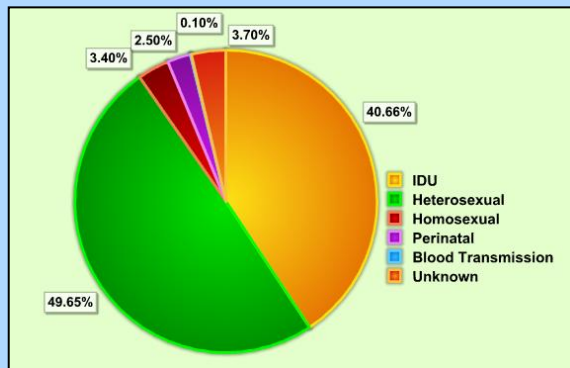
TFR is an fertility indicator representing number of averaged children who are born as if the mother can live until her reproductive age (15-49 years old). The Statistics-Indonesia estimates that TFR in 2007 was 2.177.

II. SPECIFIC DISEASE SITUATION

HIV/AIDS

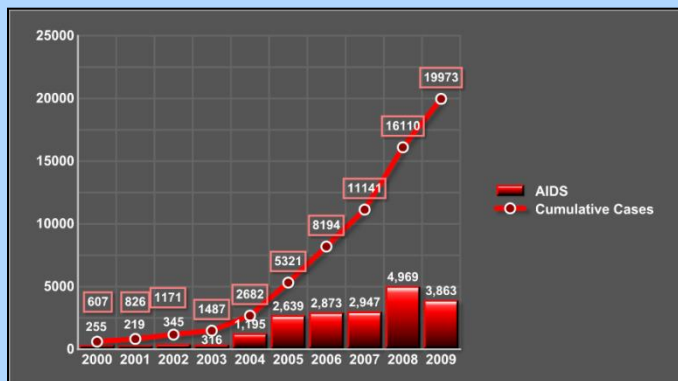
HIV/AIDS has become public health burden in all over the world, not merely on low-middle income countries. Number of people with AIDS by December 2009 were 19,973 cases. People confirmed as HIV positive when there is a Human Immunodeficiency Virus on their blood through several examinations.

**AIDS CUMULATIVE PERCENTAGE
BY TYPE OF TRANSMISSION, UP TO SEPTEMBER
2009**



Source : DG of DC & EH Ministry of Health, 2009

AIDS CUMULATIVE CASES UP TO DECEMBER 2009



Source : DG of DC & EH Ministry of Health, 2009

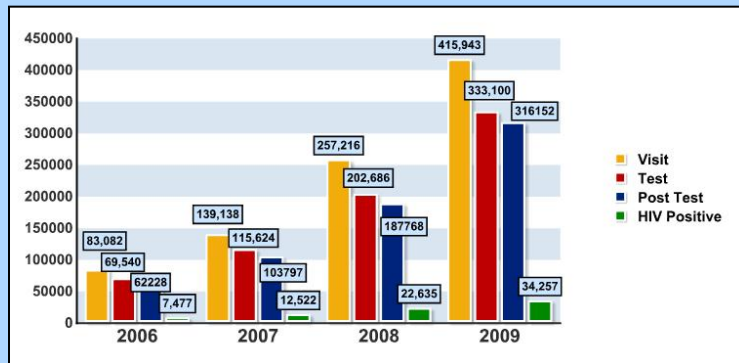
By December 2009, AIDS cases mostly infected age group of 20-29 years old at 49.07% followed by age group of 30-39 years old at 30.14% and age group of 40-49 years old at 8.82%. AIDS cumulative cases according to way of transmission, heterosexual and IDU have highest percentage at 50.3% and 40.2%.

AIDS cumulative case rate by the end of December 2009 remained 8.66 per 100,000 population. HIV/AIDS may lead to opportunistic infections. Most of opportunistic infections affect are TBC (10,359 cases) and chronic diarrhea (5,691 cases).

Estimation of vulnerable population to HIV infection indicates that, by 2014 there will be 79,200 newly infected cases on 15-49 years of age. Estimation of people with HIV/AIDS on 15-49 years of age by 2014 were 501,400 people.



