



# Optimizing the Health Workforce in Indonesia: Using Human Resource Information Systems for COVID-19 Response and Maintaining Essential Services

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# COVID-19 IN INDONESIA



**COVID-19** Update hingga 26 Agustus 2020 Pukul 08.00 WIB



**Global**

23.518.343  
Kasus Konfirmasi  
810.492  
Kasus Meninggal  
3,4 %  
Angka Kematian

**Regional Asia Tenggara**

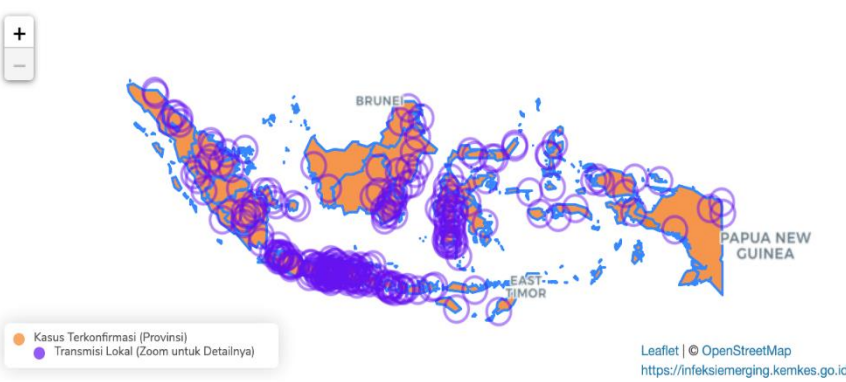
3.666.425  
Kasus Konfirmasi  
69.392  
Kasus Meninggal (1,9 %)

**Terdampak**

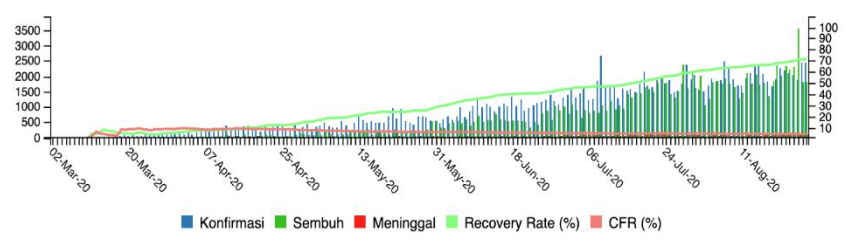
215  
Negara Terjangkit  
176  
Negara Transmisi Lokal

**RISIKO GLOBAL SANGAT TINGGI**

Sumber : WHO



Catatan: Titik wilayah transmisi lokal kasus COVID-19 didasarkan pada node geografis pada tingkat kabupaten/kota, serta tidak mewakili alamat tertentu, bangunan, atau lokasi apa pun



**Indonesia**  
(Sumber : PHEOC Kemkes RI)

1.191.948  
Kasus dg Spesimen Diperiksa  
1.034.089  
Kasus Negatif (86,8 % spesimen)

157.859  
Kasus Konfirmasi (+2.447)  
6.858  
Kasus Meninggal (4,3 %)

112.867  
Kasus Sembuh (71,5 %)  
38.134  
Kasus Dalam Perawatan (24,2 %)

76.667  
Kasus Suspek  
485  
Kab Kota terdampak  
232  
Transmisi Lokal

**176 Negara Terjangkit Transmisi Lokal**

Afrika Selatan, Albania, Algeria, Amerika Serikat, Andorra, Angola, Antigua dan Barbuda, Arab Saudi, Argentina, Armenia, Aruba, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Benin, Belgia, Belanda, Belarusia, Belize, Bolivia, Bosnia dan Herzegovina, Botswana, Brazil, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Chad, Chili, Cina,

**Wilayah Indonesia dengan Transmisi Lokal**

DKI JAKARTA, ACEH (KABUPATEN ACEH UTARA, KOTALHOKSEUMAWE), SUMATERA UTARA (KABUPATEN KARO, KABUPATEN SERDANG BEDAGAI, KOTAPEMATANGSIANTAR, KOTAMEDAN, KOTABINJAI), SUMATERA BARAT (KABUPATEN PESIRIS SELATAN, KOTAPADANG, KOTABUKITTINGGI, KOTAPARIAMAN), RIAU (KABUPATEN



# INDONESIA'S HEALTH WORKFORCE

- **1.2 million health workers**
- 2,923 Hospitals
- 10.227 Primary Health centers
- 85,000 Clinics
- 38 MoH Health Vocational Schools
- Other Facilities



# CHALLENGES...

## HRH Challenges

- HRH Maldistribution
  - *Over-staffing in urban*
  - *Under-staffing in rural*
- Mal-alignment in production and utilization of HRH
- Lack of coordination from diverse roles and responsibilities within HRH stakeholders

