The role of Indonesia Public Health Institutions to contend ASEAN economic community

RamadhanTosepu¹, Devy Savitri Effendy², Hartati Bahar², La Ode Ali Imran²

¹Environmental Health Department, Public Health Faculty, Halu Oleo University, Sulawesi Tenggara, Indonesia. ²Public Health Faculty, Halu Oleo University, Sulawesi Tenggara, Indonesia. Correspondence to: RamadhanTosepu, E-mail: adhan_lpmi@yahoo.co.id

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Abstract

The free competition among the Association of Southeast Asian Nations (ASEAN) countries will take place this year; the State members of ASEAN have agreed on the course of the ASEAN Economic Community. Indonesia has been preparing for the new era, and various measures have been prepared, one of which is education. Universities provide an important role in preparing the human resources that are able to compete in this era. Public health institutions, as a part of education in Indonesia, have a great responsibility. In this era, the migration from one country to another will open freely, and it will be a risk for the spread of various diseases, both infectious and noncommunicable diseases. So, we need the ability to prevent the spread of the diseases, and public health experts have a role in this case. However, before the completion of study in college, they should be given the ability and quality of science, in order to be able to apply the knowledge gained in the educational institutions.

KEY WORDS: ASEAN Economic Community, public health, diseases

Introduction

Countries that are the members of Association of Southeast Asian Nations (ASEAN) in December 2015 will implement the ASEAN Economic Community (AEC).[1] The readiness of ASEAN countries to face this era has been prepared for long time. Competition among ASEAN nations will open freely without any insulation, and the ability of a state has to be proven to improve the economy. Otherwise, if it is wrong in the act, it will bring loss to the community. There are two options in this era, be it consumers or producers. Indonesia in 2010 had a population of 237,641,326, which is a great potential for economic growth in this nation.[2]

There are 12 service sectors that have been agreed upon by the ASEAN countries—business, communication, construction and related engineering techniques, education,

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distribution, the environment, financial, services relating to health and social services, tourism and travel, recreation, sports and culture, transportation, and other service sectors.[3] The free movement of skilled labor does not mean to do it totally free but through the mutual recognition arrangement (MRA). With MRA mechanism, the destination country recognizes the professional qualifications of skilled workers from the country of origin or sending countries.[4] It means the country of origin has the authority to give a certificate that describes the competence of skilled manpower to be sent. Although it indirectly provides a guaranteed access to the market, but certainly, MRA is the first step in the effort to promote the skilled personnel.

College, as an education provider institution, must work quickly to prepare undergraduate public health in the face of this era. Educational development in the ASEAN region should become a benchmark in the advancement of education in Indonesia, particularly the public health education institutions.[5] Preparing human resources that are reliable and ready to compete in the era of AEC requires a special strategy in view of the challenges and opportunities to compete in this era.[6]

The Government of Indonesia through educational policies has made various changes in answering the AEC era, which comprises three important pillars, namely: public,

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health, and curriculum^[7] changes, which refers to the national qualifications framework of Indonesia[8]; changes to the organizer of accreditation from National Accreditation Board into Higher Education Accreditation Agencyluris College of Health; and the implementation of Certificate of Registration for health workers.[9] This article will analyze the role of public health institutions in the era of AEC Indonesia.

Materials and Methods

Secondary data analysis from literature review was conducted, which was from databases such as Scopus, DOAJ, and Google Scholar and from gray literatures from the report of Ministry of Health Indonesia, Indonesian Public Health Association (IPHA), Statistic of Indonesia, and other sources.

Result

Table 1 shows the estimated schools of public health in the countries of Asia region, namely China 72, India 4, others as many as 33, central Asia 2, and high-income Asia Pacific 26. This amount is less than the countries in the region of America. It remains imbalanced when looking at the number of inhabitants in Asian countries.

Indonesia is a big country, in both population and geographic size. In 2013, Human Development Index (HDI) of Indonesia was in the sixth rank of 10 ASEAN countries. Indonesia still remains at lower position than Singapore, Brunei, Malaysia, and Thailand. Indonesia's IP Min 2010 was ranked 108, while in 2011 dropped to 124 [Table 2].[12]

Table 3 shows that there are 241 courses of public health in Indonesia, which are divided to bachelor and doctoral

Table 1: Institutions, graduate, and workforce by region 2008[10]

Country	Population (millions)	Estimated number of schools		Estimated graduates per year (thousands)		Workforce (thousands)	
		Medical	Public health	Doctors	Nurses/midwives	Doctors	Nurses/midwives
Asia							
China	1,371	188	72	175	29	1,861	1,259
India	1,230	300	4	30	36	646	1,372
Other	1,075	241	33	18	55	494	1,300
Central	82	51	2	6	15	235	603
High-income Asia Pacific	227	168	26	10	56	409	1,543
Europe							
Central	122	64	19	8	28	281	670
Eastern	212	100	15	22	48	840	1,798
Western	435	282	52	42	119	1,350	3,379
Americans							
North America	361	173	65	19	74	793	2,997
Latin America/Caribbean	602	513	82	35	33	827	1,099
Africa							
North Africa/middle east	450	206	46	17	22	540	925
Sub-Saharan Africa	868	134	51	6	26	125	739
World	7,036	2,420	467	389	541	8,401	17,684

