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Greetings Dear Readers,

Due to its geographical condition of difficult terrain and poor access, Papua struggles hard for its people's health. Many efforts have been undertaken by stakeholders, yet still, this vast island needs more.

To support health sector development, WR of Indonesia visited Papua in October to do some advocacy for health. The visit report and some data from the visit are contained in this newsletter.

With the rainy season com-

ing, our Dengue article will equip us in socializing the information to the community.

You could also read about other activities that keep us busy.

Editorial Team

WHO REPRESENTATIVE ADVOCACY VISIT TO PAPUA



L-R: Dr. Bagus Sukaswara, Dr. Subhash Salunke, Mr. Tedjo Suprpto, Dr. Revankar, Mr. Hendrik Saa, Dr. Christina

Reports show that the current most common communicable diseases in Papua are acute respiratory infections, malaria, diarrhoea, TB, HIV/AIDS, and neglected tropical diseases (NTD) such as leprosy, frambusia (yaws), and lymphatic filariasis (LF). Considered as one of the richest province with 2.27 trillion annual budget, this province continuously battles communicable diseases.

To encourage Papua to do more, WHO initiated an advocacy visit to Papua. Dr. Subhash Salunke and WHO NTD Technical Officer, Dr. Revankar were in Papua from 6 to 9 October 2008. Joining them were Dr. Christina from Leprosy & Yaws Sub-Directorate, MOH and Dr. Arry Pong tiko from the Netherlands Leprosy Relief (NLR) Papua.

During the visit the team had a meeting with UNDP, ILO,

UNICEF, IRD, Clinton Foundation, World Bank, and the Provincial Health Office Officials, in UN Family House, Jayapura.

The team also visited the Secretary of Province, Drs. Tedjo Suprpto, accompanied by Head of Papua Provincial Health Office, dr. Bagus Sukaswara. The meetings provide opportunities for WR to have discussions with stakeholders.

PAPUA

So far, Papua's efforts to control communicable diseases has been slowly progressing.

The measles immunization coverage has reached more than 70%, the polio surveillance has been considered as efficient, and progress has been shown in vector control. Bednet are more acceptable now and are widely used.

Nervertheless, Papua's health development is still much hindered by difficult accessibility, inadequate infrastructure, poverty, and lack of skilled manpower.

The province needs to develop innovative approaches to enable health services and surveillance to reach its remote areas.

This includes a community-based service empowering local human resources.

WHO will continue to provide technical support and facilitate coordination and partnership approaches for Papua, particularly in developing its local innovative approach.

- 129 Health centres provide DOTS¹
- 69% cure rate of TB¹
- 115 TB-HIV co-infection cases¹
- 2,247 HIV Positives²
- 1,867 AIDS cases²
- 367 cases on ART²
- 67 Puskesmas avail VCT²
- 365 Deaths of AIDS cases³
- 83,368 blood smears for Malaria⁴
- 60% of them, positive⁴
- 295 Leprosy new cases⁵
- 305 Yaws cases⁶

Sources:

- 1 Report on TB Program, 2007, Papua Provincial Health Office
- 2 Report on HIV/AIDS, 2007, Papua Provincial Health Office
- 3 HIV/AIDS Report, January-June 2008, Papua Provincial Health Office
- 4 Malaria Programme Report, 2007, Papua Provincial Health Office
- 5 Case Report of Malaria, Jan.-June 2008, Papua Provincial Health Office
- 6 Frambusia Report, 2007, Papua Provincial Health Office

DENGUE SEASON IS AROUND THE CORNER!

In the next few months, as it has become an annual occurrence for the last five years, we could expect Dengue Fever to rise. January-March is the peak season, coinciding with the rainy season in many parts of Indonesia.

HOW IS DENGUE TRANSMITTED?

Dengue is transmitted by mosquitoes year round, but when the rainy season comes, it takes about 3 weeks for the mosquito densities to increase and with that comes an increase in dengue transmission.

In the dry season, the Aedes mosquito primarily finds indoor breeding sites, such as bak mandi, other water storage, plant vases, and drip pans. Then when the rainy season starts, it expands to

outdoors where water collects in all sorts of containers (plastic, glass, metal) and old tyres.

WHO GETS DENGUE AND WHY?

Immunity to dengue is life-long, but there are 4 different serotypes of the dengue virus, which means you can have dengue four times in your life, one time for each serotype.