NUMBER OF VCT VISIT AND HIV POSITIVE IN 2006-2009



Source : DG of DC & EH Ministry of Health, 2009

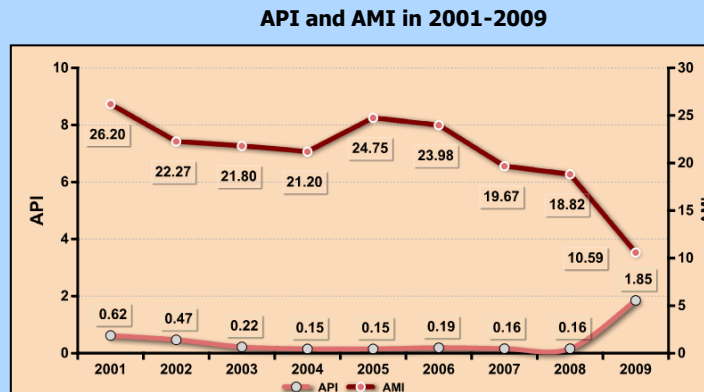
Treatment to HIV/AIDS cases has been conducted since 2005. The Care, Support and Treatment (CST) covered 2,381 cases with Anti Retroviral (ARV). The ARV treatment coverage has mounted to 15,442 cases by November 2009. Number of people with HIV/AIDS taking ARV mostly reported on DKI Jakarta (7,269), West Java (1,819) and East Java (1,200).

Malaria

Malaria is a disease caused by infection of parasitic plasmodium exposing through infectious anopheles bite. Malaria control is one of global commitment as it urged on Millennium Development Goals (MDGs). Main indicators to monitor malaria control are Annual Parasite Incidence (API) for Java and Bali region and Annual Malaria Incidence (AMI) for outside Java and Bali region.

In recent nine years (2001-2009), malaria cases showed declining trend although it still remained public health burden in Indonesia. API in 2009 was 1.85 while AMI declined from 18.82 in 2008 to 10.59 in 2009.

National target by 2010, number of malaria sufferer would be 5 per 1000 population.

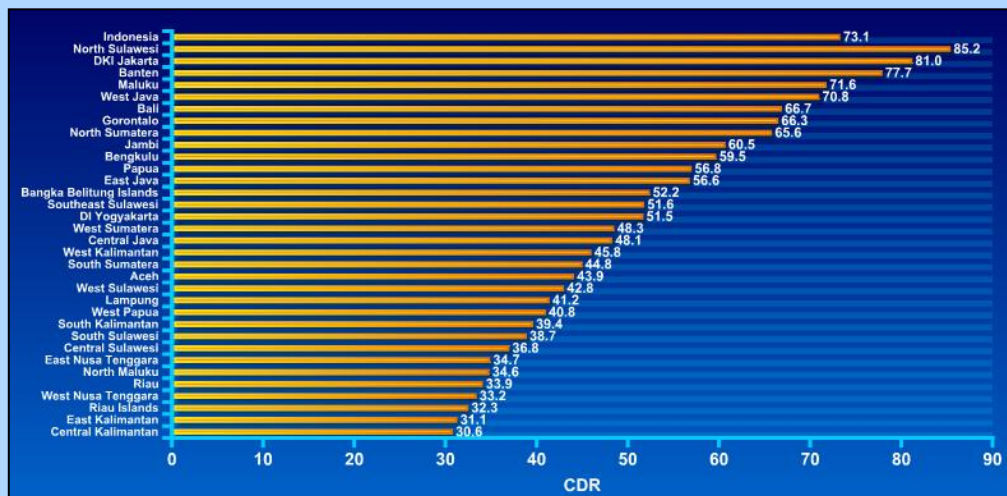


Source : DG of DC & EH Ministry of Health, 2009

Pulmonary TB

Pulmonary TB is one of death leading causes in many countries. It is caused by *Mycobacterium tuberculosis*. Sputum of person with TB containing the bacil may infect others. In controlling pulmonary TB, cases classified as Positive Acid Fast Bacil (AFB+) and Negative Acid Fast Bacil (AFB-). Indicator used in case detection of TB is Case Detection Rate (CDR). Meanwhile, to evaluate the effectiveness of TB control it is used Success Rate (SR).

