TRANSFORMATION PUBLIC HEALTH LEADERSHIP

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Universitas Hasanuddin

Seminar Nasional Alumni FKM UNHAS. Wasma
Kalla 25-26 Feb 2012
Outline presentation

- Essential Public Health
- MDG achievement
- Public Health Challenge
- *Leading the Transformation of the Public Health System*
Public Health

- Prevents epidemics and the spread of disease
- Protects against environmental hazards
- Prevents injuries
- Promotes and encourages healthy behaviors
- Responds to disasters and assists communities in recovery
- Assures the quality and accessibility of health services
Essential Public Health Services

- Monitor health status to identify community health problems
- Diagnose and investigate health problems and health hazards in the community
- Inform, educate, and empower people about health issues
Essential Public Health Services

- Mobilize community partnerships to identify and solve health problems
- Develop policies and plans that support individual and community health efforts
- Enforce laws and regulations that protect health and ensure safety
Essential Public Health Services

- Evaluate effectiveness, accessibility, and quality of personal and population-based health services
- Research for new insights and innovative solutions to health problems

Source. 1990 Centers for Disease Control and Prevention
Public Health: The foundation of a national health system

- **Human Resources Development (Training)**
- **Information Systems**
- **Community Planning Systems**

**Primary Medical Care**

**Secondary Medical Care**

**Tertiary Medical Care**

**Essential Population-Based Public Health Services**
- Human Resources Development (Training)
- Information Systems
- Community Planning Systems

**Capacity to Deliver Public Health Services**

**Public Health System Infrastructure**
- Human Resources Development (Training)
- Information Systems
- Community Planning Systems
<table>
<thead>
<tr>
<th>Origin</th>
<th>Public Health</th>
<th>Collective Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microbial paradigm, based biomedical model</td>
<td>Critic to the positivism. Structural adjustment</td>
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<tr>
<td>Model of reference</td>
<td>Flexner report - of experimental character of sub-individual base.</td>
<td>Proposals: &quot;Health For All in the Year the 2000&quot; and Promotion paradigm (Ottawa Letter)</td>
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<tr>
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<tr>
<td>Object of study</td>
<td>Natural history of the diseases and physiopathology</td>
<td>Health-disease-intervention process’s social determinant.</td>
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<tr>
<td>Sustentation</td>
<td>Endemics/epidemic logic control</td>
<td>Promotion and prevention</td>
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<tr>
<td>Practice</td>
<td>Preventive predictive</td>
<td>Proposes visions, forms, figures and scenes in a holistic and systemic context.</td>
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<tr>
<td>Public</td>
<td>Individual</td>
<td>Collectivities</td>
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<td></td>
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<tr>
<td>Disciplines</td>
<td>Explain the disease natural history</td>
<td>Management, epidemiology, statistic, demography.</td>
</tr>
</tbody>
</table>
### MDG GOAL AND THE PROGRAM

<table>
<thead>
<tr>
<th>No.</th>
<th>MDG GOALS</th>
<th>THE PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Poverty</td>
<td>Poverty reduction programs</td>
</tr>
<tr>
<td></td>
<td>Hunger</td>
<td>Food Security Program</td>
</tr>
<tr>
<td>2</td>
<td>Basic Education</td>
<td>9Y compulsory education</td>
</tr>
<tr>
<td>3</td>
<td>Gender and Women Empowerment</td>
<td>Mainstreaming of gender issue into all dev. Program</td>
</tr>
<tr>
<td>4</td>
<td>Child Mortality</td>
<td>Health program: infant, early childhood, nutrition etc</td>
</tr>
<tr>
<td>5</td>
<td>Maternal Health</td>
<td>Program for Pregnant woman</td>
</tr>
<tr>
<td>6</td>
<td>HIV Aid, Malaria &amp; others</td>
<td>HIV Aid and communicable deseases</td>
</tr>
<tr>
<td>7</td>
<td>Environment</td>
<td>Water and sanitation program, climate change (mitigation-adaptation, alt energy), clean environment, REDD, CDM.</td>
</tr>
<tr>
<td>8</td>
<td>Global Partnership</td>
<td>In various sectors.</td>
</tr>
</tbody>
</table>
## Overview of Status of MDGs Targets

