

Indonesia's Country Profile: Road to HTA in Tobacco Control

Presented by:

Assoc. Prof. Yayi Suryo Prabandari

Susi Ari Kristina



**Asia-Pacific
Economic Cooperation**

ARCH Workshop, Manila 10-11 April 2014

Outline

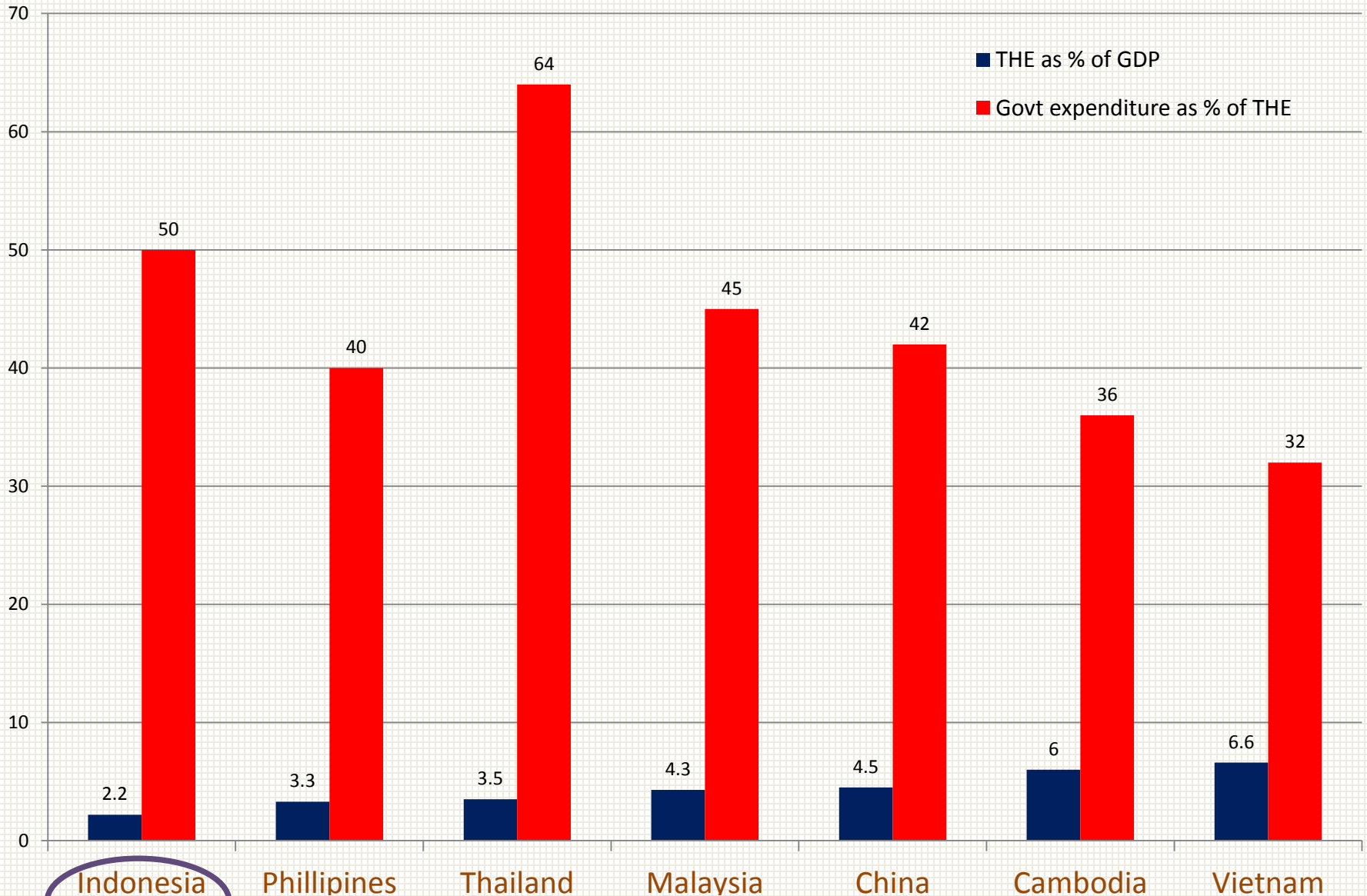
- Overview of Indonesia health system
- Overview of current activities in evidence-based policy making in health and HTA
- Existing tobacco control measures
- Researches in tobacco control
- Description of data availability to support HTA – current and future (against the MDR template)