CASE DETECTION RATE (CDR) IN 2009



Source : DG of DC & EH Ministry of Health, 2009

Pulmonary TB control program has found 169,213 AFB+ cases among 294,731 all cases. Case Detection Rate in 2009 was 73.1. Success Rate in 2009 was 91. Success Rate can be defined as population who took complete treatment and got cured among other AFB+ population.

Dengue Haemorrhagic Fever (DHF)

Dengue Haemorrhagic Fever (DHF) has become public health burden in many tropical countries. It is caused by *Dengue* virus. The disease has vectors of mosquito from species of *Aedes aegypti* and *Aedes albopictus*. Population mobilization plays important role on the spread of the disease. Other factor that contribute to the case increase is less community participation on DHF control.

INCIDENCE RATE OF DHF IN 2004-2009

Number of cases in 2009 were 158,912 cases with CFR 0.89%. The incidence rate was 68.22 per 100,000 population. The rate was lower than that of 2008 at 60.06 per 100,000 population.



Source : DG of DC & EH Ministry of Health, 2009

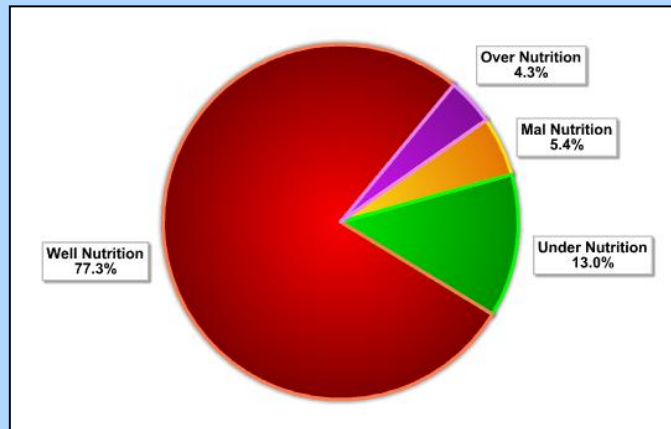
Acute Flaccid Paralysis (AFP)

Surveillance activities are conducted to monitor AFP. The disease differs to polio indicated by presence of acute flaccid paralysis. AFP cumulative cases by 2009 were 1,691, with non Polio AFP rate per 100,000 population under 15 was 2.67.

Mal- and Under-nutrition

Basic Health Survey (Riskesdas) 2007 indicates that prevalence of mal nutrition was 5.4% and under nutrition was 13%. There were 21 provinces with prevalence of mal nutrition above the percentage. Meanwhile, over nutrition prevalence in Indonesia was 4.3%.

**PERCENTAGE OF UNDERFIVE
BY NUTRITIONAL STATUS IN 2007**



Source : Health Basic Survey, 2008

Filariasis

One of disease remained as public health burden in low-middle income countries is Filariasis. Although it is not part of global commitment as highlighted on MDGs, several programs have been conducted to control the disease. Filariasis situation in latest 4 years (2006-2009) shows declining trend. Filariasis cases in 2006 were 10,427 cases, it rose to 11,914 cases in 2009.

FILARIASIS CASES IN 2006-2009



Source : DG of DC & EH Ministry of Health, 2009

III. HEALTH CARE

Health Center

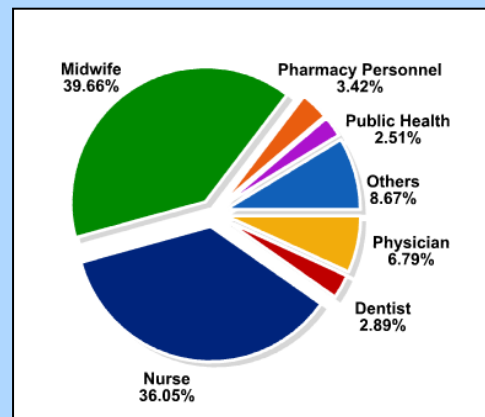
Health center is a technical implementer unit of Municipality/District Health office in sub district or hamlet area implementing operational task of health development. There were 8,737 health centers in Indonesia in 2009. They consist of 2,704 health centers with beds and 6,033 health centers without beds.

