

Contribution by Indonesia

United Nations High-level Event on the Millennium Development Goals (MDGs)

New York, 25 September 2008

MDG 4& 5 and Sherpa

Overall, Indonesia is well on track in reaching the MDGs. However, there are targets where greater effort is needed by all the stakeholders to ensure that these important milestones are met. In the context of MDG 4 and 5, child mortality based on the infant mortality rate has shown a great deal of progress and is likely to be achieved. Similar improvements have also been made in the terms of reducing mortality rates for children under five. Maternal mortality rate based on the percentage of maternal deaths per live births however shows a less than encouraging trend.

To help facilitate the achievement of MDG 4 and 5, not just in Indonesia but around the world, Indonesia, Norway a number of other country partners launched a global call to address MDG 4 &5. Through a group of Sherpa network of Leaders, it is hope that it can bring greater application to ensure the 2015 target for MDG 4 and 5 are attainable.

Achieving MDG 4 & 5 Current situation on MDG 4 and 5 in Indonesia

Indonesia has adopted the principles underpinning the MDGs long before the Millennium Declaration in 2000. Many development programmes implemented in Indonesia in the past conforms to the MDGs framework.

Overall, Indonesia is well on track in reaching the MDGs. However, there are targets where greater effort is needed by all the stakeholders to ensure that these important milestones are met. In the context of MDG 4 and 5, child mortality based on the infant mortality rate has shown a great deal of progress and is likely to be achieved. Similar improvements have also been made in the terms of reducing mortality rates for children under five. Maternal mortality rate based on the percentage of maternal deaths per live births however shows a less than encouraging trend.

Against this backdrop, at the 62nd session of the United Nations General Assembly in New York, President Yudhoyono, together with the Prime Minister of Norway, Jens Stoltenberg and a number of other leaders launched a global call to address MDG 4 &5. Through a group of Sherpa network of Leaders, discussions are made to bring greater application to ensure the 2015 target for MDG 4 and 5 are attainable.

Current level of Infant and Child Mortality

The infant mortality rate (IMR) in the country has improved as a result of a number of health programs that have been implemented. In 1992 IMR was 68 deaths per 1,000 live births that declined to 57 deaths per 1,000 live births in 1994. The rate dropped again to 46 deaths per 1,000 live births in 1997, and between 2002 and 2003 the figure further declined to 35 deaths per 1,000 live births (Indonesian Health and Demographic Survey, 2002-2003). According to projections by National Statistics Office (BPS-UNDP-Bappenas, 2005), it is estimated that the target will be reached by 2013.

The child mortality rate (CMR) for children under five has also showed an improvement. In 1992 the CMR stood at 97 deaths per 1,000 live births, but by 1994 this figure had declined to 81 deaths per 1,000 live births. Between 2002 and 2003 the figure dropped further to 46 and by 2005 had declined to 40 deaths per 1,000 live births. By 2000, therefore, Indonesia had already achieved and even exceeded the target agreed at the World Summit for Children (65 deaths per 1,000 live births).

There are three main causes of infant mortality in Indonesia that remain a serious challenge. They are acute respiratory infection, prenatal complications and diarrhea. A combination of these three accounts for a 75 percent share of infant deaths. The main causes of death among children under five are also almost identical: respiratory disease, diarrhea, neurological diseases (including meningitis and encephalitis) and typhoid. Protecting and providing healthcare services to the poor and vulnerable groups in rural and remote areas, as well as in pockets of poverty in urban areas will be essential in reducing CMR. In addition to this, cooperation between the central and regional governments as well as cross-sectoral cooperation to improve the maternal and child health is also urgently needed.

Current level of Maternal Mortality

The biggest challenge for Indonesia is to reduce the maternal mortality rate (MMR). The MMR in Indonesia underwent a decline from 390 deaths per 100,000 live births in 1994 to 307 deaths per 100,000 live births in 2002-2003. Nonetheless, as a result of complications during childbirth or unattended childbirths, around 20,000 mothers still die every year. With the current trend, it will be difficult to achieve the MMR target. BPS projects that the MMR will drop only to 163 deaths per 100,000 live births by 2015, while the target is 102. The target can only be achieved if efforts in this area are further intensified.

Addressing complications during childbirth is one of the keys for reducing MMR. The three primary interventions that are recommended are improving antenatal services, attendance of healthcare workers during childbirth, and provision of basic as well as comprehensive services for obstetric emergencies. In case of antenatal services, aside from increasing the frequency of visits, improvements in the quality of services are also needed. The services should cover routine pregnancy examinations and the provision of iron tablets and vitamin A capsules to mothers during and after pregnancy.

Policies and strategies to reduce Mortality

To reach the target on MDG 4 and 5, the government has implemented the following policies and strategies:

- Improve the access and scope of cost effective quality maternal and new born baby healthcare, based on evidence and data. These include among other increasing the number and distribution of mid wives in villages, doctors and specialist, with particular emphasis on rural isolation; improving the role of local community health clinic (PUSKEMAS); partnership with traditional delivery assistance and mid wives; and minimizing the negative factors that undermine national health efforts.
- Build effective partnerships through cross program and cross sector cooperation, and other partnerships to conduct advocacy that maximize the allocation of resources, and improve the planning and activity coordination. This is achieved through enhancing the role of communities; engage corporate social responsibility of corporation and the social role of NGOs; and improve and enhance the role of public and private partnership.
- Encourage women, family and community empowerment through knowledge improvement to assure healthy behavior and by using maternal and newborn baby healthcare. Strategies to attain these targets has been done through continues education for women and families; encourage greater participation and awareness of husbands and male authorities; and greater access for women on health.

- Enhance program management through surveillance, monitoring, evaluation and financing system through strengthening local capacity; sharing role and responsibility; continue to strengthen monitoring mechanism for health targets; and continue to improve human resources of health workers.

Conclusion

On the whole Indonesia's progress on MDGs in the last 15 years has been quite satisfactory. Some goals are more easily achieved than others. The issue of maternal and child mortality or MDG 4 and 5 are a few of those goals that could have been more readily resolved. However due to socioeconomic, financial, and environmental factors, efforts to achieving these goals has not been as steadfast as others.