## HRH Challenges COVID-19

- Increased workload with limited additional resources
- High risk potential for infection
- Maintaining motivation and good mental health

## HRH Data Challenges

- Issues with completeness and updated data to better manage the workforce understand skills mix distribution
- Lacking integration/interoperability of information systems
- Lacking integration of data on workload
- Poor presentation, analysis and reporting

Challenges exacerbated in COVID-19 as stakeholders need access to real time quality data to make rapid decisions

Multisectoral  
stakeholder  
coordination to  
collaboratively  
identify the  
policy agenda  
and initiatives  
for action



**Strong  
Human  
Resource  
Information  
System with  
quality data**



Analysis and  
visualization of  
data for use by  
stakeholders for  
use in carrying  
out the policy  
agenda

# WINDOW OF OPPORTUNITY FOR HRH DATA STRENGTHENING



- Mid-Term National Development Plan (2020-2024): focus on **health workforce strengthening**
- Government Regulation No 46/2014 on **Health Information Systems**
- Additional Presidential Decree focusing on **governance of electronic platforms**
- **World Health Assembly Resolutions** and **Global Strategy** on Human Resources for Health in 2030
- Presidential Decree on **One Data** focusing on ensuring data is accurate, up to date, integrated, shared and sustained

**Renewed focus on supporting the health workforce due to COVID-19**

# APPROACHES AND RESULTS

## Approaches

1 **Engaged stakeholders** across the health labor market and all levels of the health system

2 **Built on existing systems** to ensure complete, accurate, up-to-date data on the health workforce

3 **Improved data analysis and visualization** for use by decision makers

## Result

Increased use of data to **augment and support** the health workforce

## Outcome

**Responsive and resilient** health system to respond to **COVID-19** and maintain essential services

# INDONESIA COVID-19 HRH DASHBOARD



(1) Tipe Nak...  (2) Jlh. Tipe...  (3) Anallala:

Jlh. Nakes di RS Rujukan COVID-19

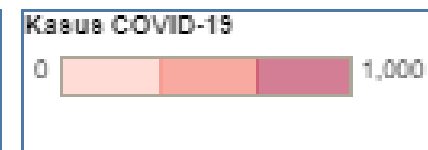
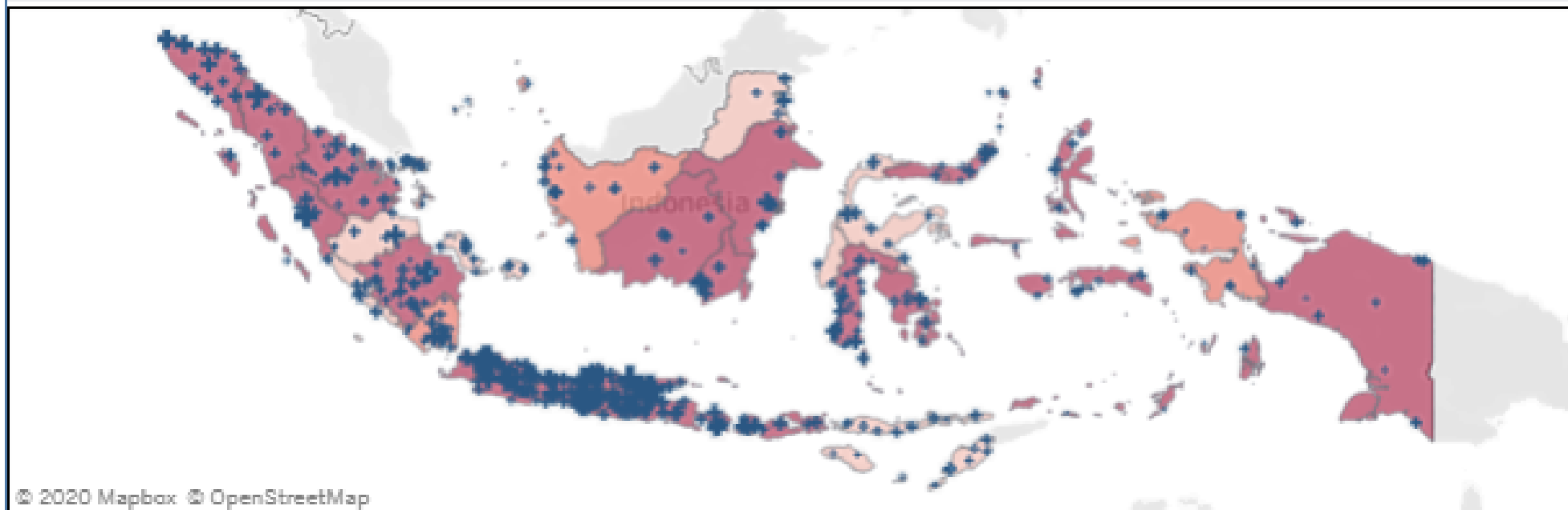
225,799