Indonesia's Health System

- By 2013, Indonesia's population were 250,585,668 people, living in 33 provinces (4th population rank in the world)
- Indonesia implemented “**decentralization**” in 2001 that had many impacts on the health system
- Under decentralization, responsibility for health care provision is largely in the hands of regional governments.

http://ino.searo.who.int/EN/Section3_24.htm

Health performance indicator: financing



Health performance indicator: system

Indicator	Indonesia	Phillipines	Thailand	Malaysia	China	Cambodia	Vietnam
Hospital beds*	25	13	22	19	22	6	26
Physician density**	13	58	37	70	106	16	53
Nursing density**	62	169	28	135	105	61	56
Midwife density**	20	45	10	34	30	23	19

* per 100,000 population

Indonesia's Universal Health Coverage

- Commitment for UHC by 2019
- 2 key laws:
 - The law for a National Social Security System ,Law 40/2004 (SJSN) : Health insurance for entire population
 - The Social Security Provider's Bill Law 24/2011 (BPJS): National Agency for Health Insurance
- 2012: roadmap toward UHC was launched
 - Implementing regulations
 - Activities: MoH action plan

Proposed UHC System

- National agency by 2014 (BPJS) to manage INA-medicare system
- Integrate existing schemes by 2014
 - Public contribution + gov't contributions for the poor into a single pooled fund
 - Regional gov't scheme (Jamkesda) –to be progressively integrated
 - 151.5 million participants
- Expand coverage to uninsured by 2019
 - Projected population 257.5 million

Health Insurance Coverage in Indonesia

Type of health insurance	Persons covered
Perticipants of Health Insurance for Civil Servants (Askes PNS)	17,274,520
Military and Police (TNI/Polri)	2,200,000
Health insurance for the poor (Jamkesmas)	76,400,000
Workforce and Social Security	5,600,000
Regional health insurance for the poor (Jamkesda)	31,866,390
Corporate Insurance (Self-insured)	15,351,532
Commercial Health Insurance	2,856,539
Total	151,548,981

Financing of Indonesia's UHC

Resource collection	Pooling	Purchasing/Provision
Government budget to public facilities (ongoing)	Existing funds to be pooled: BPJS to manage	Payments to public and private health facilities
Government contribution for poor and near poor: 22,000-27,000 IDR per month (\$2.20-2.70)	-Jamkesmas -PT Askes -Jamsostek -Jamkesda (some) -2014: 121.6 million	PHC: public and private Providers: capitation Hospitals: DRGs (INA-CBG) based payments to be negotiated and vary according to region
Self-funded contributions Laborers: 5-6% of monthly wages Non wages laborers/informal sector: 5-6% of monthly wages OR to be covered by government*	2019: Entire population, including remainder of Jamkesda schemes TOTAL: 257.5 million	Benefit package: -comprehensive -initially third class Hospital for govt funded- second class for self-funded -second class for all by 2019*

Current HTA status

- HTA Unit under MoH has been introduced in 2003, named National Institute of Health and Research Development (NIHRD)
- HTA is served by an Adhoc committee under the Ministry of Health. **But, no routine budget**
- Most works are assessing effectiveness of an intervention using published documents to be licensed in Indonesia
- **No cost/economic assessment** has been implemented under the MoH or public insurance
- Economic evaluation, mainly for drug coverage, under “Askes” (public servant health insurance scheme) based on **cost-minimization**

Road to HTA

- Since health care in Indonesia so far has been underfunded, as the THE < 3% of GDP, Indonesia is preparing to expand coverage first
- Currently, specific word requiring establishment of HTA including EE to review interventions is written in the regulation of UHC 2012

Indonesian smokers' prevalence 1995-2013

Year	Men (%)	Women (%)	Total
1995*	53.9	1.7	27.2
2001*	62.9	1.4	31.8
2004*	63.0	5.0	35.0
2007**	65.3	5.6	35.4
2010^	65.9	4.2	34.7
2011#	67.0	2.7	34.8
2013(+)	64.9	2.1	29.3