### Goal 1. Eradicate Extreme Poverty and Hunger

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Current</th>
<th>MDGs Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than USD 1 (PPP) a day</strong></td>
<td></td>
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</tr>
<tr>
<td>1.1 Proportion of population below USD 1 (PPP) per day</td>
<td>20.60% (1990)</td>
<td>5.90% (2008)</td>
<td>10.30%</td>
<td>On-track</td>
<td>World Bank and BPS</td>
</tr>
<tr>
<td>1.2 Poverty gap ratio (incidence x depth of poverty)</td>
<td>2.70% (1990)</td>
<td>2.21% (2010)</td>
<td>Reduce</td>
<td>On-track</td>
<td>BPS, Susenas</td>
</tr>
<tr>
<td><strong>Target 1B: Achieve full and productive employment and decent work for all, including women and young people</strong></td>
<td></td>
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</tr>
<tr>
<td>1.4 Growth rate of GDP per person employed</td>
<td>3.52% (1990)</td>
<td>2.24% (2009)</td>
<td>-</td>
<td>-</td>
<td>National PDB and BPS, Sakernas</td>
</tr>
<tr>
<td>1.5 Employment-to-population (over 15 years of age)</td>
<td>65% (1990)</td>
<td>62% (2009)</td>
<td>-</td>
<td>-</td>
<td>BPS, Sakernas</td>
</tr>
<tr>
<td>1.7 Proportion of own-account and contributing family workers in total employment</td>
<td>71% (1990)</td>
<td>64% (2009)</td>
<td>Decrease</td>
<td>On-track</td>
<td>BPS, Sakernas</td>
</tr>
</tbody>
</table>

### Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

...
### GOAL 4: REDUCE CHILD MORTALITY

**Target 4A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**

| 4.1 | Under-five mortality rate per 1,000 live births | 97 (1991) | 44 (2007) | 32 |
| 4.2 | Infant mortality rate per 1,000 live births | 68 (1991) | 34 (2007) | 23 |
| 4.2a | Neonatal mortality rate per 1,000 live births | 32 (1991) | 19 (2007) | Decrease |
| 4.3 | Proportion of one-year-old children immunized against measles | 44.5% (1991) | 67.0% (2007) | Increase |

* *BPS, Riskesdas 2010 (interim data)*

### GOAL 5: IMPROVE MATERNAL HEALTH

**Target 5A: Reduce by three-quarters, between 1990 and 2015, the Maternal Mortality Ratio**

| 5.1 | Maternal Mortality Ratio (per 100,000 live births) | 390 (1991) | 228 (2007) | 102 |
| 5.2 | Proportion of births attended by skilled health personnel (%) | 40.70% (1992) | 77.34% (2009) | Increase |

* *BPS, Susenas 1992-2009*

**Target 5B: Achieve, by 2015, universal access to reproductive health**

| 5.3 | Current contraceptive use among married women 15-49 years old, any method | 48.7% (1991) | 61.4% (2007) | Increase |
| 5.3a | Current contraceptive use among married women 15-49 years old, modern method | 47.1% (1991) | 57.4% (2007) | Increase |