Health Personnel on Health Center

One of significant part of health resources is health personnel. They are distributed in many health facilities; health center, hospital and clinic. There were 106,985 health personnel on health centers in 2009.

(Source: Welfare Statistic, BPS-Statistics Indonesia 2008)

**PERCENTAGE OF PERSONNELS ON HEALTH CENTER
IN 2009**

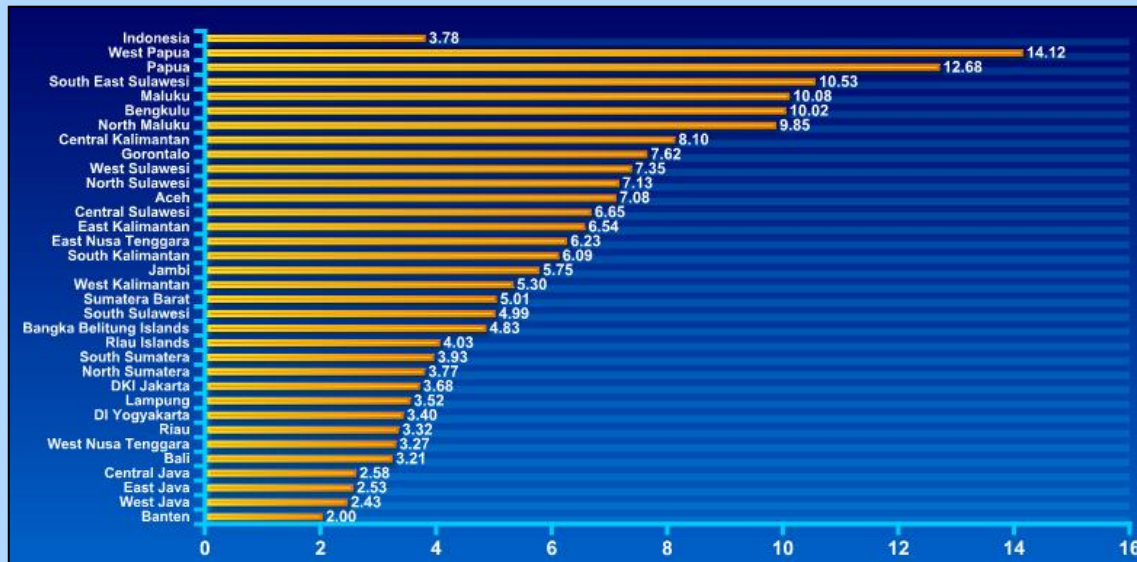


Source : Center for Data and Epidemiological Surveillance, MoH, RI, 2009

Ratio of Health Center

Coverage of health center to population can be indicated from ratio of health center to 100,000 population. In 2009, ratio of health center 3.78. It means that every 3 health centers gave services to 100,000 populations. Province with highest ratio was West Papua at 14.12 health centers per 100,000 population, while Banten has lowest ratio at 2 health centers per 100,000 population.