In the past, when populations did not engage in much travel, a big outbreak of dengue

meant that everyone who could get dengue (susceptible/non-immune) was infected, some times even without symptoms. The next year very few people were susceptible, usually only small children born after last year's epidemic.

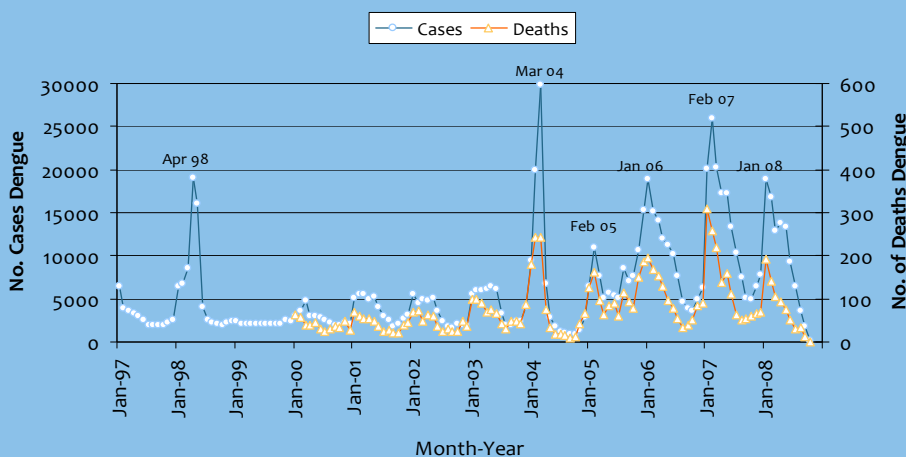
Thus no epidemic outbreak; it took 5-6 years for a new group of children to be born to provide enough non-immunes to sustain transmission of a new outbreak. This is why dengue used to be thought of as a disease of children: children

got sick, while adults did not, because they had already had dengue.

Now we see all age groups infected, and every year a peak outbreak.

What is different now is that people are far more mobile. Every year more new people move to the cities in search of work. These people may never have had dengue, so the population is constantly building new pools of non-immunes. We see this in the statistics too, as all age-groups suffer dengue.

No. of Cases and Deaths, Dengue, Monthly, Indonesia, 1997-2008



TREATMENT and CONTROL

There is no drug to treat dengue, and no vaccine. The only means of controlling dengue is through mosquito control. The mosquito that transmits dengue is the Aedes mosquito, often called the 'tiger mosquito' because of the white stripes on its black body. All other mosquitoes are black, brown, or yellow, without white stripes.

Dengue Season is Expected!

We control dengue through reduction of breeding sites of the Aedes mosquito. The Aedes mosquito lays eggs in domestic containers that are man-made, such as bak mandi, abandoned tyres, pots and vases, and plastic containers of all shapes and sizes, including in rubbish.

The Aedes mosquito does **not** breed in sewers, drains and

ditches. So survey your surrounding property for potential breeding sites and clean them up. Look for any small collection of water.

WHAT ABOUT FOGGING?

Even if fogging was very effective at killing flying mosquitoes, it does not affect the larvae and pupae incubating the water.

Every two days, 50-300 new mosquitoes hatch from the eggs laid by one female. Even if you killed all the adults mosquitoes today, those adults would have laid 3 more batches of eggs that would hatch out and replace them many times over.

Fogging has been proven over 50 years of use to have no

practical effect on dengue transmission.

The second factor is that the adult Aedes lives primarily **indoors**, resting on clothes and in closets.

Fogging outdoors will temporarily reduce the population of nuisance mosquitoes (Culex species) without affecting Aedes. ☺



Group work in the workshop

Regional Workshop on Strengthening Family Planning Programme in South-East Asia Region was opened on 29 September 2008 in Hotel Horizon, Bekasi, Indonesia.

The four-day workshop (22-25/09/08) held by WHO South-East Asia Regional Office (SEARO) jointly with Reproductive Health and Research Department in WHO Headquarter.

The workshop reviewed the progress of family planning programmes in 10 of 11 SEARO countries (Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka, Thailand and Timor Leste), also the implementation of the Strategic Partnership Programme (SPP) in some

of the countries. SPP is a collaboration programme between WHO and UNFPA for promoting best practices in various reproductive health areas.

