



Opening Remarks :
***Exchange Experiences among the People's Republic of China,
Indonesia and Germany***

Presented by Chairperson of BKKBN, DR. Dr. Sugiri Syarief, MD, MPA
at the Workshop on Regional Cooperation
for Equal Access to Public Services in Urbanization

Taichang, China, 28 – 30 September 2010

- Dr. Zhao Baige, Vice Minister, National Population and Family Planning Commission (NPFPC) of China and other colleagues from National Population Family Planning Commission of China
- Mr. Chi Fulin, Executive Director of the China Institute for Reform and Development (CIRD)
- Prof. Gu Baochang, Population and Development Studies Center, Renmin University of China
- Prof. Lu Jiehua, Department of Sociology, Peking University
- Dr. Wolfgang Röhr, Consul General of Germany in Shanghai
- Dr. Astrid Skala-Kuhmann, Country Director, GTZ China and also other colleagues from GTZ China
- Prof. Dr. Norbert Gestring, Goethe-Universität Frankfurt
- Dr. Steffen Angenendt, German Institute for International and Security Affairs, Berlin

Good morning

First of all let me express my highest appreciation to the Government of People Republic of China and GTZ for having initiate this important meeting, it is truly a great honor to be here to chair the Indonesian delegation to share views and opinion on the discussion of the public services in urban areas. I'm very supportive to the idea that China and Indonesia have to think seriously how to provide the public services specifically family planning and reproductive health services to the urban dweller.

In the past half century, many countries in Asia including China and Indonesia embarked on the great modern urban demographic revolution. It is not yet complete and will continue well into the current century.

In 1950, Indonesia's urban population accounted for only 12 percent of the population, but today, according to the population projection (2005-2025) done by the Bureau of Statistics, the level of urbanization is 54.1 percent and will increase to 67.5 percent in 2025. This figure is much higher than the projection done by the United Nations as stated by the organizing committee of this event.

The urbanization process in Indonesia is considered seriously since many studies are showing the level of population concentration in large cities had been increasing over the time. There are tendencies among several large cities to keep growing larger, and then to become metropolitan cities (city inhabited more than one million people). The capital, Jakarta, for example, has long been the largest city in Southeast Asian, with an estimated 9 million people in 1995. It is expected to become one of the largest cities in the world within the next ten years, if it continues to grow at its present rate. It is projected also that the number of metropolitan areas in 2020 will increase to become 23 areas compared to 8 metropolitan areas currently.

The present living and working conditions of Jakarta and other metropolitan, large, medium and small cities of the country leave a great deal to be desired and further growth of these cities will pose formidable problem of urban management, finance and provision of services.

Factually, the development in urban areas in Indonesia has just fulfilled several aspects of the needs of the people. Only around 50 percent of households in urban areas are provided with clean water, 69 percent of them are provided with sanitation. Meanwhile, around 12 percent of urban population is still live in slum areas.

The price of land that is expensive, especially those at strategic locations, and the speculations on the price of land causes the limited provisioning of land. Such condition enforces the growth of inappropriate shacks in urban areas. On the other hand, those of the high income group usually have several big houses with extensive land which then causes the inefficient use

of land. Water has the same problem: the poor have to pay for their need for water, they even pay 25-50 times more than the rich ones.

I believe the government of the People's Republic of China also faces the same challenges with what Indonesia does.

Ladies and Gentlemen

Indonesia is concern with the equal family planning services for the urban dwellers. As about 57 percent of eligible couples are using modern method of contraception, there are about 18.8 million couples in urban areas that need to be provided by family planning services.

Indonesia Demographic and Health Survey (IDHS) data 2007 indicated that injectables and pill are still the most popular modern method of contraception used by urban dwellers. The figures are injectables (28 percent); pill (13.9 percent), IUD (6.7 percent), female sterilization (4 percent), male condom (2.4 percent), implant (1.3 percent), and male sterilization (0.2 percent).

Percentage of clients that received services from private sector tends to increase from time to time. In 2003 the figure was about 63 percent and it increases to 69.1 percent in 2007. On the contrary, clients seek the services from public sector decreased from 28 percent in 2003 to become 22 percent in 2007.