Table 2: The rank of Human Development Index, the satisfaction of people about health services, and the ratio of health workers in ASEAN country 2013[11]

Rank HDI	Country	The satisfaction of people about health services (%)	Ratio of health workers (per 1,000 people)
18	Singapore	86	1,8
30	Brunei	-	1,4
64	Malaysia	89	0,9
103	Thailand	85	0,3
114	Philippine	81	1,2
121	Indonesia	79	0,3
127	Vietnam	74	1,2
134	Timor Leste	-	0,1
138	Laos	69	0,3
138	Cambodia	75	0,2

Table 3: Institutions of public health in Indonesia by strata[13]

Strata	Total
Bachelor	212
Magister	25
Profession	1
Doctors	3
Total	241

degree on public health. Public health education in Indonesia consists of 212 bachelor courses and has only one profession program of public health in Airlangga University.

Discussion

Registration Certificate

On the basis of Law Number 36, Year 2009, on Health and Government Regulation, Number 32, Year 1996, on Health Workers^[8] presents that the Bachelor of Public Health has a complex issue, but the problem will increase the maturity of the human resources themselves. The recognition of a Bachelor of Public Health will be marked by a Certificate of Registration. To obtain a Registration Certificate Degree of Public Health, it takes several steps, namely: (1) competency test, a process to measure the knowledge, skills, and attitudes of health workers in accordance with professional standards, (2) certificate of competency and letter of recognition of the competency for the one who is able to do the practice of their profession or occupation in Indonesia after passing the competency test, (3) registration is an official record of health workers who already have a certificate of competence and other qualifications and legally established to run the practice and work profession, (4) Certificate of Registration is a written evidence given by the government to health workers who already have a certificate of competency.[14]

With this model, each health college, both public and private sectors, are encouraged to prepare their students for taking the examination of Registration Certificate. Surely, the academic process of a university should be a serious concern. Considering that the standard used for examination is a national standard, therefore, the educators should provide the knowledge and information related to the examination in order that student will be get used to it.

Education Accreditation in Indonesia

Accreditation is a form of accountability to the public, which is done objectively, fairly, transparently, and comprehensively by using the instruments and criteria referring to the National Education Standards.[13] In the early formation, the National Accreditation Board of Higher Education decided to conduct accreditation in advance with the consideration that the course is determining the quality of educational outcomes. However, along with the era of globalization[15] and the education reform, the National Accreditation Board of Higher Education only accredit higher education institutions.

Government Regulation No. 19 of 2005, Article 86, Paragraph (1) stated that the Government of accreditation at every level and education units has to determine the feasibility of the program and the education unit.[16] Accreditation authority at the level of the course can be established independent accrediting agencies. With these regulations, the health institutions in Indonesia establish an independent accreditation agency medical colleges.[14]

Accreditation of higher education by the independent accreditation Institute of Higher Education on Health is a public service that combines the resources of government, business/industry, and the civil society to empower people to be able to answer the demands of globalization, the laws and regulations, and civil society in assuring a higher education quality.[17] On December 22, 2011, there was an agreement in forming Independent Accreditation Institutions of Higher Education on Health,[14] which was signed by seven health professions, namely: AIPKI, IDI, AFDOKGI, PDGI, AIPNI, PPNI, AIPKIND, IBI, AIPTKMI, IAKMI, APTFI, IAI, AIPGI, PERSAGI, LAM-PTKes, aimed not only to provide the status and rank of accreditation alone but also primarily to increase the awareness, motivation, and concrete steps that ultimately lead to the culture of continuous quality improvement (culture of continuous quality improvement).

The quality of education in Indonesia becomes the responsibility; hence, the government through the Ministry of Higher Education and Research and Technology has formed the Institute for Development of Health Workers Competency Test. It aims at ensuring the quality of higher education graduates to meet the needs of the public health to health care by a qualified healthcare professional through the development of appropriate health personnel competency test in Competency Standards.[18]

English and Empowerment

Both the approaches English language ability and community empowerment, require hard work and a real effort. System of education in the School of Public Health Halu Oleo University, especially for the improvement of English language skills, pursued a variety of learning[19] models, namely: first, the formation of student organizations that focus on English language named English Community Public Health (ECPH); second, programs English Study Trip, [20] the program is given to students who do the learning experiences in the community field.[21] This activity combines public health academic and English language skills; third, application TOEFL score at the end of the study aims to test and prepare graduates to compete in the job market.

Community empowerment is the application of public health education[22] and should be accompanied by a good learning ability.[23] At the International Conference on Health Promotionto-7 in Nairobi, Kenya, it reaffirmed the importance of empowering the community health field by agreeing on the need to build the capacity of health promotion,[24] health systems strengthening, partnership and collaboration[25] across sectors, community empowerment, and health conscious and healthy behaviors.