Jlh. Rumah Sakit Rujukan COVID-19

755

## Tenaga Kesehatan dan Kasus Positif

Data COVID19 diperbaharui: 8/18/2020 1:45:11 PM



**Sumber Data**

- Sumber Daya Manusia Kesehatan : SISDMK
- Kasus Positif, Kasus Sembuh, Kasus Meninggal dan Kasus Perawatan : covid19.go.id
- Kasus Penyakit DM, Jantung, Hipertensi, Stroke, Kanker, dan Gagal Ginjal: Riskedas 2018



# Results

# COVID-19 RESPONSE: VOLUNTEER and INCENTIVE PROGRAM

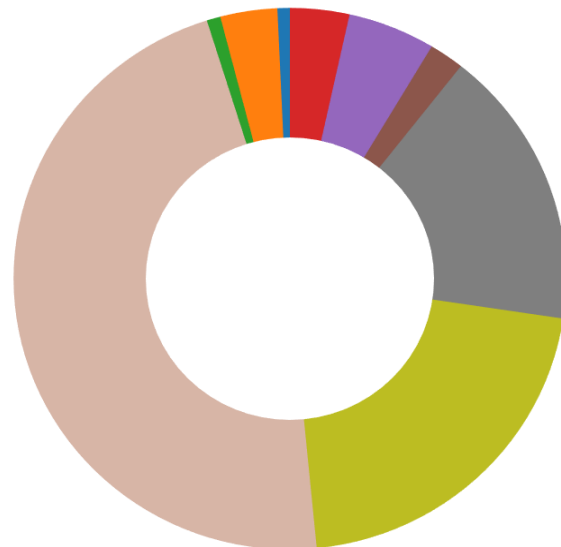
Total 13,146 Volunteers

2,180  
Health Personnel  
Volunteers

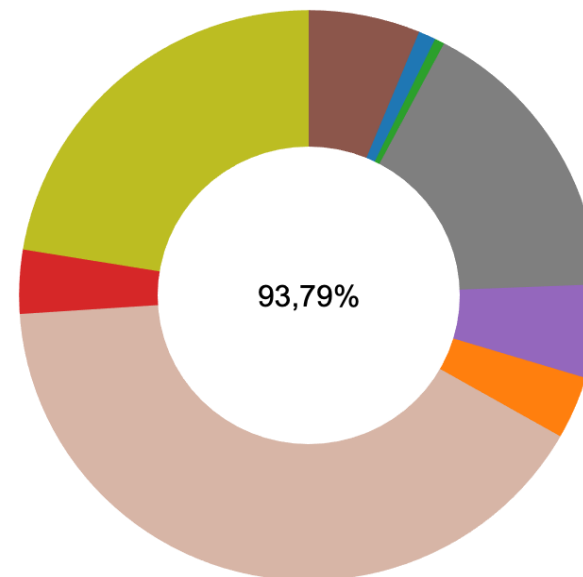
6,733  
Nusantara Sehat  
Deployment Program

