

CHAPTER 5

STRATEGIC ACTIONS FOR THE PREVENTION AND CONTROL OF NCD

The national strategy for the prevention and control of NCD as described in the preceding chapter are implemented through a series of strategic activities or actions to meet the targets specified in documents: (i) National Medium Term Development Plan 2015-2019 for health, (ii) Ministry of Health Strategic Plan, and (iii) National Action Plan for the Prevention and Control of Non-Communicable Disease 2015-2019.

The strategic actions identified under the four pillars of strategy – as detailed in the preceding chapter – are follow up activities and adoption from the global or regional experience that are deemed to be able to provide contribution to the achievement of the program goals.

The strategic activities or actions under each of the strategies can be elaborated as follows:

5.1. ADVOCACY AND PARTNERSHIP

Objectives:	
<ol style="list-style-type: none"> 1. NCD prevention and management is made as priority in the development process 2. Establishment of partnership among the relevant institutions and the community 3. Identification of cross-sector efforts to support NCD prevention and management 	
Indicators:	
<ul style="list-style-type: none"> • NCD prevention and management set as priority in the national and sub-national planning documents to achieve program targets • Establishment of Cross-Sector Cooperation Forum, consisting of the private sector, NGOs, professional bodies, and the community to prevent and manage NCDs • Work plan of the related sectors to support the implementation and monitoring of NCD prevention and management measures 	
Activities :	
1.1	Raise awareness and understanding among the private sector, NGOs, professional bodies, and the community regarding non-communicable disease.
1.2	Establish NCD Prevention and Management Cooperation Forum consisting of the private sector, NGOs, professional bodies, and the community to support the 'health in all policy' approach.
1.3	Carry out advocacy to ensure adequacy of fund allocation and sustainable financing for NCD prevention and management
1.4	Develop cross-sector plans of action to control NCD risk factors
1.5	Integrate NCD prevention and management in the planning of measures related to the control of NCD risk factors outside the health sector
1.6	Social mobilization through movements to reduce NCD risk factors related to social, economic and environmental issues
1.7	Conduct monitoring and evaluation of the implementation of activities in every sector relating to NCD prevention and management

5.2. HEALTH PROMOTION AND RISK FACTOR REDUCTION

Objective 2.1:	
1. Implementation of health promotion efforts with the public's participation	
Indicators:	
<ul style="list-style-type: none"> • Number of villages/kelurahan with Posbindu PTM (2019: achieving 75% of villages/kelurahan) • Number of active Posbindu 	

<ul style="list-style-type: none"> Coverage of population having access to early detection of NCD risk factors 	
Activities:	
2.1.1	Development of NCD education media
2.1.2	Dissemination of information on the importance of First 1000 Days in the prevention and management of NCD
2.1.3	Expansion of Posbindu PTM
2.1.4	Strengthening of sustainable Posbindu through training of village Posbindu volunteers/UKS administrators/Posbindu administrators at the workplace and other institutions
2.1.5	Promotion of CERDIK and clean living habits at schools (UKS) and the workplace
2.1.6	Advocacy to control the sale of 'unhealthy' food in schools and office cafeterias
2.1.7	Preparation of guidelines for the prevention and management of NCD self care for the community
2.1.8	Monitoring and evaluation of community-based NCD prevention and management
2.1.9	Implementation of school-based NCD risk factor intervention program
Objective 2.2:	
1. Risk Reduction: consumption of cigarette and tobacco products	
Indicators:	
<ul style="list-style-type: none"> Reduction of smoking children and adolescents aged 10-18 years (2013: 7,2% to 5.4% by 2019) Reduction of smokers by 1% per year (2013: 29.3%; 2019: 23.3%) Pictorial Health Warning (PHW) reaching 75% of the front and rear cigarette packaging surface by 2019 Regulation of advertisements, promotions and sponsorships 	
Activities:	
2.2.1	Monitoring of compliance with the existing regulations: <ul style="list-style-type: none"> Cigarette packaging and labeling Implementation of smoking free zone Restriction of cigarette commercials Use of cigarette tax to control tobacco and promote NCD prevention and management
2.2.2	Finalize pending regulations: <ul style="list-style-type: none"> MoH Regulation on Earmarking of Cigarette Tax and Duty Regulation to increase rate of cigarette tax and duty Smoke free zone for areas with the relevant regulations
2.2.3	Identification of needed regulations: <ul style="list-style-type: none"> Cigarette advertisement ban Use/distribution/availability of tobacco products
2.2.4	Anti-smoking social mobilization/campaign
2.2.5	Intensive health education, among others through UKS, workplace
2.2.6	Quit-smoking support through online services and at schools and at other places
Objective 2.3:	
1. Risk Reduction: i) consumption of alcoholic drinks at a dangerous rate (> 5 standards/per day), and ii) consumption of illegally produced alcoholic drinks	
Indicators:	
<ul style="list-style-type: none"> Reduction of population within the ≥ 18 year age group consuming alcohol at dangerous levels (2014: 0.6 %). Reduction of population within the ≥ 18 year age group consuming illegally produced alcohol. % of districts/cities conducting medical checkup on drivers at major terminals (2019: 75%) 	