**RATIO OF HEALTH CENTER
PER 100,000 POPULATION IN 2009**



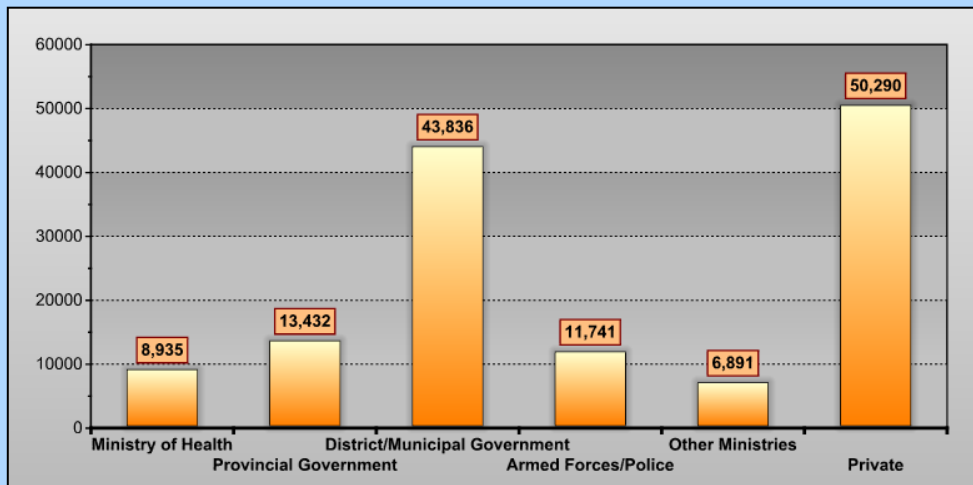
Source : Center for Data and Epidemiological Surveillance, MoH, RI, 2009

4. Hospital

Hospital provides referral health services to population. There were 1,523 hospitals in 2009. They consist of 1,194 units of general hospital and 329 units of specific hospital. Capacity of hospital on running its function can be measured from number of beds.

There were 135,125 general hospital beds in 2009. They consist of 50,290 beds on private hospital and 84,835 beds on government hospital. Ratio of general hospital beds may indicate availability of referral health care on population. Ratio of general hospital beds in 2009 was 58.4 per 100,000 population.

NUMBER OF BEDS ON GENERAL HOSPITAL BY OWNERSHIP IN 2009

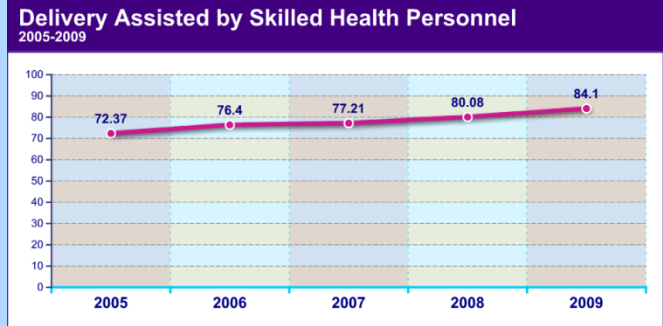


Source : DG of Medical Services, MoH, RI, 2009

IV. HEALTH EFFORT

1. Delivery Assisted by Skilled Health Personnel

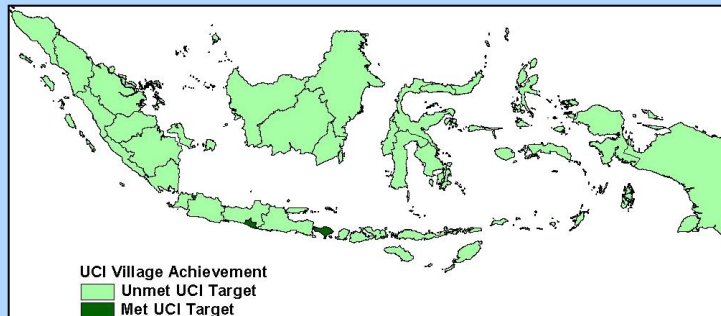
Complication and maternal mortality and newborn frequently occurs during delivery when it is not assisted by health personnel. Coverage of delivery assisted by skilled health personnel in 2009 was 84.10%. In 2009, DKI Jakarta was province with highest coverage at 100%, and Papua was the lowest with 39.30%.



Source : DG of Community Health, MoH, RI, 2009

2. Universal Child Immunization (UCI)

UCI COVERAGE IN 2009



Source : DG of Disease Control & Environmental Health, MoH, RI, 2009

Achievement of Universal Child Immunization is basically a proxy to coverage of complete immunization to a group of infants. Government targets UCI at every village administration level. In 2009, a village is defined meeting UCI target when more than 98% of infants getting complete immunization. Nationally, achievement of UCI at village level in 2009 was 69.6%. There were three provinces met UCI target in 2009, DKI Jakarta, DI Yogyakarta, and Bali.