*Kosen, Aryastami, Usman, Karyana, Konas Presentation IAKMI XI, 2010

** Ministry of Health, Basic Health Research, 2007 (prevalence of > 10 years old)

^Ministry of Health, Basic Health Research, 2010 (prevalence of > 15 years old)

#WHO, 2012 Global Adult Tobacco Survey: Indonesia Report 2011 (prevalence of > 15 years old)

(+) Ministry of Health, Basic Health Research, 2013 (prevalence of >15 years old)

Existing Tobacco Control Measures

- Indonesia has some of the weakest tobacco control legislation in the world.
- Despite no strong regulation in place, Indonesia is the only country in Asia Pacific Region that did not sign nor acceded to the FCTC
- On December 24, 2012, the Tobacco Control Regulation has been signed. Within the next 18 months (June 2014), the provisions have to be complied.

Tobacco control measures and program as at 31 December 2012 (WHO, 2013)

Smoke-free environments

	2012
Public places with smoke-free legislation:	
Health-care facilities	Yes
Educational facilities except universities	Yes
Universities	Yes
Government facilities	No
Indoor offices	No
Restaurants	No
Cafés, pubs and bars	No
Public transport	Yes
All other public places	NA
Compliance score §	3
National law requires fines for smoking	Yes
Fines levied on the establishment	No
Fines levied on the smoker	Yes
Dedicated funds for enforcement	No
Citizen complaints and investigations	No

AREH Workshop, Manila 10-11 April 2014

§ A score of 0–10, where 0 is low compliance.

Health warnings on tobacco packages

	2012	
	Cigarettes	Smokeless tobacco
Does the law mandate that health warnings appear on tobacco packages?	Yes	
What percentage of the principal display areas of the package is legally mandated to be covered by health warnings? FRONT AND REAR COMBINED	40	40
What percentage of the principal display areas of the FRONT of the package is legally mandated to be covered by health warnings?	40	40
What percentage of the principal display areas of the REAR of the package is legally mandated to be covered by health warnings?	40	40
Does the law mandate that the warning be placed at the top of the principle display areas of the package?	Yes	Yes
Does the law mandate font style, font size and colour for package warnings?	Yes	Yes
Are the health warnings rotating on packages?	Yes	Yes
Are the health warnings on packages written in the principal language(s) of the country?	Yes	Yes
Does the law require that health warnings on packages are not obscured in any way, including by required markings such as tax stamps?	Yes	Yes
Do the health warnings on packages include a photograph or graphic?	Yes ¹	Yes ¹
Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Yes	Yes
Does the law on health warnings apply to products whether manufactured domestically, imported, AND for duty-free sale?	Yes	Yes
Does the law state that warnings on packages do not remove or diminish the liability of the tobacco industry?	No	No
Do health warnings on packages describe the harmful effects of tobacco use on health?	Yes	Yes
Does the law mandate specific health warnings on cigarette packages?	Yes	Yes
How many specific health warnings are approved by the law?	5	5
Does the law require or establish fines for violations regarding health warnings on packages?	Yes	Yes

ARCH Workshop, Manila 10-11 April 2014

¹ Regulations are pending.

Bans on tobacco advertising, promotion and sponsorship

	2012
Direct bans	
National TV and radio	No
International TV and radio	No
Local magazines and newspapers	No
International magazines and newspapers	No
Billboards and outdoor advertising	No
Point of sale	No
Internet	No
Other direct bans	No
Compliance score of direct bans §	—
Indirect bans	
Free distribution	Yes
Promotional discounts	Yes
Non-tobacco goods and services identified with tobacco brand names	Yes
Brand name of non-tobacco products used for tobacco product	No
Appearance of tobacco brands in TV and/or films (product placement)	No
Appearance of tobacco products in TV and/or films	Yes
Sponsored events	No
Compliance score of indirect bans §	...
Publicity of corporate social responsibility activities by tobacco companies	No
Publicity of corporate social responsibility activities by other entities	No
Tobacco companies funding or making in-kind contributions to smoking prevention media campaigns	No
Required anti-tobacco ads for any visual entertainment media product that depicts tobacco products, use or images	No
Ban on tobacco vending machines	Yes

§ A score of 0—10, where 0 is low compliance.