Opening the workshop was Dr. Salunke, WR of Indonesia and Dr. Aragar Putri representing the Ministry of Health of Indonesia. Dr. Katherine Bathike and Ms. Suzanne Reier from Reproductive Health Research Department are representing WHO Headquarter while Dr. Saramma Thomas Mathai is representing UNFPA Regional Office. Other participants come from development partners.

The Regional Director of SEARO, Dr. Samlee Plianbangchang, in his message read by

SEARO WORKSHOP ON FAMILY PLANNING

Dr. Salunke explained how the early Family Planning Programme was constructed as a vertical programme.

“Nonetheless, a broader approach of developing family planning services in conjunction with an expanding primary health care system and complemented with a set of policies and services for advancement of women’s and girls’ education and socio economic status demonstrated a more dramatic impact on fertility, maternal mortality and child survival.”

Almost all countries in South-East Asia (SEA) region have witnessed a significant decline in total fertility rate over the last three decades. However, in 2005, some of the SEA Region countries still had a Total Fertility Rate (TFR) higher than the global TFR of 2.6.

Issues surrounding adolescent pregnancy and births to women under the age of 20

are significant in various countries of the Region. Undoubtedly, relatively high level of adolescent fertility entails a much greater risk of maternal and neonatal morbidities and mortalities.

Dr. Salunke added that based on his experience, the essence of FP should be primary health care, and then, an integrated approach is the answer for success.

The similar notion was conveyed in the Ministry of Health of Indonesia’s remark. In Indonesia, one of the causes of the declined TFR is people reluctance to seek care due to poor quality of services.

Therefore, evidence-based programme guidelines plays crucial role in ensuring quality of FP services. The shared experiences, data and research results of countries are hoped to avail the needed applicable guidelines and action plans. ☺

Interesting!???

After eating too much, your hearing is less sharp. If you’re heading to a concert or a musical after a big meal you may be doing yourself a disservice. Try eating a smaller meal if you need to keep your hearing pitch perfect. (Source: <http://www.wellspringdaily.com>)

INFLUENZA PANDEMIC PREPAREDNESS SOCIALIZATION FOR INDUSTRIES

Ministry of Health of Indonesia (MOH) held a socialization seminar on Influenza Pandemic Preparedness for Business and Industries on 23 October 2008. Taking place at Hotel Borobudur Jakarta, the event invited companies and corporates.

Besides providing information about influenza pandemic and the need for preparedness plan, the event asked organizations to support national preparedness, by voluntarily distributing information to managers and employees and developing their own pandemic preparedness plan, in line with the government plan.

Director General of Pharmaceutical Services and Medical Devices of MOH, Dra. Kustantinah Apt, MAppSc opened the half-day seminar. The keynote speakers are WHO Representative to Indonesia, Dr. Subhash Salunke, ILO Country Director, Mr. Alan Bolton, Executive Secretary of National Committee for Avian Influenza and Pandemic Preparedness, and Director of Animal-transmitted Disease of MOH, DR. Erna Tresnaningsih.

The Minister of Health of Indonesia's remarks, read by Kustantinah, explained that with more humans have been



infected by the highly pathogenic H5N1 virus, there is a bigger possibility for the virus to mutate.

Pandemic has become more feasible. Every sector must be ready to encounter devastating socio-economy impacts.

“All multinational companies need to have a containment or response strategy to encounter influenza pandemic. Socialization of avian influenza to employees and community is part of Corporate Social Responsibility.”

Meeting twice a year, it resumed a meeting on 25 September 2008. Besides discussing project's progress, the agenda was also to form a Technical Implementation Committee (TIC).

TIC serves as a focal point within MOH for various implementation activities. It ensures consistent project implementation by monitoring progress,

Dr. Salunke stressed the importance of continuous readiness.

“When will it happen? God only knows. We have to be ready not only now or tomorrow, but always.”

Answering the question about WHO Pandemic Phase for Indonesia, He explained that WHO's phasing is not for particular area or country. The world has only one global phase.

“We cannot say that Indonesia is on phase this or another

country is on phase that. The phase is decided globally, not by country, but by global declaration from WHO,” he continued. There is a certain procedure to decide what phase the world is in.

“Globally, we are on phase 3, now,” He emphasized.