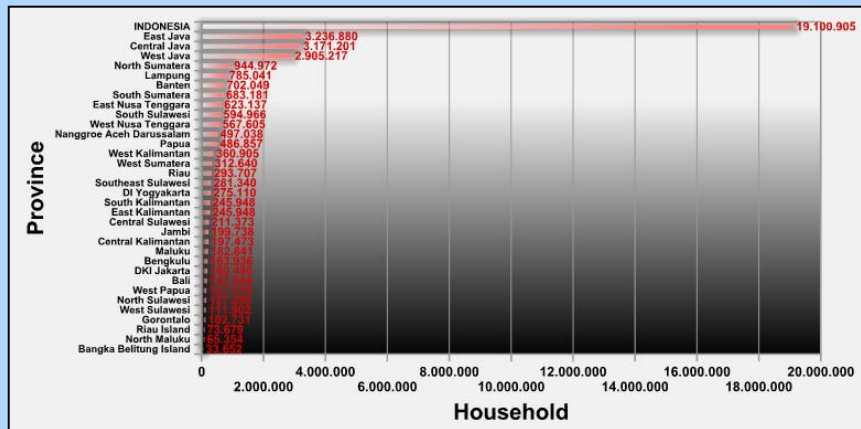
SELECTED INFORMATION

SOCIAL HEALTH INSURANCE (*JAMKESMAS*) as one of Main Priorities in Renstra 2010-2014

Several programs have been developed to help poor people access appropriate health service. For the last 4 years The Ministry of Health and PT. Askes have implemented Health Care for Poor People program (ASKESKIN). Since 2008, it has changed to Public Health Insurance (*JAMKESMAS*).



NUMBER OF HOUSE HOLDS COVERED BY *JAMKESMAS* IN 2008



Source : *Pedoman Jamkesmas*, 2008

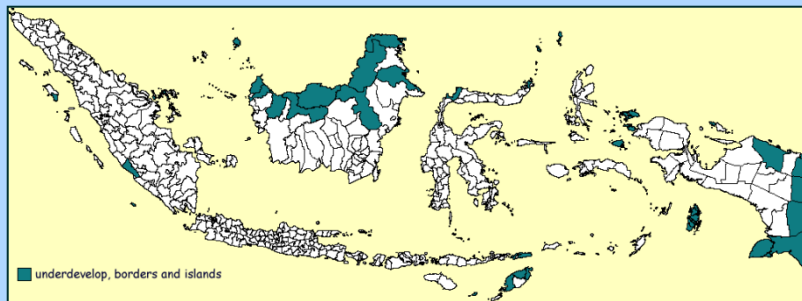
JAMKESMAS basically is an aid implemented for poor people so they can afford to get health service. The program covers inpatient and out patient health care, advanced referral of inpatient and outpatient health care (RITL and RJTL) and emergency care. In 2008 *JAMKESMAS* target coverage were 76.4 million poor people with realization budget of Rp 3.6 trillion.

DTPK as one of Strategic Target In RENSTRA 2010-2014

Development of underdeveloped areas, borders and islands (DTPK) is one of national priorities and Ministry of Health priorities 2005-2009 stated in Strategic Plans (*Renstra*) of Ministry of Health, Republic of Indonesia.

From 497 districts in 33 provinces, about 101 identified health centers in 35 districts are located on underdeveloped, borders and islands.

DISTRICTS/MUNICIPALITIES DEFINED AS UNDERDEVELOP, BORDERS AND ISLANDS IN 2009



Source : DG of Community Health, MoH, RI, 2009

PROVINCE WITH UNDERDEVELOP, BORDERS AND ISLANDS AREA IN 2009

No	Province	District	Health Center
1	North Sumatera	1	1
2	Riau Islands	3	5
3	Bengkulu	1	1
4	East Nusa Tenggara	4	21
5	West Kalimantan	5	13
6	East Kalimantan	4	16
7	North Sulawesi	4	9
8	Central Sulawesi	1	1
9	Maluku	3	12
10	North Maluku	1	3
11	Papua	7	18
12	West Papua	1	1
Total		35	101

Source : DG of Community Health, MoH, RI, 2009

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