12.000 IDR = 1 USD

Taxes on the most popular brand of cigarettes

	WHO's comparable estimate for 2008	WHO's comparable estimate for 2010♣	WHO's comparable estimate for 2012♣
Price of most sold brand, pack of 20 cigarettes			
In currency reported by country	IDR 12 500.00	IDR 13 125.00	IDR 16 666.67
In international dollars (purchasing power parity)	2.30	2.14	2.32
Taxes on this brand (% of retail price) ⚡			
Total taxes	52.6%	54.1%	51.0%
Specific excise	5.6%	45.7%	42.6%
Ad valorem excise	38.6%	0.0%	0.0%
Value added tax (VAT)	8.4%	8.4%	8.4%
Import duty	0.0%	0.0%	0.0%
Other taxes	0.0%	0.0%	0.0%

♣ The country has increased tobacco excises overall since 2008; however, due to price variability the effect is not necessarily apparent in the tax indicators.

♣ The country has increased tobacco excises overall since 2010; however, due to price variability the effect is not necessarily apparent in the tax indicators.

⚡ Individual categories of tax may not add to total due to rounding

National tobacco control programme

	Most recent year available
Specific national government objectives in tobacco control	Yes
National agency or technical unit for tobacco control	Yes
Number of full-time equivalent staff	12
Government expenditure on tobacco control:	
In currency reported by country	IDR 300 000 000
In US\$ at official exchange rate	30 931

Source: WHO Report on the Global Tobacco Epidemic, 2013

Published Researches Related to Tobacco Issues in Indonesia:

Behavioral studies:

Title	Author/Year
Smoking behavior among former tuberculosis patients in Indonesia: Intervention is needed. <i>The International Journal of Tuberculosis and Lung Disease</i> . 2008;12(5):567-572	Ng N, 2008
Physician assessment of patient smoking in Indonesia: a public health priority. <i>Tob Control</i> . 2007 Jun;16(3):190-6	Ng N, 2007
Smoking among diabetes patients in Yogyakarta, Indonesia: An intervention is urgently needed. <i>Tropical Medicine and International Health</i> . 14(4): 1-8	Padmawati RS, 2009
Reading culture from tobacco advertisements in Indonesia. <i>Tob. Control</i> 25(1): 1-23	Nitchter, 2008
Bringing smoking cessation to diabetes clinics in Indonesia. <i>Chronic Illness</i> (online), May 5: 1-11	Ng N, 2010
Developing and validating a guideline on doctor-patient communication for Southeast Asian Context. <i>South East Asian Journal of Medical Education</i> 4(2): 23-33	Claramita, 2010
New ways of helping poor smokers to quit in Central Java, Indonesia	Yurekli, 2004

Epidemiological studies:

survey, cost study, price elasticity

Title	Author/Year
Study on medical expenditures and burden of major tobacco attributed diseases in Indonesia	NHIRD, 2008
Impact of increasing tobacco tax on government revenue and tobacco consumption	Ahsan, 2013
Global Adult Tobacco Survey: Indonesia report 2011	WHO, 2011
Indonesia: The heaven for cigarette companies and the hell for people	Thabrany, 2012
Report: Technical Assistance for developing “booklet of tobacco economics in Indonesia	UI, 2010

Data Availability to Support HTA:

current and future

Types of data	Type of study	Author, Year
Annual cost of comorbidities (26 diseases)	Cost of illness	NIHRD 2008
DALYs	Utility	NIHRD 2008
RR	Meta analysis? RR of diseases only	NIHRD 2008
Prevalence of smokers	Census	National Board of Statistic
Prevalence of comorbidities	Census	National Board of Statistic
Prevalence of passive smokers	Census	Riskesdas 2007
Efficacy of NRT-quit rate	RCT	Yurekli 2004
Productivity losses	n/a	
average number of children per smoker	Census	Riskesdas 2007
Mortality and life tables		WHO life table, Riskesdas 2007
Discount rates on costs and outcome	3% per year	

Research Gap in tobacco area in Indonesia

- Lack of data sources for epidemiological study of burden of smoking
- Assessment of economic costs of smoking
- Effectiveness of smoking cessation intervention
- Cost-effectiveness study

Comments and suggestion?

Thank you
Salamat