* BPS, IDHS 1991, 2007; BPS, Riskesdas 2010 (interim data)
<table>
<thead>
<tr>
<th>Indicators</th>
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<th>MDGs Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.1 HIV/AIDS Prevalence among total population (percent)</strong></td>
<td>-</td>
<td>0.2% (2009)</td>
<td>Decrease</td>
<td>▼</td>
<td>MOH estimated 2006</td>
</tr>
<tr>
<td><strong>6.2 Condom use at last high-risk sex</strong></td>
<td>12.8% (2002/03)</td>
<td>Female: 10.3%</td>
<td>Increase</td>
<td>▼</td>
<td>BPS, IYARHS 2002/2003 &amp; 2007</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male: 18.4% (2007)</td>
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<tr>
<td><strong>6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS</strong></td>
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<tr>
<td>- Married</td>
<td>-</td>
<td>Female: 9.5% (2007)</td>
<td>Increase</td>
<td>▼</td>
<td>BPS, IDHS 2007; Riskesdas 2010 (interim data)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male: 14.7% (2007)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Female: 11.9% (2007)</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Male: 15.4% (2010)*</td>
<td></td>
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<tr>
<td>- Unmarried</td>
<td>-</td>
<td>Female: 2.6% (2007)</td>
<td>Increase</td>
<td>▼</td>
<td>BPS, IYARHS 2007; Riskesdas 2010 (interim data)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male: 1.4% (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female: 19.8% (2007)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Male: 20.3% (2010)*</td>
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**Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Baseline</th>
<th>Current</th>
<th>MDGs Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs</strong></td>
<td>-</td>
<td>38.4% (2009)</td>
<td>Increase</td>
<td>▼</td>
<td>MOH, 2010 as per 30 November 2009</td>
</tr>
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<table>
<thead>
<tr>
<th>Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it</th>
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<tbody>
<tr>
<td><strong>6.5</strong></td>
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**Target 6C: Have halted by 2015 and begun to reverse the incidence of Malaria and other major diseases**

| 6.6 | Incidence and death rates associated with Malaria (per 1,000) |
|--------------------------------|
| **66.a** | Incidence rate associated with Malaria (per 1,000): |
|--------------------------------|
| 4.68 (1990) | 1.85 (2009) |
| 2.4% (2010)* |

**6.6.b** | Incidence of Malaria in Jawa & Bali |
<table>
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<tbody>
<tr>
<td>0.17 (1990)</td>
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</table>

**6.6.c** | Incidence of Malaria outside Jawa & Bali |
|--------------------------------|

| 6.7 | Proportion of children under 5 sleeping under insecticide-treated bednets |
|--------------------------------|
| - | 3.3% |
| Rural: 4.5% |
| Urban: 1.6% (2007) |
| 7.7% (2007)* |
| 16.0% (2010)** |

**6.8 | Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs |
<table>
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**6.9 | Incidence, prevalence and death rates associated with Tuberculosis |
<table>
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<tbody>
<tr>
<td><strong>6.9a</strong></td>
</tr>
<tr>
<td>343 (1990)</td>
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</tbody>
</table>

**6.9b | Prevalence rate of Tuberculosis (per 100,000) |
<table>
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<tbody>
<tr>
<td>443 (1990)</td>
</tr>
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</table>

**6.9c | Death rate of Tuberculosis (per 100,000) |
|--------------------------------|

**6.10 | Proportion of Tuberculosis cases detected who received directly observed treatment short courses |
|--------------------------------|

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### Indicators

<table>
<thead>
<tr>
<th>Indicators</th>
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<th>MDGs Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of Tuberculosis cases detected under directly observed treatment short course (DOTS)</td>
<td>20.0% (2000)*</td>
<td>73.1% (2009)**</td>
<td>70.0%</td>
<td>●</td>
<td>* TB Global WHO Report, 2009</td>
</tr>
<tr>
<td>Proportion of Tuberculosis cases cured under DOTS</td>
<td>87.0% (2000)*</td>
<td>91.0% (2009)**</td>
<td>85.0%</td>
<td>●</td>
<td>** MOH Report-2009</td>
</tr>
</tbody>
</table>
Dengue Haemorrhagic Fever