Activities:	
2.3.1	Development and enforcement of regulations related to alcohol consumption: <ul style="list-style-type: none"> • Implementation of relevant regulations on tax and pricing policies to restrict consumption of alcoholic drinks • Implementation of regulations to restrict age for alcoholic drink consumption • Regulation to reduce availability of and access to alcoholic drinks • Restriction or ban of advertisement/promotion of alcoholic drinks • Ban of consumption of alcoholic drinks for drivers
2.3.2	Social mobilization for campaign against alcohol abuse and illegally produced alcoholic drinks
<p>Objective 2.4:</p> <ol style="list-style-type: none"> 1. Increased consumption of vegetables and fruits 2. Reduced consumption of sugar, salt and fat 3. Promotion of balanced diet <p>Indicators:</p> <ul style="list-style-type: none"> • Reduction of population within the > 10 year age group who are consuming inadequate vegetables and fruits (2019: 88.8%). • Reduction of population consuming salt more than 5 grams per day from 18.3% in 2014 to 15% by 2019. 	
Activities:	
2.4.1	Increasing production: <ul style="list-style-type: none"> • Marine products, making them affordable for the people • Agricultural products: fresh vegetables and fruits at an affordable price for the people
2.4.2	Review of regulations and identification of regulations needed to promote consumption of fruits and vegetables and reduce fat, sugar and salt intake: <ul style="list-style-type: none"> • review to set tax on unhealthy food (high on sugar, salt and fat) • strengthening of relevant regulations to limit sugar, salt and fat content in food • review to apply subsidy for locally produced fruits and vegetables • food safety • reduction of imported fruits and vegetables and processed food
2.4.3	Provide protection and support to: <ul style="list-style-type: none"> • fruit and vegetable farmers and guarantee distribution and marketing • fishermen and guarantee distribution and marketing of fresh fish products, to avoid preservation/ salting
2.4.4	Strengthen food safety program, among others through restriction on the use of harmful agricultural and husbandry substances (pesticides, preservatives, etc.) in the production process
2.4.5	Advocacy to create a conducive environment to increase consumption of fruits and vegetables: <ul style="list-style-type: none"> • development of innovations in agriculture to guarantee availability of good quality, safe and affordable fruits and vegetables • strengthening of efforts to utilize home gardens to grow fruits and vegetables
2.4.6	Advocacy to the industrial sector and policymakers to develop strategy by which to reduce consumption of sugar, salt and fat according to the recommended serving.
<p>Objective 2.5:</p> <ol style="list-style-type: none"> 1. Increasing the public's physical activities. <p>Indicators:</p> <ul style="list-style-type: none"> • Increasing the proportion of population undertaking effective physical activities (2019: 24.8%) 	

Activities:	
2.5.1	Conduct advocacy to the private and other relevant sectors, professional bodies, NGOs and the public to create a conducive environment for physical activities (e.g.: sports facilities, running track, bicycle path, and proper zoning)
2.5.2	Develop regulations that ensure housing developers to construct healthy public housing and provide sports facilities, pedestrian track and bicycle path.
2.5.3	Provide public education through information dissemination through the mass media and social media to increase the public's awareness on the benefits of physical activities at every stage of life cycle.
2.5.4	Encourage the local governments to provide safe and affordable sports and exercise facilities at schools, at the workplace and in public areas, as well as events similar to 'car free day' program
2.5.5	Strengthening of NCD prevention and management integrated into the Healthy District/City program