Model and community empowerment techniques are adapted to the conditions of Indonesia. Indonesia has 17.508 small islands, and the five major islands are Sulawesi. Java, Sumatra, Kalimantan, and Papua. These characteristics should be the benchmark in implementing community development. Model health of the coastal environment is one approach used to solve environmental health problems in coastal areas.[26]

Conclusion

Public health education institutions have a very big role in creating superior humans the power source. Preparing students to be highly skilled is a serious concern. Competition between undergraduate public health is no longer limited to between nations and Indonesia but increasingly widespread among the ASEAN countries. Higher education system in Indonesia continues to increase: the accreditation system is the one way in improving the quality of higher education, and curriculum changes that are based on the national qualifications framework form curriculum guidelines in education. On the personal development of students, they should be given more value in learning English. With the entry into force of the AEC, then this will be the benchmark for the success of public health college.

References

- 1. ASEAN. ASEAN Economic Community Blueprint. Indonesia: ASEAN, 2014.
- BPS. Population of Indonesia. Indonesia: BPS, 2015.
- ASEAN. Thinking Globally, Prospering Regionally ASEAN Economic Community. Indonesia: ASEAN, 2014.
- 4. ASEAN. ASEAN Regional Guidline for Minimum Requirements for Training and Accreditation of Skilled Birth Attendants. Indonesia: ASEAN, 2013.
- 5. Boelen C, Woollard R. Social accountability: The extra leap to excellence for educational institutions. Med Teach 2011; 33(8):614-9.
- 6. Itakura K. Impact of liberalization and improved connectivity and facilitation in ASEAN for the ASEAN economic community. ERIA Discussion Paper Series, 2013-01.
- 7. Rottman SJ, Shoaf KI, Dorian A. Development of a training curriculum for public health preparedness. J Public Health Manag Pract 2005;11(6):S128-31.
- Kemendikti. Guidelines for Quality Assurance System of Higher Education, 2015.
- Bernstein J, Paine LL, Smith J, Galblum A. The MCH certificate program: A new path to graduate education in public health. Matern Child Health J 2001;5(1):53-60.
- 10. WHO. Transformative Scale Up of Health Professional Education: An Effort to Increase the Numbers of Health

- Professionals and to Strengthen Their Impact on Population Health. Geneva: WHO. 2011.
- 11. UNDP. Human Development Report 2013. New York, NY: UNDP, 2013.
- 12. UNDP. Human Development Report. 2011. New York, NY: UNDP, 2011.
- 13. PT, B. National Accreditation of High Education. 2015.
- 14. PT Kes, L. Accreditation of Higher Education Institutions Mandiri Indonesia Health, 2014.
- 15. Karle H. Global standards and accreditation in medical education: A view from the WFME. Acad Med 2006; 81(Suppl 12):
- 16. Freudenberg N. Public health advocacy to change corporate practices: Implications for health education practice and research. Health Educ Behav 2005;32(3):298-319.
- 17. Greenfield D, Braithwaite J. Health sector accreditation research: A systematic review. Int J Qual Health Care 2008;20(3):172-83.
- 18. Doutrich D, Storey M. Education and practice: Dynamic partners for improving cultural competence in public health. Fam Community Health 2004;27(4):298-307.
- 19. El-Sayeh HG, Waller R, Budd S, Holmes J. The steep learning curve of medical education. BJPsych Bull 2005;29(8):312-5.
- 20. Faculty PH. Field Study Guideline. 2012.
- 21. Stewart-Brown S, Evans J, Patterson J, Petersen S, Doll H, Balding J, et al. The health of students in institutes of higher education: an important and neglected public health problem? J Public Health 2000; 22(4):492-9.
- 22. Chatters LM, Levin JS, Ellison CG. Public health and health education in faith communities. Health Educ Behav 1998;25(6):689-99.
- 23. Sulaeman ES, Karsidi R, Murti B, Kartono DT, Hartanto R. Community empowerment model in health sector, study on Village Preparedness program. Jurnal Kesehatan Masyarakat Nasional 2012;7(4):186-92.
- Windsor RA, Lowe JB, Perkins LL, Smith-Yoder D, Artz L, Crawford M, et al. Health education for pregnant smokers: Its behavioral impact and cost benefit. Am J Public Health 1993;83(2):201-6.
- 25. Rice CE, Baio J, Van Naarden Braun K, Doernberg N, Meaney FJ, Kirby RS, et al. A public health collaboration for the surveillance of autism spectrum disorders. Paediatr Perinat Epidemiol 2007;21(2):179-190.
- Tosepu R, Ali Imran LA, Lestari H, Effendy SD, Analysis of disease based environment on community coastal areas, Saponda Laut village, Soropia district, Konawe Regency, Indonesia. Int J Health Sci Res 2014; 4(10):199-210.

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