Source: Bappenas, 2008
Malnutrition Problem

Source: Bappenas, 2008
Under Five Mortality per 1000 birth

Source: Bappenas, 2008

Decentralization
Infant Mortality Rate

Source: Bappenas, 2008
Maternal Mortality Rate

Source: Bappenas, 2008
Delivery attended by trained health workers

Source, Social Economic Survey
Leading the Transformation of the Public Health System: Are “We” Prepared?
Public Health Challenges
Public Health Challenges

Emerging Diseases (SARS, Pandemic Flu)
Re-emerging Diseases (XDR-TB)
Food Safety
Bioterrorism
Natural Disasters
Obesity
Aging Population
Health Disparities
Global Warming
Health Care Crisis

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SARS and Pandemic Flu

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Health Care Crisis

- Aging Population
- Re-emerging Diseases
- Emerging Diseases
- Obesity
- Health Disparities
- Access to Quality Health Care
- Health Insurance Costs
- Uninsured and Underinsured
Pyramid of preparedness: components of an effective public health system (from Rowitz 2006)

Categorical Public Health Programs:
Environmental Health, HIV/AIDS, Chronic disease prevention and health promotion, Immunization, Infectious disease control, injury prevention, occupational Safety and Health

Supporting scientific and technical capabilities

Core Public Health Infrastructure

Program services

Program capacity

Surveillance
Laboratory practice
Behavioural science
Epidemic investigation

Information/ communication capacity
Workforce competency
Organisational capacity

Leadership
The skills of the prepared public health leader in crisis (Rowitz, 2006)

- Assets planning
- Knowledge of public health law
- Change and resilience
- Emotional intelligence
- Forensic epidemiology

PUBLIC HEALTH INFRASTRUCTURE

- Crisis and risk communication
- Tipping point awareness
- Visioning
- Collaboration
- Systems thinking

- Community building
- Social Capital (capacity building)
- Crisis Management
- Systems change
Public Health leadership principles (from Rowitz, 2003)

1. Core public health values
2. Health Prevention
3. Community coalitions
4. Local and state collaborations and equity in access
5. Partnerships and shared visions
6. New leaders must learn from experienced leaders – mentoring
7. Continuous development of leadership skills
8. Commitment to lifelong learning and personal growth
Public Health leadership principles (from Rowitz, 2003) (cont.)

9. Infrastructure built on notion of health protection for all
10. Need to think globally but act locally
11. Need to be good managers
12. Need to ‘walk the walk’
13. Proactive – not reactive
14. Leadership at all levels of an organization
15. Strong belief and commitment to community
16. Must practice what they preach
Quotes on Collaboration

- None of us is as smart as all of us
  - Edward C. Register, 1915

- Cooperation! What a word! Each working with all, and all working with each.
  - Warren Bennis, 1996

- Collaboration is damn tough
  - Focus group participants, 1997

A **mutually beneficial** and **well-defined relationship** entered into by two or more organizations to **achieve common goals**

Amerst H. Wilder Foundation
Why Collaborate

- Shared Concern
- Pool Power
- Overcome Gridlock ("get unstuck")
- Add Diversity
- Increase Ability to Handle Complex Issues
Context for Collaboration

- Identify the problem
- Understand what makes leadership difficult
- Identify stakeholders
- Assess extent of stakeholder agreement
- Evaluate community’s capacity for change
- Identify where the problem/issue can be most effectively addressed
  - Chrislip and Larson
Rebalancing Health Priorities

General protection

Safer Healthier People

Targeted protection

Vulnerable people

Primary prevention

Affected people without complications (undiagnosed asymptomatic)

Secondary protection

Affected people with complications

Tertiary protection

Death from Complications

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Traditional Healthcare

- Safer Healthier People
- Vulnerable People
- Affected People without complications (undiagnosed asymptomatic)
- Affected People with complications

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Traditional Public Health

- Safer Healthier People
- Vulnerable People
- Affected People without complications (undiagnosed asymptomatic)
- Affected People with complications

Public Health System
Need to Rebalance Health Priorities

Safer Healthier People → Vulnerable People → Affected People without complications (undiagnosed asymptomatic) → Affected People with complications

Public Health Network & Healthcare Delivery System

*Health Protection: Health Promotion, Prevention, and Preparedness*

Disease Care
Questions

“Given the significant public health and health care challenges we face, are Public Health Leaders adequately prepared to address these issues?”