5.3. HEALTH SYSTEM STRENGTHENING

Objectives:	
<ol style="list-style-type: none"> 1. Increasing public's access to integrated, comprehensive and quality NCD related healthcare, particularly at primary healthcare facilities, including the associated referral system. 2. Strengthening of NCD related services at referral healthcare facilities (secondary and tertiary). 	
Objective 3.1:	
<ol style="list-style-type: none"> 1. Provide integrated quality NCD related services, particularly 	
Indikator:	
<ol style="list-style-type: none"> 1. Availability of integrated NCD related services at 90% of primary healthcare facilities by 2019 2. Availability of no-smoking support services at 50% primary healthcare facilities by 2019 3. 20% of 30-50 year old women undergoing early detection checkup for cervical & breast cancer by 2019 	
Activities:	
3.1.1	Update manuals/technical instructions for NCD prevention and management program at primary healthcare facilities.
3.1.2	Development of manpower at primary healthcare facilities through: <ul style="list-style-type: none"> • development of strategy to meet manpower needs at primary healthcare facilities (government and private) • capacity building for health workforce in early detection, diagnosis, and management of NCD cases, including palliative and rehabilitative care at primary healthcare facilities.
3.1.3	Ensure that supply of essential NCD medicine is in accordance with standards.
3.1.4	Ensure that supply of essential NCD equipment is in accordance with standards.
3.1.5	Accelerate accreditation of primary healthcare facilities to upgrade quality of service.
3.1.6	Strengthen referral and back-referral system for NCD related services.
3.1.7	Ensure availability of life-saving technology at every healthcare facility to respond to NCD related emergency situations.
3.1.8	Strengthen primary healthcare facilities in conducting early detection and diagnosis of major NCDs.
3.1.9	Strengthen primary healthcare facilities in providing stop-smoking counseling.
3.1.10	Strengthen primary healthcare facilities in providing rehabilitation for alcohol addiction and testing of blood alcohol level of drivers at major terminals in districts/cities.
3.1.11	Increase provision of vaccination for cancer prevention.

<p>Objective 3.2:</p> <p>2. Strengthening of NCD related services at referral healthcare facilities (secondary and tertiary).</p> <p>Indicators:</p> <ul style="list-style-type: none"> National Referral at 14 hospitals, Provincial Referrals at 20 hospitals, and Regional Referrals by 110 hospitals 2.247 hospitals accredited by 2019 	
<p>Activities:</p>	
3.2.1	Implementation of National Guidelines for Medical Practice (<i>Pedoman Nasional Praktek Kedokteran</i> or PNPk) for NCDs at referral healthcare facilities
3.2.2	Ensure availability of life saving technology at every healthcare facilities to respond to NCD related emergency situations, including strengthening of SPGDT .
3.2.3	Development of health workforce at referral healthcare facilities through: <ul style="list-style-type: none"> development of strategy to meet manpower needs at referral healthcare facilities (government and private) capacity building for health workforce in and management of NCD cases, including palliative and rehabilitative care at referral healthcare facilities.
3.2.4	Ensure that supply of esensial NCD medicine is in accordance with standards.
3.2.5	Ensure that supply of equipment is in accordance with standards.
3.2.6	Strengthen regionalization of referral system.
3.2.7	Accelerate accreditation for referral healthcare facilities to upgrade quality of service.

5.4. SURVEILLANCE, MONITORING & EVALUATION, AND RESEARCH

<p>Objective:</p> <ol style="list-style-type: none"> Strengthening of surveillance mechanism for NCDs and their risk factors as part of Health Information System Strengthening Monitoring and evaluation of activity implementation under National Action Plan for NCD Prevention and Management. Research development to support of NCD prevention and management policies. 	
<p>Objective 4.1:</p> <ol style="list-style-type: none"> Strengthening of surveillance mechanism for NCDs and their risk factors as part of the Health Information System Strengthening <p>Indicators:</p> <ul style="list-style-type: none"> Quality and timely NCD reports on an annual basis Availability of metadata network from various institutions in accordance with the agreed upon rules (Statistics Regulation, check at BPS website) 	
<p>Activities:</p>	
4.1.1	Develop Major NCD registry and registry of cause of death
4.1.2	Strengthen IT based NCD information system
	i. Expand coverage of NCD surveillance through increasing the number of Posbinduc
	ii. Develop mechanism for surveillance of NCD risk factors, whether routine or at intervals
	iii. Conduct training for surveillance personnel to strengthen data management and analysis for planning and advocacy
	iv. Prepare analysis, dissemination and publication
	v. Establish linkage between SIM PTM and existing Information System (SP2TP, SIMRS, SIKDA, JKN dsb).

4.1.3	Organize regular meetings with the data source institutions
4.1.4	Develop an NCD surveillance network
Objective 4.2: Monitoring and evaluation of activity implementation under the National Action Plan for NCD Prevention and Management	
Indicators: Availability of progress/achievement report on the National Action Plan for NCD Prevention and Management	
Activities:	
4.2.1	Development of monitoring system and cross-sector evaluation
4.2.2	Preparation of progress report on the National Action Plan for NCD Prevention and Management on a regular basis
Objective 4.3: Research development to support of NCD prevention and management policies	
Indicator: Evidence-based recommendations for policymakers in the area of NCD prevention and management	
Activities:	
4.3.1	Develop collaboration networking with universities, research institutions and healthcare facilities to develop a national research agenda
4.3.2	Prepare a national research agenda for the prevention and management of NCDs
4.3.3	Carry out survey/study pursuant to the established national research agenda
4.3.4	Publish result of the completed survey/study
4.3.5	Issue recommendations for policies on NCD prevention and management based on the result of the survey/study