Responding to one participant question about the high-risk areas in Indonesia, one participant from the Ministry of Agriculture informed that at the moment, 13 provinces still have high number of H5N1 animal cases while 18 have low number of cases. Java island is one of the place with high risk since it has a lot of poultry farms.

The participants demanded government to distribute valid information timely. Some are interested in the possible training of trainer that MOH will conduct. Among them are representatives of big multinational companies in Jakarta, Bekasi and Tangerang.

The seminar was made possible by the support of US Centers for Disease Control and Prevention, Ministry of Trade and Industry, and Ministry of Labour and Transmigration. ç

SC INSPAI Meeting

Since 12 December 2007, WHO Indonesia with the European Commission fund, started ‘Implementing the National Strategic Plan for Avian Influenza’ (INSPAI), a three-year project.

A Steering Committee (SC) was formed in January 2008 to monitor the project, provide policy advice and facilitate stakeholders coordination.

providing technical solutions, facilitating coordination between INSPAI and MOH.

The current meeting has delivered policies to form TIC and to revise Ministerial decree for adding Ministry of Agriculture staff to steering committee. Laboratory capacity building, hospital preparedness plan for pandemic preparedness, training for risk communication,

and live bird market are also discussed in the meeting.

Attending the meeting, among others, were WR of Indonesia, Charge d Affairs of EC, Mr. Pierre Philippe, Dr. Graham Tallis, and Dr. I Nyoman Kandun. Representing MOH, the Secretary to Directorate General of Communicable Disease and Environmental Health, Dr. Marwan Nusr.

529,000 women/year die due to pregnancy and labour complications;
89% in developing countries;
1 : 30 suffers injuries or incapacities

3.3 million children die/year (estimated); 75% within the first 7 days from birth

100,000 maternal deaths could be avoided each year
if women had access to effective family planning supplies.

To attain information about WHO
Prequalification Programme, check
<http://healthtech.who.int/pq/>

WHO ASSISTANCE FOR INDONESIA PHARMACEUTICAL COMPANIES

UN reflects the importance of maternal health in the MDGs. Consequently, donors, NGOs, and international institutions are encouraged to support governments and communities to increase global maternal health.

Compelling standardized quality of maternal health services, including medicines and contraceptive supplies, is one significant aspect contributing to good maternal health practice at any place on this earth. Considering cost-effectiveness, countries must start establishing their capacities to provide high-quality supply, which means developing the capacity of local manufacturers.

To facilitate Indonesia's manufacturers to comply to the standards, WHO Prequalification Programme (WPP) initiated 'Training Workshop for Pharmaceutical Manufacturers and Regulatory Assessors of Medicines on DATA, DOSSIER AND SPECIFIC GMP FEATURES REQUIRED FOR GENERIC CON

TRACEPTIVES BY WHO PRE-QUALIFICATION PROGRAMME'.

Hosted by Indonesia's National Agency for Drugs and Food Control (NADFC) and WHO Indonesia in Crowne Plaza, Jakarta, on 20-24 October 2008, the training brings experts from WHO Prequalification Programme.

Set up in 2001, WPP was originally intended to set standards for UN agencies in procuring quality medicines for HIV/AIDS, Malaria, Tuberculosis and Reproductive Health. Later, it had become a useful tool for any party, including countries and other organizations.

In the opening session, Dr. Subhash Salunke, WR for Indonesia explained that one of the programme's strategies is to comprehensively evaluate the quality, safety and efficacy of products, based on information submitted by the manufacturers, and inspection of the corresponding manufacturing sites.

The programme works with national regulatory agencies and partner organizations, and it recognises the various patent laws applied in countries

Milan Smid, Technical Officer, Quality Assurance and Safety of Medicines, Department of Medicines and Policy Standards of WHO in his brief description said that this programme carefully evaluates medicines and inspects manufacturers.

To increase number of pre-qualified products, WHO stimulates manufacturers to submit for WHO prequalification and provides them with training and technical assistance to increase their chances to pass prequalification process. Manufacturers are often not aware of the opportunities which are offered.

"The government of Indonesia, particularly NADFC has strongly committed to facilitate national and global quality products," confirmed head of

NADFC, Husniah Thamrin. She proposed to WHO to give greater chance for Indonesia's manufacturers to be prequalified.

