

Quinn

TROPICAL  
MEDICINE

## Elective Report 2013

RSUP Sanglah Hospital, Bali, Indonesia

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### **How large is the burden of tropical infectious disease in Bali/Indonesia?**

Indonesia is currently undergoing an Epidemiological transition towards a larger burden of non-communicable disease. This does not mean however that communicable disease is becoming less of a problem. Both Malaria and Dengue fever both have great influence, particularly in the area of Bali and Lombok. One doctor I spoke to, said that everyone (from Bali) has had dengue at some point! Diseases such as Leprosy are being combatted, however there is still a great deal of stigma attached to this disease.

### **How is healthcare provided in Indonesia? Do they have public health initiatives?**

Healthcare is provided both by the government (51%) and privately (49%). Indonesia's health system is very complex, with varying tiers of insurance – ranging from government employees who received full insurance, to many who receive only life-saving treatment. We were based at the largest government run hospital on Bali. Even within this hospital, some wards were spacious, and cool (for the people who could pay) whilst other wards were crowded, noisy and inadequately ventilated. There was also an international wing – one of the few air-conditioned places in the hospital. I found it confusing why some patients were turned down for treatments that were included in the basic package of insurance. Instead, these patients had to pay for their treatment out of their own pocket. At times it was quite distressing to see families discuss whether they could afford to pay for life-saving surgery for a child for example.

Often because of the way the health system is financed, there was little incentive to finance public health initiatives. There are certainly no efforts made with regard to smoking, and over half of the male adult population do smoke.

One of the few areas that I observed where patients did receive free care was with regard to HIV. Indonesia has recently gained funding from the Global Fund for AIDS, TB and Malaria.

Indonesia has also had to face various public health problems such as the SARS outbreak, bird flu, as well as reintroduction of poliomyelitis after 10 years of eradication. It has coped with these situations reasonably well on the whole.

### **How much of care is delivered in the community compared to the hospital?**

Working in a central hospital in the largest city in Bali perhaps gave a skewed version of events. In Denpasar, many people visited the hospital and from what I could gather, there was no community doctor as such. Instead, large polyclinics were run from the hospital – which acted much like a drop in centre – with people being triaged to the appropriate department. From what I can gather from speaking to both staff and patients, there are rural hospitals – the medical students hate being sent there – that have limited facilities. Many people are sent to the city for more comprehensive treatment where required.

We had the opportunity to visit a charity working in rural Bali – the John Fawcett Eye Foundation – there surgeons were performing cataract surgery and eye tests from a mobile clinic. This was just one example of international aid within Indonesia. There are at least 25 UN agencies active within Indonesia currently. Indeed, if this service were not provided, these people would have no access to these services, as the government simply does not supply them.

Locals also visit 'traditional healers', often in conjunction with Western medicine. I am unsure as to what extent these healers are visited, as people were understandably reluctant to talk

about this with me. Certainly the aging rural populations relied heavily upon them.

### **Will Indonesia meet the health related Millennium Development Goals?**

Whilst Indonesia is making good progress towards the Millennium Development Goals, including being one of the first countries to collaborate with the WHO to create a cooperation strategy, it still has a long way to go. The WHO Country Cooperation Strategy highlighted 6 key areas that needed to be improved; these included: Health Policy and system development; prevention and control of communicable diseases; health of women, children and adolescents; non-communicable diseases, mental health, health and environment; emergency preparedness and response; partnerships, coordination and WHO's presence in countries.

The Indonesian Government has proven that it is taking the MDGs seriously, with initiatives such as 'Healthy Indonesia 2010' and pledging to meet a minimum standard of healthcare in all districts. Despite this, the probability of dying under five (per 1000 live births) is 32. Compare this with the UK, where the figure is considerably lower at 5 per 1000. The average life expectancy is 68 for males and 71 for females, a full 10 years lower than UK life expectancy. Indonesia's gross national income per capita is only \$4500 (in contrast, the figure for the UK is \$36,010), with spending on health (per capita) rates of \$127 or 2.7% of the budget. In the UK we spend 9.3% of our budget on health amounting to \$3322. It will take much more than large injections of money to improve health provision.

### **Have I experienced a true reflection of healthcare in a developing country or have I been a 'medical tourist'. Reflect on this.**

There are certainly many differences between Indonesia and the UK. I think that my time at Sanglah hospital has demonstrated to me how healthcare can work in a low resource setting. There were often times when I found myself surprised – both expecting a test to be performed and it was not due to cost – such as viral load for HIV positive patients and doubting the availability of a test where it was done – a patient with CML being tested for the Philadelphia chromosome.

Many things in Indonesia come down to money. Often it was a question of whether the patient, or the hospital, could afford to pay for treatment. Clearly, most things are accessible with enough money. It was often quite hard to not be rude or presumptuous in assuming that things could or could not be done. CTs and X-rays are still printed on to acetate to be looked at with a light box, which can make interpretation difficult. There are few computers within the hospital – the irony being that every doctor or medical student has a tablet/notebook or smartphone device.

I believe that the experience I have had has been demonstrative of a predominantly out-of-pocket, low-income health care system. I would hope that I have not taken advantage of my position as a 'rich westerner' here and believe that I have acted as I would in the UK. The things I have seen over the last 5 weeks have certainly reinforced my belief in the welfare state, and really have made me value about the NHS and the service we can provide to the general public.

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