4,233  
Interns

Approval for Distribution

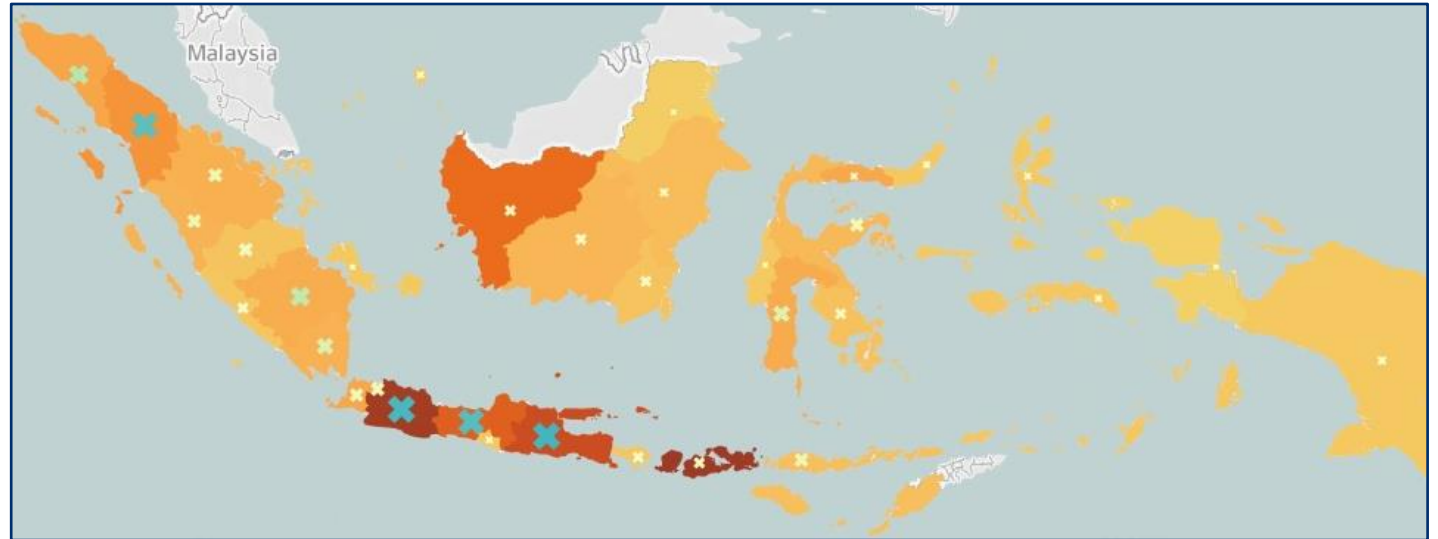


Distributions Made

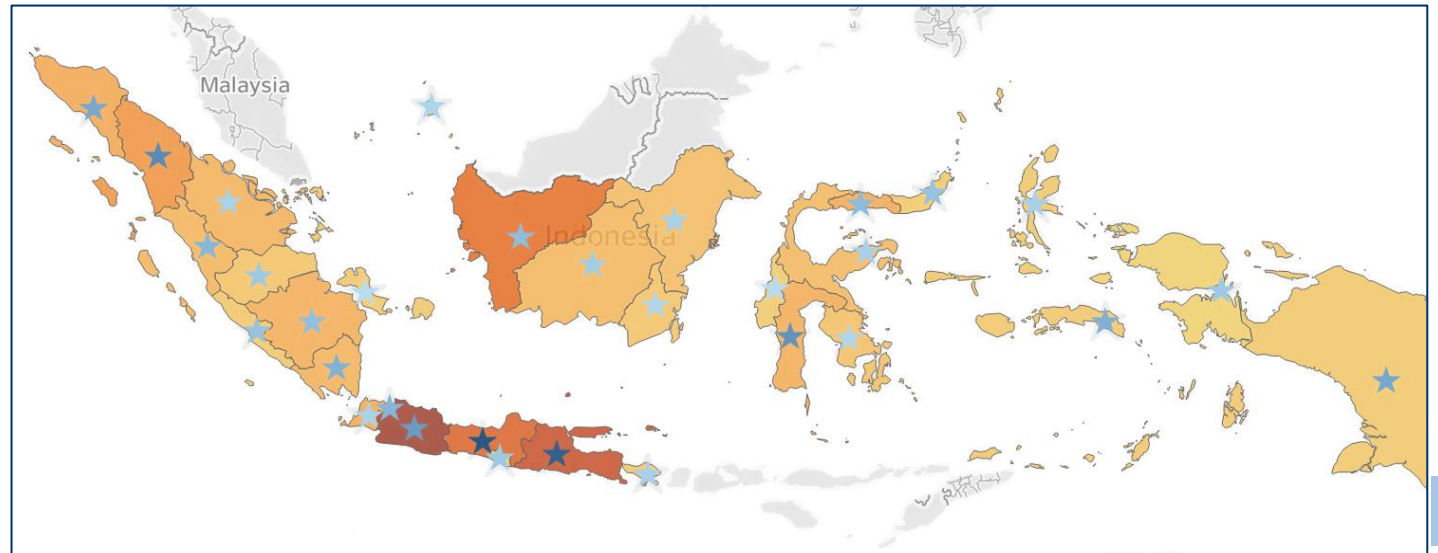
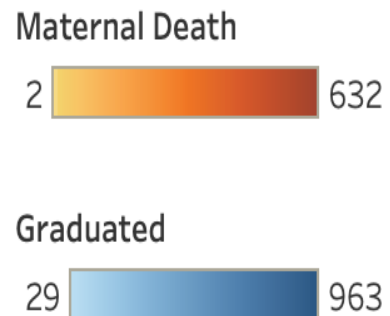


- Covid Hospital
- Health Centers
- Laboratorium
- Military and Police
- Other Ministries
- Port Health Office
- Private and Others Hospital
- State-Owned Enterprises
- Vertical Hospital

### Active Midwives



### Midwifery Graduates



## COVID-19

Continue to empower national and local government

Dissemination of tools to promote health workforce data analysis and use at national and local stakeholder

Develop recommendations to improve volunteer, incentive program, health education and training.

## Maintaining Essential Services

Use of HRIS to inform 2021 deployment and other re-deployment of Human Resources

Strengthening of data quality to better integrate data use into policy development and action



**TERIMA KASIH**

**THANK YOU**