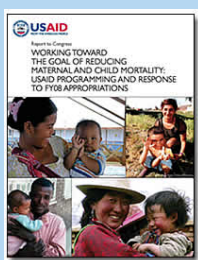
Unfamiliar with the system, yet seeing good opportunities for local provision of supplies, 35 participants from Indonesia's manufacturers are very interested in joining the training, and discussing the subjects delivered by Milan Smid, Andre Van Zyl, Maryam Mehmandoust, Sultan Ghani, and Jan Welink.

The subjects covered including Good Manufacturing Practices (GMP), regulatory dossier, dossier requirements, requirement of bioequivalence data and applicability of biowaivers, guideline for submitted documentation.

Other participants came from Drug Control Authority of Vietnam, FDA Thailand, NADFC of Indonesia, MOH of Indonesia. One participant came from one manufacturer in Vietnam. ç

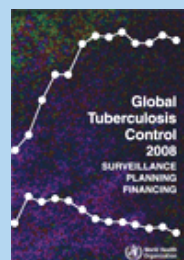
WHO'S WHO

- Hermanus Man. National Consultant for Leprosy and Yaws (Kupang)
- YB Ari Handoko. Data Manager of CAH (Jakarta)
- Faizal Romi. Contract Management Assistant/Logistics (Jakarta)



NEW PUBLICATIONS

Working Toward The Goal of Reducing Maternal and Child Mortality: USAID Programming and Response to FY08 Appropriation.



Global TB Control 2008: Surveillance, Planning, Financing. WHO. ISBN 978 924 1563543

Correction: in July-Aug. 2008 Edition, it was written that Bibit Wahyudi have been sworn in as the governor of Central Java. It should be Bibit Waluyo.

November - December 2008 Events

November

Isolation Room Assessment :

- Achmad Mochtar Bukit Tinggi hospital (3-6 Nov. 08)
- Kabanjahe Hospital North Sumatera (6-8 Nov. 08)
- Lkipadada Hospital, Tana Toraja, South Sulawesi (10-12 Nov. 08)
- Prof. Kandou Hospital, Manado, North Sulawesi (17-19 Nov. 08)
- Ulin Hospital, Banjarmasin, South Kalimantan (20-21 Nov. 08)

6 Malaria UNICEF Plan

7 Technical Implementation Committee Meeting, Hotel Oasis Amir, Jakarta

8-10 Workshop Role and Preparedness of Army in Encountering AI Pandemic, Jakarta

10-15 First International Training Workshop on Management and Treatment of MDR TB Cases, Hotel Aston, Jakarta

13-15 Workshop on Technical Aspects of the Early Warning Alert and Response System (EWARS), Lampung

13-15 Dengue Campaign, Semarang

13-15 Advocacy Meetings for Planned Pandemic Epicentre Simulation, Makassar

16-18 IHR National Action Plan Workshop, Makassar

16-22 Exchange Visit of NTP Bangladesh staff to Indonesia NTP Programme

17-20 GFATM Monitoring Misión, Lampung

21-23 Evaluation of Primary Healthcare Training Module for Avian Influenza, Bogor.

22 Workshop Indonesian Medical Association, Sorong, Papua

24-27 WHO- IUATLD Smoke Free, Bogor

25-27 Field Epidemiology Training Program (FETP) Supervisors' Workshop, Jogjakarta

December

2-3 National Workshop on Tobacco Economy, Jakarta

Public Holiday

8 December 2008
Idhul Adha

25 December 2008
Christmas

May you celebrate and rejoice the day
in the glory and the graces of God

HAPPY BIRTHDAY!

October

- 8 Dr. Bardan Jung Rana
- 10 Dr. Widyastuti Wibisana
- 23 Mr. Budiawan
- 25 Mrs. Reiko Abimanyu

November

- 3 Dr. Kyaw Win (Vijay)
- 9 Ms. Diyah Herawati
- 14 Mr. Ubaidillah
- 15 Mr. Canang N Hidayat
Mrs. Asmaniar
- 16 Mrs. Ana Pujianti
- 18 Mrs. Niprida Mardin
- 19 Dr. Priskila R Noviane
- 21 Ms. Retno Sulistyowati
- 29 Mr. Wilyono

Party in the
pantry. Reiko's
Birthday



EDITORIAL:

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Contributor Steven Borge

The editor welcomes contributions of articles, news, photos, event information and opinions from readers. The editor retains the right to conduct necessary editing to adjust with the design and layout. Feedback/queries: news@who.or.id

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