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Statement by Indonesian Delegation

Agenda Item 4:

"General Debate on National Experience in Population Matters: Health, Morbidity, Mortality and Development"

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Mr. Chairman,

My delegation associates with the statement of the Group of 77 and China represented by Yemen.

I would like to take this opportunity to share with the members of the Commission Indonesia's progress in implementing the Plan of Action of the ICPD.

Indonesia is pleased to share with you that the mortality rate in Indonesia has been decreasing significantly. At present, 94% of the population can access general health care facilities, thus enabling the health ratio of the population in Indonesia to reach 3.6 per 100,000.

While the decrease includes maternal deaths, it is one of the areas which Indonesia is still striving to improve. Our efforts include improved access, and quality of general health care facilities. It also requires infrastructure facilities such as roads, electricity and clean water need to be further developed, especially in remote areas.

Mr. Chairman,

Although infectious diseases are still the dominant cause of death for most of the Indonesian population, degenerative diseases, mostly found in urban areas, are quickly becoming a considerable health burden on the Indonesian population.

In terms of preventable diseases, the leading cause of death is from respiratory tract infections and tuberculosis. Tuberculosis, together with malaria and other chronic conditions, including HIV/AIDS, continues to present a serious obstacle to the Government's efforts in promoting public health.

The share of deaths caused by non-communicable diseases, such as coronary heart disease and stroke, is also on the rise. Other deaths in Indonesia have been caused by acts of violence and abuse, yet constitute a small percentage.

As for the different social and age groups, extra attention is being placed on the protection and promotion of health for the productive, and senior age groups, and people in natural disasters, and social conflict areas.

With regard to infant and child mortality, all provinces have registered a decrease on the number of deaths. The MDG target is 23 per 1,000 live births. In 2007 infant mortality decreased from 35 to 34 per 1,000 live births, while neonatal mortality, decreased from 20 to 19 per 1,000 live births. Thus, we are still on track to achieve the MDG 4 target by 2015.

Through the national primary health care initiative, Indonesia succeeded in implementing universal child immunization coverage. Immunization and other child survival interventions have helped to mobilize political support for child health programs, and their continuation both at the national and community level.

However, while it is true that the maternal mortality rate in Indonesia has decreased, the current standing at 228 deaths per 100,000 is still considerably high. If it persists, the target of 102 deaths per 100,000 can only be expected to be achieved in 2025.

Indonesia is making every effort to provide the most cost effective and direct intervention to reduce maternal mortality that includes family planning; having skilled birth attendants during labor; and emergency obstetric care. In Indonesia, mothers who gave birth at health facilities only account for 46% of total pregnancies. The percentage of births attended by skilled health personnel reached 72.5%.

The accessibility and quality of maternal health, including family planning, are still the major causes of high maternal deaths in Indonesia. Due to Indonesia's geography, providing health care facilities for pregnant women living in remote areas of Indonesia has been dauntingly challenging.

The crucial health services needed include emergency obstetric and neonatal care in basic services (PONED); emergency obstetric and neonatal care in comprehensive services (PONEK); village maternity posts (Polindes); and blood transfusion units. Furthermore, the requirement for family planning has remained unmet, yet, the demands continue to increase from 8.6 percent to 9.1 percent between 2003-2007. The contraceptive prevalence rate (CPR) only increased about 1 percent within the same period. Around 21 percent of fertility is still categorized as high risk. Meanwhile, 7 percent are unwanted pregnancies and 12 percent are wanted pregnancies.

Adding to the factor of accessibility is low nutritional status of pregnant women, poverty, lack of pregnancy and labor related knowledge and cultural "issues".

Mr. Chairman,

Much remains to be done in the areas of public health. We still need to continue our public health insurance scheme, to ensure the poor's access to health care facilities, including reproductive health and family planning; treatment; and affordable drugs.

To improve the nutritional status of the poor, including pregnant women and children, direct and indirect cash transfers, as well as rice for the poor schemes need to be further maintained. Infrastructure facilities, especially in rural and remote areas require further development, expansion and improvement. And the promotion of health literacy in the society needs to be further encouraged.

Most importantly, to guarantee the poor's affordability on food, health care and drugs as well as education, we need to continue reviving our economy so it will be able to provide decent and stable jobs for the people.

I thank you.