Data also indicated that the higher socio economic status of clients the higher intention of them to utilize the private sector. Meanwhile, due to the cost of services, clients are more favorable to seek long term method of contraception i.e. female sterilization and implant from public sector. About 68.1 percent of total female sterilization's clients received services from public sector compared to only 31.6 percent that received services from private sector. As for implant, about 50.5 percent of clients seek services from public sector, 41.3 percent seeks services from private sector and 4.1 percent received services from other source.

Unmet need family planning in urban areas is still quite high (8.8 percent according to IDHS 2007), even though the figure is lower than national and rural figures (9.1 percent for national and 9.2 percent for rural areas). The unmet need among clients with low socio economic status

is higher than their counterparts (12.7 percent compared to 7.9 percent). Unmet need among clients seek long term method i.e. female sterilization and implant is higher than other modern methods. This is most probably related to the cost of services and the lack of informed choice that provided by provider. Only around 40 percent of clients received information from health or family planning worker on other methods that could be used.

Ladies and Gentlemen

The basic policy for family planning/reproductive health services in urban areas in Indonesia is similar with the national policy, which is expanding access and improving quality.

The difference lies on the strategy. The strategy in urban areas focuses on working with the local NGOs and CSOs that provide health services for urban dwellers in slum areas and also for floating (moving) people. Providing regular family planning mobile unit surrounding the slum areas is focused on to increase access for slum urban dwellers. There are number of Indonesian NGOs – large, small, religious, national, local, women’s – that provide family planning/reproductive health services or related support.

These groups often serve marginalized populations and work in underserved areas such as slum areas. Some of these groups also add to the resources available for family planning/reproductive health programs by generating international support. These groups provide an essential health service and recognized as partners, and developed the trust necessary for a supportive and collaborative relationship by the government.

Strengthening collaboration with private sector is an important strategy. This strategy is intended to support the continued expansion of the private sector, while maintaining the traditional oversight responsibilities to protect the public wellbeing. In order to ensure efficacy, efficiency, and client confidence, the Government takes priority on the expansion, improved quality of care, and sustainability of the private sector in family planning/reproductive health program.

Private practice providers are already a significant part of the Indonesian family planning/reproductive health program – especially midwives who are the source of services for 48% of current users of modern methods (IDHS-07). It is very likely the absolute numbers of

private providers will grow and that they will take larger share of the family planning/reproductive health services.

There are several reasons for this growth: the number of midwifery schools has tripled in the last three years; purchasing health care has high social value for Indonesians, and the expanding cash economy allows more families to buy health care; health insurance coverage is increasing; and finally, public sector health care is more and more associated with and targeted to the poor.

The Government make the private sector and specifically private practioners and more specifically midwives a priority, setting up an operational units dedicated to implementing support, building partnerships that provide access and credibility to private practioners, and to develop a long term strategy for the partnership between Government and private practice family planning/reproductive health providers.

Ladies and Gentlemen

Strengthening network with private companies also becomes the focus of strategy. RH/FP services encouraged to be integrated with health services that provided by private companies through their factory's health clinics. There are a large number of industrial employers that provide health services or insurance for their employees. In many cases, these employees are women and can get RH/FP services from onsite clinics or contracted health providers. The Government has had pilot projects and donor-driven activities in the past, but currently there is little support for these programs. These employers' supports the national interest by providing RH/FP services, which Government has the ability to and give support to.

Further, Indonesia has benefited from a growing capacity for local production of pharmaceuticals. Currently, oral pills, condoms, Injectables, implants and IUDs are produced in Indonesia. As a result of the large capacity and competition, commodities are widely available and reasonably priced for the huge local market. Continued growth in this sector is good for the Indonesian health sector and would be supported. Pharmacies are widespread and often visited by family planning/reproductive health clients using resupply methods. Business to business cooperation between Indonesia and China is one of the key factors of the growing

local production of contraception devices.

Ladies and Gentlemen

In spite of the matter, infrastructures and urban services including family planning/reproductive health in Indonesia have grown significantly recently. The opportunity to obtain electricity and clean water has increased. The indicator of the housing also shows that housings are generally in appropriate condition. The percentage of population live in slum areas has decreased from 20 percent in 1993 to 12 percent currently, despite the challenge to achieve the MDGs target. Further innovative policy and programs are needed.

Therefore, regional workshop such as this event is important to exchange experiences cross the countries, indeed, it will give beneficial to each country. In which this event gives us an opportunity for us to share each of our challenge, policy and program, that I believe can be adapt one to another according to each situation.

I thank you.