“What are the requisite leadership competencies needed to address these challenges?”

“Do we have a system of leadership development that can meet this challenge?”
Transforming the Public Health System

- Goals
- Leadership
- Workforce
- Structure and Functions
Transforming the Public Health System

Goals
Leadership
Workforce
Structure and Functions
Structure and Functions

- Setting Agency Standards
  - Public Health Accreditation Board

- Setting System Standards
  - National Public Health Performance Standards

- Establishing Public Health Laws and Policies

- Community Engagement

- Decentralization (central – local gov. interaction)
Transforming the Public Health System

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Workforce

- Competencies for Public Health professionals
  - Epidemiologists
  - Environmental Health
  - Nursing
  - Nutritionist
  - Etc

- Credentialing and certification
  - National Board of Public Health Examiners (etc.; 2005)
  - Existing programs in nursing, environmental health, laboratories
Transforming the Public Health System
The “Strategic Influence” of Public Health Leaders

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This model lays out the nine competencies that were determined to be the most critical for leaders in a public health emergency response situation.
The crisis leadership competencies supplement both the four-tier leadership competencies and the emergency response competencies.

### Four-Tier HHS Leadership Competencies

<table>
<thead>
<tr>
<th>Basic Leadership</th>
<th>Supervisor</th>
<th>Manager</th>
<th>Executive</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Core Competencies, plus: Flexibility Interpersonal Skills Self-Direction Technical Credibility Project Management Performance Management</td>
<td>All Basic Competencies, plus: Resilience Conflict Management Team Building Influencing / Negotiating Human Resources Management Service Motivation Accountability</td>
<td>All Supervisors Competencies, plus: Creativity / Innovation Financial Management Technology Management Entrepreneurship Organizational Systems Awareness</td>
<td>All Managers Competencies, plus: Strategic Thinking Vision External Awareness Political Savvy</td>
</tr>
</tbody>
</table>

### Four-Tier CDC Leadership Competencies (supplement HHS)

- Cultural Awareness
- Dealing with Ambiguity
- Emotional Intelligence
- Ethics
- HHS/CDC Operations
- Leads Change
- Personal Leadership

### Crisis Leadership Competencies

- Communication
- Connectivity
- Courage and Perseverance
- Credibility
- Decisiveness
- Emotional Effectiveness
- Integrative Thinking
- Situational Awareness
- Team Leadership

### Emergency Response Competencies

- Emergency Management Systems
- Agency Preparedness and Emergency Response Roles
- Informatics Support for Responses
- Risk Communication and Media Relations
- All Hazards Concepts
- Disaster Mental Health
Transforming the Public Health System
Goals and Priorities

- National-level Goals and Priorities
  - Health Protection Goals
  - Healthy People

- State and Community-level Goals
  - State and Local Health Departments
Leadership is Essential to Success

Leadership + Workforce

- Agency Standards
- System Standards
- Laws and Policies
- Community Engagement
- Portfolio Management

Improved Performance

Improved Health Outcomes

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Issues Surrounding Leadership Development

Continuum Dilemma
- Leadership vs. Management competencies
- Basic vs. Advanced
- Regional vs. National

Crisis Leadership
- Integrated or single program?

Discipline specific Leadership
- How to build effective networks

Fragmentation
- Develop a “system” for Leadership
- Shared vision, shared funding, common purpose
recommendation

- Leadership course for public health leader for all level
- Develop collaboration with all stakeholders
- Regular meeting to response public health issue
- Prepare response for emergency crisis
- Develop program for rebalancing health care system
Final Thoughts

“Success is the child of audacity”

(Disraeli)